

# Case

# Disease as weapon

## PO21 Learning Resources



# Credits

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# Case – Disease as weapon

This case was developed within the PO21 project<sup>1</sup>, based on the critical incidents approach and the experience of the Prison Officers involved in the project. It can be dynamised using several strategies<sup>2</sup>, according to the training and trainers' objectives.

## Case Script:

# Summary

### Main situation

A problematic situation between the nurse, the Officer and a prisoner who refuses to take his medication (he is an HIV patient). The situation escalated, so they had to ask for help from the wing chief, who decided to ask the SIU to help.

### Why is it complicated/difficult/challenging:

- The wing is full of inmates with HIV who sometimes use their medical condition as "a weapon".
- None of the officers likes to work in this wing because of safety (HIV).
- Most inmates from this wing also have mental problems and a history of assaulting officers.
- Masks and hand gloves are not always available for the officers, so that is an extra "problem" for the staff!

<sup>1</sup>For more information: <http://www.prison-officers21.org/>

<sup>2</sup>Detailed information on cases dynamisation and development can be found in the Guide for developing cases, produced under the PO21 project

## Main Characters

### Character 1: Achmed Turk

**Name** - Achmed Turk

**Professional description** – Inmate

**Personal/psychological description** – 35 years old, he is an HIV patient, has mental and psychiatric problems with a record of problematic experiences with staff and other inmates. Unpredictable. History of combat knowledge. In previous prisons, he always created troubles with everybody.

**Main function/hierarchy** – NA

### Character 2: Angela

**Name** - Angela

**Professional description** – Nurse and experienced with HIV people.

**Personal/psychological description** – 38 years, she was a bit indifferent and did her job in a hurry (fast, fast, fast). She took no time to listen to the questions or demands of the inmates. She had already worked for many years and had lost her patience.

**Main function/hierarchy** – Nurse, medical service for the inmates.

### Character 3: John

**Name** - John

**Professional description** – Prison Officer

**Personal/psychological description** – 22 years, a new officer with no experience, first time in that wing. Stressed and insecure, a little frightened, and unsafe working with HIV inmates. He generally looks for a safe environment, keeping peace and order and ensuring all the activities with these inmates.

**Main function/hierarchy** – Junior Prison Officer

## Secondary characters or witnesses

### Character 4: Daniel

**Name** - Daniel

**Professional description** – Wing Chief

**Personal/psychological description** – 49 years, many years in service, although he had no experience with this kind of inmate, so this was also new for him. He had to fill in to replace a colleague who was ill. He didn't know what to do in this critical situation.

**Main function/hierarchy** – Leadership/coordination of the wing.

### Character 5,6,7,8: Rob, Robbie, Robert & Roberto

**Name** - Rob, Robbie, Robert & Roberto

**Professional description** – Prison officers – intervention in incidents.

**Personal/psychological description** – Many years of experience, well trained, not the first time they had to come and neutralise the situation in this wing.

**Main function/hierarchy** – SIU - Special Intervention Unit

## Secondary characters or witnesses

### Character 9: Nicolae

**Name** - Nicolae

**Professional description** – Prison Officer

**Personal/psychological description** – 45 years, an excellent and experienced professional. Sometimes also works in this wing and knows how to deal with these inmates.

**Main function/hierarchy** – Keeping the peace and order and ensuring all the activities with these inmates.

### Character 10: Adrian

**Name** - Adrian

**Professional description** – Prison Officer

**Personal/psychological description** – 50 years, an excellent and experienced professional. Sometimes also works in this wing and knows how to deal with these inmates.

**Main function/hierarchy** – Keeping the peace and order and ensuring all the activities with these inmates.

## Description of the situation

### Time

9 A.M.

### Duration

30 minutes

### Location

Wing with 4 rooms, with HIV inmates

### Description of the situation

It is a wing with 4 rooms, with closed doors, and every room has 15 inmates (HIV). There is only one Officer, **John**, and a nurse, **Angela**, who gives the medication, present.

The Officer closes the door when the inmate, **Achmed Turk**, with HIV, comes out of the cell to get his medication.

In the morning (9h), **Angela** has to give medication to **Achmed Turk**. He refused to take his pills and started to get agitated (at first, verbally). After that, he became nervous.

Prison Officer **John** reports the situation to his superior Officer, who decides to call the Special Intervention Unit (SIU). This team has 4 members (**Rob, Robbie, Robert and Roberto**) who take action.

The wing's chief, **Daniel**, was the Team Leader for the SIU.

When the SIU intervened, the prisoner changed his attention towards the SIU. He was trying to hurt himself by smashing his head against the wall to throw infected blood at the SIU.

The **wing chief** started negotiations. The inmate attempted to break a glass from the fire extinguisher.

Since it was not glass but plexi, he couldn't hurt himself. During the event, the **wing chief** tried negotiating with him (stay calm, relax).

# Description of the situation

After some time, the Team leader gave the sign for intervention.

So the SIU neutralised the inmate and handcuffed him. During the action, they communicated with the inmate (cooperate, give your arm, we will handcuff you). He offered no resistance and collaborated with the guards.

During this intervention, other inmates from that wing started to shout, knock at the doors, and smash tables and chairs in their cells.

They believed that the SIU hurt the prisoner severely. They thought that he had been beaten.

Then, 2 members of the SIU went to the medical service with the nurse to check the inmate for wounds, bruises, and scratches, and at last, he also took his medications.

At that time, only 2 members of the SIU stayed there, together with the chief of the wing.

Meanwhile, 2 other officers, **Nicolae** and **Adrian**, came to assist. Those officers and the wing chief decided to go cell by cell to talk to the inmates in the wing, saying that the aggressive prisoner was not hurt or beaten, just neutralised for his safety.

During these conversations between officers and inmates, there was still a lot of noise (verbal, knocking at the doors).

So it was challenging to have a normal conversation with the inmates. After talking with two rooms, the 'aggressive prisoner' returned to his room.

So the other prisoners talking with the staff saw that he was not wounded or beaten, so they calmed down, and the silence returned. After 30 minutes, everything was normal again.

## Reaction of each character

### **The Nurse**

Scared, afraid, out of their comfort zone (security).

### **The Officer**

Nervous, fearful, out of his comfort zone (security).

### **The Prisoner**

Angry, violent, verbally aggressive, and out of control when they tried to talk to him. In the end, he displayed normal behaviour.

### **The SIU**

Did the job they were trained for.

## Result of each action

The inmate refuses to take his medication - the nurse and prison officer can't handle the situation.

PO ask for help from the chief of the wing - SIU intervention.

SIU takes action and neutralises the prisoner - the prisoner starts to shout - the other inmates in the 4 rooms begin to revolt in their rooms.

The chief of the wing talks with each room to explain what happened - everything becomes normal

# How to apply this case?

This case can be used in several ways, there is no prescriptive, specific strategy, and the trainer shall choose the specific themes to highlight by applying the case. However, making the best of this resource in terms of promoting debate and stimulating reflection among trainees, common strategies can be:

## **Brainstorming:**

Create a question about the case and promote group discussion. Remember that in brainstorming is particularly important to register all contributions and to make a summary of all contributions. It is suited to initiate a new theme.

## **Role-play:**

In the training room, arrange the scenario according to the case description. The trainees should perform the characters as close to the description possible to create a real-life situation. After the presentation, group discussion can be promoted. It is suited to deepen a situation or theme.

## **Problem-Solving:**

Present the case without providing information on how it was handled and ask the trainees, individually or in groups, to describe how the situation should be handled. Then, dynamise a debate around each new ending for the situation. It is suited to applying theory to practice.

## **Dilemma:**

Create a dilemma by designing a new development of the situation. Organise a debate around which was the best solution and why. It is suited to explore complex situations.

## **Pros and Cons:**

A debate can be used in any strategy. If used as the main strategy, one idea may be to organise the group in two sectors: one, arguing in favour of the resolution and the other, arguing against it. This can be improved by providing other learning resources that support the arguments of each sector. It is suited to deepen a situation or theme.

To learn more about the creation and application of Critical Incidents, you can consult the Critical Incidents Technique Application Guide.