

PATIENT RESTRICTED

Coalinga State Hospital

OPERATING MANUAL

SECTION - SECURITY
ADMINISTRATIVE DIRECTIVE NO. 868
(Replaces A.D. No. 868 dated 3/8/07)

Effective Date: July 12, 2007

SUBJECT: LAW ENFORCEMENT INTERVENTIONS

I. PURPOSE

- A. All Coalinga State Hospital (CSH) Police Officers are trained in the use of Prevention and Management of Assaultive Behavior (PMAB) and is a measure taken for the prevention of assaultive acts with the protection of staff and Individuals of the highest priority. Every effort is to be made to resolve problems before they result in assaultive behavior. However, there are instances where the level(s) of force, techniques, or equipment utilized by peace officers are outside the parameters of PMAB. These levels of force may include the use of Oleoresin Capsicum (pepper spray), chemical agents, impact weapons (batons), and other levels of force; preferably with assistance from the Emergency Response Team (ERT).
- B. The purpose identifies for staff when and how much force Hospital Police Officers (HPO) are trained in and regarding the proper use of force. It defines supervision, monitoring, and evaluation of force deployment. It further ensures discipline is imposed for violations of the Use of Force Policy, procedures, or training.
- C. At no time are HPOs permitted to use force against an Individual as an act of punishment, retaliation, or discipline.
- D. Law enforcement intervention may become necessary whenever:
 - 1. A crime is being or has been committed.
 - 2. A crime is likely to be committed if intervention is not taken.
 - 3. To effect an arrest.
 - 4. To prevent a breach to the facility's security or to ensure the safety of staff, Individuals and the visiting public.
- E. Law enforcement interventions differ from clinical interventions as the level of force used may not be within the parameters of PMAB and are based on police policies rather than clinical guidelines. Whenever possible, clinical consultation will be solicited prior to a law enforcement intervention if time allows and the circumstances warrant such consultation.

PATIENT RESTRICTED

- F. Emergent interventions are those instances where the officer must take immediate action to prevent injury to him/herself or another or to prevent a crime, an escape, or breach in facility security. Emergent interventions are immediate in nature and do not allow for a planned response.
- G. Calculated interventions are those situations that allow for a planned response to the incident. They will normally allow time for consultation with the clinical team and department supervision prior to implementation.
- H. Reasonable force is the amount of force that an objective, trained, and competent HPO, faced with similar facts and circumstances, would consider necessary and reasonable to subdue an attacker, overcome resistance, effect custody, or gain compliance with a lawful order.
- I. Unnecessary force is the use of force that an objective, trained, and competent HPO, faced with similar facts and circumstances, would consider unnecessary to subdue an attacker, overcome resistance, effect custody, or gain compliance with a lawful order.
- J. Excessive force is the use of more force than an objective, trained, and competent HPO, faced with similar facts and circumstances, would use to subdue an attacker, overcome resistance, effect custody, or gain compliance with a lawful order.
- K. Deadly force is any use of force that is likely to result in death.
- L. Great bodily injury is an injury that creates a substantial risk of death, serious permanent disfigurement, or loss or impairment of function of any part of the body or organ of the body to self or others.

II. AUTHORITY

Department of Mental Health (DMH) Special Order 912.02 and California Penal Code Sections 830.3 (h), 830.38, 832, 835, 835 (a), 12002, and 12403. A peace officer may use that amount of force necessary to control the suspect, overcome resistance and/or effect an arrest.

III. POLICY

A. Emergent situations:

1. In an emergent situation the HPO must use his/her discretion in determining the appropriate level of force necessary, keeping in mind that he/she may not use more force than is necessary to gain compliance, overcome resistance, or effect the arrest. Emergent situations include, but are not limited to:
 - a. Overcoming assault or physical resistance by a suspect.

PATIENT RESTRICTED

- b. Imminent threat of harm by multiple suspects.
 - c. Prevention of imminent injury to self or another.
 - d. Prevention of escape, riot or rout.
 - e. Assault involving weapon(s).
2. If a HPO disperses pepper spray in an emergent situation without obtaining advance approval consistent with Section III, subsection B, he/she must include a written justification of his/her actions in the report identified in Section IV, subsection B.
- B. Calculated situations:
1. In a calculated situation, the decision as to the appropriate use of force can normally be made through a thorough review of the applicable circumstances. Plans of action may be made with input from the clinical team, the Watch Commander Lieutenant, the ERT Leader, and other professional staff. Calculated situations may include, but are not limited to:
 - a. Barricaded subjects.
 - b. Suicidal subjects.
 - c. Hostage situations.
 - d. Civil disobedience.
 2. Whenever feasible in calculated situations after hours, consultation with the Executive Officer of the Day (EOD), Program Officer of the Day (POD), Watch Commander Lieutenant, Clinical Team and Medical Officer of the Day will be initiated prior to the use of pepper spray or any chemical agent. This will include:
 - a. Briefing all staff on effects of pepper spray and/or chemical agents.
 - b. Selection of containment team (utilizing trained ERT personnel).
 - c. Review Individual's chart for history of respiratory problems.
 - d. Discussion and plan for videotaping of incident.
 - e. Discuss and plan for decontamination of the suspect, area, and containment team.
 - f. Evacuation of non-essential persons prior to dispersing pepper spray and/or chemical agents.

PATIENT RESTRICTED

3. Should a HPO use any level of force (beyond physical presence or verbal command) a use of force report will be completed and forwarded to the Watch Commander Lieutenant prior to conclusion of the officer's shift. Should the level of force involve any type of impact weapon or chemical agent (baton or pepper spray) the Chief of Protective Services/designee; Hospital Administrator, Police Services, Standards Compliance Director and Executive Director or designee will be notified within one (1) hour of the incident.

C. Use of Force Options:

1. For the purposes of this section, "Use of Force Options" refers to the choices available to the HPO when selecting a reasonable force option and the use of departmentally-approved security equipment, which includes chemical agents (pepper spray) and impact weapons (batons). The choices include but are not limited to:
 - a. **Physical Presence:** Many situations can be controlled or prevented by the mere presence of HPOs. This concept emphasizes the need for the officer to maintain a high degree of visibility and to make frequent patrols on the treatment units and through out the facility.
 - b. **Communication/Spoken Word:** The first degree of intervention attempted, unless circumstances dictate otherwise, shall be verbal techniques to gain control over a potentially volatile situation. It is required to maintain a safe environment through the use of verbal communication before utilizing other levels of intervention.
 - c. **Physical Intervention Techniques:** Physical containment should only be considered and implemented after the two previous techniques have been exhausted and serious injury to an individual or others is imminent. Physical containment includes the use of blankets, mattresses, containment blankets, physical restraints, etc.
 - d. **Chemical Agent (pepper spray) and Impact Weapons (batons):** The use of pepper spray or batons shall only be initiated when verbal and physical intervention techniques are ineffective and great bodily injury to the individual or others is imminent. Baton strikes above the shoulders are prohibited.
2. Force shall be used only when reasonably necessary to subdue an attacker, overcome resistance, effect custody, or to gain compliance with a lawful order. It is the policy of the DMH, CSH to accomplish the educational, treatment, and supervision functions with minimal reliance on the use of force.

PATIENT RESTRICTED

3. HPOs may use reasonable force as required in the performance of their duties, but unnecessary or excessive force shall not be used. If the officer, at any point, determines the situation can be resolved without any further use of force, he/she shall terminate the use of force.
4. Any employee observing unnecessary or excessive force shall attempt to stop the violation and immediately report it to the Watch Commander Lieutenant verbally and follow up with a written report of their observations prior to leaving the facility.
5. HPOs shall not use any type of force against an Individual, including chemical or mechanical restraint as punishment, retaliation, or for disciplinary purposes.

IV. METHOD

A. Minimum training requirements:

1. HPOs shall satisfactorily complete the training requirements of Penal Code Section 832 prior to appointment.
2. HPOs shall complete a basic Hospital Police Academy and the hospital's new employee orientation prior to being assigned independent duties without direct supervision.
3. HPOs shall successfully complete the Field Training Officer Program during their probationary period.
4. All HPOs shall attend initial training and maintain competency on an annual basis in Use of Force, PMAB, Weaponless Defense, Impact Weapons, and Chemical Agents as appropriate with their classification.

B. Reporting and monitoring of law enforcement interventions:

1. Reporting Use of Force:
 - a. A HPO who observes a use of force shall document that fact by preparing and submitting a Department of Police Services (DPS) Police Report/Use of Force Report, incorporated by reference. A HPO who uses force shall document that fact by preparing and submitting a DPS Police Report/Use of Force Report and a Use of Force Special Incident Report (SIR), incorporated by reference. The forms shall identify any witnesses to the incident and describe the circumstances giving rise to the use of force, and the nature and extent of the force used. The HPO shall provide the form or forms to his or her on-duty supervisor prior to leaving the facility.

PATIENT RESTRICTED

- b. The HPO's on-duty supervisor shall review the forms to ensure that they are adequately prepared and to reach a judgment concerning the appropriateness of the force used. The supervisor shall document his or her conclusions and forward them with the employee's documents through the designated chain-of-command for approval or follow-up action.

2. Monitoring Use of Force:

- a. All use of force shall be reviewed at a managerial level. The following factors must be evaluated:
 - i. The threat reasonably perceived by the responsible officials.
 - ii. The need for the application of force.
 - iii. The extent of the injury suffered.
 - iv. The relationship between that need and the amount of force used.
 - v. Any efforts made to temper the severity of the force used.
- b. On a routine basis, the Hospital Force Review Committee (HFRC) shall meet to review all completed use of force incidents after critique by area managers. The HFRC shall examine all levels of responsibility exercised by subordinate managers and supervisors, and ensure the appropriateness of completed documentation. The HFRC shall make a determination concerning the appropriateness of the use of force, based on the information and reports available. The Executive Director or designee shall personally view all videotapes arising from use of force incidents.
- c. HFRC is a team tasked with evaluating and monitoring the use of force incidents and is comprised of the Clinical Administrator; Hospital Administrator, Police Services; Medical Director; Chief of Protective Services; and at least one other manager selected on a rotational basis. Additionally, other staff may attend as guests to observe the process. The review will be completed and a report will be submitted to the Executive Director within twenty (20) working days of the incident.
- d. The DMH Headquarters will conduct an independent review of each incident of use of pepper spray for compliance with Special Order 912 and relevant hospital policies, i.e., DPS Use of Force Policy, governing the use of batons to insure an adequate investigation and management review occurred, and to follow-up on issues that may impact the DMH. To facilitate the review all reports of the incident will be forwarded to the Deputy Director, Long Term Care Services, within twenty working days.

PATIENT RESTRICTED

- e. The Hospital's Standards Compliance Department shall be responsible for monitoring and conducting audits of the Hospital's use of force incidents.
- C. Use of mechanical restraints:
- 1. Mechanical means of physical restraint may be used only under the following circumstances:
 - a. When transporting an Individual between outside locations.
 - b. When an Individual's history, present behavior, apparent emotional state, or other conditions present a reasonable likelihood that he or she may become violent or attempt to escape.
 - c. When directed by medical staff, to prevent a person from attempting suicide or inflicting injury to himself or herself.
 - 2. Restraints shall not be:
 - a. Used as punishment, retaliation or for disciplinary purposes.
 - b. Placed around an Individual's neck.
 - c. Applied in a way likely to cause undue physical discomfort or restrict blood flow or breathing; e.g., hog-tying.
 - d. Used to secure an Individual to a fixed object except, as a temporary emergency measure. However, an Individual who is being transported shall not be locked in any manner to any part of the transporting vehicle.
 - e. Used to lift an Individual.
 - 3. When mechanical restraint is required, handcuffs, alone or attached to a waist chain, will be the means of restraint normally used. However, additional mechanical restraint, including leg irons, additional chains, straight jackets, leather cuffs, or other specialized restraint equipment may be used when the circumstances indicate the need for the level of control that such devices will provide.
 - 4. Use of restraint equipment by direction of medical staff shall be fully documented in the medical file of the restrained individual served.
 - 5. Only Hospital approved restraints are authorized for use in a manner consistent with the manufacturer's instructions and the Use of Force Policy regarding the application and use of force.

PATIENT RESTRICTED

V. RESPONSIBILITY

A. Police Services:

Police Services shall have jurisdiction over all criminal events. These include, but are not limited to:

1. Assaults
2. Hostage situations
3. Escapes
4. Riots and routs
5. Armed subjects

B. Program:

Program Management/Clinical Team may have jurisdiction in matters concerning treatment and management of Individuals. These include, but are not limited to:

1. Behavioral restraint
2. Medication of resistive subjects
3. Suicide attempts and threats
4. Individuals barricaded in rooms
5. Uncooperative Individuals

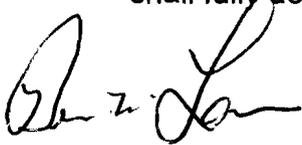
The Clinical Team may, at their discretion, surrender jurisdiction to Police Services in instances of barricaded or suicidal Individuals. Likewise, Police Services may request clinical assistance at any time in order to bring about a peaceful conclusion to the incident.

C. Supervisors shall:

1. Provide supervision of the incident, when possible, to ensure only minimum amount of force is used to control the situation.
2. Not become actively involved in the use of force unless absolutely necessary.
3. Report incident verbally and in writing to the immediate supervisor prior to leaving the facility.
4. Ensure medical attention and care is provided.

PATIENT RESTRICTED

5. Have personnel evaluated by medical staff and first-aid administered if required.
 6. Have injured individuals treated by medical staff and documented on a Nursing Assessment form.
 7. Have photographs taken of all persons involved and verify photographs are true depictions.
 8. Log and maintain images (still, moving, digital, etc.) and pictures for two years before obliteration.
 9. Ensure a police report and SIR are completed.
- D. Employees shall orally report to the immediate supervisor all incidents where physical force is used to subdue, contain, or control an individual. Employees shall fully document the incident prior to leaving the facility.



BEN MCLAIN
Executive Director (Acting)

Cross Reference(s):

A.D. No. 554 Prevention & Management of Assaultive Incidents of Individuals