



**Request for Exception to an
Administrative Directive
Connecticut Department of Correction**

CN 1302
REV 11/15/10

Administrative Directive Number: **6.5** Title: **Use of Force**

I request approval of the following exception to the above referenced directive (provide detailed explanation):

Showers are not feasible at Northern CI due to the lack of shower space as well as the fact that the inmate is in full restraints (handcuffs, leg irons and tether chain) when removed from the affected cell.

Section 7 Chemical Agents Subsection F: Decontamination (Northern CI Specific)

Decontamination of any exposed person shall include at a minimum:

1. upon exposure of chemical agent, the exposed inmate shall be removed from the affected area and brought to the medical screening room located in the unit for evaluation and treatment by medical staff. The following will be the minimum:

- 1. flushing of eyes**
- 2. Decontaminating of exposed skin by medical personnel**
- 3. issuance of clean clothing**

See attached documents

ORIGINATOR

Name: [Redacted] Title: [Redacted] Date: **11/17/11**

Signature: [Redacted] Facility/Unit: [Redacted]

UNIT/DISTRICT/DIVISION RECOMMENDATIONS

Approved	Denied		Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unit Administrator's signature: <i>[Signature]</i>	11/28/11
<input type="checkbox"/>	<input type="checkbox"/>	District Administrator's signature: (only needed if originating from a facility)	Date:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature: <i>[Signature]</i>	11/28/11

COMMISSIONER'S DECISION

This request is: **APPROVED** **DENIED** Effective date of request: *AS SOON AS PRACTICABLE*

This exception is valid through: _____, by which the exception must be re-requested.

This exception is valid until such time as the Administrative Directive is updated.

This exception shall be added immediately to the Administrative Directive.

Commissioner's signature: *[Signature]* Date: **12-28-11**