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## Assigning Infection Risk Levels in Correctional Facilities

By Robert Kravitz, President AlturaSolutions

**Published: 10/26/2009**



In August 2007, reports surfaced that “dozens” of prison guards at Folsom Prison in California tested positive for staph infections—the most serious inflection was methicillin-resistant *Staphylococcus aureus*, or MRSA, a highly contagious strand that’s often resistant to medication. As unfortunate as this was, what mystified prison administrators was that the infection rate increased very quickly over a four week period, averaging about four new cases each week.

All told, by the time the report was issued, 25 prison employees, including secretaries and office workers, reported contracting a

staph infection during the first seven months of 2007. Further, there were 35 confirmed cases of MRSA among Folsom inmates during this period as well. In fact, the infection rate moved so fast that 20 of those cases were reported in just two months.

A recent New York Times editorial reported that prison inmates are the “sickest people in society,” with infection rates far higher than the general population.\* The focus of the editorial was not only the health and welfare of the inmates but concerns that they would spread disease to the general public once released from prison. Additionally, the Folsom Prison incident shows that prison staff is not immune to these infections and diseases.

What actions should correctional administrators take when a widespread infection grips their facility? Although the usual steps are encouraged, including proper and more frequent hand washing, use of sanitizers, glove wearing by staff, and seeking medical attention for staff and inmates as soon as a possible infection is noted, increased cleaning and maintenance procedures should also be implemented immediately. Furthermore, this cleaning regimen should specifically address floor areas, as well as all other horizontal surfaces, and of course all “high touch” contact points.

Cleaning plays a significant role in reducing the spread of minor afflictions, such as the cold and flu, as well as much more serious diseases, such as MRSA and other diseases caused by superbugs. And, floor care is essential because floors are not only the largest surface areas in a facility, but they typically are the biggest reservoir of

bacteria as well.

## **Ranking Infection Risk**

According to Mark Warner, Product Manager for Disinfectants and Sanitizers, for a leading manufacturer of professional-grade Green cleaning chemicals says, managers in all types of facilities, including correctional facilities, typically have a set cleaning program in place but do not know when or how to “ramp it up” when a contagious environment develops. Warner currently works with janitorial distributors and facility managers as well as federal, state, and local governments, including the U.S. Department of Homeland Security, instructing how to properly address infection threats and cross contamination issues.

Warner says there are four risk levels, referred to as the DEFCON ranking system, with each level requiring facility managers and cleaning personnel to adjust cleaning procedures and frequencies as well as implement different chemicals and tools to address the infection problem at hand. These four DEFCON levels are:

**DEFCON 1:** No dangerous infection or pathogen risk exists. Cleaning personnel should follow proper cleaning procedures using neutral and all-purpose cleaners in most areas with sanitizers and disinfectants primarily used to clean restrooms, food service areas, and floors.

**DEFCON 2:** This level signals that a contagious disease, infection, or virus is present in a community or area, but not in a specific building. For example, the swine flu has been reported in several schools and colleges, but its impact has been minimal on many other types of facilities. However, this level requires that neutral and light-duty, all-purpose cleaners be replaced with products that have greater cleaning efficacy and use disinfectants with stated kill claims for the pathogen(s) of concern, which should be indicated on the product’s label. There should also be an increased focus on cleaning and disinfecting floors, other horizontal surfaces, and cross contamination contact points, in this order.

**DEFCON 3:** At this level, more specific and extensive measures must be implemented because the disease or virus is present in the facility. Cleaning procedures of all surface areas should be increased significantly with floors cleaned and disinfected first, then walls, counters, fixtures, and high touch-point areas, and then the floors again. Surfaces should be pre-cleaned with an effective cleaner or cleaner/disinfectant (see sidebar) and then the disinfectant should be applied, allowed to remain wet (dwell) on the surface per the label directions.

**DEFCON 4:** This is the most serious risk level and denotes the presence of a dangerous biohazard. This situation calls for experts who are trained in hazardous agent removal.

## **Focus on Floors**

Some healthcare administrators place a great emphasis on disinfecting high touch contact surfaces in their facilities, but place very little importance on disinfecting floors. “This is a serious oversight,” says Warner. “I cannot say it is one reason nosocomial disease is such a problem in our country, but it does tell me that medical facilities are not being cleaned and disinfected as thoroughly as they should be.”

But how can floors transmit disease? According to Warner, studies from various settings indicate that we have 50 direct and indirect contacts with floors every day. “This happens whenever we drop something on the floor and then pick it up, or when our shoe laces drag along the floor and then we tie them up,” he says. “If the floor is contaminated, those germs and bacteria may now be on our hands, starting the chain of cross contamination.”

For instance, studies confirm that a woman's purse is often covered with bacteria and pathogens, adds Warner. When using the restroom, women often place their purses on the floor. If floor contaminants are present, germs and bacteria latch onto the purse.

To help alleviate this problem and keep floors healthier—minimizing or eliminating floor contaminants—Warner suggests the following:

- Change and clean mop heads as often as possible. In some facilities, mop heads are changed after each use and laundered daily. However, there are other facilities where mop heads are used and reused scores of times and can go days without laundering. In a correctional facility, mop heads should be changed daily and replaced with a fresh, clean mop head.
- Wash mop frames and buckets. These items should be cleaned and disinfected daily and more often if necessary, depending on the facility type. Typically, if these items get cleaned at all, it's very often just a quick rinsing at best. Thorough washing/disinfecting and then complete drying is necessary.
- Change the solution frequently. This has already been referenced but is so important, it deserves repeating. Many cleaning professionals believe that the disinfectant will keep the cleaning solution bacteria-free. However, it loses its efficacy rather quickly with use and bacteria counts can start increasing very rapidly.
- Consider using spray-and-vac cleaning equipment. These systems eliminate mopping entirely. Surfaces are cleaned with jets of water, which are then rinsed, and the area vacuumed with the equipment's built-in wet vac system.
- Disinfect cleaning carts. Very often, mops and buckets are transported on carts. The wheels on carts can become contaminant magnets, similar to mops, mop frames, and buckets. Carts, and specifically wheels, must be cleaned and disinfected regularly.

Keeping correctional facilities clean and healthy is much more challenging than virtually any other type of facility. This is because hundreds of people live and work in these facilities 24 hours per day, many times in close quarters and use communal areas such as showers and cafeterias. Germs, infections, and diseases can spread very quickly. In fact, staff and inmates at Folsom Prison, discussed earlier, can be considered fortunate because the threat did not cause a widespread epidemic.

Accurately rating infection levels is one way of keeping a serious situation from becoming a catastrophe. And, Warner strongly advises correctional managers: "Cleaning and disinfecting applies to all surfaces, including floors. A clean, healthy, disease-free facility starts with the floors."

*Robert Kravitz is a former building service contractor, author of two books on the professional cleaning industry, and a frequent author of articles in major trade publications on health and cleaning related issues. He may be reached at [info@alturasolutions.com](mailto:info@alturasolutions.com)*

#### **Sidebar:**

Unless the disinfectant is labeled as a "cleaner/disinfectant," it does not clean surfaces and should not be used in the pre-clean phase. However, if the label does state "cleaner/disinfectant," the same product can be used first to clean the surface, and then a second time to disinfect. Always consider the cleaning efficacy, microbial efficacy, PPM, and stated kill claims versus your pathogen(s) of concern.

Cleaning and disinfecting are a three-stage process. When using cleaners and disinfectants, failing to follow the necessary procedure or use inappropriate products may not produce the desired results:

1. First, the area is cleaned using an appropriate cleaner for the type of soils, load of soils, type of surface, which custodial hardware and equipment are being used, cleaning frequencies, etc. to remove unwanted materials and soils.
2. Next, the area is covered with the appropriate EPA-registered disinfectant with specific kill claims to eliminate those pathogens of concern.
3. The area then must remain wet (dwell) on the surface per the label directions.

[Other articles by Robert Kravitz](#)

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## Comments:

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### 1. **AlCichon** on 11/04/2009:

The article is right on point. It may be useful though to include (in addition to floors) any flat horizontal surface - tables, bathroom shelf, bunks, or other surfaces that may be used to rest hands / arms or food, etc. One additional issue is 'terminal cleaning'. Most of the facilities that I have worked with (smaller jails) do not understand the concept. They sort of get it when there is an outbreak - but they do not seem to grasp the need for a continuous program.

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## Having the Mr. Rogers Syndrome

By Tracy E. Barnhart

**Published: 04/12/2010**



Dear sir; I am almost never moved to respond to comments made about articles that I write but yours gave me that much needed movement.

*“Dear Mr. Barnhart, First of all let me thank you for your service to our country and now to the public. I have read all of your posting and though I don’t disagree with most of your opinions it seems that you leaning on the side of what I like to call “The Mister Rogers Syndrome”. I have worked the streets and behind glass (because bars are inhumane)*

*for over 23 years and it’s always a changing environment. I am proudly an A\*\*Hole, my mother says I get it naturally and I use it daily, but for me it doesn’t matter if its an inmate or staff the key is being fair, firm and consistent. Just to clarify I have also never been assaulted and have the respect of over 600 inmates as a regular officer but as a tactical officer I have had to use the minimal amount of force necessary to complete the mission and still have that respect. One of the issues that I have seen over and over is “weakness” “back pedaling.” Most of the assaults I have seen are on “Mr. Rogers” types, they want to give, give and help these poor misunderstood humans until its time to kick butt and all the inmate sees is a liar and a hypocrite.”*

Now that I have returned from the restroom I will respond to your comment. On February 19th, 1968 Mr. Rogers Neighborhood made its first broadcast and since that date has become the longest running PBS program in history. I can only hope that my corrections career goes for 30 years without any discipline, criminal prosecution and ultimately termination. I say that because in the eight years that I have been a corrections officer I have seen countless officers investigated, terminated as well as prosecuted from force related issues.

My training related articles are geared toward officer survival issues and providing the knowledge that officers usually find out about only after the pre-disciplinary hearing. I in no way want you to be soft and timid on your post. I want you to be confident and knowledgeable in how, when and why you utilize force. I am a firm believer that officers are under trained in force related issues and administrations have the philosophy that, “If we don’t say the ‘FORCE’ word, they won’t use it.”

“Say it ain’t so!” You know I am right when I say that in corrections your use of force training relentlessly instructs you what you should not and will not do, but falls short in informing you when you can, and must use force to ensure order. This decisional issue is often left up to supervisors called to the incident to de-escalate and moderate problems. However, most correctional supervisors are just as in the dark as the officers they are directing as it pertains to the use of force. The correctional society is 20 years behind the law enforcement society as it pertains to the education and allowances in the use of force, and America is ten years behind Canada as it relates to law enforcement use of force knowledge and tactics.

The fact of this article that I hope to bring home is that we can’t do it like we did it ten years ago and I can only imagine how we will do it ten years from now. Our agency is currently under a use of force related lawsuit, Department of Justice investigations and my institution in particular is constantly in the news because we apparently are too quick to go hands on with the inmates. So for you to make the comment that I have a Mr. Rogers Syndrome makes me laugh and the phrase has now been coined at our institution. Do you remember your first internal investigation for a use of force? You can’t tell me that it didn’t take some of the wind out of your motivational sails. When I was a police lieutenant I gave Grand Jury testimony which resulted in the indictment of four of my police officers for a use of force related incident in which I was the shift watch commander.

There are thousands of uses of force related complaints and lawsuits lodged against law enforcement and correctional officers each year. A surprising report given by the National Center for Women and Policing was given that women currently comprise 12.7% of sworn personnel in big city police agencies, we would expect that female officers in these agencies should be involved in approximately 12.7% of the citizen complaints, sustained allegations, or payouts for excessive force. Yet the data indicate that only 5% of the citizen complaints for excessive force and 2% of the sustained allegations of excessive force in large agencies involve female officers. No, I am not saying that all correctional officers should be women but you have to stop and wonder what they are doing right.

- Civil Liability Payouts: The average male officer costs somewhere between two and a half and five and a half times more than the average female officer in excessive force liability lawsuit payouts.
- Sustained Allegations: The average male officer is over eight and a half times more likely than his female counterpart to have an allegation of excessive force sustained against him.
- Citizen Complaints: The average male officer is two to three times more likely than the average female officer to have a citizen name him in a complaint of excessive force.

With every article that I write I am attempting to educate the correctional officers across the country on the When, How and Why to use force and give you the necessary pre requisites, requirements, justifications and indicators. Your report must justify the “need” to use force to control or restrain a person who is breaking the law or resisting your lawful command. Simply, you should use progressively stronger techniques to bring about compliance and stop when you have gained and can maintain control over the person. This gives a person ample opportunity to comply before being subjected to stronger control techniques or the possibility of being injured. Can your use of force report answer these questions?

- The need for application of force: Was there sufficient reason to use force?
- The relationship between the amount of force used and what type of force was actually required.

- The extent of the injury inflicted by you, the arresting officer, on the person being arrested.
- The behavior of the person at the time of the force related incident.
- The actions of third parties present during the incident.
- The physical odds against you, the officer. This includes size differences as well as the number of individuals involved.

Physical confrontations often happen very quickly, as you know, but this does not justify using force in an excessive, unnecessary or malicious manner. Whenever harm is caused by negligence or the use of excessive force, you may be held liable or your liability may be shared by your department and other officers. Such liability has far reaching consequences that may include criminal and/or tort (civil) action against you. Therefore, you should use force only when warranted and solely as a means to control or restrain a person who is breaking the law or resisting a lawful arrest. This however, should not detract from using force when necessary.

Just the other day while I was video taping a violent incident an aggravated inmate who would not comply punched an officer who was using his verbal strategies in an attempt to de-escalate. Yet after the assault the officers continued their relentless verbalization in an attempt to de-escalate the inmate as he ranted and raved throughout the pod. The inmate was never restrained. I look back and the officers were clearly justified in restraining the inmate in order to bring about compliance after the assault but chose not too. Why? Were they fearful of being investigated? Did they not understand the use of force continuum? Or was it the political climate of the institution that prevented them from going hands on? I honestly believe it was a combination of all the factors.

In the federal civil action *Madrid v. Gomez*, which successfully challenged the use of force at Pelican Bay State Prison, on grounds of violation of the eighth amendment to the U.S. Constitution, the U.S. District Court also noted the necessity for the use of force:

Perhaps the paramount responsibility of prison administrators is to maintain the safety and security of both staff and inmates.... Prison officials have the 'unenviable task of keeping dangerous men in safe custody under humane conditions.' There is no question that this demanding and often thankless undertaking will require prison staff to use force against inmates. Indeed, responsible deployment of force is not only justifiable on many occasions, but absolutely necessary to maintain the security of the institution. As one expert at trial succinctly stated, when it comes to force it is "as dangerous to use too little as it is to use too much."

I am in agreement with you brother when it pertains to the current "Hands off policies" resulting from lawsuits and court settlements and the "Cover Their Ass Administrators" that has made our jobs harder. Correctional and law enforcement officers today are sometimes confused and apprehensive about when to initiate the use of force and often need a red light / green light indicator to start. Just realize that I am on your side and I want you to stay on the right side of the bars, that being the outside.

[Visit the Tracy Barnhart page](#)

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## Comments:

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### 1. **charst46** on 05/11/2010:

Tracy, I agree with your statements. I have returned to Corrections after leaving it for a short bit. I work with new staff constantly now as I am on graves, the traditional place for new folks in our system. The use of force is almost always there, in the background usually, but still there. You can sense with staff if there is a fear of inmates or not. There are discussions regarding if we think someone will have 'your back'. These discussions are attempts by new and old staff to make sense of a new situation. The framework in which these discussions occur is created by administration and how administration approaches use of force incidents. There is and never will be justification for excessive use of force. There have been several instances where staff were justified in using force in our institution, but staff did not use it. The end result of the situations turned out appropriately for staff and offender. No violence resulted. Conversely, there have been several uses of force in other situations and it has been quite justified. 'Pulling the trigger' will always be a judgement call in the mind of the staff member. The line between appropriate use and inappropriate use can be quite gray. I think, in the end, what saves an officer is this: did the officer try to de-escalate and make sincere efforts to de-escalate a situation. It helps to build a reputation of working with to maintain standards as opposed to forcing compliance. But make no mistake, when force is necessary, it must be used. Being male and ex-military, I can feel at times that I personally am being challenged. My rep is being called into question by an inmate. But in the long run, my ability to walk away, his or her ability to walk away to scream and argue with me about a rule violation is better enhanced when I can check my ego at the door and focus on the bigger picture: having a good job and a rewarding career.

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## Management of Tuberculosis

By *Federal Bureau of Prisons*

**Published: 04/12/2010**



*Editors Note: The following is an excerpt of the Clinical Guidelines for the Management of Tuberculosis released in January 2010 by the Federal Bureau of Prisons*

### **Purpose**

The Federal Bureau of Prisons Clinical Practice Guidelines for the Management of Tuberculosis (TB) provide recommendations for the treatment of federal inmates with TB infection and disease and for the management of contacts to infectious TB cases.

### **Epidemiology, Transmission, and**

### **Natural History**

TB incidence in the United States decreased during the past decade, largely as a result of more intensive TB control efforts. Nevertheless, TB control remains a public health priority for correctional systems, since TB outbreaks continue to occur in U.S. jails and prisons. Furthermore, a significant proportion of TB cases in the U.S. occur among persons who are over-represented in certain jails or prisons, including racial/ethnic minority populations, persons with human immunodeficiency virus (HIV) infection, and persons born in foreign countries that have high rates of TB.

*M. tuberculosis*, the organism that causes TB, is transmitted through airborne respiratory droplets when an individual with active pulmonary TB coughs, sneezes, speaks, or sings. Transmission of *M. tuberculosis* depends on the length of time and frequency of the exposure, the degree of contagiousness of the infected person, the environment and airflow in which the exposure occurred, and the intensity of the contact with the TB organism itself. Infection with *M. tuberculosis* usually requires prolonged contact with an infectious case in an enclosed space. The majority of persons who become infected never develop active TB.

The most significant risk factor for LTBI is country of origin. The general U.S. population has an estimated TB infection rate of only 5-10%; whereas foreign born populations have an average estimated TB infection rate of 32%, with rates varying widely throughout the world. Other risk factors for infection with TB include injection drug use; being a resident or employee in congregate settings such as prisons and jails, health care facilities, and homeless shelters; and most notably, being a known contact of an active TB case. On average, 30% of

household contacts to infectious TB cases have a positive TST.

Approximately 5% of infected persons develop active TB disease during the first year or two after infection. In another 2-5%, disease will develop later in their lives. Certain medical conditions increase the risk that TB infection will progress to disease, the most important of which is HIV infection. Appendix 1 (Tuberculosis Risk Factors) lists conditions associated with a higher risk of TB disease, including evidence of prior TB disease on chest radiograph (CXR), injection drug use, history of organ transplant, immunosuppressive therapy (including steroids and anti-TNF alpha drugs), diabetes mellitus, and chronic renal failure.

## Screening

Screening for TB in correctional facilities involves both ongoing surveillance for active TB disease and detection of latent TB infection. Early detection and isolation of inmates with suspected pulmonary TB is critical to preventing widespread TB transmission. Identification of latent TB infection provides an opportunity for providing treatment to prevent future development of TB disease.

Down load the full FBOP report - ["Management of Tuberculosis - FBPO - Clinical Guidelines"](#).

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## Northpoint Staff Honored By General Assembly

By *Lisa Lamb, KY DOC, Director of Communications*

**Published: 04/12/2010**



The Kentucky State Senate and House of Representatives honored the staff at the Northpoint Training Center on March 23rd, in recognition of their bravery and heroic actions on the night of the riot. The NTC staff was introduced in both legislative chambers and a resolution was read that commended their actions. They received a standing ovation in the Senate.

The resolution was sponsored in the Senate by Senator Jimmy Higdon, R-Lebanon, and Senator Tom Buford, R-Nicholasville; and in the House it was co-sponsored by Rep. Mike Harmon, D-Danville, and Rep. Kent Stevens, D-Lawrenceburg.

A representative group of NTC employees who were on duty when the riot erupted were able to attend and were accompanied by Warden Steve Haney and former NTC Deputy Warden of Security Don Bottom (now warden at Blackburn Correctional Complex.)

Several DOC and Justice Cabinet officials watched from the House and Senate galleries including Secretary J. Michael Brown, Commissioner LaDonna Thompson, and Deputy Commissioners Al Parke, Rodney Ballard and Kim Potter-Blair. Warden Kim Whitley was also in attendance.

Several senators stood after the resolution was read to add their own tribute to the Northpoint staff.

**A RESOLUTION** honoring Department of Corrections personnel for their exemplary service during the disturbance at Northpoint Training Center near Burgin, Kentucky.

**WHEREAS**, Northpoint Training Center is a medium security prison operated by the Kentucky Department of Corrections that housed approximately 1,200 male inmates; and

**WHEREAS**, on August 21, 2009, at approximately 6:30 p.m., scores of inmates at the Northpoint Training Center set fire to six buildings on the compound, destroying the medical unit, kitchen, sanitation, visiting, canteen, and multi-purpose building; and also causing extensive damage to five of the six living units at the prison; and

**WHEREAS**, Department of Corrections personnel immediately activated the Department's critical incident management plan and deployed Corrections Emergency Response Teams from various institutions to the scene; and

**WHEREAS**, the quick action of these heroic Correctional officers and staff allowed the Department of Corrections to regain control of the prison in under four hours without loss of life, serious injury, taking of hostages, or escape;

**NOW, THEREFORE,**

Be it resolved by the Senate of the General Assembly of the Commonwealth of Kentucky:

- Section 1. The Senate does hereby honor Department of Corrections personnel whose bravery and dedication to service was instrumental in quelling the inmate disturbance at Northpoint Training Center on August 21, 2009.
- Section 2. The Senate applauds these individuals for their training, courage, and professionalism.
- Section 3. When the Senate adjourns this day, it does so in honor of the Department of Corrections personnel who were involved in resolving the Northpoint Training Center disturbance.
- Section 4. The Clerk of the Senate is directed to transmit a copy of this Resolution to the Capitol Annex offices of Senators Jimmy Higdon and Tom Buford.

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Rapport, humor, and training

By *Joe Bouchard*

**Published: 04/12/2010**



The stage was set. The class was divided into two competitive teams. Each team was provided with a sock and a small metal container filled with mints

In a purposely vague manner, I told them that the sock and the tin of mints were all that they could use to construct a weapon (or weapons). They had fifteen minutes to complete their task.

The only other rule was that they had to conceal their work whenever I was within arm's length of their work area. As I "made rounds", the students were very creative in camouflaging, making distractions, and keeping me oblivious of

their craftsmanship.

While making a round to the team that dubbed themselves "The Average Joes", I was knocked off my square (albeit briefly) by what I saw. One of the participants had used a marker (an unauthorized tool in this exercise) and drawn a Joe Bouchard puppet on one of the socks that I provided. It was unflattering, but amusing. In the many times that I have facilitated this exercise, I had never been "rewarded" with a sock puppet of myself. Live and learn.

The sock artist looked at me with an expression of amusement and challenge – clear provocation. What is an instructor to do? Did I risk losing face by letting this insolence go unchecked? Should I take control in a commanding way? Should I feign indignity to lighten the mood?

I simply looked the artist dead in the eyes and demanded with faux disapproval that the sock portrait should have a goatee. Without missing a beat, the artist's teammate implored that the puppet should also have hair.

It was a great teaching moment for me. A student's creativity pulled us into a spontaneous bit of levity. I believe this loosened the class a bit more and allowed for more creativity.

There is a fine balance in training between command and clownery. This condition is complicated by the various classroom personas that instructors adopt. I am sure that one can chart on a continuum the dogmatic and entertaining types of facilitators. And certainly, more instructors are plotted in the middle rather than on the

extremes.

When things work out well, the facilitator recognizes creativity among the students and allows this to lead the class in other directions. Therefore, the instructor must be willing to give up a little control in order to let others instruct. Otherwise, the lesson is more of a two-dimensional lecture with unrealized possibilities.

The flip side of that is pandemonium. The instructor must be able to ride what may become a high powered sports car in the form of creativity run amok. And when participants are very creative, it is not unlike a white knuckle drive in a very powerful and dangerous vehicle.

This philosophy of balance has been with us since ancient times. Remember that Icarus was advised to take the middle road – not to fly too close to the sun, nor to have wings wetted down by the sea foam. Moderation is the key.

In addition, facilitators must be true to their natures. If you are more comfortable as a factual conduit of knowledge, that is the path you should take. If, on the other hand, you shine as an entertainer, that should be your teaching tactic.

And all of this is tempered by the nature of the training. Some topics are dry due to their content. That does not, however, lessen their importance in the scheme of things. Also, there are very serious topics and debriefings that should be presented in a straight forward, serious manner.

In training, one never knows what funny, strange, or instructive things can occur. In addition to providing circumstances where pre-professionals in a college class could learn about contraband, there was more. I saw teamwork, camaraderie, quick improvisation, and humor. Plus, I have a sock puppet souvenir.

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*Bouchard, Joseph, Editor. Icebreaker 101 Jefferson City, MO. IACTP Publications, "Contraband Corner" 22-25:2007.*

[Visit the Joe Bouchard page](#)

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## Comments:

1. **jstrong814** on 04/07/2010:

Very good article.

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