



# OPERATIONS MANUAL

**SUBJECT:** Police Fire Operations - Use of Force/Restraint Devices

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203.14.01

**APPROVED:**

*FIRE CHIEF*

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## 203.14.01 Police Fire Operations – Use of Force/Restraint Devices

### A. Purpose

1. To allow for a collaborative approach to these unique situations and safely administer the appropriate assessment and treatment of any injuries sustained.

### B. Priorities

1. Safety of all involved
2. Appropriate assessment and treatment of any injuries or illness sustained

### C. Policy

1. The following section has been developed using the Southwest Ohio EMS Protocols, CFD SOP, the current CPD Use-Of-Force SOP, and (if applicable) the manufacturer's product recommendations.
2. All assessments and treatment should take detailed consideration of intoxication, traumatic brain injury, cardiac medical history, respiratory disease history, altered mental status, toxicological emergency, and/or pregnancy as an indication for immediate evaluation at a hospital and transport the subject by Medic Unit with police assistance if needed. Any doubt as to the subject's wellbeing or medical care shall warrant Medic Unit transport to hospital. Members in charge should work to develop treatment/transport plan with responding police officers.
3. Fire personnel shall conduct and document neurological assessment/GCS/baseline vitals and address obvious and/or secondary injuries according to proper protocols.

E. Use-Of-Force

1. *TASER (TASER7 Model):The following sections have been developed using the manufacturer's product recommendations (Axon TASER7).*

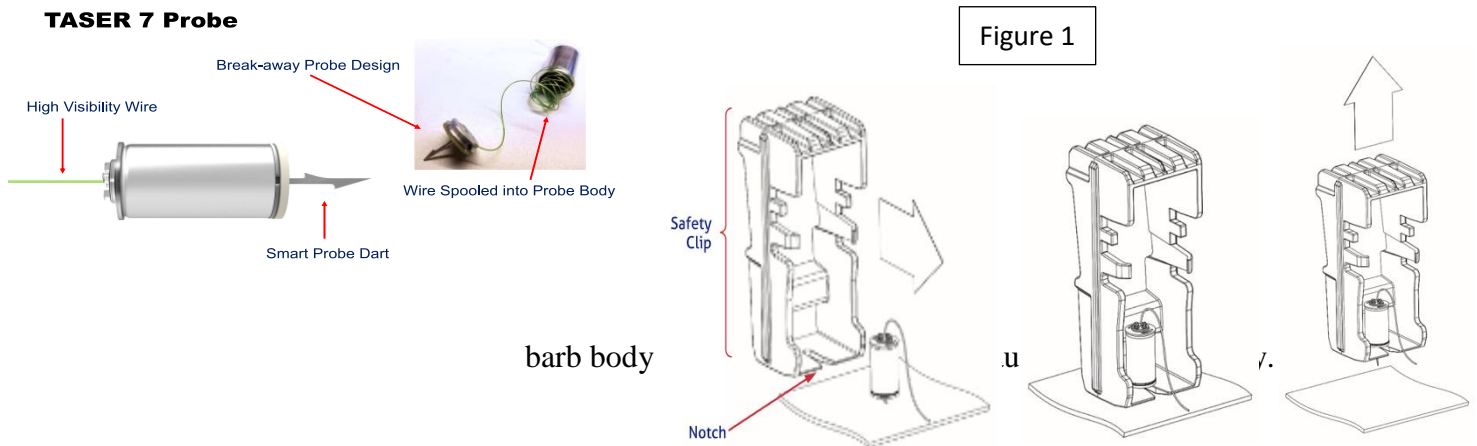


2. The Cincinnati Police Department currently uses the *Axon TASER7* platform. The *TASER7* model has a stronger firing effect with nearly double the kinetic energy when fired at a subject than previous models.
3. Whenever a police officer has deployed the TASER on a subject, the subject will be assessed by EMS prior to the police officer transporting to respective location.
4. No direct complications are expected from the use of the TASER. However, there is always the potential for injury to the police officer or subject when the use of force is necessary to gain control.
5. Police officers have been instructed in the technique to remove the barbs from the subject's skin provided the barbs are not embedded in certain soft body tissue, **i.e. genitals, female breast tissue or any area above the collar bone.** If the barbs are embedded in these soft tissue areas described above, Medic Units shall transport the patient to University Hospital or Children's Hospital for treatment and barb removal.
6. Used TASER cartridges and barbs are considered a biohazard. The police officer may elect to leave the used cartridge, wires, and/or barbs with Fire personnel for proper disposal in a sharps container receptacle in the Medic Unit, firehouse, or hospital.
7. Police may also elect to photograph location of barbs before and after removal, before and after transport, as well as preserve barbs for evidence collection purposes. *(As a reminder, Fire Department personnel are also able*

to photograph any information relevant to patient history, assessment or care via the current EMS tablet)

8. Responding Fire Department units will evaluate a subject once restrained by police and police confirm that TASER is off/secured from cycling. Members shall wear proper PPE including eye protection and gloves.
9. **Removal Procedure OF TASER Barbs - Using TASER7 Cartridge Safety Clip**

- a. The *TASER 7 Cartridge Safety Clip* can be used to safely remove barbs from an individual. The safety clip has a notch built into the end as seen in illustration below (*Figure 1*).
- b. Slide the *Cartridge Safety Clip* between the barb and the subject's skin, catching the barb between the barb body and the barb point in the notch.
- c. Pull the *Cartridge Safety Clip* (and the barb with it) straight out of the subject's skin. You may want to place your thumb on top of the base of the barb to stabilize it. Do not twist the *Cartridge Safety Clip* or



- d. Barb entry wound shall be cleaned with alcohol wipe and bandaged accordingly. Barb shall be examined to ensure no portion has broken off during removal. If barb appears broken, mark the area of removal and transport subject to hospital as noted above
- e. Procedure may be repeated as needed for additional barbs. Barbs shall be turned over to police if requested and if not, *Cartridge Safety Clip* and barb shall be disposed of in a sharps container as noted above.

**10. Manual Removal Procedure OF TASER Barbs – WITHOUT Safety Clip**

- a. To remove the barbs manually, grasp the probe portion of the barb assembly firmly using gloved hand, forceps, or needle-nose-type securing device while holding subject's skin taught between fingers or using "v-position" of hand to provide counter-pressure. At a 90-degree angle to skin, pull barb straight out of skin. Do not use any twisting motion to remove.
- b. Barb entry wound shall be cleaned with alcohol wipe and bandaged accordingly, and barb shall be examined to ensure no portion has broken off during removal. If barb appears broken, mark the area of removal and transport subject to hospital as noted above.
- c. Procedure may be repeated as needed for additional barbs. Barbs shall be turned over to police if requested and if not disposed of in sharps containers as noted above.
- d. Any injury to providers or police during removal constitutes as an exposure/needlestick event and shall be reported per section 204.05.

**11. Police Department Use-Of-Force – Chemical Irritants**

**a. Pepper Spray/Pepper Ball -Effects**

- (i) The effects of chemical irritants can vary from person to person based on many factors, including, but not limited to, complexion, amount of exposure, delivery method, motivation level, psychiatric conditions, and drug or alcohol impairment.
- (ii) These chemical irritants have no known lasting effects.
- (iii) The respiratory tract becomes inflamed and swells, and the exposed may cough, gag and gasp for breath as they experience significant nasal drainage.
- (iv) The exposed skin may temporarily change color to red, yellow or orange and they may complain their skin feels hot.

- (v) The eyes may open and close rapidly or shut completely. The exposed may temporarily experience body shakes, weak legs, poor balance, hearing impairment or rigid muscles.
- (vi) Psychological effects on the exposed may include panic, confusion, disorientation and intense fear of blindness and/or suffocation.

**b. Pepper Spray/Pepper Ball – Treatment**

- i. Treatment for someone exposed to chemical irritants should always take place outside if possible and not inside an enclosed Medic Unit.
- ii. Treatment should also only be done when able to be done safely.
- iii. Wearing of a filtering face respirator is encouraged in addition to normal required PPE. The MSA Advantage 3000 will provide the necessary eye and respiratory protection which may be needed.
- iv. Treatment involves flushing with cool water and facing the subject into the wind.
- v. Keep eyes open to allow the fresh air and water to remove the resin.
- vi. Flushing with normal saline is preferred, but clean water from other sources such as sinks, garden hoses, fire trucks, or sterile water bottles is acceptable.
- vii. Soft contacts will have to be discarded.
- viii. Continue to calm and verbally reassure the patient that he/she is safe and that the effects will wear off.
- ix. Discourage the patient from rubbing his/her eyes and/or affected skin.
- x. Monitor the subject for respiratory or cardiac distress due to exertion, stress or positional restraint.
- xi. Recovery time may vary from as little as 10 minutes to 2 hours.

**F. Police Department – Other tools carried by Cincinnati Police**

- 1. Use of Force Device(s)
  - a. **40mm Foam Rounds** - a dynamic, high-energy single subject round for incapacitation or distraction.

- b. **Bean Bag Shotgun** - a dynamic, high-energy semi-automatic tool which can deploy multiple silica sand-filled beanbag rounds for incapacitation or distraction

2. Restraint Devices

- a. **Handcuffs** – physical restraints designed to secure an individual's wrists in proximity to each other. There are two types: metal and plastic (single use disposables).
- b. **Leg Shackles** - physical restraints used on the ankles of a person to allow walking only with a restricted stride and to prevent running and effective physical resistance.
- c. **BolaWrap** - A hand-held remote restraint device that discharges an 8-foot bola style Kevlar® tether to wrap a subject's legs or arms

G. **At no time shall a person under the care of Fire Department personnel who is restrained by POLICE device(s) be left without an officer capable and trained to remove the device(s) immediately, should the medical need arise.**

H. All injuries or medical conditions which may result from any police department use of force or restraint devices shall be treated in accordance with the current Academy of Medicine of Cincinnati Protocols for Southwest Ohio Prehospital Care [EMS Protocol]

I. The safety of Fire Department personnel and the patient are the primary considerations. Any deviations, adaptations, and/or modifications to patient assessment or treatment from the EMS protocol due to safety shall be documented thoroughly in the ePCR.