My Brother's Keeper

A Review of Electronic Control Devices in Saskatchewan Correctional Centres Housing Male Inmates

Ombudsman
SASKATCHEWAN

Ombudsman
SASKATCHEWAN

Suite 150 - 2401 Saskatchewan Drive
Regina, Saskatchewan S4P 4H8

Tel: 306.787.6211
Toll free: 1.800.667.7180
Fax: 306.787.9090
Email: ombreg@ombudsman.sk.ca

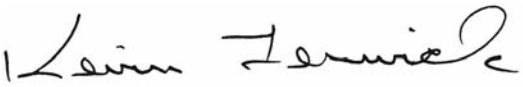
June 2008

The Honourable Don Toth
Speaker of the Legislative Assembly
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan

Dear Mr. Speaker:

It is my honour and privilege to submit, pursuant to Section 30(3) of *The Ombudsman and Children's Advocate Act*, a special report titled *My Brother's Keeper: A Review of Electronic Control Devices in Saskatchewan Correctional Centres Housing Male Inmates.*

Respectfully submitted,



Kevin Fenwick
OMBUDSMAN

Ombudsman Saskatchewan Contact Information

www.ombudsman.sk.ca

Regina Office

150 - 2401 Saskatchewan Drive
Regina, Saskatchewan
S4P 4H8

Phone: 306-787-6211
Toll-Free: 1-800-667-7180 (Saskatchewan only)
Fax: 306-787-9090
E-mail: ombreg@ombudsman.sk.ca

Saskatoon Office

315 - 25th Street East
Saskatoon, Saskatchewan
S7K 2H6

Phone: 306-933-5500
Toll-Free: 1-800-667-9787 (Saskatchewan only)
Fax: 306-933-8406
E-mail: ombsktn@ombudsman.sk.ca

Acknowledgements

Project Lead

Janet Mirwaldt

Investigators

Connie Braun
Brian Calder
Roy Hodsman
Janet Mirwaldt

Legal Counsel

Gordon Mayer

July 2008

Ombudsman
SASKATCHEWAN

My Brother's Keeper: A Review of Electronic Control Devices in Saskatchewan Correctional Centres Housing Male Inmates

Table of Contents

Executive Summary and Recommendation Overview

"There are major differences between the cultures [of policing and corrections]. One's a catcher and the other's a keeper."
- Allen Beck, Jail Consultant
Los Angeles Times, February 15, 2008

Section 1: Introduction, Purpose, and Methodology

Introduction
In 2006, the then Department of Corrections and Public Safety embarked on a process to implement Electronic Control Device (ECD) technology for its three adult male correctional centres in Prince Albert, Regina, and Saskatoon. The policy which governed ECD use was to take effect in October 2007. The actual use of the device, however, would not be authorized until all required staff were fully trained and the centres had received approval of their local standing orders from the Adult Corrections Division. Full operational implementation of ECD technology was anticipated in January 2008.

On September 4, 2007, an inmate was shot with an ECD at a provincial correctional centre during a cell extraction. The Department immediately began an internal review and found that the use of the technology, though properly deployed, was not authorized. On or about September 27, 2007, the Department notified the Ombudsman of the September 4th incident. Departmental staff explained that they were conducting an internal review, a copy of which they agreed to provide to the Ombudsman. On November 16, 2007, the Department provided the Ombudsman with their internal review.

On November 21, 2007, the Department (now known as the Ministry of Corrections, Public Safety and Policing), suspended "the implementation of Tasers" in Adult Correctional Centres.

On November 26, 2007 the Ombudsman notified the Ministry of his intention to initiate a review.

Purpose
The Ombudsman's review followed the use of an ECD on a correctional centre inmate. After examining the information provided to us, we concurred with the overall findings of the Ministry's internal review of the incident. Specifically, we agreed that though the ECD was "mistakenly authorized for deployment and not approved for use" at the time of the incident it was, given the circumstances of the incident, properly used as per Divisional Policy. In other words, the use of the ECD was perhaps the correct decision made at the wrong time.

The Ombudsman's review focused primarily on the broader questions and issues related to the introduction of ECD technology in provincial correctional facilities in Saskatchewan. The Ombudsman is cognizant that our role is not to manage the security operations of the correctional centres, and therefore this report will not make a recommendation on whether or not ECD technology should be introduced.

This review will also not publicly report on the September 4th incident. Our decision not to do so is based partially on the preference of the affected inmate and on the Ombudsman's opinion that publicly reporting on that incident would potentially identify the inmate.

Methodology
The methods used to carry out the Ombudsman's review included:

- Literature and legislative reviews.
- Review of Ministry documents, training material and institutional files.
- Cross-jurisdictional reviews of correctional policies respecting the use of force.
- Consultation with an external use-of-force expert and ECD certified trainer.
- 27 key person interviews.

Executive Summary and Recommendation Overview

Section 2: The Theory and the Technology

ECDs are classified as non-lethal devices that "produce and deliver a non-lethal electric shock to a target resulting in pain, involuntary muscle contraction, and incapacitation, depending on the device and its application" (NATO Research and Technology Organization). Though other ECDs exist, the technology has been typically interpreted by the general public as being or meaning a TASER®. The TASER is an ECD, physically resembling a gun and is used by policing and corrections agencies throughout North America. The TASER X26 model is the ECD purchased for use by the Ministry of Corrections, Public Safety and Policing. The X26 model can shoot projectiles and be used as stun gun.

Non-lethal weapons have been used for decades by the military, police, and corrections. The rationale behind using non-lethal weapons was to provide an "alternative to lethal force." The primary intent of non-lethal weapons in correctional facilities is to reduce or avoid incidences of significant injury, to provide a tool to assist with the control and compliance of a sometimes volatile population or individual, and to address the safety needs of individual corrections workers and prisoners.

There has been great controversy about ECD technology in law enforcement across Canada. While much has been written about the risks and benefits of ECDs, there has also been criticism directed at the reviews, research reports, and other evaluative information concerning ECDs. These concerns include:

- The lack of rigorous and independent scientific/medical research about the effects of ECDs on humans.
- The fact that much of the research conducted has been (for medical-ethical purposes) on animals whose results cannot be reliably extrapolated to humans.
- Human subject studies have been non-representative and primarily based on the experience of healthy law enforcement officers who were exposed to an ECD shock during training.
- Adequate predictive models have not been fully developed and those now used have been based on singular factors such as number of deaths or injuries per number of times an ECD was used.
- Operational comparisons and reviews bring in an element of subjectivity through the use of testimonials or other anecdotal information.
- The majority of studies focus on physical injury and do not consider the acute and long-term psychological impact or injury, or non-injurious exposure following an ECD deployment.

Despite these concerns, based on the information reviewed for this report there appears to be a general consensus that an ECD, when properly introduced, monitored, and deployed:

- Provides an alternative to lethal force.
- Can immediately incapacitate an individual thereby reducing the risk of significant injuries to the operator, the target subject, and bystanders.
- Poses few health risks (based on single and or limited applications of no more than 5 seconds in duration) in healthy non-pregnant adults.
- Is a "discriminate" weapon that can be used in close or contained areas.
- Can act as a deterrent.
- In acting as a deterrent, can avoid unnecessary injuries to the operator, to the target subject and to bystanders.

Executive Summary and Recommendation Overview

Conversely, there are also a number of unknown factors and cautions associated with ECD use:

- There is lack of empirical data regarding the "type and level" of pain associated with ECDs.
- The acute and long-term psychological impacts following an ECD deployment has not been adequately studied.
- Not enough is known about the risks of ECD exposure to vulnerable groups – children, the elderly, pregnant women, the obese, individuals with cardiovascular or cardio-respiratory disease, those under the influence of drugs, the mentally ill, or individuals exhibiting symptoms of excited delirium.
- The cumulative effects of other non-lethal interventions (physical restraint, pepper spray) in combination with ECD in relation to sudden in-custody deaths has yet to be adequately explored or understood.
- Concerns have also been raised that the ECD is inherently open to abuse if its use is not adequately monitored and restricted.

As with any other non-lethal technology, the introduction of ECD technology into a setting such as a provincial correctional centre is a complex issue. The decision to introduce ECD technology into any setting or organization needs to be "balanced against the alternatives and their associated risks" (Broadstock, 2002). The Ministry of Corrections, Public Safety and Policing must balance the effectiveness of ECD technology against not only known (albeit relatively rare) serious adverse effects, but also the unknown effects that may arise from ECD use in provincial correctional centres housing primarily vulnerable populations.

Section 3 ECD Technology in a Correctional Centre

Very little has been published about the use of ECDs in correctional centres, particularly in Canada. The literature focuses almost exclusively on the use of ECDs in a police setting. While this literature contains useful information, the circumstances police officers in the community may face are different than the circumstances corrections workers face in a correctional centre. There are two important differences; first, corrections workers generally know the inmates and their history, and second, given that they know the inmate population, corrections workers often have more options for control than police (U.S. Department of Justice, 2006). Corrections workers need to maintain a constant awareness of inmates' circumstances so they can proactively address concerns before situations escalate. However, there are times when situations do escalate and the use of force is required.

We asked Ministry and correctional staff and union representatives: "Does the environment of provincial correctional centres today warrant the introduction of ECDs?" Resoundingly, we were told yes. When asked to explain what environmental factors were present that caused them to feel ECDs were required, respondents described three primary factors:

1. High levels of violence among inmates, at times directed towards staff.
2. The presence and influence of gangs in the inmate population.
3. The high number of remand inmates.

These three factors were suggested as increasing the levels of volatility within the correctional centres. Many of those we interviewed believed that ECD technology was necessary to address the increased levels of volatility in the correctional centres. Though not disputing these claims, the Ombudsman found, as in 2002, that the Ministry lacks a reliable "reporting system … to objectively determine the volatility of its corrections institutions"

Executive Summary and Recommendation Overview

(2002, p. 30) and more specifically, whether the presence of gangs and the high number of remand inmates corresponds with actual increases in levels of violence.

In his 2007 Annual Report, the Ombudsman stated that it was his belief that "providing the resources necessary to ensure that appropriate programming is available to those serving time on remand is a wise investment that will provide significant long-term benefits" (Ombudsman Saskatchewan, p. 7).

Many of the people we interviewed believed ECD technology was generally safe to use in the inmate population and, in appropriate circumstances, would result in lower incidents of adverse effects as compared to other security equipment (batons and pepper spray). The Ombudsman does not dispute this belief. However, it must be recognized that individuals within the adult male inmate population may possess significantly higher rates of health risk factors that increase their level of vulnerability and that, "there appears to be a general lack of research to examine the negative effects CEWs may have on vulnerable populations" (Commissioner for Public Complaints against the RCMP, 2007). (Note: ECDs may also be referred to as conducted energy devices - CEDs, electromuscular incapacitation devices - EMDs, or conducted energy weapons - CEWs.)

Whether remanded or sentenced, the individuals serving time in correctional centres often possess health risk factors that may increase their level of vulnerability. When the Ministry introduced the ECD technology it would appear that there was no assessment conducted of the health needs of the inmate population and the relationship this may have to ECD technology.

Section 4: The History and Process of Introducing ECD Technology into the Correctional Centres

The Ombudsman accepts that the authorization process used in the Ministry to approve the ECD technology was one that fell within the Ministry's legislative mandate, authority, and responsibilities. The Ombudsman, however, questions if the subsequent policy development process, as described to us, was robust enough to support the introduction of a non-lethal weapon as potentially controversial as the ECD into the correctional system housing, primarily, vulnerable populations.

The Missing Steps

The deficits, as identified by the Ombudsman within the Ministry policy development process, included:

- **Identification of the issue** – The basic assumption that the Ministry operated under to support the introduction of ECD technology was the perceived increased levels of violence within the correctional centres. This assumption appears to have been primarily based on anecdotal information. The Ministry did not support their identification of the issue with additional evidence-based quantitative data, such as an analysis of the system's use-of-force incidents, or statistical information on injuries to staff and inmates resulting from the use of force, to adequately support the introduction of ECD technology.

- **Assessment of the problem** – It appears that the Ministry did not complete an analysis of the effectiveness (incidence and prevalence of injuries) of current technology (pepper spray, batons, shield, and physical restraints) employed in correctional centres in comparison to the effectiveness of ECDs. Tactical and operational reviews with respect to ECD technology were limited and relied heavily on reports produced for law enforcement agencies.

Executive Summary and Recommendation Overview

The population and circumstances that law enforcement agencies may encounter may be quite different than that encountered by the correctional system. The Ministry appeared to acknowledge this difference by restricting the use of ECDs to the ER teams, but did so without a clear assessment as to whether the addition of the ECD was actually needed.

- **Review of the human effects of ECDs** – It appears that the Ministry relied on limited information on the human effects of ECDs in vulnerable populations and relied heavily on information available from the distributor and manufacturer. The Ministry also did not complete an assessment of the provincial inmate population that identified the prevalence of potential risk factors associated with potential, but unintended, adverse effects of ECD technology. Finally, and most importantly, Ministry staff did not adequately consult with their medical staff or other medical practitioners versed in the use and effects of ECD technology.

- **Consultation** – The Ministry, in their review of ECDs, primarily conducted internal consultations between the Ministry, the correctional centres, the Union, and other federal or provincial correctional authorities. No other consultation process was used as the Ministry developed the plan for the implementation of ECDs. Other stakeholders should have been consulted, specifically the inmate population, FSIN, or advocacy groups. While it is recognized that security operations and decisions are within the sole purview of correctional staff, consultation with the other stakeholders is not meant to ask for permission or gain consensus, but to ensure that the needs and vulnerabilities of the population are brought to the attention of correctional staff prior to the introduction of ECD technology. Consultation with key stakeholders can also be used to dispel any myths associated with ECD technology and address any concerns that community stakeholders may have raised.

- **Performance monitoring and evaluation** – ECDs were restricted to the ER teams and reporting guidelines were implemented, but no formal evaluation plan could be found to assess the outcomes (intended or unintended) and effectiveness of ECD use.

Section 4 Summary

Adequate and complete information is essential when creating public policy. The Ministry's current information system (CMIS) and data collection methods and practices appear to be limited in that they could not be fully used to assist Ministry staff in identifying the issue and scope of the problem in order to develop policy solutions based both on qualitative and quantitative data.

Though there were deficits and limitations in the ECD policy development process, it does appear that the Ministry's primary intention was not simply to bring in a new security tool. Instead, their intention was to address a perceived need. Ministry staff were mindful of a number of the risks associated with ECD technology. They did restrict the use of ECD technology and ensured that their staff received the appropriate training. The goal throughout the process, as stated to the Ombudsman reviewers, was to be "pro-active but balanced" and in line with the current practice philosophy of direct supervision and core correctional standards.

What would have assisted the Ministry is the allocation of adequate resources to the issue, and informational systems and databases that could support the policy development process.

Executive Summary and Recommendation Overview

Section 5: The Legislative Authority

There are times when Correctional Workers (CW) will have to use force to carry out their mandated responsibilities.

The Use of Force Management Model
Divisional Directive Security-001outlines the Use of Force Management Model currently employed in the correctional centres (please see Appendix 1), and is considered a central practice guide when implementing Divisional Directives respecting use-of-force situations. The model recognizes that situations can escalate or de-escalate, requiring very different responses from the correctional staff.

ECD Placement in the Use of Force Management Model
Currently, ECDs are considered an intermediate weapon in the same category as pepper spray or physical restraints. The ECD placement in the provincial correctional Use of Force Management Model mirrors what is currently found in a number of policing agencies. In the corrections model, the ECD placement corresponds to the mid-range of restraint behaviour in policing models. Such behaviour typically includes: the person resisting control by pulling away, pushing, running away, or avoiding and or not following instructions (Commissioner for Public Complaints against RCMP, 2007, p. 26). The practice, however, as outlined in the Divisional Directives would suggest that the ECDs should be placed in the same category as an impact weapon and only be used in a situation where there is active, overt, and violent resistance, and immediate control is required.

ECD Training
Overall, the training provided by the Ministry is adequate and provides the correctional workers with the information required to operate the ECD and/or support the operation of the device in a use-of-force situation.

The use of ECD technology within a correctional facility is fairly new in Canada. As more data is gathered in other provincial jurisdictions, new information will likely emerge. It is vital that training information is current and reflective of the correctional environment in Canada.

The Training of Correctional Centre Medical Staff
The ER team members appear to have been adequately trained, but the Ministry failed to train or provide information to its medical services staff about the possible side effects of an ECD application. This oversight was pointed out by the Ombudsman reviewer during this review and the Ministry has acknowledged this oversight.

Executive Summary and Recommendation Overview

Section 6: Current Practices for ECD Use in Correctional Centres

The reviewers could find no known "best practice" standards for ECD use in Canadian correctional facilities. This is not surprising as the technology is fairly new and is used in only a small number of correctional facilities. The Ombudsman, however, did find standard current practices respecting ECD use across other provincial jurisdictions.

Saskatchewan in Relation to Other Jurisdictions

Overall, Saskatchewan's policies and procedures fall in line with current standard practice across jurisdictions. There are, however, certain procedures that could be clarified, strengthened or expanded upon.

Deployment Conditions

Given the limited research regarding the actual levels of pain and the unknown psychological effects associated with ECD application, the Ministry must be extremely cautious about ECD usage in its stun mode.

In addition, reporting documentation guidelines as outlined in the Taser Deployment Report do not adequately capture information with respect to ECD use in the stun mode.

One of the primary advantages of the X26 is its use as a compliance tool. The policy is not clear about whether the X26 can be used independently in presentation mode. The Taser Deployment Report also does not gather adequate information to document the effectiveness of X26 when used in presentation mode.

Limiting the Cycles

Though practice varies across Canada, it would appear that Saskatchewan is the only province that does not clearly define or outline the duration of initial or subsequent cycles or whether the cycles must be continuously applied or can be interrupted.

Use of Medical Services and Medical Monitoring

ECD and the other related use-of-force policies require that the ER team consult (if time allows) with medical services staff (nurses) about the medical condition of the inmate. Use-of-force policies outline the medical services to be provided to inmates, staff, and bystanders, and the reporting requirements for all use-of-force situations. The ECD is, however, unique and very new technology. In addition, not enough is known about the human effects of an ECD on vulnerable populations. The Ministry should clarify the role of medical staff with respect to ECD use and expand the medical services provided and reporting requirements of medical staff.

Information to Inmate and Community Hospitals

None of the policies we reviewed (including Saskatchewan's) require that correctional staff provide written information to the affected inmate after he is shot and/or stunned with an ECD, including what, if any, side effects he should be self-monitoring and reporting to medical staff. This may be done verbally, but it is possible that in busy centres the information may not be passed on to the inmate in a timely manner.

There are times when, following an ECD incident, an inmate may be taken to a community hospital for treatment and follow-up. It is vital that community hospitals are also aware of the technology and any potential adverse side effects.

Executive Summary and Recommendation Overview

Recommendation Overview

Recommendation #1
Prior to considering the introduction of ECD technology in the provincial correctional system the Ministry convene a multi-disciplinary panel, inclusive of medical practitioner(s) who are versed in the potential effects of ECD or similar technology, to review the available research concerning the human effects of ECD technology. Special attention should be paid to the effects on vulnerable populations such as those found in the provincial adult correctional system.

Recommendation #2
The Ministry consult with the Ministry of Justice about the potential liability of the use of ECD technology in the adult correctional system.

Recommendation #3
The Ministry establish a reporting system that will allow CPSP to objectively determine the volatility of its correctional centres.

Recommendation #4
The Ministry create and make available services and programming designed to meet the needs of the remand population.

Recommendation #5
The Ministry conduct a health needs assessment of its male inmate population and that this information be factored in, should the Ministry consider the introduction of ECD technology in the adult male correctional centres.

Recommendation #6
The Ministry consider the development of a position dedicated to the coordination of security operations and programs within the adult correctional system.

Recommendation #7
The Ministry review the placement of the ECD in its Use of Force Management Model and, should the Ministry proceed with the introduction of ECD technology, place the ECD in the impact weapon category.

Recommendation #8
Should the Ministry introduce ECD technology in correctional centres, all standing orders be completed and approved by the Ministry prior to allowing any ECD to be in the physical possession of a correctional centre.

Recommendation #9
Should the Ministry introduce ECD technology in correctional centres, the Ministry annually review its ECD training and ensure the training material is current and that the content adequately reflects the correctional workers' roles and responsibilities in a provincial correctional centre.

Recommendation #10
Should the Ministry introduce ECD technology in correctional centres, the Ministry review the number of days available for ERT training and ensure that adequate time is allotted for ECD certification and re-certification.

Recommendation #11
Should the Ministry introduce ECD technology in correctional centres, prior to doing so the Ministry update the applicable Directives to reflect the presence and potential use of ECD technology. The applicable Directives should also outline the training requirements and the certification and re-certification process required of an ECD operator.

Recommendation #12
Should the Ministry introduce ECD technology, the Ministry consult with an independent medical practitioner(s) about the potential health risks associated with ECD technology, and that the information be incorporated into the training of correctional staff (correctional workers and all medical staff). In addition, the

Executive Summary and Recommendation Overview

consulted medical practitioner reviews all of the Ministry's policies and procedures on the use of ECDs to ensure that they comply with current knowledge about the potential health effects.

Recommendation #13

Should the Ministry introduce ECD technology, the Ministry provide training to its entire medical services staff (nurses and doctors) about the technology and its potential health effects.

Recommendation #14

Should the Ministry introduce ECD technology, the Ministry, in consultation with regional health officials, ensure that local community hospitals are provided with information about the technology and its potential health effects.

Recommendation #15

Should the Ministry introduce ECD technology, the applicable Divisional Directive (*DDS-0034*) expressly articulate and limit the number and duration of applications of the X26 when used in stun mode.

Recommendation #16

Should the Ministry introduce ECD technology, reporting guidelines be developed that accurately document the conditions under which the stun mode can be used, as well as the number and duration of touch stun applications.

Recommendation #17

Should the Ministry introduce ECD technology in correctional centres, the relevant Directives (*DDS-0034*) be reviewed to clarify issues related to if and when the ECD can be used in presentation mode. Also, reporting guidelines on the use and effectiveness of the ECD as a compliance tool should be developed.

Recommendation #18

Should the Ministry introduce ECD technology in correctional centres, the Ministry revise the current Directive to specifically outline:

- Initial cycle length.
- Whether the initial cycle can be interrupted or is to be continuous.
- How many additional cycles are allowed, and the length or duration of those additional cycles before the ER team must then consider or apply other use-of-force methods.

Recommendation #19

Should the Ministry introduce ECD technology in correctional centres, the Ministry revise its current reporting requirements as found in the TASER Deployment Report to capture information on the use of multiple cycles, including the duration and the number allowed.

Recommendation #20

Should the Ministry introduce ECD technology in correctional centres, they clarify the role of medical staff in relation to ECD use and expand the medical services provided (required medical examination, monitoring of inmate following ECD application) and reporting requirements (monitoring reports) of medical staff.

Recommendation #21

Should the Ministry introduce ECD technology they, in consultation with medical staff, create an informational package for inmates exposed to the ECD (in probe and stun modes) and that medical staff provide the package to the affected inmate and explain the information and assist the inmate as required.

Section 1: Introduction, Purpose and Methodology

1.1 The Issue

"The TASER® is just another tool in the tool box"
- Corrections Manager

In 2006, the then Department of Corrections and Public Safety embarked on a process to implement Electronic Control Device (ECD) technology[1] in its three adult male correctional centres in Prince Albert, Regina, and Saskatoon. The policy which governed ECD use (*Divisional Directive Security-0034*), was finalized and approved by the Assistant Deputy Minister on August 17, 2007 and was to take effect in October 2007. The actual use of the EC device, however, would not be authorized until all required staff (end users) were fully trained and the centres had received approval of their local standing orders from the Adult Corrections Division. The expected date of completion and full operational implementation of ECD technology in all three Correctional Centres was anticipated to be in January 2008.

On September 4, 2007, an inmate was shot with an ECD at a provincial correctional centre during a cell extraction. The Department of Corrections and Public Safety immediately began an internal review and found that the use of the technology, though properly deployed, was not authorized. On or about September 27, 2007, the Department notified the Ombudsman of the September 4th incident. Departmental staff explained that they were conducting an internal review, a copy of which they agreed to provide to the Ombudsman. On November 16, 2007, the Department provided the Ombudsman with their internal review.

On November 21, 2007, the Assistant Deputy Minister of the Department (now known as the Ministry of Corrections, Public Safety and Policing), sent a memo to Centre Directors advising that the "decision to continue with the implementation of Tasers in Adult Corrections has been deferred."

On November 26, 2007, the Ombudsman notified the Ministry of his intention to initiate a review.

1.2 The Purpose of the Ombudsman Review

There has been great controversy surrounding the use of ECD technology in law enforcement across Canada. A number of reviews have been called and many focus on the use of this technology for policing agencies. In contrast, little attention has been paid to the use of ECD technology within provincial or territorial correctional centres. While much of the information is from the policing context, this report will focus specifically on the introduction of ECD technology in Saskatchewan's provincial correctional system.

The Ombudsman's review followed the use of an EC device on a correctional centre inmate. In his notification letter to the Ministry, the Ombudsman stated:

> Given the recent controversy with respect to the technology and my own concerns with the use of Tasers in correctional facilities please be further advised, pursuant to section 20 (1) of The Ombudsman and Children's Advocate Act, of my intention to commence an investigation. It is my intention to not only review XX's case but to review the broader question of the introduction of ECD technology in provincial correctional facilities in Saskatchewan.

Following our notification to the Ministry of this review, we were provided all of the relevant information about the September 4th incident. We also had the opportunity to interview those involved in the incident, including the inmate. Our preliminary review of the information provided to us was consistent with the overall findings of the Ministry's internal review. Specifically, we agreed with the Ministry's internal review that although the use of the ECD was "mistakenly authorized for deployment

and not approved for use" at the time of the incident, it was, given the circumstances of the incident, properly used as per Divisional policy. Divisional policies were available that guided the use of the ECD but the policies were to take effect on October 1, 2007. The incident occurred on September 4th 2007. The correctional manager who authorized the use of the ECD failed to note the effective date of the policy and prematurely authorized the use of the ECD. In other words, the use of the ECD was perhaps the correct decision but a decision made at the wrong time.

The Ombudsman's review focused on the broader questions and issues related to the introduction of ECD technology in provincial correctional facilities in Saskatchewan. The Ombudsman is cognizant that our role is not to manage the security operations of the correctional centres, and therefore this report will not make a recommendation on whether or not ECD technology should be introduced. Our role is to review the appropriateness of decisions made by government and to ensure that these decisions are based on adequate information and evidence, are fair, reasonable, and non-discriminative, and made within the parameters of existing legislation.

Although looking at the September 4th incident and the broader question regarding the introduction of ECD technology in the provincial correctional system, this report will focus on the boarder question only. The Ombudsman has provided the Ministry our review of the September 4th incident and has made no recommendations in relation to that incident. The decision not to publicly report about the incident was based partially on preference of the affected inmate and on the Ombudsman's opinion that publicly reporting on that incident would potentially identify the inmate. The affected inmate has requested that we ensure that any information we disclose publicly does not in any way identify him. Though not publicly reporting on the specific incident, the information contained in the report does address the broader issue and in doing so also addresses the individual issues this incident brought forward.

1.3 The Methodology of the Ombudsman Review

The Ministry had conducted an internal review of the September 4th incident and while they did not request our review, they were very open to our involvement. The Ombudsman's reviewers encountered a high level of cooperation from Ministerial staff, correctional centre staff, representatives from the union, and the affected inmate. As has traditionally been our practice, the Ombudsman will not name or disclose the names of any persons involved in this incident or in the decision-making process to introduce ECD technology.

The methods used to carry out the Ombudsman's review included:

- A comprehensive literature review on the use of non-lethal weapons and ECD technology. This included several operational reviews from national and international law enforcement agencies, military organizations and correctional systems, and several positional reviews related to ECD technology from human rights organizations.
- A literature review on the needs and vulnerabilities of correctional inmates and the challenges of the institutional environment as it relates to the Canadian correctional system.
- A legislative review of the mandate and authority of the provincial adult correctional system in Saskatchewan and the authority and role of Ministry staff.
- A review of all documentation provided by the Ministry of Corrections, Public Safety and Policing on use of force; use of the Emergency Response Team; crisis management; hostage negotiators; and ECD technology.
- A review of all documentation provided by the Ministry of Corrections, Public Safety and Policing on the decision-making process used to support the introduction of ECD technology.
- A review of all documentation provided by the Ministry of Corrections, Public Safety and Policing on the September 4, 2007 incident.

- A review of all institutional files on the inmate who was the subject of the September 4, 2007 ECD application.
- A review of all training material on ECD technology as provided by the Ministry of Corrections, Public Safety and Policing.
- A cross-jurisdictional review of policies on the use of force and ECD technology in six provincial and territorial correctional systems.
- A consultation with an external use-of-force expert and ECD certified trainer.
- 27 key person interviews including:
  - Key provincial and territorial corrections personnel in Manitoba, New Brunswick, Nova Scotia, British Columbia and the Yukon (7).
  - Officials from Corrections Canada, the Saskatchewan Police Commission, the RCMP and the Regina Police Service (4).
  - The affected inmate (1).
  - Responsible Ministry staff (4).
  - Correctional centre managers (4), correctional workers (4), and medical services staff (1).
  - A union representative (1).
  - A Western Canada distributor of the ECD technology (1).

Section 2: The Theory and the Technology

While many are likely familiar with the term "Taser," little is known about ECD technology and its origins and parameters for use. Furthermore, even less is known about the introduction and use of this technology in the correctional system. This section of the report will briefly summarize the origins and rationale of the technology, how the technology works, and its reported risks and benefits.

2.1 The Use of Non-Lethal Weapons[2]

Non-lethal weapons, such as chemical irritants (pepper spray), batons, and water cannons, have been used for decades by the military, police, and corrections. Non-lethal weapons provide an "an alternative to lethal force". These weapons can address the variety of situations where force (lethal or otherwise), may be needed, including, "close proximity encounters; fleeing persons; hostage/terrorist situations; barricade situations; and crowd/riot control" (Lewer & Davison, 2006, pp. 21-22).

Many of the definitions of non-lethal weapons reviewed for this report were developed for military or policing environments. Few could be found that were specifically developed for a correctional environment. Unlike the military or police, correctional workers do not have the option of employing lethal force. The use of non-lethal weapons in correctional facilities is intended to reduce and or avoid incidences of significant injury; to provide a tool to assist with the control and compliance of a sometimes volatile individual or population; and to address the safety needs of individual corrections workers and prisoners.

For the purposes of this report, the reviewers used the Bradford Non-Lethal Weapons Research Project's definition of non-lethal weapons:

> Non-lethal Weapons (NLW) are explicitly intended, designed and employed to incapacitate people or disable equipment with effects that are temporary and reversible…a NLW should cause no permanent deleterious change to the person, whether physical, physiological or psychological, and minimal damage to property and the environment. It should discriminate and not cause unnecessary suffering. It should provide an alternative to, or raise the threshold for, the use of lethal force (n.d.).

Though the Bradford Non-Lethal Weapons Research Project's definition is relevant for military, policing, and corrections, it is particularly applicable to the corrections context as it identifies the intent of non-lethal weapons used to incapacitate the individual, but with only "temporary and reversible" effects which "cause no permanent deleterious change to the person, whether physical, physiological or psychological".

2.2 Electrical Stimulation Devices

Electrical Stimulation Devices (ESD) are non-lethal weapons that are described by the NATO Research and Technology Organization (2006), as:

> devices that produce and deliver a non-lethal electric shock to a target resulting in pain, involuntary muscle contraction, and incapacitation, depending on the device and its application. The shock can be produced by pulsed or direct electric current, affecting the target muscle signal paths and disturbing the body's central nervous system (p. G2).

Examples of ESD include electric fences, electric water streams, net mines, stun guns, TASER, and the Wireless TASER (NATO Research and Technology Organization, 2006). The TASER is a "commercial ESD" physically resembling a gun that is used by policing and corrections agencies throughout North America. The TASER is manufactured by, and registered as, a trademark of TASER International, an American based company.

In Saskatchewan, the Ministry of Corrections, Public Safety and Policing has introduced the most recent model, the TASER X26 (see Illustration 1).

Illustration 1

2.3 The TASER® [3]

> **"They call it the five second ride."**
> **- Corrections Staff**

The recently introduced X26 is the fourth generation of the weapon and is the TASER model most commonly in use today (Dennis et al., 2007). It works by firing two metallic darts or probes through a cartridge attached to the front of the gun. The probes are connected with insulated wires to the gun and when fired, embed into the skin of the target subject. Once embedded, the electric circuit is closed, running high voltage (50,000 volts) electrical current pulses (36 joules per pulse) at low amperage (< 0.004 amps) through the body of the target subject. When the probes make adequate contact (i.e., both probes hit the target subject) and are of an adequate spread, it disrupts the operation of the subject's sensory and motor nervous systems which renders him or her incapable of voluntary movement (the target subject typically falls to the ground). In addition to the physical incapacitation, being shot by a TASER device also causes varying levels and intensity of pain for the target subject. The effect lasts only as long as the trigger on the gun is squeezed. The TASERX 26 is designed for an initial burst of 5 seconds, which can be extended if necessary.

Other features of the TASER X26 include:

- The TASER X26 can also operate as stun guns. In what is called "drive-stun mode" the TASER X26 becomes a "1st generation stun system in that it works primarily on pain compliance affecting the sensory nervous system" (Office of the Police Complaints Commissioner, 2004, p. 7). When used as a stun gun, multiple prolonged shocks can be given through direct body contact with the targeted individual. "The electric shock can penetrate up to 2.5 centimeters of clothing" (Ibid, p. 10). The purpose is to encourage a desired behaviour through pain compliance.

- The TASER X26 can also operate in what is referred to as "presentation mode" when the gun is displayed by the operator and a warning provided. "In some cases the device is 'arced' to show a flash of electricity (not directed at the person) to convey that the device is about to be deployed" (Government of Nova Scotia, 2008, p. 18). It has been reported that using the TASER in presentation mode will often gain compliance without the need to actually deploy the weapon.

- The TASER X26 has the ability to store data in a data-port which records and stores the firing sequence (time, duration of the cycle, temperature, and battery status).

- The TASER X26 also has the capability of having a video camera mounted onto the gun.

According to the manufacturer, the TASER X26 can be used to quickly incapacitate an individual without significant injury or death and its accountability features (dataport/video mount) have made it an optimal choice for a non-lethal weapon for law enforcement and corrections agencies.

Saskatchewan's Ministry of Corrections, Public Safety and Policing uses the term "Electronic Control Devices" or ECD when referring to the TASER X26 . We will use also use the term ECD except when quoting directly or referring to specific brands or models.

The Benefits and Risks of ECDs

An exhaustive review of the tactical, academic, and medical information available on the benefits and risks of ECDs is beyond the scope of this report. This section will only highlight and summarize some of the acknowledged benefits and risks of ECD technology.

The Benefits

There are a number of reported benefits associated with ECD technology:

Less lethal than firearms: Being shot with an ECD is potentially less lethal than being shot with a firearm (NATO Research and Technology Organization, 2006; Government of Nova Scotia, 2008).

Acts as a deterrent: The ECD "appears to have a high visual deterrent value which can enable officers to de-escalate possible violent situations" (Association of Chief of Police Officers, 2004, p. 26).

Results in fewer injuries to suspects and law enforcement officers: The ECD's ability to disable a subject at a distance avoids potentially violent struggles that commonly result in injuries to both the subject and law enforcement officials (Home Office, Police Scientific Development Branch, 2006, p. 290).

Less likely to harm bystanders: One of the primary advantages of an ECD over other non-lethal weapons is its ability to discriminate or "target" a particular individual. In addition, the ECD can be used in close quarters – such as a room, a cell, or a car. This combination will reduce the risk of harm to innocent bystanders (Association of Chief Police Officers, 2004).

The Risks

There are also reported risks associated with the ECD technology, which include:

Physical injury: An ECD can cause several unintended injuries including penetration injuries, eye injuries, seizures, fall injuries, and electrical burns. However, most studies suggest a low probability of such injuries (The Joint Non-Lethal Weapons Human Effects Center of Excellence, 2005; NATO Research and Technology Organization, 2006).

Physical pain: When used in drive-stun mode, an ECD is a pain compliance weapon and when fired, the level and intensity of pain cannot be controlled other than by stopping the current. In other words, the pain is either on or off; only the duration can be controlled. The Commissioner for Complaints Against the RCMP (2007) has noted their concern about the lack of empirical or scientific data regarding the "type and level" of pain associated with ECDs.

Ventricular fibrillation: Ventricular fibrillation[4] (VF) has been the subject of several scientific studies and there appears to be guarded consensus that the risk of VF following an ECD application in a healthy adult is low. Conversely, not enough is yet known about whether highly sensitive individuals (children, the elderly, the obese, substance abusers, individuals with underlying cardiovascular or cardio-respiratory illness, and individuals experiencing excited delirium) would experience VF under normal use of the device (The Joint Non-Lethal Weapons Human Effects Center of Excellence, 2005).

Prolonged or multiple shocks: Much of the available research indicates that a single application of an ECD would not place a healthy adult at risk, but little is known about the effects and potential risk of multiple and/or longer uninterrupted application, particularly in vulnerable groups (The Canadian Police Research Centre, 2005). Amnesty International (2007) has recommended that shocks over 5 seconds be prohibited and that repeated shocks be avoided unless absolutely necessary.

Flammable liquids: TASER International cautions against using an ECD if there are flammable liquids present.[5] Some oleoresin capsicum (OC), typically known as pepper spray and pelargonic acid vannillylamide (PAVA), a synthetic version of OC, may contain flammable liquids (such as alcohol) and some police associations have cautioned their members about the use of an ECD in the presence of OC or PAVA sprays (Association of Chief Police Officers, 2007, p. 10). Once OC sprays or PAVA have been used, the ECD should only be used if absolutely necessary.

"Usage creep": As reported by the Canadian Police Research Centre (2005), originally ECDs were developed to provide an alternative to lethal force and, "there is no question that the use of ECDs can, and have saved many lives, however, it is a common misconception that ECDs are only used when an incident would require lethal force, and/or before lethal force is actually used in situations". As reported by Lewer and Davison (2006) "in an increasing number of cases it has become a compliance tool…rather than a weapon used to prevent injury or death caused by other means" (p. 1).

The Unknowns: The primary criticism of much of the research on the risk and benefits of ECD technology is that too much weight is placed on the experience of thousands of police officers who have voluntarily submitted to be shot with an ECD since its introduction in the late 1990s. The concern is that this is not a representative sample of the general population, nor is it representative of the population that is most likely to be shot with an ECD. As a result, there is much that is still unknown about the effects of ECD technology, particularly in vulnerable populations.

Vulnerable groups: As stated by The Commission for Public Complaints Against the RCMP (2007) "there appears to be a general lack of research to examine the negative effects CEWs may have on vulnerable populations" (p. 18). To limit injury and unintended effects, Amnesty International (2004) recommended that there be a "prohibition against using tasers on the following groups, except as a last resort to avoid deadly force when no alternatives other than firearms are available: pregnant women; the elderly; children; emo-

tionally disturbed persons or people who are mentally or physically disabled; people in vulnerable positions where there is a risk of serious secondary injury (e.g. in dangerously elevated positions, or near flammable substances); people under the influence of drugs" (p. 9).

Excited delirium:[6] In its Training Bulletin, TASER International notes a relationship between excited delirium, prolonged or multiple shocks, and potential negative physical side effects. The Bulletin states: "Repeated, prolonged, and/or continuous exposure(s) to the TASER electrical discharge may cause strong muscle contractions that may impair breathing and respiration, particularly when the probes are placed across the chest or diaphragm. Users should avoid prolonged, extended uninterrupted discharges or extensive multiple discharges whenever practical in order to minimize the potential for over-exertion of the subjects or potential impairment of full ability to breathe over a protracted period of time".

According to Robison and Hunt (2005), "The sudden death after an episode of excited delirium is due to a combination of physiological events" (pp. 36-44). In these cases it is often difficult to contribute the death to any one causal risk factor. Many other factors such as obesity, pre-existing cardiovascular or cardio-respiratory disease, or other pre-existing heath or lifestyle conditions such as substance abuse have been found to be contributory to the death.

While the research suggests an increased risk, the cumulative effects of other non-lethal interventions (such as physical restraint, pepper spray) in combination with ECD in relation to sudden in-custody deaths has yet to be adequately explored or understood.

Psychological impact: In addition to the lack of research on physical pain, the acute and long-term psychological impact of injury or non-injurious exposure following an ECD deployment has not yet been adequately studied (NATO Research and Technology Organization, 2006).

2.5 Summary and Recommendations

While much has been written about the risks and benefits of ECDs, there has also been criticism directed at the reviews, research reports, and other evaluative information concerning ECDs. These concerns include:

- The lack of rigorous and independent scientific/medical research about the effects of ECDs on humans.
- The fact that much of the research conducted has been (for medical-ethical purposes) on animals whose results cannot be reliably extrapolated to humans.
- Human subject studies have been non-representative and primarily based on the experience of healthy law enforcement officers who were exposed to an ECD shock during training.
- Adequate predictive models have not been fully developed and those now used have been based on singular factors such as number of deaths or injuries per number of times an ECD was used.
- Operational comparisons and reviews bring in an element of subjectivity through the use of testimonials or other anecdotal information.

The majority of studies focus on physical injury and do not consider the acute and long-term psychological impact or injury or non-injurious exposure following an ECD deployment.

Despite these concerns, based on the information reviewed for this report there appears to be a general consensus that an ECD, when properly introduced, monitored, and deployed:

- Provides an alternative to lethal force.
- Can immediately incapacitate an individual thereby reducing the risk of significant injuries to the operator, the target subject, and bystanders.

- Poses few health risks (based on single and or limited applications of no more than 5 seconds in duration) in healthy non-pregnant adults.
- Is a "discriminate" weapon that can be used in close or contained areas.
- Can act as a deterrent.
- In acting as a deterrent, can avoid unnecessary injuries to the operator, to the target subject and to bystanders.

Conversely, there are also a number of unknown factors and cautions associated with ECD use:

- There is lack of empirical data regarding the "type and level" of pain associated with ECDs.
- The acute and long-term psychological impacts following an ECD deployment has not been adequately studied.
- Not enough is known about the risks of ECD exposure to vulnerable groups – children, the elderly, pregnant women, the obese, individuals with cardiovascular or cardio-respiratory disease, those under the influence of drugs, the mentally ill or individuals exhibiting symptoms of excited delirium.
- The cumulative effects of other non-lethal interventions (physical restraint, pepper spray) in combination with ECD in relation to sudden in-custody deaths has yet to be adequately explored or understood.

Concerns have also been raised that the ECD is inherently open to abuse if its use is not adequately monitored and restricted.

As with any other non-lethal technology, the introduction of ECD technology into a setting such as a provincial correctional centre is a complex issue. The decision to introduce ECD technology into any setting or organization needs to be "balanced against the alternatives and their associated risks" (Broadstock, 2002). The Ministry of Corrections, Public Safety and Policing must balance the effectiveness of ECD technology against not only known (albeit relatively rare) serious adverse effects, but also the unknown effects that may arise from ECD use in provincial correctional centres housing primarily vulnerable populations.

Recommendation #1

Prior to considering the introduction of ECD technology in the provincial correctional system the Ministry convene a multi-disciplinary panel, inclusive of medical practitioner(s) who are versed in potential effects of ECD or similar technology, to review the available research concerning the human effects of ECD technology. Special attention should be paid to the effects on vulnerable populations such as those found in the provincial adult correctional system.

Recommendation #2

The Ministry consult with the Ministry of Justice about the potential liability of the use of ECD technology in the adult correctional system.

Section 3 ECD Technology in a Correctional Centre

"There are major differences between the cultures [of policing and corrections]. One's a catcher and the other's a keeper."
- Allen Beck, Jail Consultant
Los Angeles Times, February 15, 2008[7]

In 2002, the former Ombudsman released a report titled *Locked Out*, which reviewed inmate services and conditions of custody in Saskatchewan's correctional centres. The report found that overall, both staff and inmates generally felt safe in the correctional centres. The report acknowledged the then Department of Corrections and Public Safety for "finding a reasonable balance between safety and liberty" (p. 30).

The question that the reviewers in this case were left with was what, if anything, had changed between 2002 and 2007 to necessitate the introduction of ECD technology, particularly in institutions housing potentially vulnerable individuals. The question we asked Ministry and correctional staff and union representatives was, "Does the environment of provincial correctional centres today warrant the introduction of ECDs?" Resoundingly, we were told yes. When asked to explain what environmental factors were present that caused them to feel ECDs were required, respondents described three primary factors:

1. High levels of violence among inmates, at times directed towards staff.
2. The presence and influence of gangs in the inmate population.
3. The high number of remand inmates.

When we interviewed correctional staff about the potential adverse effects of ECD technology, we were told that "though the TASER is not the answer for everything, in certain cases it is an option" that may prove to be more useful than pepper spray and may result in fewer injuries than batons.[8] Those we interviewed further reported that ECD technology was generally safe to use in a correctional centre. A briefing note prepared by the Ministry stated:

> EMD technology has no significant adverse after effects. The technology has been subject to various medical studies over the past 25 years. It is considered medically safe to use on persons with cardiovascular aliments, persons under the influence of drugs or alcohol, as well as those who are aggressive or violent.

Very little has been published about the use of ECDs in correctional centres, particularly in Canada. The literature focuses almost exclusively on the use of ECDs in a police setting. While this literature contains useful information, the circumstances police officers in the community may face are different than the circumstances corrections workers face in a correctional centre. There are two important differences; first, corrections workers generally know the inmates and their history, and second, given that they know the inmate population, corrections workers often have more options for control than police (U.S. Department of Justice, 2006). Corrections workers need to maintain a constant awareness of inmates' circumstances so they can proactively address concerns before situations escalate. However, there are times when situations do escalate and the use of force is required.

3.2 The Level of Violence

"The general attitude of inmates has changed. Before there were tough guys [inmates] and you [the inmate] knew to stay away from them. There was a code. Now everyone gets beat on."
– Corrections Staff

We asked Ministry staff for a breakdown of the types and levels of violent incidents occurring in provincial correctional centres. The current

information system (CMIS) and data collection methods and practices do not allow for the reliable recording of incidents of violence (assaults and/or critical incidents). We were told that a new system would more accurately and reliably capture this information and that this system was currently being developed by the Ministry.[9]

We then asked the union official representing the corrections workers for any statistical information they have that would provide an understanding of the level of violence. The union official was unable to provide the requested information as they too rely on the Ministry to gather the information. In October 2007, when the union official asked for similar information (all violence statistics), under a *Freedom of Information* request, the Ministry responded:

> Unfortunately the Adult Correction numbers are not reliable in relating the actual incidents owing to varying institutional practices, and redundant reporting related to the incident. To expand, the numbers associated with Adult Corrections are deceptive because CMIS Is not set up for this reporting and the assaults/fights can be, and are, counted repeatedly depending on the number of clients involved compounded with the number of staff members who witness the incident.[10]

This lack of empirical data means that claims made by Ministry staff, corrections workers, and the union official that the level of violence within the correctional centres has increased over the years cannot be substantiated because the Ministry is unable to "objectively determine the volatility of its corrections institutions." This is a concern as the concept of ECD technology in correctional centres was originally raised as a response to a perceived increase in the level of violence in provincial correctional centres.

3.2.1 What the Literature Suggests

"I have only been here (#) years but I have seen the population changing. I have seen the violence increase."
– Corrections Staff

The literature and experience in other jurisdictions indicate that prisons can be a coercive, and at times, dangerous environment for both inmates and staff. In *A Health Care Needs Assessment of Federal Inmates in Canada* (2004), the authors found that non-accident physical injuries due to altercations or self inflicted injures were common in the federal inmate population, "with a greater likelihood of fractures, head injuries or death" (p. 24). Furthermore, the mortality rate of federal inmates was 45% greater than similar age and gender groups in the general Canadian population. Federal inmates also have a significantly higher rate of violent death (self inflicted or other).

"The nature of the job (Corrections Worker) is dangerous."
– Corrections Staff

We were unable to find information specifically on injuries sustained by corrections workers. However, in their 2006 *Accident Event by Occupation* report, the Saskatchewan Worker's Compensation Board reported that of the 138 reports filed by corrections staff, 20 were categorized as assaults and violent acts and 23 as exposure to harmful substances or environment. In the Canadian Centre for Justice Statistics report, *Criminal Victimization in the Workplace* (2004), it was reported that 17% of all reported incidents of violent victimization occurred at the respondent's place of work and those incidents were more common in certain employment sectors and work locations. For example, 31% of the reported incidents occurred in hospitals, prisons or rehabilitative centers.

3.3 The Presence and Influence of Gangs[11]

> **"We have gangs made up of young men trying to prove their bravado."**
> – Corrections Staff

The majority of those we interviewed cited the presence of gangs as a primary security concern for provincial correctional centres and believed that the presence of gangs contributed to the perceived increased level of violence.

The former Ombudsman reported in *Locked Out* (2002) that between 1989 and 1999 the number of gang members and associates in provincial correctional centres rose dramatically, and that these individuals were disproportionately involved in a number of internal incidents and charges (p. 29). However, the former Ombudsman also found that despite these findings, "the overall level of violence and disruption has not increased to the point where people feel unsafe" (p. 30).

The Ombudsman does not dispute the perceptions of the corrections staff interviewed that the presence of gangs can present a potential security issue to a facility. However, the Ministry still lacks a reporting system that would "objectively determine the volatility of its corrections institutions" and more specifically, determine if the presence of gangs corresponds with actual increases in levels of violence. As previously stated, the current information system (CMIS) and data collection methods and practices cannot reliably record incidents of violence (assaults and/or critical incidents). Also, within the limited statistical data collected, the Ministry does not distinguish incidents of violence attributed to gang membership or activity from the overall violent incidents in provincial institutions.[12]

3.3.1 What the Literature Suggests

We do know that gangs continue to be a concern in our communities and studies in Saskatchewan and other provincial jurisdictions suggest that gangs can pose challenges for the correctional system.[13] According to the Criminal Intelligence Services Saskatchewan (2005), there are 12 known adult and youth gangs operating in Saskatchewan. The Ministry has confirmed the presence of anywhere from 4 to 15 gangs in their four correctional centers.[14] The Criminal Intelligence Services Saskatchewan (2005) reported that gangs are "active throughout the adult correctional facilities representing 25% of the inmate population at any given time" (p. 4) and that correctional centres are a prime recruiting ground for gangs.

The Ombudsman does not dispute that the presence of gangs in correctional centres poses unique challenges to correctional staff and can create security issues. The Ombudsman also recognizes the work undertaken by the Ministry to develop evidence-based strategies to effectively intervene with both street and institutional gangs. The question remains, however, whether the presence of gangs has increased the levels of violence in provincial correctional centres. It would be advantageous if the Ministry would develop a reporting and tracking system that would "objectively determine the volatility of its corrections institutions" and more specifically, determine if the presence of gangs translates into actual increased levels of violence.

3.4 The Remand Population

"Remand guys are doing dead time; they don't participate in programming. They can be anything from murderers to shoplifters. The sentenced guys know when they are getting out, they participate in programming, and they are doing their time."
– Corrections Staff

It was reported that one of the driving influences that has significantly changed the face of the correctional environment is the high number of individuals on remand. Individuals on remand include accused persons remanded by a judge until the next court date, immigrant hold warrants, parole suspensions, and other parole warrants.

The remand population in Saskatchewan correctional centres has increased significantly over the last six years and now makes up approximately 55% of the correctional centre population, as can be seen in Figure 1.[15]

Figure 1: Remand vs. Sentenced Counts

	2001	2002	2003	2004	2005	2006*
Sentenced	839	867	826	827	834	876
Remand	303 (36%)	346 (39.9%)	344 (41.6%)	377 (45.5%)	410 (49.1%)	478 (54.5%)

*2007 numbers were not available at the time of writing this report.

3.4.1: What the Literature Suggests

Across Canada, the average daily counts of adults held on remand has grown by 83% over the last decade (1994/95 - 2004/05). During that same period, remand counts in Saskatchewan have grown by 102% (Canadian Centre for Justice Statistics, 2006). Conversely, over the last decade while the number of adults held on remand across Canada has increased, the number of offenders in provincial/territorial sentenced custody has decreased significantly (-31%) (Ibid). Individuals are also serving longer periods on time in remand.

The increasing numbers of adults on remand coupled with longer stays has resulted in institutional bed spaces being filled for longer periods of time (Canadian Centre for Justice Statistics, 2006). This can contribute to situations of overcrowding.

Time spent on remand is considered by many we interviewed as "dead time". "Institutional programming, such as education, substance abuse treatment, or other types of rehabilitative programming is not typically available to those on remand whose sentences may be indeterminate and frequently short in duration" (Canadian Centre for Justice Statistics, 2006). This uncertainty and the unstructured nature of remand can be challenging for both correctional staff and the person spending time on remand.

In his 2007 Annual report, the Ombudsman stated that it was his belief that "providing the resources necessary to ensure that appropriate programming is available to those serving time on remand is a wise investment that will provide significant long-term benefits" (Ombudsman Saskatchewan, p7).

3.5 Vulnerable Populations

"You treat the man not the conviction."
– Corrections Manager

The above noted sentiment, as expressed by a senior correctional manager, was one we heard frequently throughout this review. The general consensus among the individuals we interviewed was that the inmate population is a vulnerable population, many of whom have physical and emotional needs beyond what the current level of services in the correctional system could reasonably meet.

The Ministry did take a number of risk factors into consideration when introducing ECD

technology. ECDs were not introduced into the Pine Grove correctional center which houses women and the Ministry restricted the use of ECD technology to Emergency Response Teams operating in centres housing adult males. As well, the policies outlining ECD use in the centres require prior notification of medical services staff, and the Ministry has no plans to introduce ECD technology into youth correctional facilities.

The Ombudsman acknowledges the Ministry's consideration of certain vulnerabilities and limitations on the use of ECDs. However, when considering the potential use of ECDs, Ministry staff appeared to rely heavily on information available from the manufacturer, operational information from other provincial correctional systems, and information from policing agencies. Much of that information seems to be intended for use as cautionary measures to take following the introduction of ECD technology. Not enough objective analysis, using a variety of operational reviews and independent scientific research was conducted about the specific health risks of the general adult inmate population and the use of ECD technology.

The Ombudsman does recognize that some information is simply not available. For example, there is no known independent research on the psychological impact of ECD use or research regarding the "type and level" of pain associated with ECDs (Commissioner for Public Complaints against the RCMP, 2006, p.10). However, the reviewers were not aware of any health information compiled by the Ministry to be used in their analysis when assessing ECD technology.

3.5.1 What the Literature Suggests

A current assessment of the health needs of the provincial inmate population is not available. The reviewers did review the findings of *The Health Care Needs Assessment of Federal Inmates* (2004) a comprehensive profile of the health care needs of adult federal inmates in Canada. Data collection took place in 2001 through 2002. The typical federal inmate is male (97%) and substantially younger than the Canadian population, with the majority of inmates being less than 40 years of age. Despite its limitations, the study does outline certain key vulnerabilities among the inmate population that should be considered when assessing the risks and benefits of ECD technology.

Physical Health

- The prevalence of chronic conditions is substantially higher among inmate populations than comparably aged Canadians, primarily due to pre-incarceration lifestyles and lower rates or availability of pre-incarceration clinical or self care.
  - Male inmates are 40% more likely to be treated for diabetes.
  - Male inmates are 68% more likely to be treated for cardiovascular conditions.
  - Male inmates are 43% more likely to be treated for asthma.
- Inmates are "are more than twice as likely to smoke" compared to similar aged Canadians, placing them at increased risk for tobacco related health issues.
- Inmates experience higher rates of infectious disease than the general population. They often have a history of high risk behaviours, such as injection drug use, trade sex, and unprotected sex with high-risk partners, which place them at higher risk of infection prior to incarceration.[16]

Mental Health[17]

- The majority of inmates experienced alcohol/substance abuse disorders which contributed to their pre-incarceration criminal behaviour.
- Inmates have higher rates of psychosis, depression, and anxiety and personality disorders than found in the general population.
- Many inmates have two or more co-existing disorders.
- Suicide rates are generally higher (3.7 times higher) among the inmate population than in the general population.

Though this study examined the health needs of the federal inmate population, many of the health indicators are likely applicable to provincial inmates. When discussing the needs of the Saskatchewan inmate population with

correctional staff, we were advised of needs similar to the federal inmates, specifically mental health issues, substance abuse/addictions, and compromised physical health.

Many of the people we interviewed believed ECD technology was generally safe to use in the inmate population and would likely result in lower incidents of adverse effects as compared to other security equipment (batons and pepper spray). The Ombudsman does not dispute this belief. However, it must be recognized that individuals within the adult male inmate population may possess significantly higher rates of health risk factors that increase their level of vulnerability and that, "there appears to be a general lack of research to examine the negative effects CEWs may have on vulnerable populations" (Commissioner for Public Complaints against the RCMP, 2007).

3.6 Summary and Recommendations

Many of those we interviewed believed that ECD technology was necessary due to perceived increased volatility in the correctional centres. Though not disputing these claims, the Ombudsman found, as in 2002, that the Ministry lacks a reliable "reporting system … to objectively determine the volatility of its corrections institutions" (2002, p. 30). Such information, in conjunction with the experiential information provided by both staff and inmates, would be useful in fully assessing the need to introduce new security technology such as the ECD.

Recommendation #3

The Ministry establish a reporting system that will allow CPSP to objectively determine the volatility of its correctional centres.

The majority of the population of our correctional centres has shifted from sentenced inmates to remanded individuals. Though it is not known if this shift has directly resulted in, or contributed to, increased levels of violence, the shift in population does appear to pose unique challenges to the Ministry and correctional staff. The Ombudsman is of the opinion that the remand population would benefit from the services and programs that are provided to sentenced inmates. Such services may help to stabilize some of the uncertainties faced by both the remanded individuals and the correctional staff.

Recommendation #4

The Ministry create and make available services and programming designed to meet the needs of the remand population.

Whether remanded or sentenced, the individuals serving time in correctional centres often possess health risk factors that may increase their level of vulnerability. When the Ministry introduced the ECD technology it would appear that there was no assessment conducted of the health needs of the inmate population and the relationship this may have to ECD technology. Addressing a meeting of jail officials in the U.S., one speaker commented with respect to ECDs, "We don't have healthy adults in jail. You have to wonder how the studies using healthy individuals apply to our situation" (US Department of Justice, 2006, p. 39). Although the statement was made about an American jail, the question raised may equally apply to correctional centres in Saskatchewan.

Recommendation #5

The Ministry conduct a health needs assessment of its male inmate population and that this information be factored in, should the Ministry consider the introduction of ECD technology in the adult male correctional centres.

Section 4: The History and Process of Introducing ECD Technology into the Correctional Centres

4.1 The Provision of Correctional Services

In Saskatchewan, the Ministry of Corrections, Public Safety and Policing (CPSP) is responsible for inmates serving sentences of less than two years, as well as those serving pre-trial detention (remand) and other forms of temporary detention.

Under *The Correctional Services Act* the Minister of Corrections, Public Safety and Policing may appoint an Executive Director who, under the authority of the Minister, develops and manages provincial correctional services inclusive of correctional centers.[18] At the time of the writing of this report, the Assistant Deputy Minister (ADM) acted as the Executive Director responsible for Adult Corrections. The Adult Corrections Division (ACD) of the Ministry provides a range of programs for varying levels of offender care, control, and supervision. These include:

- the Pine Grove Correctional Centre in Prince Albert, housing sentenced and remanded female inmates.
- three correctional centers located in Saskatoon, Prince Albert and Regina, housing sentenced and remanded male inmates.
- seven community correctional centres and community training residences for inmates rated low security and low to moderate risk.

Through his designate, the Executive Director, the Minister can authorize the purchase of goods and services required for the efficient administration of programs and facilities.[19] This would include the purchase of ECD technology.[20]

4.2 The Decision to Introduce ECD Technology in Correctional Centres

> **"The TASER is not the answer for everything, but in certain cases it is an option."**
> – Corrections Staff

It is unclear exactly when the issue of ECD technology was first raised in the Ministry. The Ministry was unable to provide complete documentation that outlined the process, rationale, time frame, and circumstances surrounding the introduction of ECDs into the correctional centres. Interviews with Ministry and correctional staff indicate that the issue was likely first raised sometime between the years 2003 and 2005.

The corrections process to review operational issues related to facility security and equipment requires the Deputy Directors of Operations for the correctional centres to meet quarterly with Ministry staff – specifically, the Senior Standards and Inspection Officer. This person is responsible for reviewing all security issues and corresponding equipment used or needed in the correctional centers. This group that meets is referred to as the Deputy Directors of Security/Operations Committee and is chaired by the Ministry's Senior Standards and Inspection Officer.[21] The need for ECDs appeared to be first formally raised in June 2005 by leaders of the Emergency Response Teams (ERT) to the Security Committee.[22]

The rationale for introducing ECDs appeared to be primarily based on concerns about the changing environment of correctional centres, specifically, perceived high levels of violence, the influence and presence of gangs, and the high number of remanded individuals housed in the centres (see Section 3 of this report).

There was general consensus among line correctional staff and managers interviewed that ECD technology could potentially address some of the situations the ER teams

face. Though a tool of "last resort," under certain conditions an ECD could be more efficient, when compared to other available security tools, particularly when bringing a situation to a speedy end while mitigating the risk of potential injury to the inmates and staff. It was reported that the security devices used, such as pepper spray and the baton, under certain conditions (situations requiring an immediate response and where the level of risk of injury to the inmate or others is significantly high) may not prove as effective as an ECD. Batons could potentially cause significant injury. The use of pepper spray often did not quickly end situations as some inmates would continue to resist while attempting to "fight" through the effects of the spray. The spray could also potentially contaminate whole units or ranges, affecting not only the acting out inmate but also the responding corrections workers and other inmates and or staff who happened to be in the area when the spray was deployed.

The ER team leaders proposed ECDs as an effective security device to the Deputy Directors of Security/Operations Committee. The committee supported the concept and potential use of ECD technology. The Chair of the committee later presented the concept to the Centre Directors. The presentation focused on the relevance and application of the tool within the correctional centres.[23] Following this presentation, the Centre Directors provided the "go forward" approval, and the request for consideration to introduce the ECD in correctional centres was then provided to the Ministry's Adult Corrections Division (ACD) via the Senior Standards and Inspection Officer. The request appeared to be supported by the then Director of Institutional Operations and the then Assistant Deputy Minister.[24] Their support did not include the introduction of the tool into the centers but the direction to review the technology and the feasibility of introducing the technology.

On April 11, 2006, a memo was sent from the ADM to the Correctional Centre Directors advising that Corrections Services Canada was introducing "taser" technology for "operational evaluation purposes during 2006-2007." The memo further advised that the provincial "adult corrections would not be proceeding with the implementation of the taser and that further assessment will occur once the Correctional Services of Canada has concluded their evaluation."[25] It was reported that though "implementation" was delayed, Ministry staff continue their assessment of the relevance of the technology for Saskatchewan correctional centres.[26]

By June 2006, the general issue of "safety equipment and apparel" (but not ECD technology), was raised by the union representing staff at the Departmental Occupational Health and Safety Committee both at a local and provincial level.[27] During this time, Ministry staff began a series of presentations about the technology to the Departmental Occupational Health and Safety Committee, both at a local and provincial level.[28] Concurrently, other provincial correctional jurisdictions were either contemplating or introducing ECD technology into their remand and correctional centres.[29]

Though initially delaying the "implementation" of the technology, the Ministry continued to assess its possibility for use in the correctional centres. The goal of the Ministry was to be "pro-active but balanced" and in line with the current practice philosophy of direct supervision and core corrections practice.[30]

On November 13, 2006, the ADM authorized the introduction of "Tasers."[31] Between that date and March 2007 the Ministry developed an implementation plan along with the requisite policies and procedures. The implementation plan called for the introduction of the TASER X26 in the Prince Albert, Saskatoon, and Regina Provincial Correctional Centres. ECDs would not be introduced into the Pine Grove Correctional Centre in Prince Albert which houses provincially sentenced and remanded female offenders.

The implementation plan restricted the use of ECD technology to the ER teams. Two ERT members from each centre were to be trained and certified as trainers in the use of the TASER X26. Training would be provided by MD Charlton through a Master Trainer designated by TASER International. Once certified, these individuals would then train the other ERT members or "end users." The TASER ECDs

would be purchased from MD Charlton, the Canadian agent and western Canadian distributor for TASER International. The projected cost for the implementation plan, the training, and the purchasing of the TASER ECDs was $43,571.[32] The plan submitted to the ACD for approval allowed each centre to purchase, from their individual operating budgets, two TASER X26 ECDs. Centres were to schedule the required training of both the certified trainers and the end users.

By May 31, 2007, a draft Divisional Directive on the use of the TASER ECDs was sent to the Deputy Directors of Security/Operations Committee members for input. In June 2007, training began for the six selected individuals who would become the certified trainers. By August 17, 2007, the Directive, now known as *Divisional Directive Security-0034 Electronic Control Device (ECD) Technology*, was finalized and approved by the ADM. The Directive was to take effect in October 2007. Though the Directive was approved, an August 17th, 2007 memo to Centre Directors advised that the facilities were not authorized to use the "Taser" until such time all staff (end users) were fully trained and the Centres had received approval from ACD of their local standing orders. The expected date of completion and full operational implementation of TASER ECDs in all three Correctional Centres was anticipated to be in January 2008.

On August 17, 2007, the Ministry notified the Ombudsman office that ECD technology was being introduced into the correctional centres.

On September 4, 2007, an adult male inmate was shot with a TASER X26 at a provincial correctional centre during a cell extraction.

On or about September 27, 2007, the Department notified the Ombudsman of the September 4th incident. Departmental staff explained that they were conducting an internal review, a copy of which, they agreed to provide to the Ombudsman. On November 16, 2007, the Department provided the Ombudsman with their internal review.

On November 21, 2007, in a memo to Centre Directors, the ADM advised that the "decision to continue with the implementation of Tasers in Adult Corrections has been deferred." This decision was based on a death in B.C. following an ECD deployment and the decision to launch both provincial (BC) and national reviews of the use of TASER ECDs. The memo stated that the "status of Tasers will be re-considered once the results of the reviews have been released."[33] All TASER ECDs and accessories were to be secured and not used for further training. The devices were to be released to the Senior Standards and Inspection Officer and stored at the central office of ACD in Regina, where they were as of the writing of this report.

4.3 The Ministry's Process

When the reviewers asked about the authorization procedures and process (policy development/practice procedures) used in the Ministry to introduce ECD technology, we were told there was no "formal process" beyond what was described to us as noted in section 4.2.[34] When the reviewers requested all documentation outlining the process of authorization (inclusive of how and when the Minister, the Deputy Minister, and the ADM were informed of the potential introduction of ECD technology), we were provided with two Briefing Notes dated October 18, 2006 and March 23, 2007 and two House Briefing Notes dated, October 3, 2007 and December 14, 2007. We were told other documentation could not be located. The reviewers operated under the assumption that we had received all the requested and pertinent documents related to the issue under investigation.

It is clear that the initial request for ECD technology originated with line level correctional workers (ER teams) based on their belief that the changing environment of the correctional centre coupled with perceived limitations of traditional security equipment (pepper spray and batons) created a gap in possible response options to volatile inmates or crisis situations (i.e., riots). Their goal was to fill this gap. The ERT leaders approached the Deputy Directors of Security/Operations Committee, who supported the concept and presented the feasibility of ECD technology to the Cen-

tre Directors. When asked what information was available to support the assumption that the incidence of violence had increased in correctional centres, we were told that such data could not be gathered and that assumptions were based on the day-to-day experience of correctional workers.

The Centre Directors in turn, also supported the concept of ECD technology and the question of feasibility and viability of ECD technology was moved to the next level – the Adult Corrections Division. The Directors, as a group or as individuals, did not have the authority to approve the introduction or implementation of ECD technology.

Though the initial request to introduce ECDs was delayed in April 2006, it was eventually reconsidered and received approval by the ADM. Upon approval, work began to develop the needed Directives (policies) and an implementation plan. Draft Directives were completed by May 31, 2007.

The legislation allows the Minister to designate certain responsibilities, including the introduction and purchase of ECD technology and other security equipment, to the ADM. The ADM approved the introduction of the technology into the correctional centre on November 13, 2006. It is assumed that the Deputy Minister, and subsequently the Minister, were provided with the two Briefing Notes dated October 18, 2006 and March 23, 2007 advising them of the technology, the risks and benefits, and the implementation plan. The reviewers were informed that the ADM kept the DM apprised and met with the then Minister in August of 2007 to brief him on the issue.[35] We were told that the Minister was aware that ECDs were being introduced and that "at the end of the day it was the Minister's decision."[36]

The Ombudsman accepts that the authorization process used in the Ministry to approve the ECD technology was one that fell within the Ministry's legislative mandate, authority, and responsibilities. The Ombudsman, however, questions if the subsequent policy development process, as described to us, was robust enough to support the introduction of a non-lethal weapon as potentially controversial as the ECD into the correctional system.

4.4 The Missing Steps

> **"You have to be careful about using the research from the manufacturer. These guys want to sell you their product."[37]**
> – Corrections Staff

Developing public policy is an activity that involves comprehensive research, detailed analysis, adequate consultation, and performance monitoring and evaluation. The process begins with clearly identifying and understanding the issue and the extent of the problem the policy is created to address. The Ministry's process as it related to the identification of the issue (increased volatile environment and inmates); assessment of the problem (effectiveness and efficiency of security equipment, potential increase in injuries to inmates and staff); development of the policy solution (ECD technology); and the implementation of performance evaluation methods (effectiveness of the policy) appeared to be limited. The deficits within the Ministry process included:

Identification of the issue: The basic assumption that the Ministry operated under to support the introduction ECD technology was the perceived increased levels of violence within the correctional centres. This assumption appears to have been primarily based on anecdotal information. The Ministry did not support their identification of the issue with additional evidence-based quantitative data, such as an analysis of the system's use-of-force incidents, or statistical information on injuries to staff and inmates resulting from the use of force, to adequately support the introduction of ECD technology.

Assessment of the problem: It appears that the Ministry did not complete an analysis of the effectiveness (incidence and prevalence of injuries) of current technology (pepper spray, batons, shield, and physical restraints) employed in correctional centres in comparison to the effectiveness of ECDs. Tactical and operational reviews with respect to ECD technology were limited and relied heavily on reports produced for law enforcement agencies. The population and circumstances that law enforcement agencies may encounter may be quite different than that encountered by the correctional system. The Ministry appeared to acknowledge this difference by restricting the use of ECD to the ER teams, but did so without a clear assessment as to whether the addition of the ECD was actually needed.

Review of the human effects of ECDs: It appears that the Ministry relied on limited information on the human effects of ECDs in vulnerable populations and relied heavily on information provided by the distributor and manufacturer. The Ministry also did not complete an assessment of the provincial inmate population that identified the prevalence of potential risk factors associated with potential, but unintended, adverse effects of ECD technology. Finally, and most importantly, Ministry staff did not adequately consult with their medical staff or other medical practitioners versed in the use and effects of ECD technology.

Consultation: The Ministry, in their review of ECDs, primarily conducted internal consultations, between the Ministry, the correctional centres, the Union, and other federal or provincial correctional authorities. No other consultation process was used as the Ministry developed the plan for the implementation of ECDs. Other stakeholders should have been consulted, specifically the inmate population, FSIN, or advocacy groups. While it is recognized that security operations and decisions are within the sole purview of correctional staff, consultation with the other stakeholders is not meant to ask for permission or gain consensus, but to ensure that the needs and vulnerabilities of the population are brought to the attention of correctional staff prior to the introduction of ECD technology. Consultation with key stakeholders can also be used to dispel any myths associated with ECD technology and address any concerns that community stakeholders may have raised.

Performance monitoring and evaluation: ECDs were restricted to the ER teams and reporting guidelines were implemented, but no formal evaluation plan could be found to assess the outcomes (intended or unintended) and effectiveness of ECD use.

Within any Ministry there are limited resources and competing priorities that can affect the development of policies. The Ministry of CPSP is no exception, as this is a large Ministry with a broad mandate. To support the policy development surrounding ECD technology, the Ministry assigned one senior staff person to review and create the policies surrounding the ECD technology – the Senior Standards and Inspection Officer. This position has multiple responsibilities and, unlike some other jurisdictions, there is not a specific position in the Ministry that is solely dedicated to security issues and equipment. The review of the ECD technology and the development of the requisite policies became an add-on to an already busy position. The staff person assigned, in the time allotted, reviewed other provincial jurisdictions' policies respecting ECD technology; reviewed the proposed program and policies of Corrections Canada; completed a limited review of tactical information produced by policing agencies; and completed some limited research, primarily relying on information available through TASER International, on the risks and benefits of the technology.

4.5 Summary and Recommendations

Adequate and complete information is essential when creating public policy. The Ministry's current information system (CMIS) and data collection methods and practices appear to be limited in that they could not be fully used to assist Ministry staff in identifying the issue and scope of the problem in order to develop policy solutions based both on qualitative and quantitative data.

Though there were deficits and limitations in the ECD policy development process, it does appear that the Ministry's primary intention was not simply to bring in a new security tool. Instead, their intention was to address a perceived need. Ministry staff were mindful of some of the risks associated with ECD technology. They did restrict the use of ECD technology and ensured that their staff received the appropriate training. The goal throughout the process, as stated to the Ombudsman reviewers, was to be "pro-active but balanced" and in line with the current practice philosophy of direct supervision and core correctional standards.[38]

What would have assisted the Ministry is the allocation of adequate resources to the issue, and informational systems and databases that could support the policy development process.

Recommendation #6

The Ministry consider the development of a position dedicated to the coordination of security operations and programs within the adult correctional system.

Section 5: The Legislative Authority

5.1 Legislative and Policy Authority and the Use of Force

There are times when Correctional Workers (CWs) will have to use force to carry out their mandated responsibilities. They "derive the authority to use force in their capacity as peace officers pursuant to the *Criminal Code*" *(Canadian Heritage, 2008*), as well as Saskatchewan's *Correctional Services Act* and the Ministry's Divisional Policies. The use of force as per Divisional Policy is considered an "extraordinary measure", and "means any measure of physical or mechanical force or constraint employed for the purpose of inmate control" (*DDS-001*). The policy further stipulates that when the use of force is employed, "only authorized measures or equipment" shall be used. The ECD is considered to be among the authorized equipment that can be used under precise circumstances in use-of-force situations. "The guiding principle is that the force shall not" be used as a form of discipline or punishment; "exceed that which is necessary to effect control and it shall be discontinued at the earliest reasonable opportunity" to safely do so (Canadian Heritage, 2008).

5.2 Correctional Policies Related to the Use of Force

Use of force in correctional centres with respect to ECDs is guided by several Divisional Directives including:

- *Divisional Directive Security-001 Use of Force and the Use of Emergency Response Team.*
- *Divisional Directive Security-002 Emergency Response Team Selection and Training.*
- *Divisional Directive Security-0034 Electronic Control Device (ECD) Technology.*

There are related policies which also speak to the use of force:

- *Divisional Directive Security-005 The Use of Physical Restraints in Provincial Correctional Centre.*
- *Divisional Directive Security-0035 Correctional Centre Hostage and Negotiation Teams.*

5.3 The Use-of-Force Management Model

Divisional Directive Security-001(DDS-001) outlines the Use of Force Management Model currently employed in the correctional centres (please see Appendix 1), and is considered a central practice guide when implementing Divisional Directives respecting use-of-force situations. The Use of Force Management Model as shown in Appendix 1 is one that mirrors similar models used by police agencies, and acts as "an aid to determine … how to intervene in incidents when force may be necessary" (Commissioner for Public Complaints against RCMP, 2007, p. 23). The model recognizes that situations can escalate or de-escalate, requiring very different responses from the correctional staff. The model provides a "fluid framework" for intervention as correctional staff "must continuously assess risk and modify their response as needed" (Ibid, p. 26).

DDS-001 (2004) states that the use of force is an "extraordinary measure" and "may only be utilized … when efforts to maintain control through alternative measures are unsuccessful or inadequate" (p. 2). Correctional workers can only use "authorized measures of force" in an "emergency situation where immediate and decisive action is necessary," such as:

- To subdue unmanageable or combative inmates.
- To separate participants in a fight.
- To prevent suicides or other forms of self-destructive behaviour.
- To protect inmates, staff or members of the public from immediate or imminent harm.
- To prevent escapes.
- To prevent damage to property.
- To respond to any other serious threat to the security and good order of the institution or the safety of the community (p. 3).

All correctional staff are trained in the Use of Force Management Model, but there are circumstances where exceptional measures (such as the use of ECDs) must be applied. In these situations, EC devices can only be used by Emergency Response Teams and only when authorized by the Director or designated supervisor in an emergency situation.

5.3.1 ECD Placement in the Use of Force Management Model

Currently, ECDs are considered an intermediate weapon in the same category as pepper spray or physical restraints. The ECD placement in the provincial correctional Use of Force Management Model mirrors what is currently found in a number of policing agencies. In the corrections model, the ECD placement corresponds to the mid-range of restraint behaviour in policing models. Such behaviour typically includes: the person resisting control by pulling away, pushing, running away, or avoiding and or not following instructions (Commissioner for Public Complaints against RCMP, 2007, p. 26). The practice, however, as outlined in the Divisional Directives would suggest that the ECDs should be placed in the same category as an impact weapon and only used in a situation where there is active, overt, and violent resistance and immediate control is required. Current procedures as found in the Divisional Directives will be reviewed in the next section.

Recommendation #7

The Ministry review the placement of the ECD in its Use of Force Management Model and, should the Ministry proceed with the introduction of ECD technology, place the ECD in the impact weapon category.

5.4 Policies and Procedures on the Use of Force and EC Devices

The use of ECD is governed specifically by *DDS-0034*, and is to be used in conjunction with the procedures as set out under *DDS-001*, and potentially *DDS-0034*. The policies are meant to be overlapping and complementary and to guide the implementation of the use of force in correctional practice.

Any use-of-force situation will start with an incident. Unit staff are typically the first to respond to these situations, and they will attempt to deal with the incident. If the matter escalates requiring the support of an ER team, only the Centre Director or designate is authorized to "assemble" or call in the ER team (*DDS-001*, 2004). Prior to doing so, the Director or designate must assess the circumstances of the incident and determine if "possible alternatives" to the use of force could be used before authorizing the use or the assembly of the ER team.

One of the measures currently used in the correctional centres is hostage and crisis negotiators, as prescribed under *DDS-0035*. If the circumstances allow (based on immediacy and level of risk), negotiators may be called in to situations where use of force is contemplated. In these situations the inmate is typically out of control, a danger to himself or others (threatening to harm himself or others), non compliant, and/or must be removed or moved from one area to another for his safety and the safety of others. The negotiator's goal is to diffuse and resolve the situation without the use of force. If unable to resolve the situation, the negotiator can then "call in" the ER team, which has already been assembled and is on stand-by.

As the team is assembling and the negotiators are attempting to resolve the situation, *DDS-001* requires that the centre's health care staff (nurses) be consulted by the ERT leader to determine the medical condition of the inmate(s) who may be subject to the use of force. Medical staff are required to be notified of use-of-force situations and be on stand-by should the inmate or staff require medical attention.

Once negotiations end, the ER team moves in and attempts to resolve the situation. Their goal is to resolve the situation as quickly as possible with the least amount of force as the circumstances dictate, and using only the security equipment authorized. Once engaged, the ER team leader directs the actions of the team. The process also requires the inmate to be advised of the potential use of the ER team in hopes that the inmate will make the decision to comply.

One piece of security equipment authorized for use is an ECD. *DDS-0034* outlines the procedures to be used for the ECD. ECD use must be separately authorized by the correctional center Director, who may delegate the authority to designated deputy directors and assistant deputy directors. Typically, the ERT Leader in discussion with the Director or designate, will seek approval to take the ECD. The authorization is to have the ECD ready, not necessarily to deploy the ECD. Deployment is dependent upon the particular situation and is at the discretion of the ER Team Leader.

DDS-0034 dictates that EC devices can only be used in the following circumstances:

- During a cell extraction.
- In response to an escape or escape attempt.
- To prevent self-harm.
- To protect inmates, staff or members of the public from harm.
- To terminate violent and disruptive behaviour.
- During high risk escorts outside of the facility.
- In response to any other serious threat to the security and good order of the institution.

The ECD can only be used when the ERT leader reasonably believes that the inmate is a danger to himself and/or others; the situation requires immediate control and when less intrusive intervention would not be appropriate or available; and, "there is a perceived need to gain control of the offender in the most expedient manner available" (*DDS-0034*, 2007).

After the decision is made to use the ECD, the operator, if circumstances permit, must give the inmate a specific warning: "Stand still or you will be hit with 50,000 volts of electricity" (*DDS-034*, 2007). If the inmate remains non-compliant the operator can fire the ECD. Subsequent firings are permissible only if the inmate continues to resist.

Once the operator is satisfied that the inmate is incapacitated, the operator will then provide direction to the ERT members to place the inmate in authorized restraint equipment (typically handcuffs).

ECD incidents are to be video taped when it is reasonable to do so. The ECD "firing/deployment" sequence stored in the device's dataport is downloaded by the Deputy Director (Operations/Security). All staff members involved or who have witnessed the use of an ECD are required to complete separate reports that are submitted to the Deputy Director. The ECD operator must complete a Taser Deployment Record which is then forwarded to the Deputy Director. The Deputy Director must also submit a report to the Centre Director and the Executive Director of Adult Corrections.

Following the use of force, all affected persons (inmates, staff, and bystanders) are to receive medical attention if required. Medical staff are required to report their interventions to the Deputy Director. As well, all individuals (inmates, staff or members of the public) who have been involved in or have witnessed the incident are offered the services of the Critical Incident Debriefing Team.

In addition to the Divisional Directives, each individual centre also is responsible for and required to create standing orders respecting ECD use. The standing orders are the centres' operational procedures that mirror the policy directives as outlined in the Divisional Directives. At the time of writing this report the standing orders for the three correctional centres had yet to be completed.

Recommendation #8

Should the Ministry introduce ECD technology in correctional centres, all standing orders be completed and approved by the Ministry prior to allowing any ECD to be in the physical possession of a correctional centre.

5.5 ECD Training

Training requirements for ER teams are outlined in *Divisional Directive Security 002 Emergency Response Team Selection and Training (DDS-002)*. This directive speaks not only to training but also to the selection of ER team members. Once selected, potential members must successfully complete six days of ERT Core Training. ERT Core Training covers a variety of areas, such as use of force, arrest and control methods, use of security equipment (e.g. chemical agents, batons and shields), physical fitness and aptitude, report writing, and critical incident stress. If successful in completing Core Training, CWs are assigned to an ER team. As a working unit, the team receives 10 days of "Refresher Training" annually to ensure the skill level, knowledge and ability are maintained. Within this 10-day allotment for training, the members also have to certify or re-certify in the handling of certain security equipment and First Aid. ECD training is provided in the 10-day Refresher Training for all CWs presently on an ER team.

ECD training was provided by a Master Trainer through MD Charlton. The Master Trainer is an expert in EDC technology and its tactical application. The model of training implemented by the Ministry was a "train the trainers" model. Two ER team members from each correctional centre were selected to be trained and certified in the technology. They in turn provided training to the other members of the ER team.

ECD training for the trainers occurred in June 2007 and was a two day course. The correctional staff who attended were required to write and pass a test following the practical training in order to be certified as ECD operators. The certified operators then trained their colleagues on the ER team.

The reviewers had opportunity to speak with one of the correctional staff who was chosen as an ECD trainer and who trained one of the Ministry's ER teams. This training occurred over

one day and included both theory and practical application of the devise. Staff were trained as operators and as persons who "back up" the primary operator. A written test was administered and if a member failed to pass the test they would not be allowed to act as an operator.

The Ombudsman also consulted an expert in use-of-force situations and ECDs. The external expert was asked to review the training material and assess the training provided. The expert found that:

- The lesson plans are comprehensive and thorough, covering all aspects of TASER use and training.
- The lesson plans and training practices that have been implemented in the correctional centres follow the recommendations provided by TASER International (the weapon manufacturer).
- The lesson plans address all aspects of the weapon system including its history, technological advances, operation, safety considerations (operator and target subject), medical concerns, physical and psychological considerations, and certification requirements.
- The lesson plans have not been amended or altered in any fashion from what the manufacturer (TASER International) supplies.

Overall, the training provided by the Ministry is adequate and provides the correctional workers with the information required to operate the ECD and/or support the operation of the device in a use-of-force situation.

The use of ECD technology within a correctional facility is fairly new in Canada. As more data is gathered in other provincial jurisdictions, new information will likely emerge. It is vital that training information is current and reflective of the correctional environment in Canada.

Recommendation #9

Should the Ministry introduce ECD technology in correctional centres, the Ministry annually review its ECD training and ensure the training material is current and that the content adequately reflects the correctional workers' roles and responsibilities in a provincial correctional centre.

When interviewing Ministry staff about the ECD training, those who were exposed to the training reported that they found the training useful. Some, however, reported that while the training was useful and necessary, it was added on to the already limited number of days available for ERT training. It was suggested that additional days be added to the training to ensure that ECD certification and re-certification is carried out as recommended by the manufacturer. Re-certification is recommended every two years.

Recommendation #10

Should the Ministry introduce ECD technology in correctional centres, the Ministry review the number of days available for ERT training and ensure that adequate time is allotted for ECD certification and re-certification.

Recommendation #11

Should the Ministry introduce ECD technology in correctional centres, prior to doing so the Ministry update the applicable Directives to reflect the presence and potential use of ECD technology. The applicable Directives should also outline the training requirements and the certification and re-certification process required of an ECD operator.

5.6 The Training of Correctional Centre Medical Staff

> **"I don't know the first thing about TASERS."**
> – Corrections Medical Staff

Concern has been raised by human rights organizations, Amnesty International, and the American Civil Liberties Union, that the training material provided by TASER International does not adequately explore the potential of adverse health effects following an ECD application. The Ministry has been unable to fill the position of Health Director and therefore the medical information they reviewed was gathered by individuals without a background in the health field. The Ministry needs to ensure its staff (medical and non-medical), have full, complete, balanced and independent information on the potential health risks of ECD technology.

Recommendation #12

Should the Ministry introduce ECD technology in correctional centres, the Ministry consult with an independent medical practitioner(s) about the potential health risks associated with ECD technology, and that the information be incorporated into the training of correctional staff (correctional workers and all medical staff). In addition, the consulted medical practitioner reviews all of the Ministry's policies and procedures on the use of ECDs to ensure that they comply with current knowledge about the potential health effects.

The ER team members appear to have been adequately trained, but the Ministry failed to train or provide information about the possible side effects of an ECD application to its medical services staff. This oversight was pointed out by the Ombudsman reviewer during this review and the Ministry has acknowledged this oversight.

Recommendation #13

Should the Ministry introduce ECD technology in correctional centres, the Ministry provide training to its entire medical services staff (nurses and doctors) about the technology and its potential health effects.

There are times when, following an ECD incident, an inmate may be taken to a community hospital for treatment and follow-up. It is vital that community hospitals are also aware of the technology and any potential adverse side effects.

Recommendation #14

Should the Ministry introduce ECD technology in correctional centres, the Ministry, in consultation with regional health officials, ensure that local community hospitals are provided with information about the technology and its potential health effects.

Section 6: Current Practices for ECD Use in Correctional Centres

The reviewers could find no known "best practice" standards for ECD use in Canadian correctional facilities. This is not surprising as the technology is fairly new and is used in only a small number of correctional facilities. The reviewers wanted to examine procedures and practice standards, governing policies, and the experience of other provincial correctional systems to provide a comparison for the policies, procedures, and practices incorporated in Saskatchewan's correctional centres.[39]

6.1 Review of ECD Use across Canada in Correctional Settings

As of January 2008, five provinces and one territory had authorized the use of ECDs in their correctional centres (Saskatchewan, British Columbia, Manitoba, New Brunswick, Nova Scotia and the Yukon).[40] A number of jurisdictions agreed to share information with us with the understanding that certain information would not be reproduced. Our findings are therefore presented in a summary format.

The introduction of ECD technology in correctional centres in Canada has only occurred over the last six years. Nova Scotia first introduced the technology in 2002, and Saskatchewan was the most recent to consider the technology in 2007. The technology was introduced in the different jurisdictions for very similar reasons; primarily to find an effective security device that would result in fewer injuries to staff and inmates. Two of the jurisdictions echoed the experiences of Saskatchewan Corrections in stating that the ECD technology was thought to be an improvement over pepper spray, which could prove ineffective in certain situations.

All jurisdictions had completed research and consultation prior to introducing the technology. However, the majority of jurisdictions reported that they primarily relied on research based on the experiences of law enforcement agencies. Nova Scotia was the notable exception – they reviewed information from the United States where ECDs had been used in correctional environments. All jurisdictions, with the exception of Nova Scotia (who were the first to use ECD technology), consulted with other provincial correctional authorities, and only two jurisdictions reported consulting with other agencies such as medical and/or mental health specialists.

None of the jurisdictions consulted research on the psychological effects of ECD technology on the inmate as they were not aware of any studies on this topic.

All jurisdictions restricted the use of ECD to only authorized and trained staff, and only when duly authorized by senior managers under specified and restricted conditions. Five of the six jurisdictions had staff trained by a Master Trainer from TASER International. Most incorporated a certification and re-certification process for their ECD users. Staff do not carry the ECD, as would perhaps a law enforcement officer, but all ECDs are securely stored and can only be removed with the authorization of senior managers.

All jurisdictions reported similar policies and procedures on the use of ECDs, including:

- Use is restricted to only trained and authorized personnel.
- There must be a demonstrated presence of risk prior to deployment of ECD, such as injury or harm to inmates, staff or others; flight risk; damage to property.
- A high level of authorization is required to use an ECD.
- ECD use must comply with the jurisdiction's particular use-of-force models and can only be used when other less intrusive methods prove ineffective, or are not reasonably available.
- An ECD must be used in compliance with certain conditions of deployment.
- There is a high level of accountability (required reporting, hierarchal reporting structure, and video taping of all incidents).

In all jurisdictions, ECD technology is used in facilities that house adult male inmates but Saskatchewan is the only jurisdiction that pro-

hibits the use of ECD technology in facilities housing adult female inmates. Only one jurisdiction has ECD technology in a youth facility and Saskatchewan has no plans to introduce ECD technology in youth facilities.

For those jurisdictions that have had ECD technology for longer than one year, the actual use of the ECD has been very low since its introduction. One jurisdiction, with a comparable inmate population and profile to Saskatchewan, reported that the ECD has only been deployed twice in eighteen months. All jurisdictions reported that the ECD presence appears to have a deterrent effect. In most cases, once the inmate is aware of the presence of the ECD, the situation quickly resolves without the ECD having to be deployed.

ECD technology is thought to assist in reducing injuries to staff and inmates, but four of the six jurisdictions could not definitively state that injury rates were reduced in their facility. Three of the six jurisdictions reported that the ECD technology was effective in gaining control and inducing compliance. For those jurisdictions that had ECD technology for at least one year, two reported that the presence of ECD technology has had no effect on the inmate population; one reported that if made aware of the ECD, inmates were more complaint. The majority (3) of these jurisdictions reported that staff were generally positive about the technology. None of the jurisdictions reported any significant changes to staff/inmate relationships, since the introduction of the technology into their respective jurisdictions.

6.2 Saskatchewan in Relation to Other Jurisdictions

When comparing policies and procedures across jurisdictions, the intention was not to assess or judge the policies and procedures, but simply to compare them to Saskatchewan's and identify any areas that the Ministry may wish to augment, clarify, or improve.

Overall, Saskatchewan's policies and procedures fall in line with current standard practice across jurisdictions. There are, however, certain procedures (such as those described in *DDS-0034*) that could be clarified, strengthened or expanded upon.

Deployment Conditions

The current EC device used in Saskatchewan correctional centres is the TASER X26. This model can be used in three modes, probe (actual shooting of the projectiles), stun, and presentation (showing, "arcing" the weapon but not deploying). *DDS-0034* addresses both the probe and stun modes (deployment of the device). The policy defines deployment as "the launching of the probes…and introducing energy current". Stun mode is defined as "the process of contacting the subject with the Taser and introducing the electric current without launching the probe".

Given the limited research regarding the actual levels of pain and the unknown psychological effects associated with ECD application, the Ministry must be extremely cautious about ECD usage in its stun mode.

Recommendation #15

Should the Ministry introduce ECD technology in correctional centres, the applicable Divisional Directive (DDS-0034) expressly articulate and limit the number and duration of applications of the X26 when used in stun mode.

In addition, reporting guidelines as outlined in the Taser Deployment Report do not adequately capture information with respect to ECD use in the stun mode.

Recommendation #16

Should the Ministry introduce ECD technology in correctional centres, reporting guidelines be developed that accurately document the conditions under which the stun mode can be used, as well as the number and duration of touch stun applications.

One of the reported benefits of the X26 (and other EC devises) is its ability to induce swift compliance and thereby end a situation without the escalation of force. The current policy is not clear if the X26 can be used independently in presentation mode as a compliance tool. The procedures would suggest that "at no time will an operator remove the Taser from the holster except when deployed or stun touch situations may be required" (*DDS-0034*, 2007). It is clear that each time the ECD is brought out it does not necessarily have to be used and it is preferable if it is not used. *DDS-0034* is clear that an ECD cannot be used as a means of punishment or discipline. The current policy however, is written in such a manner that it implies an escalation of force and does not fully articulate situations when the X26 is or can be used in presentation mode. The Taser Deployment Report also does not gather adequate information to document the effectiveness of X26 when used in presentation mode.

Recommendation #17

Should the Ministry introduce ECD technology in correctional centres, the relevant Directives (DDS-0034) be reviewed to clarify issues related to if and when the ECD can be used in compliance mode. Also, reporting guidelines on the use and effectiveness of the ECD as a compliance tool should be developed.

Limiting the Cycles

The TASER X26 has been designed to operate with a five second cycle of energy per trigger press. *DDS-0034* does not outline or mention the duration of cycle, nor does it indicate if the cycle must be continuously applied or if it can be interrupted. *DDS-0034* states that subsequent application of the TASER is allowed, but does not mention the number or length of additional cycle applications. Therefore, the policy may allow the operator to apply multiple and prolonged shocks.

Recommendation #18

Should the Ministry introduce ECD technology in correctional centres, that the Ministry revise the current Directive to specifically outline:

- Initial cycle length.
- Whether the initial cycle can be interrupted or is to be continuous.
- How many additional cycles are allowed, and the length or duration of those additional cycles before the ER team must then consider or apply other use-of-force methods.

Though practice varies across Canada, it would appear that Saskatchewan is the only province that does not clearly define or outline the duration of initial or subsequent cycles or whether the cycles must be continuously applied or can be interrupted. In our review of other practices in both corrections and policing, it would appear that one initial cycle is continuously applied for the full five second cycle duration. If additional cycles are allowed, up to a maximum number (typically two), they are only allowed if there continues to be active and overt resistance. These additional cycles are continuously applied and then only in five second cycle durations.

Recommendation #19

Should the Ministry introduce ECD technology in correctional centres, the Ministry revise its current reporting requirements as found in the TASER Deployment Report to capture information on the use of multiple cycles, including the duration and the number allowed.

Use of Medical Services and Medical Monitoring

DDS-0034 and the other related use of force policies (*DDS-001*) require that the ER team consult (if time allows) with medical services staff (nurses) about the medical condition of the inmate. *DDS-001* outlines the medical services to be provided to inmates, staff, and bystanders, and the reporting requirements for all use-of-force situations. *DDS-001* indicates that if required, medical services are to be provided. The ECD is, however, unique and very new technology. In addition, not enough is known about the human effects of an ECD on vulnerable populations. The Ministry should clarify the role of medical staff with respect to ECD use and expand the medical services provided and reporting requirements of medical staff.

In other jurisdictions, in addition to consulting medical staff prior to the use of an ECD, some also require the following after an application of an ECD:

- The affected inmate be medically examined by the centre's medical staff or if unavailable, community medical staff.
- The affected inmate be monitored for a period of time (time frames varied from 2 to 24 hours) after an ECD application to ensure the inmate is recovering normally. This also ensures that any physical or behavioural adverse affects, will be immediately dealt with.
- A separate report is completed by those staff monitoring the affected inmate.

Recommendation #20

Should the Ministry introduce ECD technology in correctional centres, they clarify the role of medical staff in relation to ECD use and expand the medical services provided (required medical examination, monitoring of inmate following ECD application) and reporting requirements (monitoring reports) of medical staff.

Information to inmate

None of the policies we reviewed (including Saskatchewan's) require that correctional staff provide written information to the affected inmate after he is shot or stunned with a ECD weapon, including what, if any, side effects he should be self-monitoring and reporting to medical staff. This may be done verbally, but it is possible that in busy centres the information may not be passed on to the inmate in a timely manner.

Some policing agencies such as The Association of Police Chiefs in Great Britain have created pamphlets to be provided to individuals who have experienced an ECD device. The pamphlet provides a general explanation of the ECD device and advises of possible side effects. Such pamphlets could be modified for correctional use.

Recommendation #21

Should the Ministry introduce ECD technology in correctional centres they, in consultation with medical staff, create an informational package for inmates exposed to the ECD device (in probe and stun modes) and that medical staff provide the package to the affected inmate and explain the information and assist the inmate as required.

Conclusion

There have been several high profile incidents across Canada that have increased public awareness of and debate about EC devices. The Province of British Columbia recently began the first of two public inquiries following the death of an adult male who died shortly after being shot with an ECD at the Vancouver International Airport. There is little doubt that the use of ECD technology is controversial and opinions are divided as to whether or not the technology should be used by law enforcement and correctional officers. The Ombudsman's role is not to manage the security operations of the correctional centres, and therefore, no specific recommendation is made as to whether ECD technology should be introduced into these centres. That is a decision that lies with the Ministry.

Though this report only looked at a single issue in the provincial correctional system, we found, as did the previous Ombudsman in her 2002 "Locked Out" report, that "In the face of increasing pressures …and finite resources, …Corrections is doing a credible job" and that "Correctional employees are genuinely interested in meeting their responsibilities to help inmates address their …needs" (Ombudsman Saskatchewan, p. 181). Further, we believe, as also stated by the previous Ombudsman in 2002,

> The safety of Saskatchewan communities depends in no small part on Corrections' ability to provide appropriate conditions of custody and effective rehabilitative services. How well inmates will function in the community will depend in some part on their experience in jail (p.181).

It is very clear that the Ministry understands the importance of its role in the rehabilitation of inmates. Recently, for example, Corrections introduced new tools to assist correctional staff when working with the inmate population through what is referred to as Core Correctional Practice (CCP). CCP is a model of intervention that shows great promise. CCP is designed to enhance staff skill and improve the overall rehabilitative potential of correctional services now provided to all provincial inmates. CCP was previously introduced into Saskatchewan's youth correctional system and proved effective in reducing both facility misconduct and recidivism. It is the hope of the Ministry that these results can be replicated in the adult correctional facilities.

Despite the advances made in correctional practices, incidents will still occur in facilities that will require the use of force and in these situations security equipment such as pepper spray and, potentially, EC devices may be warranted. On September 4th, 2007, such an incident occurred and an ECD was used to restrain an inmate who was posing a risk to himself and to others.

The Incident

This report does not provide the details of this incident in order to protect the privacy of the inmate and the correctional staff involved. We have provided our review of the incident to the Ministry and have made no recommendations. The Ministry has conducted its own review of the incident and we concurred with the Ministry's findings. What was of great assistance to us, and likely to the Ministry's reviewers, was the fact that this incident was video-taped from beginning to end. This provided unequivocal evidence as to the series of events and highlights the importance, for the Ministry and for the inmate, to record all use-of-force incidents whenever reasonably possible.

Of further assistance to this review was the openness and candor of the correctional staff and managers involved in the incident and of the inmate himself. It was evident that the correctional staff involved in this incident did what they believed was appropriate under the circumstances, as directed and supported by policy and that they had the authorization from senior managers to deploy the EC device. The senior managers, involved in this incident, took full responsibility for their actions and omissions. The inmate, though generally unhappy with the end result, was forthright and accepted responsibility for his own role in the incident.

This incident does demonstrate the interconnectedness of a public service organization such as Corrections. Each person involved, at every level of the organization, has an important role and responsibilities in carrying out the mandate of the organization. If a step is missed or not completed in the manner required, there may be a negative impact, albeit unintended, for both the service recipient (in this case the inmate) and the service provider (in this case the correctional staff involved.) A correctional manager did not read a memo and subsequently gave authorization to use on an inmate a security tool that was not yet in service. Though the decision to use the EC device may have been a correct decision, given the circumstances of the event, it was a decision made at the wrong time. Though the ERT member who actually deployed the EC Device was fully trained, the other members were not fully trained as end users; medical service staff were unaware of the potential side effects of ECD technology; and, though provincial directives existed, internal standing orders were not in place to fully support the actions of staff in the light of any public scrutiny.

Just as an inmate relies on a correctional worker and correctional workers rely on their managers, the correctional institutions rely on the Ministry to provide them the support and resources needed to carry out their mandate - in this case the introduction of a potentially controversial weapon such as an EC device.

Though the request for ECD technology was raised at the line level and supported by correctional managers, it is the Ministry that is ultimately responsible to determine if ECD technology is appropriate to use in provincial correctional centres.

The Ministry believed that ECD technology was required due to the volatile environment of the institutions housing adult inmates. In addition, they thought that the technology could potentially - under certain circumstances and in comparison to more traditional security devices - quickly end use-of-force situations and reduce the risk of injury to the inmates, staff and bystanders. The Ministry asserted that ECD technology was generally safe to use in correctional centres as the technology was "considered medically safe to use on persons with cardiovascular aliments, persons under the influence of drugs or alcohol, as well as those who are aggressive and violent."

The question that remains is whether the Ministry could support its assertions that ECDs were safe and, consequently, the introduction of the ECD technology.

The Broader Question

We found that that there were deficits in the decision-making and policy development processes used by the Ministry when it introduced ECD technology. The Ministry's information system (CMIS) and data collection methods and practices appear to be limited in that they could not be fully used to assist Ministry staff in identifying the issue and scope of the problem in order to develop an appropriate policy solution. Overall, it would appear that the Ministry's process did not adequately support the introduction of ECD technology into correctional centres in 2007.

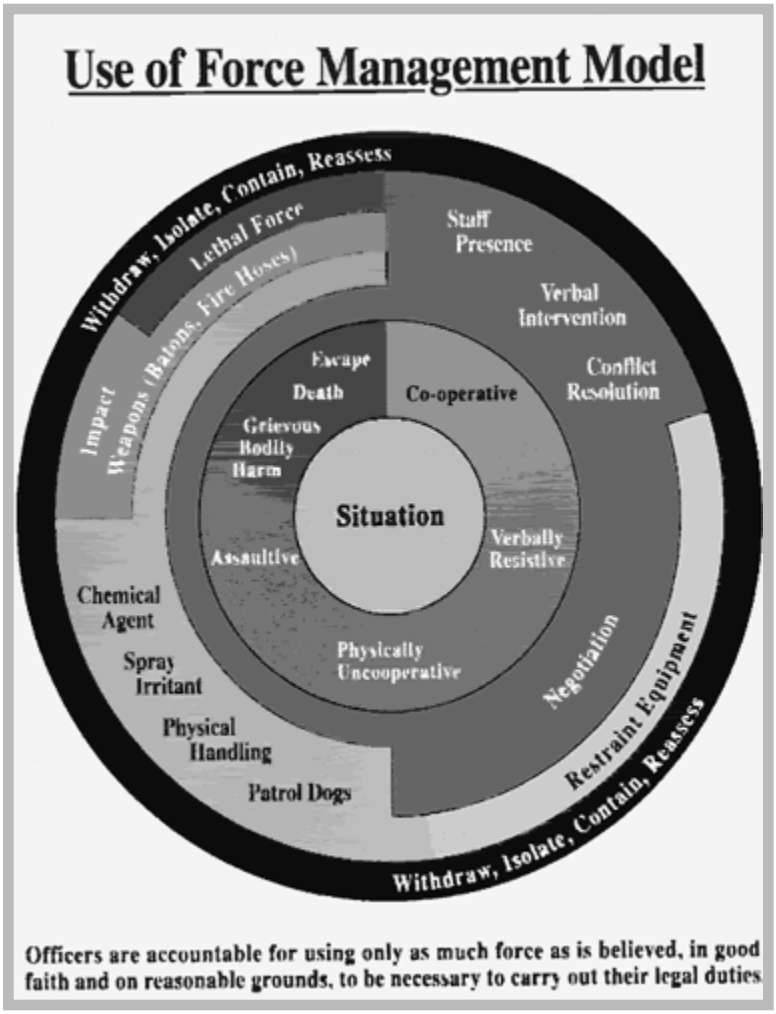
Though there were deficits and limitations in the policy development process, it does appear that the Ministry was aware of some of the risks associated with ECD technology. They did restrict the use of ECD technology and ensured that the designated staff received the appropriate training. Though mindful that there was some risk associated with ECD technology, the information used to assess risk was limited and relied heavily on information available from a particular manufacturer, on reports produced for law enforcement agencies, and on experiential information provided by its staff. The Ministry did not complete an independent assessment of the provincial inmate population that identified the prevalence of potential risk factors associated with potential, but unintended, adverse effects of ECD technology. More importantly, when it introduced the ECD technology, the Ministry did not adequately consult, inform or train the medical services staff who would have to respond to any medical situation resulting from ECD use.

The introduction of ECDs into a provincial correctional centre is a complex issue. Assessing whether the ECD technology is introduced needs to be "balanced against the alternatives and their associated risks" (Broadstock, 2002). The Ministry of Corrections, Public Safety and Policing needs to balance aspects of the ECD's effectiveness against not only known, albeit relatively rare, serious adverse effects, but given the state of knowledge surrounding the technology, also unknown effects that may arise from ECD use in provincial correctional centres housing primarily vulnerable populations.

There will be members of the general public who will question why the Ombudsman looked into this issue; after all prisons can be dangerous places housing potentially dangerous individuals. The Ombudsman does not dispute these perceptions and recognizes the potential risks of institutional life for both inmates and correctional staff. The Ombudsman, however, also recognizes that individuals within the adult male inmate population may possess higher rates of health risk factors that increase their level of vulnerability. There appears to be a general lack of research that has adequately examined the potential negative effects of ECD technology on vulnerable populations.

The intention of this review, while recognizing the realities of our provincial correctional centres and the concerted efforts of the Ministry to fulfill its mandate and to provide rehabilitative services, is not to lay blame but to raise public awareness of the issue and begin the needed debate. ECD technology was introduced into Saskatchewan's correctional system with little public debate. The Ministry has now suspended the use of ECDs and as a province we now have the opportunity to go back, take our time, complete the needed research and analysis, and consult with the community to determine whether ECD technology has a place in our provincial correctional system.

Appendix 1 Use of Force Management Model



Endnotes

1. ECD devices like TASER International's TASER X26, are also referred to as conducted energy weapons (CEWs), electromuscular incapacitation devices (EMDs), or electronic control weapons (ECWs). Saskatchewan's Ministry of Corrections, Public Safety and Policing uses the term Electronic Control Devices, or ECD. To avoid confusion, we will use the term ECD except when quoting directly or referring to specific brands or models.
2. The need for non-lethal weapons occurred relatively simultaneously in law enforcement and the military. However, the research and development of the technology occurred primarily in the military agencies as funding was more readily available to these organizations. Specific technology was then adopted by civilian law enforcement for operational use. The development and use of non-lethal weapons for military agencies for military purposes will not be discussed here as it is beyond the scope of this report.
3. TASER® is a registered trademark of TASER International, Inc. M26 and X26 are trademarks of TASER International Inc.
4. "Ventricular fibrillation...is a condition in which the heart's electrical activity becomes disordered. When this happens, the heart's lower (pumping) chambers contract in a rapid, unsynchronized way. (The ventricles "flutter" rather than beat.) The heart pumps little or no blood." If this condition is not treated immediately, it will quickly lead to death.
5. Taser International Training Manual Volume 13 states "Beware—TASER Device Can Ignite Explosive Materials, Liquids, or Vapors. These include gasoline, other flammables, explosive materials, liquids, or vapors (e.g., gases found in sewer lines or methamphetamine labs). Some self-defense sprays use flammable carriers such as alcohol and could be dangerous to use in immediate conjunction with TASER devices".
6. Excited delirium has been defined as, "A state of extreme mental and physiological excitement, characterized by extreme agitation, hyperthermia, epiphoria, hostility, exceptional strength and endurance without apparent fatigue" (Morrison & Sadler, 2001, pp. 46-50). As a syndrome excited delirium is not universally recognized in the medical community. (Commissioner for Police Complaints, RCMP 2007)
7. Los Angeles Times (February 15, 2008). "Change of Guard at OC Jails".
8. Interview with Corrections Worker, 2008.
9. Interview with Ministry staff , 2008.
10. Correspondence dated December 20, 2007 from the Ministry's Access Officer to Chief Steward.
11. As stated by Ovide Mercredi (2000), "Labeling helps entrench the institutional culture that says: nothing can be done to help "these kind" of offenders." The Ombudsman will not define the term gang beyond accepting the Ministry's documentation of a group's presence within a correctional centre. The Ombudsman will also not identify the individual group's presence, by name or correctional centre, as this may pose a risk to the safety of individuals, inmates and staff.
12. Correspondence dated December 20, 2007 from the Ministry's Access Officer to Chief Steward.
13. Departments of Justice and Corrections and Public Safety. (2003) Joint submission to the Commission on First Nations and Métis Peoples Justice Reform. Regina, Saskatchewan.
14. Correspondence dated December 20, 2007 from the Ministry's Access Officer to Chief Steward.
15. Government of Saskatchewan, Ministry of Corrections, Public Safety and Policing. Average Daily combined sentenced and remand count. Retrieved from: http://www.cps.gov.sk.ca/Average-daily-combined.

16. It has been estimated that about 0.13% of Canadians are infected with the human immunodeficiency virus (HIV). Federal Inmates are 10 times more likely to be infected with HIV. Federal Inmates are 20 times more likely to be infected with the Hepatitis C virus (HCV), as compared to those infected in the general population. Federal Inmates are more than twice as likely to be infected with the Hepatitis B Virus (HBV) as compared to those infected in the general population.
17. A mental health disorder does not necessarily predict future criminality; however, the existence of a mental health disorder does impact the care of the individual inmate.
18. The Correctional Services Act s. 3.
19. The Correctional Services Act s. 9 (1) (c).
20. The TASER X26 , which is the ECD that the Ministry of CPSP authorized for use, is defined in the Criminal Code of Canada as a "prohibited weapon". Authorized entities such as police forces and corrections services can purchase, possess and - for those individuals designated as peace officers - use prohibited weapons such as ECD technology in the commission of their mandated duties.
21. Interview with Ministry staff, 2008.
22. Interviews with Ministry staff and correctional staff, 2007-2008.
23. Interviews with Corrections staff, 2008.
24. Information provided by Ministry staff, 2008.
25. Saskatchewan Corrections and Public Safety Memo, April 11, 2006.
26. Information provided by Ministry staff, 2008.
27. E-mail from Chief Steward to CPS Departmental OHS Committee members, June 22, 2006.
28. Information provided by Ministry staff, 2008.
29. Interview with Ministry staff, 2008.
30. Interview with Ministry staff, 2008.
31. Saskatchewan Corrections and Public Safety Memo from Senior Standards and Inspection Officer to the Director of Institutional Operations, March 15, 2007.
32. Ibid.
33. Saskatchewan Corrections and Public Safety memo, November 21, 2007.
34. Interview with Ministry staff, 2008.
35. Ibid.
36. Ibid.
37. Interview with Union official, 2007.
38. Interview with Ministry staff, 2008.
39. We also looked to Corrections Canada but learned that the issue is still under review and no decision has yet been made with respect to ECD use.
40. In November 2007, Yukon also suspended the use of ECD technology in correctional centres. At the time of writing this report it is unknown if they have reintroduced the technology.

Bibliography

Legislation and Regulations

The *Criminal Code of Canada*, R.S., 1985, c.C-46

The *Correctional Services Act*, S.S. 1993

The *Correctional Services Administration, Discipline and Security Regulation*, 2003. Chapter C-39.1, Reg 3

The Ministry of Corrections, Public Safety and Policing Regulation, 2007

The Police Act, S.S. 1990-91

The Municipal Police Equipment Regulation, 1991, Chapter P15.01, Reg. 3

Reports and Journal Articles

Website references correct as of May 1, 2008.

American Civil Liberties Union of Northern California. (2005). *Stun Gun Fallacy*. Website: http://www.aclunc.org

American Civil Liberties Union Nebraska. (2005). *Taser Use by Nebraska Law Enforcement Agencies: The case for policy reform.* Website: http://www.aclunebraska.org/ACLU%20Taser%20study.pdf

Amnesty International. (2007). *Amnesty International's concerns about Taser use: Statement to the U.S. Justice Department inquiry into deaths in custody*. Website: http://www.amnesty.org/en/library/info/AMR51/151/2007/en

Amnesty International. (2004). *United States of America: Excessive and lethal force? Amnesty International's concerns about deaths and ill-treatment involving police use of Tasers.* Website: http://www.amnesty.ca/amnestynews/view.php?load=arcview&article=2026&c=Canada-Reports

Amnesty International Australia. (2007). *Brief on U.S. TASERS*, (AMR 51/154/2007). Website: http://news.amnesty.org.au/news/comments/

Amnesty International Canada. (2007). *Inappropriate and excessive use of Tasers.* Website: http://www.amnesty.ca/resource_centre/reports/

Amnesty International Canada. (2004). *Police and federal officials must examine impact of Tasers*. Website: http://www.amnesty.ca/resource_centre/news/

Amnesty International Canada. (2004). *Excessive and lethal force? Amnesty International's concerns about deaths and ill-treatment involving police use of Tasers.* Website: http://www.amnesty.ca/resource_centre/reports/

Association of Chief Police Officers. (2004). *Independent evaluation of the operational trail of Taser, UK.* Website: http://www.acpo.police.uk/nationalpolicing.asp

Bergren, R. (2007). *Doctors question safety of Tasers after deaths. National Review of Medicine 4* (13) website: http://www.nationalreviewofmedicine.com/issue/2007/11_15-30/

Bradford Non-Lethal Weapons Research Project (BNLWRP), Department of Peace Studies, University of Bradford. (2007). *The Development of "Non-Lethal Weapons During the 1990's,* (Occasional Paper No.2). UK: Neil Davison. Website: www.brad.ac.uk/acad/nlw

Bradford Non-Lethal Weapons Research Project (BNLWRP), Department of Peace Studies, University of Bradford. (2007). *The Contemporary Development of "Non-Lethal Weapons*, (Occasional Paper No.3). UK: Neil Davison. Website: www.brad.ac.uk/acad/nlw

Bradford Non-Lethal Weapons Research Project (BNLWRP), Department of Peace Studies, University of Bradford. (2006). *The Early History of "Non-Lethal Weapons*, (Occasional Paper No.1). UK: Neil Davison. Website: www.brad.ac.uk/acad/nlw

Canadian Association of Chiefs of Police. (2000). *A National Use of Force Framework*. Ottawa, ON.

Canadian Police Research Centre. (2005). *Review of Conducted Energy Devices*. (Technical Report TR-01-2006) Ottawa, ON.

Criminal Intelligence Services Saskatchewan. (2005). *2005 Intelligence Trends: Aboriginal-Based Gangs in Saskatchewan*, 1(1).

Commission for Public Complaints Against the RCMP. (2007). *Annual Report 2006/07*. Victoria, BC.

Commission for Public Complaints Against the RCMP. (2007). RCMP *Use of the Conducted Energy Weapon (CEW) Interim Report*. Victoria, BC: Canada.Website: http://www.cpc-cpp.gc.ca/DefaultSite/Repub/index_e.aspx?articeleid=1683

Commission for Public Complaints Against the RCMP. (2006). *Chair's Interim Report, 16 May*. Victoria, BC.

Corrections Services Canada. (2004). *A Heath Care Needs Assessment of Federal Inmates in Canada*. Canadian Journal of Public Health, 95(1), S1-S63.

Defence Science Advisory Board. (1998). *DSAB report 98/2 on the Use of Non Lethal Weapons in Operations Other Than War*. Ottawa, ON.

Dennis, A., Valentino, D., Walter, R.J., Nagy, K., Winners, J., Bokhari F., Wiley, D.E., Joseph, K.T., & Roberts, R.R. (2007). "Acute effects of TASER X26 discharges in a swine model." *The Journal of TRAUMA, Injury, Infection, and Critical Care*, l3(3).

Department of Justice. (2006). *United States National Institute of Corrections: Proceedings of the large jail network meeting*.

Government of Nova Scotia, Department of Justice. (2008). *Conducted Energy Device (CED) Review*. Halifax, NS.

Government of Saskatchewan. (2007). *Saskatchewan Provincial Budget: Performance plan, Saskatchewan Corrections and Public Safety*. Regina, SK. Website: http://www.cps.gov.sk.ca

Government of Saskatchewan, Ministry of Corrections, Public Safety and Policing. (2007). Average daily combined sentenced and remand count. (2007). Retrieved from: http://www.cps.gov.sk.ca/Average-daily-combined

Government of Saskatchewan. (2005). *Street Gangs: A Review Of the Empirical Literature on Community and Corrections-Based Prevention, Intervention and Suppression Strategies*. Regina, SK. Lafontaine, T., Ferguson, M., & Wormith, J.S. Website: http://www.cps.gov.sk.ca

Government of Saskatchewan. (2003). *Working Together for Safer Communities*. Regina, SK. Website: http://www.cps.gov.sk.ca

Home Office, Police Scientific Development Branch. (2006). *Supplement to HOSCB Evaluations of Taser Devices*. UK, Wilkinson, D.I.

Home Office, Police Scientific Development Branch. (2005). *PSDB Further Evaluation of Taser Devices*. UK, Wilkinson, D.I.

Home Office, Police Scientific Development Branch. (2002). *PSDB Evaluation of Taser Devices*. UK, Donnelly, T., Douse, K., Gardner, M. & Wilkinson, D.I.

Institute of National Security Studies, United States Air Force Academy. (1996). *Non-Lethal Weapons: Terms and References*. (INSS Occasional Paper 15). Colorado, USA: Robert J Bunker (Eds). Website: http://www.usafa.af.mil/inss

Joint Non-Lethal Weapons Human Effects Center of Excellence. (2005). *Human Effectiveness and Risk Characterization of the Electromuscular Incapacitation Device: A Limited Analysis of the TASER*. (Part1, Technical Report). USA.

Kroll, M., & Tchou, P., (2007). How a TASER works. Website: http://www.spectrum.ieee.org/dec07/5731

Kumaraswamy, N., Billingsley, I., Masse, S., Dorian, P., Cameron, D., Chauhan, S., Downar, E., & Sevaptsidis-Cardia, E. (2007). *Electrophysiological Consequences of Neuromuscular Incapacitating Device Discharges*. Journal of the American College of Cardiology. Website: http://www.content.onlinejacc.org

Lewer, N. & Davison, N. (2006). *Electric Stun Weapons: Alternative to Lethal Force or a Compliance Tool?* Bradford Non-Lethal Weapons Research Project (BNLWRP), Department of Peace Studies, University of Bradford. Website: www.brad.ac.uk/acad/nlw

Mercredi, O. (2000). *Aboriginal Gangs: A Report to the Correctional Services of Canada on Aboriginal Youth Gang Members in the Federal Correction System*.

National Police Research Unit. (1991). *Non-Lethal Incapacitation*. Adelaide, South Australia: Hamdorf, R.

NATO Research and Technology Organization (RTO). (2006). *The Human Effects of Non-Lethal Technologies: Final Report*. (AC/323(HFM-073) TP/65). Website: http://www.rta.nato.int

NZHTA. (2002). *What is the Safety of "Pepper Spray" Use by Law Enforcement or Mental Health Service Staff?* NZHTA Tech Brief Series, 1(2). New Zealand: Broadstock, M. Website: http://nzhta.chmeds.ac.nz/pepper_spray.pdf

Office of the Police Complaint Commissioner. (2005). *Taser Technology Review: Final Report*. BC.

Ombudsman Saskatchewan. (2002). *Locked Out*. Regina, SK. Hodsman, R. & Tompkins, B.

Ombudsman Saskatchewan. (2007) *2007 Annual Report*, Regina, SK.

Public Safety Canada. (2007). *An Investigation Into the Formation and Recruitment Processes of Aboriginal Gangs in Western Canada* (Cat. No.: JS42-110/2002), Ottawa, ON. Grekul, J. & LaBoucane-Benson, P.

Pollanen, M., Chiasson, D., Cairns, J., & Young, J. (1998). "Unexpected Death Related to Restraint from Excited Delirium: A Retrospective Study of Deaths in Police Custody and in the Community." *Canadian Medical Association Journal (CMAJ) 158*(12) 1603-1607.

Royal Canadian Mounted Police. *Incident Management/Intervention Mode*l. Website: http://www.rcmp-learning.or/docs/ecdd0018.htm

Robison, D., & Hunt, S. (2005). *Sudden In-Custody Death Syndrome*. Top Emerg Med, 27(1), 36-43.

Statistics Canada/Canadian Centre for Justice Statistics. (2006). "Adult Correction Services in Canada, 2004/2005." Cat. No. 85-002. *Juristat,* 26(5). Ottawa, ON. Beattie, K.

Statistics Canada (2006). *The Daily-Wednesday October 11, 2006*. Adult Corrections Services, Retrieved from: http://www.statscan.ca/Daily/English/061011a.htm

Statistics Canada/Canadian Centre for Justice Statistics. (2005). "Returning to Correctional Services after Release: A Profile of Aboriginal and Non-Aboriginal Adults Involved in Saskatchewan Corrections from 1990 to 2003/04." Cat. No. 85-002-XIE. *Juristat, 25* (2) Ottawa, ON. Johnson, S.

Statistics Canada. (2004). *Criminal Victimization in the Workplace*. Cat. No. 85F0033MIE-No. 013. Ottawa, ON. Leseleuc, S.

Steering Group. (2001). Patten Report recommendations 69 and 70 relating to public order equipment: A paper prepared by the Steering Group led by the Northern Ireland Office. (Report 1). Website: http://www.nio.gov.uk

Steering Group. (2001). Patten Report recommendations 69 and 70 relating to public order equipment: A paper prepared by the Steering Group led by the Northern Ireland Office. (Report 2). Website: http://www.nio.gov.uk

Steering Group. (2001). Patten Report recommendations 69 and 70 relating to public order equipment: A paper prepared by the Steering Group led by the Northern Ireland Office. (Report 3). Website: http://www.nio.gov.uk

Steering Group. (2001). Patten Report recommendations 69 and 70 relating to public order equipment: A paper prepared by the Steering Group led by the Northern Ireland Office. (Report 3). Website: http://www.nio.gov.uk

Steering Group. (2001). Patten Report recommendations 69 and 70 relating to public order equipment: A paper prepared by the Steering Group led by the Northern Ireland Office. (Report 4). Website: http://www.nio.gov.uk

Stratbucker, R., Nerheim, M., & McDaniels, W. *Cardiac Safety of TASER Conducted Energy Weapon Discharges*. Website: http://tasermexico.com/X26%20Medical%20Safety.pdf

Stanford Criminal Justice Centre. (2005). *Use of Tasers by Law Enforcement Agencies: Guidelines and Recommendations*. Stanford, California, USA. Website: http://www.law.stanford.edu/academic/programs/criminaljustice

TASER International. (2007). *TASER: UN Committee Against Torture is Out of Touch with Law Enforcement.* Website: http://biz/yahoo.com/pz/071128/132172.html

TASER International. (2006). *TASER International Instructors Certification Course, Version 13.0*, Phoenix, Arizona, USA.

TASER International. (2004). *TASER Medical Safety Information.* Phoenix, Arizona USA. Website: http://tasermexico.com/X26%20Medical%20Safety.pdf

Victoria Police Services. (2004). *Excited Delirium and its Correlation to Sudden and Unexpected Death Proximal to Restraint: A Review of the Current and Relevant Literature*. Victoria, BC. Laur, Darren.

Victoria Police Services. (2000). *Taser Technology Research Paper* (TR-01-2000). Victoria, BC. Laur, Darren.

Walter, R.J., Dennis, A.J., Valentino, D., Bosko M., Nagy, K., Bokhari, F., Dorion E., Joseph K., & Roberts, R. (2007). TASER X26 discharges in swine produce potentially fatal ventricular arrhythmias. From The Cook County Trauma Unit (RJW, AJD, DJV, KKN, FB, DEW, KTJ, RRR) and Division of Cardiology (BM), John Stroger Hospital of Cook County; and the Departments of General Surgery (RJW, AJD, DJV, KKN, FB, DEW, KTJ, RRR) and Cardiology (BM), Rush University Medical Center, Chicago, IL. Received June 27, 2007; revision received August 24, 2007; accepted: August 27, 2007.

Winslow, J., Bozeman, W., Fortner, M., & Alson, R. (2007). "Thoracic Compression Fractures as a Result of Shock from a Conducted Energy Weapon: A Case Report". *Annuals of Emergency Medicine, 50* (5) 584-586.

Wu, J., Hongyu S,. O'Rourke, A., Huebner, S., Rahko, P., Will, J., & Webster, J. (n.d.). *Dart-to-Heart Distance when Taser Causes Ventricular Fibrillation in Pigs.*

Policy

Government of British Columbia B.C. Corrections Branch. (2003). Adult Custody Policy. *Electro-Muscular (EMD) Technology*.

Government of Manitoba. Manitoba Justice, Corrections Division, Policy. *Electronic Control Weapons (TASER) Standards for Custodial Facilities.*

Government of New Brunswick. Public Safety Corrections. (2007). Adult Institutional Policy, *Electronic Control Devices.*

Government of Nova Scotia, Department of Justice. (2007). *Correctional Services Policy and Procedures; Electronic Control Devices (TASER®), Use of Physical Force, Admission Health Information.*

Government of Saskatchewan, Ministry of Corrections, Public Safety and Policing. Adult Corrections Branch Policy.
Divisional Directive Security-0001. Use of Force and the Use of Emergency Response Teams (effective: 2000/revised: 2004).
Divisional Directive Security-0002. *Emergency Response Team Selection and Training* (effective: 2000/revised: 2004).
Divisional Directive Security-0003. *Management of Hostage/Crisis Situations in Provincial Correctional Facilities* (effective: 1996/revised: 2003).
Divisional Directive Security-0034. *Electronic Control Device (ECD) Technology* (effective: 2007).
Divisional Directive Security-*0035*. *Correctional Centre Hostage and Crisis Negotiation Teams*. (effective: 2007).
Regina Provincial Correctional Centre Standing Order. *Use of Force and Emergency Response Teams* (effective: 2002)
Regina Provincial Correctional Centre Standing Order (draft). *Electronic Control Devices (ECD) Technology*.
Saskatoon Provincial Correctional Centre Standing Order (draft). *Electronic Control Devices (ECD) Technology*.

Websites

References correct as of May 1, 2008.

Cook County Electrical Trauma Study Group, website: http://cookcountytrauma1.googlepages.com/home

Ministry of Corrections, Public Safety and Policing website: http://www.cpsp.gov.sk.ca/

TASER International, website: http://www2.taser.com

promoting **fairness**