

Control Devices and Techniques

304.1 PURPOSE AND SCOPE

This policy provides guidelines for the use and maintenance of control devices that are described in this policy. This policy is not intended to replace or limit the requirements under the Use of Force policies (Patient and Non-Patient). Any use of force applied in any situation under this section shall comply with the Use of Force policies (Patient and Non-Patient). In the event a conflict exists between this policy and the Use of Force policies (Patient and Non-Patient), the Use of Force policies (Patient and Non-Patient) shall be controlling.

304.2 POLICY

In order to control subjects who are violent or who demonstrate the intent to be violent, the California Department of State Hospitals (DSH) authorizes officers to use control devices in accordance with the guidelines in this policy and the Use of Force policies (Patient and Non-Patient).

304.3 ISSUING, CARRYING AND USING CONTROL DEVICES

Control devices described in this policy may be carried and used by members of the Office of Protective Services (OPS) only if the device has been issued by OPS or approved by the Chief of Law Enforcement (CLE) or designee.

Only officers who have successfully completed OPS-approved training in the use of any control device are authorized to carry and use the device.

Control devices may be used when a decision has been made to control, restrain or arrest a subject who is violent or who demonstrates the intent to be violent, and the use of the device appears reasonable under the circumstances. When reasonable, a verbal warning and opportunity to comply should precede the use of these devices.

When using control devices, officers should carefully consider potential impact areas in order to minimize injuries and unintentional targets.

304.4 RESPONSIBILITIES

304.4.1 HOSPITAL POLICE CHIEF RESPONSIBILITIES

The Hospital Police Chief may authorize the use of a control device by selected personnel or members of specialized units who have successfully completed the required training.

304.4.2 RANGEMASTER OR INSTRUCTOR RESPONSIBILITIES

The Rangemaster or designated instructor shall control the inventory and issuance of all control devices and shall ensure that all damaged, inoperative, outdated or expended control devices or munitions are properly disposed of, repaired or replaced.

Every control device will be periodically inspected by the Rangemaster or the designated instructor for a particular control device. The inspection shall be documented.

304.4.3 USER RESPONSIBILITIES

All normal maintenance, charging or cleaning shall remain the responsibility of employees using the various devices.

Any damaged, inoperative, outdated or expended control devices or munitions, along with documentation explaining the cause of the damage, shall be returned to the Rangemaster or designated instructor for disposition. A memorandum documenting the damage to State property shall also be prepared and forwarded through the chain of command, when appropriate, explaining the cause of damage.

304.5 BATON GUIDELINES

The need to immediately control a suspect must be weighed against the risk of causing serious injury. The head, neck, spine, groin and sternum should not be intentionally targeted except when the officer reasonably believes the suspect poses an imminent threat of serious bodily injury or death to the officer or others.

When carrying a baton, uniformed employees shall carry the baton in its authorized holster on the equipment belt or load-bearing vest. Non-uniformed sworn employees may carry the baton as authorized and in accordance with the needs of their assignment or at the direction of their supervisor.

304.6 TEAR GAS GUIDELINES

Tear gas may be used for crowd control, crowd dispersal or against barricaded suspects based on the circumstances. Only the Hospital Police Chief and Executive Director may authorize the delivery and use of tear gas, and only after evaluating all conditions known at the time and determining that such force reasonably appears justified and necessary.

When practicable, fire personnel should be alerted or summoned to the scene prior to the deployment of tear gas to control any fires and to assist in providing medical aid or gas evacuation if needed.

304.7 OLEORESIN CAPSICUM (OC) GUIDELINES

As with other control devices, oleoresin capsicum (OC) spray and pepper projectiles may be considered for use to bring under control an individual or groups of individuals who are engaging in, or are about to engage in violent behavior. Pepper projectiles and OC spray should not, however, be used against individuals or groups who merely fail to disperse or do not reasonably appear to present a risk to the safety of officers or the public.

304.7.1 OC SPRAY

Uniformed employees carrying OC spray shall carry the device in its holster on the equipment belt. Non-uniformed sworn employees may carry OC spray as authorized, in accordance with the needs of their assignment or at the direction of their supervisor.

304.7.2 PEPPER PROJECTILE SYSTEMS

Pepper projectiles are plastic spheres that are filled with a derivative of OC powder. Because the compressed gas launcher delivers the projectiles with enough force to burst the projectiles on impact and release the OC powder, the potential exists for the projectiles to inflict injury if they strike the head, neck, spine or groin. Therefore, an officer using a pepper projectile system should not intentionally target those areas, except when the officer reasonably believes the suspect poses an imminent threat of serious bodily injury or death to the officer or others.

Officers encountering a situation that warrants the use of a pepper projectile system shall notify a supervisor as soon as practicable. A supervisor shall respond to all pepper projectile system incidents where the suspect has been hit or exposed to the chemical agent. The supervisor shall ensure that all notifications and reports are completed as required by the Use of Force policies (Patient and Non-Patient).

Each deployment of a pepper projectile system shall be documented. This includes situations where the launcher was directed toward the suspect, whether or not the launcher was used. Unintentional discharges shall be promptly reported to a supervisor and documented on the appropriate report form. Only non-incident use of a pepper projectile system, such as training and product demonstrations, is exempt from the reporting requirement.

304.7.3 TREATMENT FOR OC SPRAY EXPOSURE

Persons who have been sprayed with or otherwise affected by the use of OC should

be promptly provided with clean water to cleanse the affected areas. Those persons who complain of further severe effects shall be examined by appropriate medical personnel.

304.8 POST-APPLICATION NOTICE

Whenever tear gas or OC has been introduced into a residence, building interior, vehicle or other enclosed area, officers should provide the owners or available occupants with notice of the possible presence of residue that could result in irritation or injury if the area is not properly cleaned. Such notice should include advisement that clean up will be at the owner's expense. Information regarding the method of notice and the individuals notified should be included in related reports.

304.9 KINETIC ENERGY PROJECTILE GUIDELINES

OPS is committed to reducing the potential for violent confrontations. Kinetic energy projectiles, when used properly, are less likely to result in death or serious physical injury and can be used in an attempt to de-escalate a potentially deadly situation.

304.9.1 DEPLOYMENT AND USE

Only OPS-approved kinetic energy munitions shall be carried and deployed. Approved munitions may be used to compel an individual to cease his/her actions when such munitions present a reasonable option.

Officers are not required or compelled to use approved munitions in lieu of other reasonable tactics if the involved officer determines that deployment of these munitions cannot be done safely. The safety of hostages, innocent persons and officers takes priority over the safety of subjects engaged in criminal or suicidal behavior.

Circumstances appropriate for deployment include, but are not limited to, situations in which:

- (a) The suspect is armed with a weapon and the tactical circumstances allow for the safe application of approved munitions.
- (b) The suspect has made credible threats to harm him/herself or others.
- (c) The suspect is engaged in riotous behavior or is throwing rocks, bottles or other dangerous projectiles at people and/or officers.
- (d) There is probable cause to believe that the suspect has already committed a crime of violence and is refusing to comply with lawful orders.

304.9.2 DEPLOYMENT CONSIDERATIONS

Before discharging projectiles, the officer should consider such factors as:

- (a) Distance and angle to target.
 - (b) Type of munitions employed.
 - (c) Type and thickness of subject's clothing.
 - (d) The subject's proximity to others.
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- (e) The location of the subject.
- (f) Whether the subject's actions dictate the need for an immediate response and the use of control devices appears appropriate.

A verbal warning of the intended use of the device should precede its application, unless it would otherwise endanger the safety of officers or when it is not practicable due to the circumstances. The purpose of the warning is to give the individual a reasonable opportunity to voluntarily comply and to warn other officers and individuals that the device is being deployed.

Officers should keep in mind the manufacturer's recommendations and their training regarding effective distances and target areas. However, officers are not restricted solely to use according to manufacturer recommendations. Each situation must be evaluated on the totality of circumstances at the time of deployment. Officers should seek approval from the Hospital Police Chief and the Executive Director.

The need to immediately incapacitate the subject must be weighed against the risk of causing serious injury or death. The head and neck should not be intentionally targeted, except when the officer reasonably believes the suspect poses an imminent threat of serious bodily injury or death to the officer or others.

304.9.3 SAFETY PROCEDURES

Kinetic energy projectile launchers (37mm and 40mm) specifically designated for use with kinetic energy projectiles will be specially marked in a manner that makes them readily identifiable as such.

Officers will inspect the launcher and projectiles at the beginning of each shift to ensure that the launcher is in proper working order and the projectiles are of the approved type and appear to be free from defects.

When it is not deployed, the launcher will be unloaded and properly stored in the proper location. When deploying the kinetic energy projectile launcher, the officer shall visually inspect the kinetic energy projectiles to ensure that conventional ammunition is not being loaded into the launcher.

304.10 TRAINING FOR CONTROL DEVICES

The Hospital Police Chief or designee shall ensure that all employees who are authorized to carry a control device have been properly trained and certified to carry the specific control device and are retrained or recertified as necessary.

- (a) Proficiency training shall be monitored and documented by a certified, control-device weapons or tactics instructor.
- (b) All training and proficiency for control devices will be documented in the officer's training file.
- (c) Officers who fail to demonstrate proficiency with the control device or knowledge of this agency's Use of Force policies (Patient and Non-

Patient) will be provided remedial training. If an officer cannot demonstrate proficiency with a control device or knowledge of this agency's Use of Force policies (Patient and Non-Patient) after remedial training, the officer will be restricted from carrying the control device and may be subject to discipline.

304.11 REPORTING USE OF CONTROL DEVICES AND TECHNIQUES

Any application of a control device or technique listed in this policy shall be documented in the related incident report and reported pursuant to the Use of Force policies (Patient and Non- Patient).