



**Ohio Attorney General's Office**  
**Bureau of Criminal Investigation**  
Investigative Report



2023-0228

Officer Involved Critical Incident - 18697 Bagley Rd., Cleveland, OH  
44130, Cuyahoga County

**Investigative Activity:** Documents Received  
**Activity Date:** February 9, 2023  
**Activity Location:** Southwest General Police Department  
**Authoring Agent:** SA Matthew Armstrong #146

**Narrative:**

On February 9, 2023, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Matthew Armstrong received a copy of the response to resistance policy and patient restraint policy utilized by the Southwest General Police Department at the time of the officer-involved critical incident on October 18, 2022. The documents have been attached to this report for further review.

**Attachments:**

2023-02-09 SGPD Response to Resistance Policy  
2023-02-09 SGPD Patient Restraint Policy



<b>TITLE: Patient Restraint Policy</b>	<b>POLICY #: DS-VI</b>
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<b>REVISED/REVIEWED: 8/03, 2/04, 3/08, 6/20, 04/21</b>	

**1. Purpose:**

A. To outline the procedures and guidelines for the Southwest General Police Department in the use and application of patient restraints.

**2. Definitions:**

**Hard Restraint, locking Restraint or Medical Restraint** - Any restraint constructed of any material, other than leather, which has a locking mechanism securing the restraint so that it can only be removed with a key. For the purpose of this policy, hereinafter referred to as Hard Restraint. The Southwest General Police Department does not possess or use any type of leather restraint.

**Soft restraint** - Any restraint constructed of any non-rigid material which has a method of securing the restraint and does not require a key of any type to remove the restraint. Examples of methods to secure the restraint include, but are not limited to, Velcro and plastic clips.

**Physical restraint** - The use of physical force to purposely limit the freedom of a person's bodily movement.

**3. Policy:**

A. The Southwest General Police Department recognizes the use of restraints involves significant patient-rights and safety-risk issues. It is the goal of the Southwest general Police Department to reduce the usage of restraints. However, it may become necessary to use restrictive devices in order to improve the patient's well-being and/or protect the patient or others from injury. In the event that alternative methods are ineffective the Southwest General Police Department will:

1. Use restraints only to protect the immediate physical safety of the patient, staff or others.
2. Use restraints only when less restrictive interventions are ineffective.
3. Uses the least restrictive form of restraint that protects the physical safety of the patient, staff and others.
4. Prohibit the use of restraints as a means of coercion, discipline, convenience or staff retaliation.
5. Discontinue the restraint at the earliest possible time, regardless of the scheduled expiration of the restraint.

**4. Use of Hard Restraints:**

- A. Southwest General Police Department will be notified by staff of a patient or if a patient is in route to the Health Center who is a risk to themselves or others and needs our assistance in controlling the patient's behavior. The purpose of Southwest General Police Department responding is to ensure the safety and security for employees and patients.
- B. When an Officer is called to detain or restrain a combative patient, the Officer shall expect that medical personnel have made an assessment of the situation prior to calling the Officer. The Officer will remain at the scene only long enough to assist with restraining the patient.
- C. The attending nurse must get a Physician's order to restrain the patient. The only exception to this guideline is if nursing staff or Southwest General Police Officers must take immediate action to prevent a patient from harming themselves or someone else. In this



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case, when it is an emergency situation, restraints may be initiated without an order from the physician. ER staff must notify the physician immediately to then obtain an order.

- D. Upon notification by staff, Officers will immediately respond to that unit or department. The number of Officers responding will be based on several factors. These factors include but are not limited to the patient's actions, staffing levels, shift activity, prior knowledge, shift safety and needs as determined by the sergeant, OIC. Because the restraints are kept in the Emergency Department, the Officer assigned to the ER post will most likely need to respond with a restraint bag.
- E. Upon arrival, Officers will ask the attending nurse if the patient has any medical conditions that they should be aware of prior to applying the restraints, (i.e. 2 pts., 3pts., 4pts.). will be used based on a combination of factors including but not limited to the risk involved and any medical condition that need to be taken into consideration.
1. If only two hard restraints are applied, then they must be applied in one of the following combinations; two-point upper or one upper and one opposite lower. Two restraints should never be applied to the patient's legs only.
  2. One restraint only should never be used. At minimum two restraints must be applied.
    - a. Restraining a patient by using only one restraint must never be done. This does not secure the patient safely to the bed and creates a safety risk. The combination of one upper and one opposite lower restraint is the lowest level of restraint permitted. This level is used for non-combative patients who need to be secured to the bed for their safety.
  3. Any use of hard restraints on the lower body must be accompanied by at least one upper hard restraint.
  4. If a patient has a medical condition where it is likely that they may regurgitate, then the patient should be restrained with enough slack in the straps to enable staff to roll the patient on their side if needed, to prevent asphyxiation. This type of medical condition must be communicated by nursing staff to Southwest General Police Department.
  5. Southwest General Police Department will use the following guidelines when making a decision regarding whether to apply restraints and the type of restraints to apply. When making this decision, it must be clinically justified or must be warranted by the patient behavior that threatens the physical safety of the patient, staff, or others.
    - a. The patient's actions to include not responding to verbal commands, verbal or physical danger cues, behavior indicating they are a flight risk, refusing to move, dead weight, attempting to bite or spit, pushing or pulling away, wrestling with staff, striking or kicking, life threatening weaponless assault, attempting to disarm an Officer, or any weapon used against staff.
    - b. The patient's condition to include being under the influence of alcohol or a controlled substance or confused due to medication or dementia.
    - c. The existence of special circumstances to include prior knowledge of the patient as well as closeness of a weapon, injury/exhaustion, being on the ground, distance from patient and availability of other options.
  6. Once hard restraints are applied, Officers will make sure nursing staff has a key to unlock the restraints in the event of a medical emergency. However, nursing staff should be informed to contact Southwest General Police Department to remove some or all of the patient's restraints for any reason to inform Southwest General Police Department that the restraints have been removed.



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**5. Other types of restraints used by Southwest General Police Department:**

- A. If necessary, Southwest General Police Officers may also apply aviator strap(s) to the patient to prevent them from sitting up or rocking the bed. An aviator may only be used if a patient is in at least two upper restraints.
- B. Southwest General Police Officers may also apply a spit hood to the patient if they are attempting to bite or spit at staff. The spit hoods are located inside the restraint bags.
- C. Body nets are also available for use with highly combative patients. These are located in the black cabinet in the Building E SWGPD sub-station.
- D. Southwest General Police Officers can assist staff in applying soft restraints.
  - 1. A combination of soft and hard restraint must not be used because it distributes the restraint force or restraint stability unevenly, creating an unsafe situation where the lower body is more securely restrained than the upper body.
    - a. For example, if soft restraints are applied to the upper body and hard restraints are applied to the lower body, the lower body is more secure than the upper body. If the patient should break the upper soft restraints, they would remain in two lower restraints creating a safety risk to the patient.
- E. Physical restraint or holds can be used temporarily to de-escalate a combative patient. Note: Do not use a hold or physical restraint on a patient refusing medical advice or medical procedure.
- F. Southwest General Police Department, Officers in Charge, Sergeants, Lieutenant, or Chief can authorize physical restraints or holds on patients which require medication. The physical restraint or hold should only be used on patients that are passive resistance (refusing to comply/non-combative).

**6. Post Restraints Use:**

- A. Officers will only remain at the scene long enough to assist with restraining the patient. Officers will not sit with a patient in restraints or remain on an extended "Stand By" once the restraint episode is complete. Once Officers determine the scene is safe, they should clear.
  - 1. Officers are required to remain on scene only if the patient that is in restraints is under arrest by the Southwest General Police Department.
- B. A debriefing should be conducted with involved hospital employees before Officers clear from the incident.

**6. Documentation:**

- A. For all patient restraining episodes the primary responding Officer must complete a Use of Force report. This must also include any Officers that were assisting or present during the restraining episode.
  - 1. The Sergeant/OIC may, at their discretion, assign the report to another Officer present during the restraining episode.
- B. The Southwest General Police Dispatcher must complete a "Stand-By" CAD entry for these events. The Stand-by must be entered as a CAD entry in the TAC Record Management System (RMS) first. The Southwest General Police Dispatcher will then create a report number within the Stand-by CAD entry.



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C. If Southwest General Police Department is later called to add/remove restraints from the patient it is not necessary for a second "Use of Force" report to be completed, however; if possible this information should be added to the original "Use of Force" report.

**7. Training**

- A. Upon hire, Southwest General Police Officer(s) will be trained on restraint protocol and application of all types of restraints used.
- B. Southwest General Police Department will also conduct update/refresher training as needed within the department.
- C. Southwest General Police Department will conduct annual defensive tactics that include restraint application as well as patient/Officer restraining scenarios. All Officers must demonstrate competency in defensive tactics and restraint application.
- D. Southwest General Police Department conducts in-service restraint training to nursing staff/departments upon request.

**Approved:**

Chief Southwest General Police Department	Lieutenant Southwest General Police Department



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<b>REVISED/REVIEWED: 5/98, 3/99, 10/00, 6/03, 2/04, 10/08, 07/15, 06/20, 01/21</b>	

**1. Purpose:**

A. To outline the guidelines, policies, and procedures governing the use of force by Southwest General Police Officers. This policy is for internal use by Southwest General Police, and is not intended to enlarge the employee's civil or criminal liability in any way. It shall not be considered the creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims. Noncompliance with this policy constitutes a violation of an employment duty only, except in such case, as any noncompliance is also a violation of the law. Therefore, violations of this policy shall only form the basis of disciplinary action within this department. In the event that a violation of the duties imposed by this policy also constitutes a breach of the duties imposed by law, nothing herein shall be construed to relieve one from that violation of law.

**2. Definitions:**

**Deadly Force** - is defined as force intended to cause death or serious physical harm or the force that a reasonably prudent person would consider likely to cause death or serious physical harm. Ohio state law defines deadly force as "any force which carries a substantial risk that it will proximately result in the death of any person."

**Non-Deadly Force** - Also called "Less-than-deadly force" is defined as any force which could not reasonably be expected to result in the death of the person against whom it is directed.

**Force** - is defined as any violence, compulsion, or constraint physically exerted by any means upon or against a person or thing.

**Lethal Weapon** - A "Firearm" or any instrument, device, or thing capable of inflicting death, and designed or specially adapted for use as a weapon, or possessed, carried, or used as a weapon.

**Choke Hold** - Any pressure to the throat or windpipe that may prevent or hinder breathing or may reduce air intake. A "Choke Hold" is considered "Deadly Force" and must be reported as using "Deadly Force".

**Carotid Control Hold** - A carotid control hold is a technique designed to control an individual by temporarily restricting blood flow through the application of pressure to the side of the neck and, unlike a choke hold, does not restrict the airway. The proper application of the carotid control hold may be effective in restraining a violent or combative individual. However, due to the potential for injury, the use of the carotid control hold is considered "Deadly Force" and must be reported as using "Deadly Force".

**Less Lethal Weapon** - is defined as an "Intermediate Weapon" or any instrument, device, or thing which could not reasonably be expected to result in the death of the person against whom it is directed, and designed or specially adapted for use as a weapon, or possessed, carried, or used as a weapon.

**Serious Physical harm to persons** - Any physical or mental harm of such gravity as would normally require hospitalization or prolonged psychiatric treatment; or any physical harm that carries a substantial risk of death; or any physical harm that involves some permanent incapacity, whether partial or total, or that involves some temporary, substantial incapacity; or Any physical harm that involves some permanent disfigurement or that involves some temporary, serious disfigurement; or any physical harm that involves acute pain of such duration as to result in substantial suffering or that involves any degree of prolonged or intractable pain.

**Physical harm to persons** - is defined as any injury, illness, or other physiological impairment, regardless of its gravity or duration.



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**Risk** - is defined as a significant possibility, as contrasted with a remote possibility, that a certain result may occur or that certain circumstances may exist.

**Substantial risk** - is defined as a strong possibility, as contrasted with a remote or significant possibility, that a certain result may occur or that certain circumstances may exist.

**Objective Reasonableness** - Use of force decisions will be guided by the standard of "objective reasonableness", which is from the perspective of what a reasonable officer would do in such a tense, rapidly evolving situation, considering the totality of the circumstances.

**Reasonable Person** - is defined as to denote a hypothetical person who exercises "those qualities of attention, knowledge, intelligence and judgement which society requires of its members for the protection of their own interest and the interest of others".

### 3. Policy:

A. In vesting Police Officers with the lawful authority to use force to protect the public welfare, a careful balancing of all human interests is required. Officers may only use that amount of force which is reasonably necessary to affect lawful objectives including: affecting a lawful arrest or overcoming resistance to a lawful arrest, preventing the escape of an offender, or protecting or defending others or themselves from physical harm. Force is used to control resistance or aggressive behavior towards the involved personnel, other personnel, third parties or property. When it is objectively reasonable that a subject is fully in law enforcement's control, then the force must terminate.

### 4. Force De-escalation:

A. De-escalation tactics and techniques are those actions undertaken by an officer(s) to avoid physical confrontations, unless immediately necessary to protect someone or to stop dangerous behavior, while minimizing the need to use force during an incident when the totality of the circumstances and time permit. De-Escalation tactics and techniques are employed to increase the likelihood of voluntary compliance and cooperation.

B. It is the policy of this Department that when all of the reasonably known circumstances indicate it is safe, prudent, and feasible to do so, an officer(s) shall attempt to slow down, reduce the intensity, or stabilize the situation so that more time, options and/or resources may become available for incident resolution.

C. When time and circumstances reasonably permit, an officer(s) shall consider whether a subject's lack of compliance is a deliberate attempt to resist or is the result of an inability to comply based on factors including, but not limited to:

1. Medical conditions
2. Mental impairment
3. Developmental disability
4. Physical limitation
5. Language barrier
6. Drug interaction
7. Behavioral crisis

D. An officer's awareness of these possibilities, when time and circumstances reasonably permit, shall then be balanced against the facts of the incident and which tactical options



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are the most appropriate to bring the situation to a safe resolution. An officer is not expected to engage in force de-escalation measures that could jeopardize the safety of the community or of any employee.

- E. Where circumstances and time reasonably permit, an officer(s) shall take those reasonable and prudent actions which operate to mitigate the immediacy of the threat thereby giving the officer(s) time to call more officers, utilize other tactics, or request specialty assistance, such as Crisis Negotiators. The number of officers on scene may increase the available force options, a circumstance which has the potential to increase the ability of the officer(s) to reduce the overall force used by promoting consideration of other viable alternatives such as:
1. Decreasing the exposure to the potential threat by using distance or physical barriers between an uncooperative subject and an officer.
  2. Containing the threat.
  3. Maximizing the use of cover or concealment to reduce officer(s) exposure to potential threats by placing the officer(s) in a safer position.
  4. Communicating from a safe position to gain the subject's compliance through the use of verbal persuasion, advisements, and/or warnings. Generally, communication techniques should engage active listening to calm agitated individuals and promote rational decision-making.
  5. The officer's physical actions may also de-escalate a potentially volatile/violent situation; i.e., exhibiting a relaxed body language.
- F. When the circumstances warrant an application of force, the level of force applied must reflect the totality of the reasonably known circumstances surrounding the immediate situation. The officer need only select a level of force that is within the range of "objectively reasonable" options. Officers must rely on training, experience and an assessment of the situation to decide an appropriate level of force to be applied. Reasonable and sound judgment will dictate the force option to be employed.
- G. Officers may either escalate or de-escalate the use of force as the situation progresses or as circumstances change. When a suspect is under control, either through the application of physical restraint or the suspect's compliance, the degree of force shall be de-escalated accordingly. An officer has the duty to intercede when observing unreasonable or unnecessary force being applied to a given situation.

#### 5. Procedures:

- A. Any police officer who has probable cause to believe that a person has committed a crime or public offense may use reasonable force to affect the arrest, to prevent escape or to overcome resistance. A police officer makes or attempts to make an arrest, need not treat or desist from their efforts by reason of resistance or threatened of resistance by the person being arrested, nor shall a police officer be deemed the aggressor or lose their right to self-defense by use of reasonable force to affect the arrest, prevent escape or to overcome resistance.
- B. Officers may only use the amount of force which is necessary and reasonable to affect lawful objectives.
- C. Officers should use the response appropriate to the resistance offered or the threat posed to persons or property, taking care to employ only that amount of force necessary and reasonable to control the situation or subject. Officers shall use their training to guide them through a use of force incident. The preferred response to resistance and aggression is a trained technique. However, during a situation involving the infliction or threatened



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infliction of serious physical harm, the use of untrained response or a non-traditional weapon or object (Environmental Weapon), while not normally authorized, may be reasonable to end the threat and survive the encounter.

D. When the use of force is necessary, Officers should first weigh the totality of the circumstances of each individual case to determine the amount of resistance encountered or the immediate threat the subject poses to any person. Decisions related to the level of control should be based on the Officer's reasonable assessment of the totality of the circumstances presented including, but not limited to:

1. The subject's actions and level of resistance.
2. Totality of the circumstances including Special Circumstances and Officer/Subject Factors.
3. Perceived threat level based on training, knowledge and the Officer's awareness of his/her own capabilities.
4. Reaction time.

E. Levels of resistance exhibited by the subject:

1. Psychological intimidation - Non-verbal cues indicating subject's attitude, appearance and physical readiness.
2. Verbal non-compliance - Verbal responses indicating unwillingness to cooperate.
3. Verbal threats - Verbal responses indicating the threat of physical harm or serious physical harm to the involved personnel or others.
4. Passive resistance - Physical actions that prevent an Officer's control.
5. Defensive resistance - Physical actions which attempt to prevent an Officer from maintaining control, but do not attempt to harm the Officer.
6. Active Aggression - Physical actions of assault.
7. Aggravated active aggression - Life threatening assault or assault likely to cause serious physical harm. The subject commits an attack using an object, a weapon or an empty hand assault, wherein the Officer reasonably believes the assault will result in serious physical harm and/or death.

F. Special Circumstances:

1. Closeness of a weapon
2. Injury or exhaustion
3. Being on the ground
4. Distance from the subject
5. Special Knowledge
6. Availability of other options

G. Officer/Subject factors:

1. Age



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2. Gender
3. Size
4. Skill level
5. Relative strength
6. Multiple subjects
7. Multiple Officers

**6. Use of Force Levels of Control:**

- A. Each force situation is unique and the "Use of Force" Levels of Control is intended only as an illustration of the various force options available to an officer facing a given level of subject resistance.
- B. Depending on the circumstances, Officers may find it necessary to escalate and de-escalate the use of force by progressing up and down the "Use of Force" Levels of Control". It is not the intent of this "Use of Force" Levels of Control" to require Officers to try each of the options before moving to the next, as long as the level of force used is reasonable under the circumstances.
  1. Level 0 - Officer presence, verbal and non-verbal commands or searching for weapons/contraband.
  2. Level 1 - Empty hand control, joint manipulation, Pressure point control tactics, escort position or balance displacement
  3. Level 2 - Takedowns and striking motor muscle groups
  4. Level 3 - OC Pepper Spray (Conducted Electrical Weapon (CEW) safe)
  5. Level 4 - Taser and striking structural areas.
  6. Level 5 - Deadly force

**7. Initiation, dispatching and response to a potential Use of Force incident:**

- A. Officers can be made aware of a potential Use of Force incident by several means. These include but are not limited to:
  1. Dispatch
  2. Officers are involved in an incident that escalates into a potential or actual Use of Force incident.
  3. Incident reported directly to an officer.
  4. Officer encounters a potential Use of Force incident while on patrol.
  5. Two way radio from someone other than dispatch, eg. Patient Companion.
  6. Panic Alarms

**8. Dispatch Responsibilities:**

- A. Dispatch is responsible to ensure all available Officers heard the radio call and are en route to the location. Dispatch has to ensure all Officers respond to and copy the radio



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call. If an Officer did not respond to the radio call, dispatch is to call that individual and ask if they need the information repeated.

- B. Dispatch is responsible for acquiring and gathering as much information as possible to relay to the responding Officers. This means that on many occasions, dispatch is calling the complainant back if they have hung up prior to providing adequate information. It also means that dispatch may still be acquiring needed information to relay to the responding Officers from the complainant even after the Officers have been initially dispatched to the location.

NOTE: Codes by themselves do not provide sufficient information needed by Officers for a safe response. The dispatcher should use any means available to gain additional information.

**9. Police Officer Responsibilities**

- A. Officers are required to acknowledge a dispatched call along with providing the location they are responding from. This assists the first Officer on scene in making Use of Force decisions by knowing how long it will take the next responding Officer to arrive.
  - 1. It is not unreasonable for the first responding Officer to wait until other Officers are closer before entering a unit or area of a potential Use of Force incident.
- B. Situations may occur that necessitate a Sergeant/OIC sending one Police Officer to Oakview or other off-site buildings.
  - 1. It is imperative that a single Officer at Oakview or other off-site building maintain communication with dispatch to allow the sergeant/OIC to determine if additional Officers need to be sent to assist.

**10. Deadly Force - Use of Firearms, Lethal Weapons, Carotid Control Hold or Choke Hold:**

- A. The preservation of human life is of the highest value in this department, therefore:
  - 1. Officers may use deadly force when the involved personnel have reason to believe the response is objectively reasonable to protect themselves or others from the imminent threat of death or serious physical harm. The officer must be able to show the assailant had:
    - a. The apparent **ABILITY** to cause serious physical harm or death to the officer or others.
    - b. A reasonable **OPPORTUNITY** to effect such serious physical harm or death (a feasible delivery system, or in close proximity to cause serious physical harm or death).
    - c. Placed the officer or others in actual imminent **JEOPARDY** (assailant must have shown intent to cause serious physical harm or death).
  - 2. Circumstances permitting and when reasonably practical - officers should identify themselves as law enforcement officers and give a verbal warning of their intent to use deadly force.
  - 3. Officers may use deadly force upon a human being to prevent escape when there is probable cause to believe that the suspect poses an **immediate** threat of serious physical harm to themselves, or others.
  - 4. Officers should avoid positioning themselves in the direct path of a moving vehicle.
    - a. Officers in the direct path of a moving vehicle should attempt to take evasive action to avoid being struck by the vehicle.



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b. Officers may only fire a weapon at the driver or occupant of a moving vehicle when there is an articulable, reasonable belief that the subject poses an immediate threat of death or serious physical harm to themselves or others.

5. Officers have an affirmative duty to use that degree of force reasonable to protect human life; the use of deadly force is not reasonable merely to protect property interests. Only under circumstances where it is reasonable to believe an infliction or threatened infliction or serious physical harm to human life exists is the use of deadly force justified.

6. The use of deadly force by Officers should not create a danger to the public that outweighs the benefits of its use.

7. Facts unknown to Officers at the time deadly force is used cannot be considered in determining whether the involved personnel acted in conformity with this policy.

**B. Carotid Control Hold:**

1. The carotid hold is not an approved method for restraining a combative individual therefore use is prohibited with the exception of a deadly force circumstance.

2. A carotid control hold is a technique designed to control an individual by temporarily restricting blood flow through the application of pressure to the side of the neck and, unlike a choke hold, does not restrict the airway. The proper application of the carotid control hold may be effective in restraining a violent or combative individual. However, due to the potential for injury, the use of the carotid control hold is limited to those circumstances where deadly force is authorized and is subject to the following:

a. At all times during the application of the carotid control hold, the response of the individual should be monitored. The carotid control hold should be discontinued when circumstances indicate that the application no longer reasonably appears necessary.

b. Any individual who has had the carotid control hold applied, regardless of whether he/she was rendered unconscious, shall be promptly given medical assistance and should be monitored until such assistance occurs. Medical assistance will consist of examination by hospital staff if the incident occurs on hospital property. Medical assistance will consist of examination by paramedics if the incident occurs off hospital property or in a parking lot and the Officer believes it is not medically safe to move the individual into the hospital. If any such individual refuses medical attention, such a refusal shall be fully documented in related reports and, whenever practicable, should be witnessed by another officer (if possible) and / or medical personnel.

c. The officer shall inform any person receiving custody, or any person placed in a position of providing care, that the individual has been subjected to the carotid control hold and whether the individual lost consciousness as a result.

d. Any officer attempting or applying the carotid control hold shall promptly notify a supervisor of the use or attempted use of such hold.

e. The use or attempted use of the carotid control hold shall be thoroughly documented by the officer in any related reports.

**C. CHOKE HOLDS**

1. Choke holds or any holds which restrict the airway will be prohibited except in situations where the use of deadly force is allowed by law and is subject to the following



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- a. At all times during the application of the choke hold, the response of the individual should be monitored if possible. The choke hold should be discontinued when circumstances indicate that the application no longer reasonably appears necessary.
- b. Any individual who has a choke hold applied, regardless of whether he/she was rendered unconscious, shall be promptly given medical assistance and should be monitored until such assistance occurs. Medical assistance will consist of examination by hospital staff if the incident occurs on hospital property. Medical assistance will consist of examination by paramedics if the incident occurs off hospital property or in a parking lot and the Officer believes it is not medically safe to move the individual into the hospital. If any such individual refuses medical attention, such a refusal shall be fully documented in related reports and, whenever practicable, should be witnessed by another officer (if possible) and / or medical personnel.
- c. The officer shall inform any person receiving custody, or any person placed in a position of providing care, that the individual has been subjected to the carotid control hold and whether the individual lost consciousness as a result.
- d. Any officer attempting or applying the choke hold shall promptly notify a supervisor of the use or attempted use of such hold.
- e. The use or attempted use of a choke hold shall be thoroughly documented by the officer in any related reports.

#### **11. Prohibitions/Restrictions on the Use of Firearms:**

- A. Officers are prohibited from discharging their firearm when it appears likely or when a reasonably prudent person would believe that an innocent person could be injured.
- B. Firearms shall not be used:
  1. Near or around crowds unless there is a clearly defined target, circumstances exist that create a substantial risk of serious physical harm or death to the officer or others and the benefit of taking action outweighs the risks involved.
  2. To fire across roads or through moving traffic.
  3. To fire from a moving vehicle, except as a last resort measure of self-defense or defense of another from serious physical harm or death.
  4. To fire into a building or through doorways unless at an identifiable target.
  5. To solely protect or preserve property.
  6. To fire warning shots
- C. Except for storage, authorized training, or at the direction of a Sergeant/OIC, Officers shall not draw or exhibit their duty-pistol unless circumstances create strong reasonable belief that it may be necessary to lawfully use the weapon in conformance with other sections of this policy.
- D. Except for storage, authorized training, or at the direction of a Sergeant/OIC, Officers shall not remove the AR-15 (s) or Shotguns (s) from locked storage unless being used in an incident involving a hostile subject armed with a deadly weapon.



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**12. Non Deadly Force - Use of Less Lethal Weapons:**

- A. **Oleoresin Capsicum (OC) Spray** - A chemical irritant offering a less-lethal alternative for controlling or subduing a subject whose actions lead the Officer to believe there is an articulable Risk of Physical Harm or Serious Physical Harm to themselves or others. The use of chemical irritant, including the use of chemical irritant against a crowd or a group of individuals is only permitted in those cases in which such force is necessary for self-defense or defense of another.

Officers may only use chemical irritant when verbal commands and other techniques that do not require the use of force would be ineffective or where issuing verbal commands would present a danger to the officer or others.

When possible, a verbal warning must be issued to the subject that a chemical irritant will be used prior to the use of chemical irritant, unless exigent circumstances exist that would make it imprudent to do so. When possible, the Officer will defer using chemical irritant for a reasonable time to allow the subject to comply with the warning. Chemical irritant should only be aimed at the subject's face and upper torso.

1. Post-Use Procedures

- a. Escort the subject to the Emergency Department for treatment. **If the incident involves a non-patient and if necessary**, Middleburg Hts. Fire (or applicable EMS agency) **will be contacted to transport.**

- B. **Taser** - an electronic control device that is a non-lethal force alternative used to assist officers in the performance of their duties. The TASER is designed for self-defense or to temporarily immobilize a subject whose actions lead the Officer to believe there is an articulable Substantial Risk of Physical Harm or Risk of Serious Physical Harm to themselves or others.

When properly used, the TASER generates an electrical current that dominates the existing neuromuscular and sensory nervous system. Subjects become physically incapacitated and unable to control muscle movement, allowing Officers to gain control. The TASER may be used in situations where time and conditions permit. It can be an extremely effective control device for close range incapacitation.

When deploying a cartridge from the TASER, the preferred target area is the back of the individual. However, frontal shots are permitted in self-defense or defense of another when the threat of physical harm or serious physical harm is imminent. The TASER should never be aimed at an individual's head, neck, eyes, throat, or genitals; unless the subject's actions would lead the Officer to reasonably believe the encounter is a Deadly Force encounter.

Officers will never use the TASER in the Drive Stun mode for pain compliance. Officers can use the TASER in Drive Stun mode to create distance from a subject in order for a Less Lethal Weapon to be deployed. Officers may also use the TASER in Drive Stun Mode to resolve a situation where the subject has a serious tactical advantage over the Officer. Examples include but are not limited to: Being on the ground with the subject on top of them, being pinned against a wall by the subject, being placed in any type of fighting hold by the subject when the Officer believes they cannot escape the hold or being placed in any type of choke hold by the subject.

The TASER should never be deployed on a subject operating a moving vehicle or on a subject in position to fall a substantial distance. For example: a subject standing at the top of a stairwell or edge of a building.



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Each TASER has an internal tracking chip. For every Use of Force incident, supervisors will retrieve information stored in the data chip by connecting to the data port on the rear of the weapon and downloading the information into the Department's computer system.

1. Post-Use Procedures

- a. Do not attempt probe removal, escort the subject to the Emergency Care Center and **have probes removed by medical personnel. If the incident involves a non-patient and if necessary, Middleburg Hts. Fire (or other applicable EMS agency) will be contacted to transport.**

**13. Post Deadly Force - Use of Firearms, Lethal Weapons or Choke Hold Procedures:**

- A. Whenever an officer is involved in a **Deadly Force - Use of Firearms or Lethal Weapons incident**, once the scene is rendered safe, they shall determine the physical condition of the injured person(s) and provide first aid. The Officer should notify dispatch of the incident and location. Dispatch will make sure all Officers are en route to assist. Dispatch will next notify Middleburg Hts. Fire and Middleburg Hts. Police. Dispatch will then notify the Chief of Police.
- B. The Officer will remain at the scene, unless injured.
- C. The officer will protect his/her firearm or lethal weapon for forensic examination and submit it to the appropriate investigator upon request.
  - 1. In no circumstances will the officer's firearm be taken at the scene of the incident while in public view.
  - 2. If the firearm is the Officer's duty-pistol, the supervisor should replace it with another duty-pistol.
- D. The Officer shall not discuss the incident with anyone except the investigative or supervisory personnel, risk management, Hospital attorney, officer's private attorney, clergy, psychologist, Post Critical Incident Personnel, or immediate family. Officers involved in such incidents shall not make any statements, except as provided, without express authority of the Chief of Police.
- E. Unless the Officer is hospitalized with an injury, they shall complete a detailed Use of Force report within 48 hours of the incident.

**14. Administrative Leave**

- A. Any Officers directly involved in a Deadly Force incident shall be placed on "paid-administrative leave" directly upon completion of their preliminary report of the incident. This leave shall be a paid leave including applicable benefits and will continue pending the results of the investigation. This shall not be considered PAM time or any other leave chargeable to the Officer. The assignment to administrative leave shall not be interpreted to imply or indicate that the Officer has acted improperly.
- B. While on administrative leave, the Officer shall remain available for official departmental interviews and statements regarding the Deadly Force incident and shall be subject to recall to duty after a minimum of 48 hours.

**15. Psychological Services:**

- A. Any Officers involved in a Deadly Force / Use of Firearms or Lethal Weapons incident is required to follow the procedures in the Post Critical Incident Policy for a debriefing. The debriefing must take place within 48 hours of the incident.



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1. The Chief of Police shall assign a non-involved supervisor as a liaison between the employee(s) and the Post Critical Incident personnel. This liaison will make sure the Post Critical Incident Policy is followed and assist with scheduling for any services needed.
2. The purpose of this debriefing is to allow the Officers the opportunity to express their feelings and to deal with the moral, ethical, and psychological after effects of the incident.
3. The debriefing shall not be related to any departmental investigation of the incident and nothing discussed in the debriefing will be reported to the department. The debriefing session shall be protected by the privileged physician patient relationship.

**16. Deadly Force - Use of Firearms, Lethal Weapons or Choke Hold Incident Review:**

- A. Southwest Police Department administrative staff shall conduct a review of the incident internally. The Chief of Police and a minimum of three (3) supervisory staff will conduct the review. This "Review Board" will evaluate each aspect of any Deadly Force incident. The evaluations will include:
  1. Thorough review of the involved Officer's written Use of Force report, supervisor's report and any available physical evidence.
  2. An interview with the Officer and any witnesses if deemed necessary.
  3. The Review Board will determine whether the Deadly Force incident
    - a. Lawful and within departmental guidelines and policy.
    - b. Outside departmental guidelines and policy.
    - c. Accidental.

**17. Accidental Discharges**

- A. Any Officer who accidentally discharges their firearm will immediately notify the supervisor on duty.
- B. The Supervisor will immediately respond to the area and investigate the situation.
- C. The Supervisor will immediately notify the Chief of Police and make sure all appropriate reports and statements are completed.
- D. Any Officer who accidentally discharges their firearm will complete an Investigation Report.
- E. The Chief of Police and departmental supervisory staff will review all reports and statements.

**18. Medical Attention for Injuries Sustained Using Force:**

- A. Medical assistance shall be obtained for any person who has sustained visible injury, expressed a complaint of injury, or complaint of continuing pain, or who has been rendered unconscious. Based upon the officer's initial assessment of the nature and extent of the subject's injuries, medical assistance will consist of examination by hospital staff if the incident occurs on hospital property. Medical assistance will consist of examination by paramedics if the incident occurs off hospital property or in a parking lot and the Officer believes it is not medically safe to move the individual into the hospital. If any such individual refuses medical attention, such a refusal shall be fully documented in related reports and, whenever practicable, should be witnessed by another officer (if possible) and



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/ or medical personnel. Persons who exhibit extreme agitation, violent irrational behavior accompanied by profuse sweating, extraordinary strength beyond their physical characteristics and seem impervious to pain (sometimes called "excited delirium") or who require a protracted physical encounter with multiple officers to be brought under control may be at an increased risk of sudden death and should be examined by qualified medical personnel as soon as practical. Medical personnel should be advised of the relevant behavior of the subject.

1. Any individual exhibiting signs of distress shall be medically cleared prior to being brought to the jail for booking.
2. Medical Staff or Paramedics are required to be called for a subject who has had the CEW deployed on them. Officers may not remove the probes themselves.

**19. Duty to Report Use of Force:**

- A. Any use of force by a member of this department shall be documented promptly, completely and accurately in the department's "Use of Force" report. The officer should articulate the factors perceived and why they believed the use of force was reasonable under the circumstances. The Officer must complete the Use of Force report detailing the use of force and surrounding circumstances as soon as safe and practical, before the end of the tour of duty, unless otherwise noted in this policy.

**20. Duty to Intervene:**

- A. Officers who are present at the scene of a police use of force are obligated to ensure that the use of force complies with the requirements of the law, department rules, policy, and training.
- B. Each officer at the scene of a use of force incident has a duty to intervene by taking all reasonable actions to stop any use of force that is perceived to be unauthorized by this policy.
- C. Officers witnessing suspected unreasonable force shall factor into their response their ability to de-escalate the use of force. The officer's response may range from physical intervention, to voice commands, to appropriate after-action notification. If reasonably able to do so, the officer shall:
  1. Physically intervene to stop the objectively unreasonable force.
  2. Take protective custody of the subject being subjected to the apparent unreasonable force.
  3. Ensure that medical care is provided as needed.
  4. Report the suspected unreasonable use of force to the next non-involved supervisor in their chain of command, detailing the use of force and surrounding circumstances as soon as safe and practical, before the end of the tour of duty.

**21. Reporting Procedures:**

- A. The responsibility of completing the Use of Force Report or CAD entry will be that of the first Officer on scene. The Supervisor/OIC can assign another Officer the responsibility at their discretion.
- B. If the same initial reporting officer responds to other calls for force on the same subject during the same shift, a separate Use of Force Report does not need to be completed; additional information can be added to the initial Use of Force report via a supplement. However, a CAD Entry must be completed each additional time Officers respond to an incident.



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- C. New Use of Force reports have to be completed on the same subject if there is a shift change and the original reporting officer is no longer on duty.
- D. The below listed reporting standards are the minimum standards required. Any Sergeant/OIC may, at their discretion, require higher standards after any incident.
1. **Use of Force** Levels of Control-Level 0 - Officer Presence, verbal and non-verbal commands or searching for weapons/contraband.
    - a. A CAD Entry will be completed.
  2. **Use of Force** Levels of Control-Level 1 - Empty hand control, joint manipulation, Pressure point control tactics, escort position or balance displacement and Level 2 - Takedowns and striking motor muscle groups.
    - a. A Use of Force report will be completed by the Reporting Officer prior to the end of their shift. The report will be distributed according to current department procedures.
  3. **Use of Force** Levels of Control-Level 3 - OC Pepper Foam
    - a. A Use of Force report will be completed by the Reporting Officer prior to the end of their shift. The report will be distributed according to current department procedures.
    - b. Any Officer using the **Use of Force** Levels of Control-Level 3 that is not the Reporting Officer must complete a Supplemental Occurrence Report.
    - c. The Sergeant/OIC will notify the Chief of Police.
  4. **Use of Force** Levels of Control-Level 4 - Taser and striking structural areas
    - a. A Use of Force report will be completed by the Reporting Officer prior to the end of their shift. The report will be distributed according to current department procedures.
    - b. Any Officer using the **Use of Force** Levels of Control-Level 4 and Level 5 that is not the Reporting Officer must complete a Supplemental Occurrence Report.
    - c. Witness statements must be obtained from any Hospital employee or non-employee present during the incident. The interviews and collection of statements will be done by Officer(s) not directly involved with the Use of Force incident.
    - d. The Sergeant/OIC will notify the Chief of Police.
  5. **Use of Force** Levels of Control-Level 5 - Deadly Force.
    - a. Unless the Officer is hospitalized with an injury, any Officer using the **Use of Force** Levels of Control-Level 5 must complete a Use of Force report within 48 hours of the incident.
    - b. The Supervisor/OIC, if not completing a Use of Force Report, shall conduct an investigation and complete a report on their findings.
    - c. Any Officer present at any time during the incident must complete a Supplemental Occurrence Report.



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- d. Witness statements must be obtained from any Hospital employee or non-employee present during the incident. The interviews and collection of statements will be done by Officer(s) not directly involved with the Use of Force incident.
- e. The Sergeant/OIC will notify the Chief of Police.

**22. Use of Force Report:**

- A. A Use of Force report is generated from a CAD entry by first selecting "Report" as the disposition in the TAC Record Management System (RMS) for that CAD entry. The "Reports" tab must then be selected in the CAD entry and the "Go To Incident" button must be used to create an incident report. The Officer must complete all entries required for any incident report and must additionally complete all Use Of Force entries in the incident report. After receiving supervisory approval on the report, the Officer will then print a "Full Report" and a separate "Use of Force" report

**23. Policy Review**

- A. During their probationary period, all new-hire Officers will be required to read and review this policy in its entirety with their Field Training Officer and will be trained in completing Use of Force Reports.
- B. All Officers will be required to review this policy on an annual basis. The Officer will be required to sign off on the review of this policy.

**24. Training:**

- A. Officers will receive annual training on this policy. Officers will receive a copy of this policy and will be required to sign an acknowledgement indicating they have received and read the policy. In addition, during this annual training, Officers will also be required to obtain a passing score on a written test, demonstrating their understanding of this policy.
- B. Officers will receive a copy of this policy whenever a revision to this policy occurs. Officers will be required to sign an acknowledgement that they have received and read the revised policy.

**Approved:**

Chief Southwest General Police Department	Lieutenant Southwest General Police Department