

Axon VR

Community Engagement Training (CET)



CORRECTIONS III

Facilitator's Guide



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LESSON PLAN

Course Overview	<p>In this module, trainees conduct a cell search after an inmate fails to exit when instructed. Trainees learn to identify potential opioid-related crises in a correctional setting, focusing on opioid abuse indicators and overdose symptoms.</p> <p>Trainees will learn how to implement on-scene safety protocols, minimize exposure risks, and make critical decisions at key points during the search.</p>
In-Headset VR Experience	<p>Trainees will observe and choose their next actions at key decision points, allowing them to conduct their search according to their agency's policy.</p> <p>NOTE: Trainers should complete the module in-headset at least once prior to facilitating this CET.</p>
Learning Objectives	<p>Given a scenario depicting an inmate displaying signs of an opioid overdose, the trainee will make selections to describe how to render aid while minimizing exposure risks and determine best practices in responding to substance use situations with their agency trainer by doing the following:</p> <ul style="list-style-type: none">• Identify indicators of an opioid crisis and render aid in a corrections setting.• Describe on-scene safety protocols for environments where unknown substances may be present to minimize exposure risks and create an environment to assist with the safety and well-being of all parties.• Demonstrate best practices according to agency policy for cell searches.• Describe proper communications with any additional officers to provide appropriate referrals and support to someone in crisis or in need of rehabilitation.
Instructional Goal	<p>As a responding officer, the trainee will make decisions based on agency policy, and proceed with the information available in the scenario.</p>
Required Materials (available on MyAxon)	<p>Facilitator's Guide</p>
Date Released	<p>October 29, 2024</p>
Date Updated	<p>N/A</p>
Prerequisites (if any)	<p>None</p>
Course Length	<p>30 minutes (in-person instructor-led training)</p>
Equipment	<p>Axon VR equipment</p>
Facility Location	<p>The Training Space will be identified by the agency and must contain a virtual boundary to keep participants safe. Training Spaces should be kept clear of objects, pets, live weapons, and other people.</p>

Reference List	<ul style="list-style-type: none"> National Institute on Drug Abuse. (2021, June 1). <i>Fentanyl Drug Facts</i>. https://nida.nih.gov/publications/drugfacts/fentanyl Johns Hopkins Medicine. (2022, November 11). <i>Opioid use disorder</i>. https://www.hopkinsmedicine.org/health/conditions-and-diseases/opioid-use-disorder U.S. Department of Health and Human Services. (n.d.). <i>Search for Treatment</i>. https://findtreatment.gov/locator
Target Group	Public safety and law enforcement officers
Instructors	Any agency-identified VR trainer
Group Ratio	Trainer: trainee = 1:1
Trainer Pre-work	<ol style="list-style-type: none"> Create a VR Training Space. This is a 360° video experience that is best viewed while seated. Open the CET application and download the module to the Axon VR Library if it's not already present. Once downloaded, complete the module in-headset at least once prior to facilitating this CET. View the scenario more than once to experience the different possible outcomes.
Additional Resources	<ul style="list-style-type: none"> For assistance facilitating CET training in VR, see the Running A Community Engagement Training (CET) Session course on Axon Academy For any technical difficulties, visit the MyAxon Help Center

AGENCY RESOURCES

This training is best augmented with agency-specific resources. Axon does not make any recommendations on agency policies.

Per agency policy, consider making a supplemental guide to share with trainees that includes the resources available that are specific to the facilitating agency and community.

SAMPLE COURSE SCHEDULE

0800-0810	Trainee reviews the pre-work handout
0810-0820	Trainee completes VR scenario in-headset
0820-0830	Trainer conducts assessment debriefing with the trainee using the debriefing questions and scenario assessment rubric in this Facilitator's Guide

DEBRIEFING QUESTIONS

After the trainee completes the VR scenario in-headset, debrief with them to discuss their results. Use the following debriefing questions to support you.

Additionally, supplement this experience with agency resources, policies, best practices, and guidelines.

1. What factors influenced your on-scene actions/decisions?
2. What choices seemed the least effective in de-escalating the situation? Which were most effective?
3. Did any of the consequences of certain choices come as a surprise? If so, which one(s)? Why?
4. Would you change any of your choices after viewing the outcome of the scenario? What actions would you take?
5. What is our agency's policy in responding to situations similar to this scenario?

SCENARIO ASSESSMENT RUBRIC

Given a scenario depicting an inmate displaying signs of an opioid overdose, the trainee will make selections to describe how to render aid while minimizing exposure risks and determine best practices in responding to substance use situations with their agency trainer and score 100% on the scenario assessment rubric questions below.

NOTE: As part of the Assessment Rubric, Axon recommends that the trainer also discuss agency policy and review local and state resources with the trainee.

Q1: You're with an inmate who has a history of opioid abuse who is confused, having trouble focusing, and is struggling to maintain a simple conversation. What signs and symptoms of active opioid use are they displaying?

Passing Response	The trainee clearly articulates that the inmate may be displaying current signs and symptoms of active opioid use, such as confusion, trouble focusing, and an inability to carry on a conversation (which can be considered disorientation).
Failing Response	The trainee fails to recognize that being confused, having trouble focusing, and unable to carry on a conversation may be signs or symptoms of disorientation.

Q2: What are some de-escalation techniques (aligned with your agency policy) that you can try when encountering an inmate suspected of opioid use?

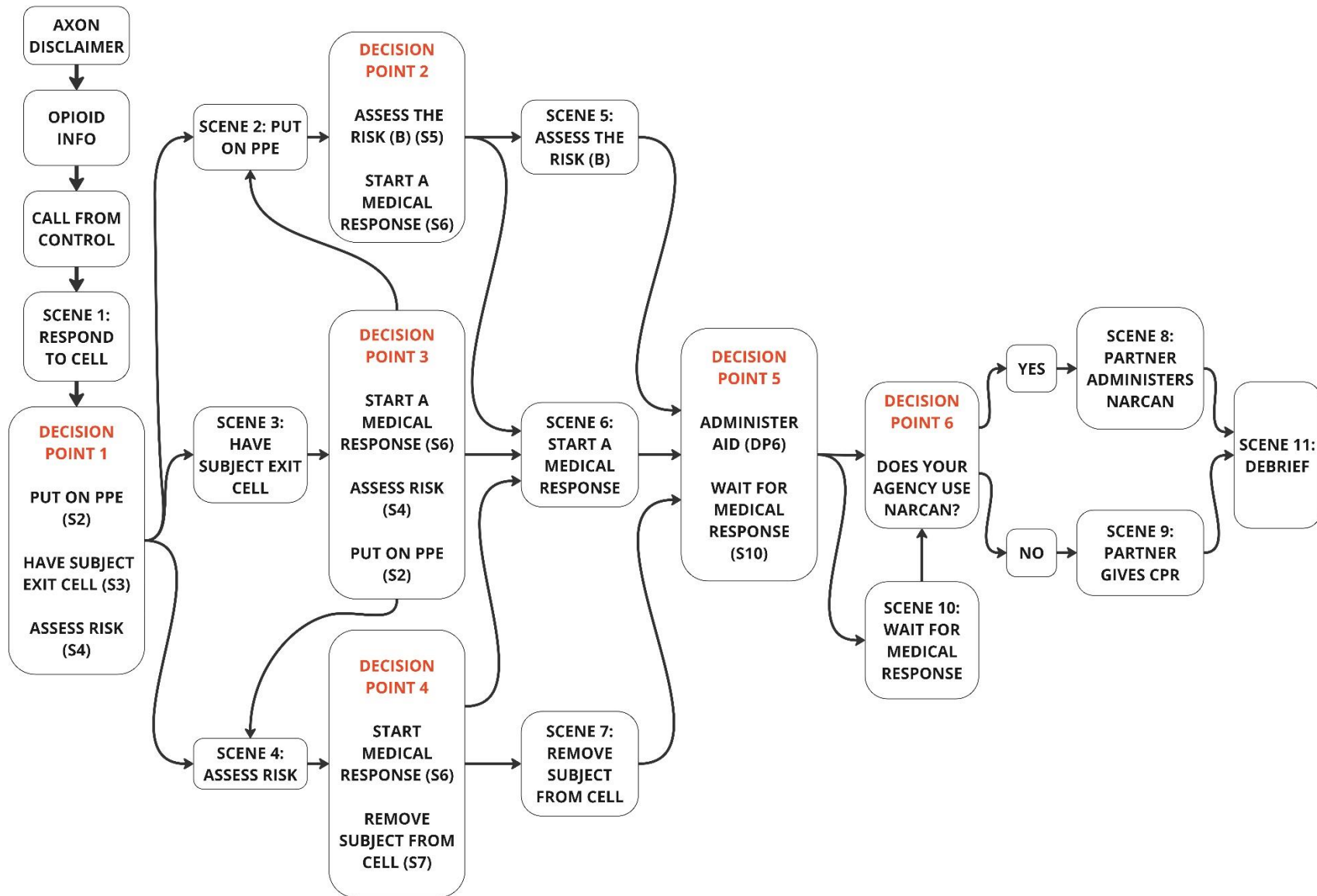
Passing Response	<p>The trainee clearly articulates at least two of the following de-escalation techniques in their response:</p> <ul style="list-style-type: none">• Speak calmly• Use softer tones• Maintain equal eye level (kneel/sit/bend down as needed)• Present open body language• Remain calm• Demonstrate patience• Approach with empathy• Avoid using blaming or accusatory tones• Avoid overloading the inmate with information <p>Example: Due to the inmate being confused, I can remain calm and demonstrate patience to help engage the inmate in the conversation.</p>
Failing Response	<p>The trainee fails to articulate any of the de-escalation techniques listed above or conveys the opposite of the proposed techniques.</p> <p>Example: I would remind the inmate about the list of punishments and rule violations they are breaking and demand compliance immediately.</p>

Q3: What are some safety protocols you should follow to minimize exposure risks to all parties on-scene?

Passing Response	The trainee clearly articulates at least two of the following in their response: <ul style="list-style-type: none">• Use personal protective equipment (PPE) such as latex or vinyl gloves, a mask, and eye protection• Avoid performing tasks or operations that may cause substances to become airborne• Inform Control that you are on scene with unknown substances• Administer CPR/breathing assistance• Call for backup (if needed)• Increase scene ventilation (open door, window, etc.)• Avoid touching your eyes, nose, or mouth after touching any potentially contaminated surface, even if wearing gloves• Wash your hands with soap and water
Failing Response	The trainee fails to articulate at least two of the recommended safety protocols listed above or indicates to use hand sanitizer or bleach (this can cause a dangerous chemical reaction).

SCENARIO FLOW AND DECISION POINTS

The flowchart below shows the trainee decision points and their respective branches in the scenario.



TRAINEE PRE-WORK HANDOUT: CORRECTIONS III

Purpose: This handout provides an overview of how to identify possible indicators of opioid abuse, overdose, and withdrawal symptoms. It also provides recommended on-scene safety protocols for incidents where unknown substances (such as fentanyl) may be present, and crisis intervention and rehabilitation resources.

Review this handout prior to completing the VR scenario in-headset

Opioid Crisis Indicators

After taking opioids many times, the user's brain adapts to the drug, diminishing its sensitivity, making it hard to feel pleasure from anything besides the drug. When people become addicted, drug seeking and drug use can take over their lives.

Active Opioid Use Symptoms

Symptoms of active opioid use may include but are not limited to:

- Euphoria (intense happiness, powerful sense of well-being, excitement)
- Disorientation
- Lethargy, excessive time spent sleeping, or excessive sleepiness
- Dilated pupils
- Bluish tint to lips or nail beds
- Decreased pain perception
- Track marks on arms or feet
- Vein deterioration/not accessible if they inject
- Malnutrition

Opioid Abuse Impact on Behavior & Communication

The subject's behavior can range from sporadic to non-responsive, displayed as:

- Extreme happiness
- Drowsiness
- Confusion
- Unconsciousness

Drug Paraphernalia

Drug paraphernalia that could indicate opioid abuse on the scene includes:

- Syringes
- Powder-like substances
- Tablets or capsules
- Solutions/liquids, nasal sprays, eye drops
- Lighters, spoons, bottlecaps, shoelaces, belts

Opioid Overdose Symptoms

An overdose occurs when a drug produces serious adverse effects and life-threatening symptoms. When a subject overdoses, their breathing can slow or stop. This can decrease the amount of oxygen that reaches the brain, a condition called hypoxia, which can lead to a coma and permanent brain damage, and even death.

Symptoms of an opioid overdose may include but are not limited to the following:

- Small/constricted/"pinpoint" pupils
- Falling asleep
- Loss of consciousness/non-responsive
- Slow, weak, or absence of respiratory activity
- Choking or gurgling sounds
- Limp body (though may be rigid with fentanyl)
- Cold and/or clammy skin
- Discolored skin (gray, blue, or pale), blue or purple lips and nails

Opioid Withdrawal Symptoms

Symptoms of opioid withdrawal may include but are not limited to the following:

- Muscle aches/cramping
- Increased tearing
- Insomnia
- Diarrhea
- Dilated pupils
- Nausea
- Vomiting

Situational Awareness

Follow your agency's policy to demonstrate best practices for cell searches.

Non-Confrontational Environment

Establish rapport to facilitate a conversation with the subject:

- Talk at eye level
- Speak in a calm tone
- Instill confidence for the subject to open up

De-Escalation Techniques

Use de-escalation techniques based on your agency's policy that have the best chance of resulting in the most beneficial outcome based on behaviors exhibited by a subject abusing opioids:

- Observe the subject's behavior for the following:
 - Little to no communication
 - Deflecting
 - Confusion
- When interacting with the subject, do the following:
 - Speak calmly
 - Use softer tones
 - Maintain equal eye level (kneel/sit/bend down as needed)
 - Present open body language
- Remain calm
- Demonstrate patience with the subject
- Approach the subject with empathy
- Avoid using blaming or accusatory tones
- Avoid overloading the subject with information until they're in a more coherent mindset

Communications, Referrals & Support

Refer to the resources aligned with your agency policy to provide appropriate referrals and support to someone in crisis or in need of rehabilitation:

- Identify different types of treatments available
- Aim to remove/avoid the stigma of addiction
- Identify different emotional reactions to suspecting an accidental exposure
- Identify resources in your agency to support other officers in case of an accidental exposure (med kits, personnel, etc.)

References:

- National Institute on Drug Abuse. (2021, June 1). *Fentanyl Drug Facts*. <https://nida.nih.gov/publications/drugfacts/fentanyl>
- Johns Hopkins Medicine. (2022, November 11). *Opioid use disorder*. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/opioid-use-disorder>
- U.S. Department of Health and Human Services. (n.d.). *Search for Treatment*. <https://findtreatment.gov/locator>

Safety Protocols

It's important to follow your agency's on-scene safety protocols for environments where unknown substances may be present to minimize exposure risks and ensure the safety of all parties on scene.

Personal Protective Equipment (PPE)

Encountering scenes involving unknown substances (and possible fentanyl exposure) demands a heightened commitment to safety. The use of Personal Protective Equipment (PPE) is crucial in these scenarios, serving as a vital defense against potential hazards:

- Latex or vinyl gloves
- Respiratory protection, such as a mask, in case unknown substances become airborne
- Eye protection

Risk Assessment

Adjust navigation of the scene based on an ongoing risk assessment of the subject and scene:

- Assess the quantity of drugs present
- Assess the quantity of drug paraphernalia
- Avoid performing tasks that may cause substances to become airborne
- Assess physical placement of drugs in the scene (proximity to drugs and paraphernalia)

Communication with Control

While on scene, demonstrate clear and accurate communication with Control by doing the following:

- Explain that you are on scene with unknown substances so they can be aware of the danger and keep tabs on the well-being of all parties present
- Request EMS/medical assistance
- Call for backup (if needed)

First Aid & Life-Saving Care

Use first aid and life-saving care in a corrections setting and according to your agency policy, including the following:

- Administer Naloxone medication, such as NARCAN, to reverse an overdose
- Administer CPR/breathing assistance
- Increase scene ventilation (open door, window, etc.)
 - Enclosed spaces with fentanyl dust in the air could result in exposure or overdose
 - Powdered fentanyl is not absorbed through the skin but can be transferred through mucous membranes
- Do not touch your eyes, nose, or mouth after touching any potentially contaminated surface, even if wearing gloves
- Wash hands with soap and water - **do not use** hand sanitizer or bleach (this can cause a dangerous chemical reaction)