

POLICE/EMS – DIFFERENTIAL LIFE SAFETY RESPONSE

Reference:

Procedure: - Response to Violence – Tactical Medic

Procedure: - Response to Aggressive Behavior

Definitions:

1. QRT – “Quick Response Team.” Team consists of trained Colerain police officers and firefighter/paramedics from the Colerain Township Department of Fire and EMS. Team may partner with area social service agencies in the provision of drug related follow up.
2. Addiction Services Council - The “Addiction Services Council” is a non-profit, community-based organization that provides professional resources on alcohol, tobacco, and drug-related issues.
3. CARE – “Children and Residents Encounter” special needs initiative. The Police Department maintains registration information for Colerain Township residents and caregivers for “special needs” persons and those suffering from Alzheimer’s Disease/Dementia. All registered persons are contacted every six months to ensure contact, caregiver, behaviour characteristics, living arrangements and calming and triggering events are up to date. Once contact is made and all pertinent information is updated, the information is updated at the Hamilton County Communications Center (HCCC). The HCCC includes CARE information with the “premise history” of each registrant and is included as part of any dispatch to a CARE registrant address.

Purpose:

To establish standardized guidelines to enhance the Public Safety response to the life safety needs throughout Colerain Township.

To establish standardized methods throughout the township for implementing a Law Enforcement and Fire/EMS partnership to engage in proactive police/medic patrols to positively intervene in a number of life safety related incidents.

A. Responsibilities of QRT - Fire and Police Assigned Personnel

1. Provide proactive mobile response to EMS requests for service and criminal related incidents.
 - a. The QRT team will be staffed with trained and professional police and medic personnel
 - b. Calls for service will be received and evaluated for response by the QRT team members, based on the experience and training of the team
 - c. The team is designed to provide differential EMS response, in an attempt to positively impact medic response times in the Township
2. QRT Team members, in most cases, work at times outside the regular briefing hours of the regularly scheduled workday shifts or unit days. Prior to beginning proactive patrol, QRT team members will communicate with the on-duty supervisor for the Police and Fire Departments.
 - a. The purpose of the communication is to ensure the fire and police supervisors are aware the QRT team is operational.
3. Response to violent incidents - Based upon the information provided, dispatch will process units to respond according to one of two modes.
 - a. Stage for law enforcement
 - b. Proceed with caution directly into a law enforcement secured scene. The following information should be communicated to responding units if available.
 - 1) Type of violence (stabbing, shooting-handgun, rifle, etc.)
 - 2) Status of weapons, suspects
 - 3) Number of patients

- 4) Location of law enforcement incident commander/command post
 - 5) Ideal direction of approach or best scene access
- c. Dispatch should collect as much information as possible and rapidly communicate that information to responding units via radio and Mobile Data Computers (MDC).
 - d. Responding QRT unit, based upon team experience and dispatch information, should:
 - e. Call additional resources as needed (i.e. special weapons and tactics team, additional police officers, investigators, Hazardous Material unit, fire officers, life squads, Medic units, etc.)
 - f. Don additional Personal Protection Equipment (PPE) if available. (Example: Ballistic vests, helmets).
 - g. Request the location of Law Enforcement/Fire Incident Command (IC).
 - h. Until the scene is safe for "warm zone" entry with a TACMED team, medic will assist in communicating with responding fire units to provide information on locations to stage personnel and/or apparatus, or if a decision is made to identify a location to stage, the QRT medic should consider:
 - 1) Stage in quarters if possible and at an appropriate distance.
 - 2) Out of sight of the incident and any crowd gathered
 - 3) Out of any line of fire and behind cover.
 - 4) Have a minimum of two directions of egress without backing up.
 - 5) Turn off warning lights while staged.

4. CARE and Alzheimer's and Dementia Resident Follow-up
 - a. CARE registrants, families and caregivers will be contacted at least two times, each calendar year.
 - b. Contact will be made, at least once, from January to June and one additional time during the July to December time period.
5. Property Inspections
 - a. QRT team members will conduct investigations of "unsafe" structures and/or properties identified by Engine Company supervisors, Police, Fire or Building and Zoning Department personnel receiving such a complaint that requires the expertise of public safety personnel.
6. Heroin and Opiate Overdose Follow-up
 - a. Police officers are provided the discretion, through their position to enforce the laws set forth in the Ohio Revised Code, as it relates to criminal behavior associated with drug use.
 - b. The QRT team will partner with trained social workers and counselors from the Addiction Services Council to provide "in-home" triage and assessment of the overdose victim.
 - c. The team will conduct follow-up, as a means to reduce the deaths associated with heroin and opioid overdoses. Additional responsibilities of the team include:
 - 1) Provide follow-up within three to five days after the initial incident, if possible.
 - 2) Provide short term and long term support to victims and families.
 - d. The partnership in this response area intends to:
 - 1) Reduce repeated overdose/per victim.
 - 2) Increase education for victims and families, on available resources.

- 3) Increase support for victims and families.
- 4) Increase intelligence gathering for law enforcement investigations.
- 5) Reduce the "secondary victimization" related to the criminal behavior characteristics, associated with addicted persons.

B. Communications - Police and Medic - QRT Personnel

1. Police Department team members will log onto the HCCC radio system utilizing the "8L" unit identifier
 - a. The specific "beat" assignment for the officer will be determined by Police Department staffing for a particular workday.
 - b. It is desired that the police officer have an "extra" unit assignment, to allow the flexibility for the team to provide Township-wide patrol coverage.
2. Fire Department paramedics operating as QRT medics will log onto the HCCC radio system as unit "2525." This radio identifier allows the member to contact the dispatcher and be immediately identified as a "differential" response unit, specifically, Colerain Township QRT.

C. Uniforms, Equipment and Vehicle

1. Police and fire members of the QRT team will wear Department authorized uniforms, depending upon the season.
 - a. Fire personnel will wear the Department-issued protective vests, at all times, when operating as a member of the QRT team. There are no exceptions.
2. Police officers, assigned and operating as a member of the Colerain Township QRT unit will carry the equipment and gear necessary to accomplish the duties and responsibilities of a Colerain Police Officer.

- a. Department specific response protocols are in place and identify the specific duty equipment required for professional law enforcement response.
3. Paramedics, assigned and operating as a member of the Colerain Township QRT unit will carry the equipment and gear necessary to accomplish the duties and responsibilities of a Colerain Township Firefighter/medic.
 - a. Department specific response protocols are in place and identify the specific duty equipment required for professional EMS response.
4. The QRT vehicle is specially designed, marked and equipped for the needs of the team
 - a. The vehicle will be marked to identify both Colerain Township public safety agencies.
 - 1) The vehicle doors will be marked with a "Colerain Township Public Safety" patch on the right and left side front doors.
 - 2) The left side (driver side) of the vehicle will be marked with "Colerain Police" in blue lettering with gold outline and the right side (passenger side) will be marked with "Colerain Fire/EMS." The lettering will be red with gold outline.
 - 3) The rear of the vehicle will be marked with the phrase "Quick Response Team" along the rear door gate.
 - b. The vehicle will be equipped with all the appropriate emergency response equipment required for safe police and EMS response.
 - 1) The necessary equipment acquisition and installation will be identified by each Department "fleet" manager and coordinated accordingly.
 - c. The vehicle will be assigned a number out of the police and fire fleet numbers, so its fuel use

will be easily identified and properly encumbered for billing purposes. All costs associated with fuel, maintenance and repair will be billed evenly between the two public safety departments.

D. Training

1. QRT members are required to complete any and all daily "roll call" training or unit day training required. It is the responsibility of the team members to ensure the training requirements are being met.
2. QRT specific training will be conducted. Training orders and instructors will coordinate and make appropriate notifications for team members.
 - a. Medic team members will receive specific defensive tactics training. Refer to "Response to Aggressive Behavior" procedure for details on specific medic training.

**Colerain Township Department of Public Safety
Quick Response Team (QRT) "Logic" Model**

Define the problem

Enhance Public Safety Response to Life Safety needs of Community

Define the intervention

- Proactive Police and Medic patrols to reduce EMS response times
- Engage at-risk community members
- Conduct overdose follow up with a Police, Fire and Addicted Services Council partnership

Your goal

Decreased response times while saving and positively impacting more lives

Objectives

Become a resource for persons in need and their families/caregivers

Define policy and procedures

Enhanced involvement of police and fire personnel to the problems of our community

Outcomes

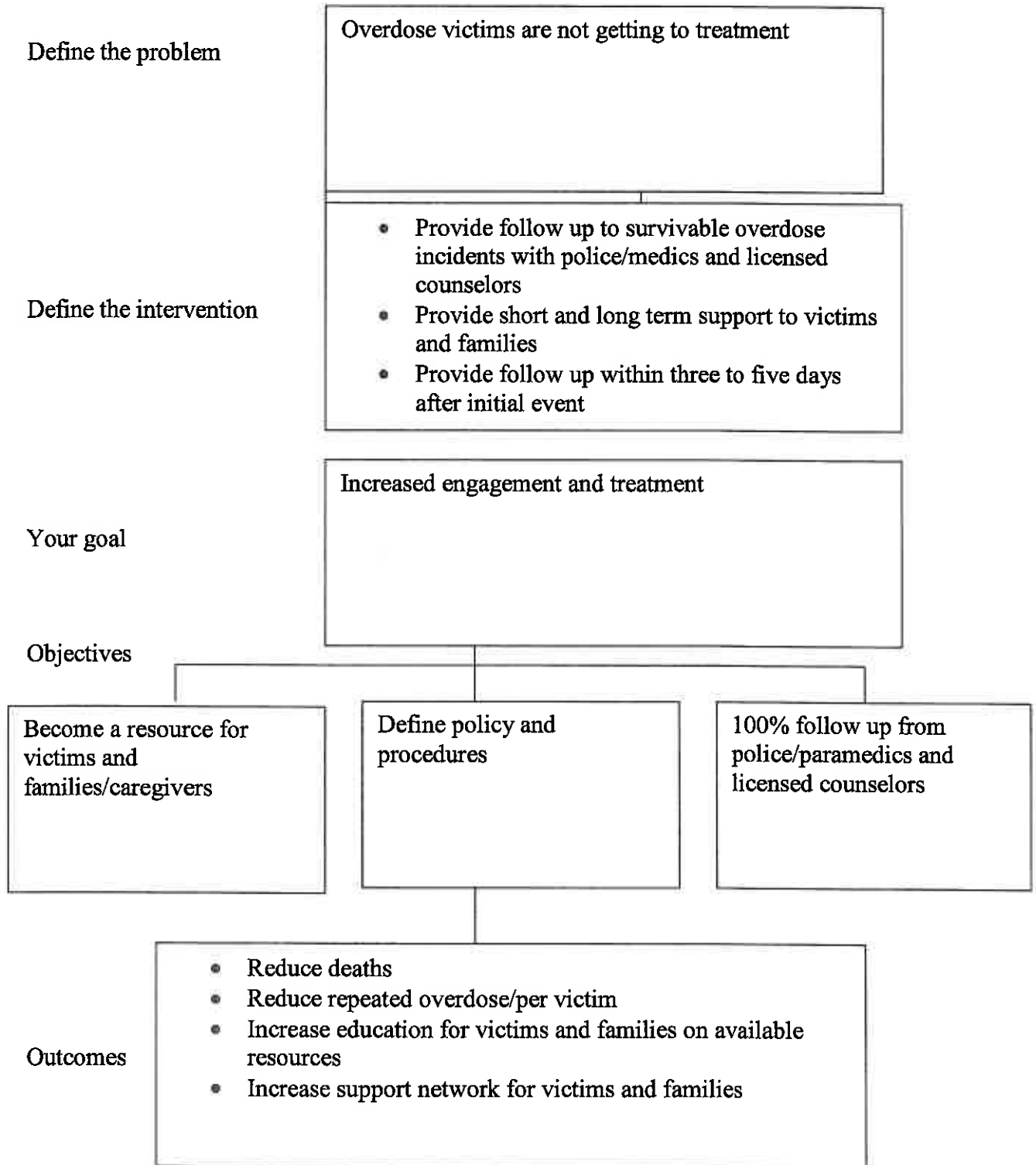
- Reduce deaths
- Understanding of at-risk needs and how to properly engage
- Increase education for victims and families with available resources
- Increase support network for victims and families
- Build relationships with community members
- Better serve our community

Colerain Township Department of Public Safety: Outcomes and Goals

Goal: Enhance Public Safety Response to Life Safety needs of Community

Outcome: <i>What are you trying to accomplish?</i>	Indicator: <i>How will you measure this outcome?</i>	Baseline: <i>What does this look like now?</i>	Goal: <i>What kind of change do you expect to see?</i>
Outcome 1: Reduce response times to EMS calls for service	Comparison of response times before QRT activation and after team activation	Western portions and central areas of the Township have higher than desired response times (10+ minutes)	Reduction of response times for EMS/life safety calls for service
Outcome 2: Enhance response to critical incidents – Increased communication amongst responders	Comparison of critical incident response and communications for approach to scene, staging of personnel and equipment, efficiency of response, personnel safety, and response to incident	Communication across disciplines does not take place until arrival on scene. Adjustments of personnel, equipment is often not made until arrival on scene	Team members will communicate from the incident to secondary and command responders creating a safer and more efficient response
Outcome 3: Provide follow up to identified members of community, EMS, CARE and Alzheimer's and Dementia related	Persons identified by engine company leaders and EMS personnel will receive home visit following initial CTFD response. Registered CARE families and those identified through first responder contact and referral	Follow up currently provided by engine company on next unit day or later. Persons/families identified can receive scheduled follow up CARE registrant follow up is currently scheduled at six month intervals	Ensure the person(s) are progressing from the original response. Maintain relationships with CARE families and special needs persons to ensure triggering, calming and routes traveled remain consistent. Update quarterly, rather than semi-annually
Outcome 4: Property inspections, referred by Engine companies	Investigation of unsafe structures via personal visit of PD, FD or Department of Public Health	Conduct safety inspections to ensure living conditions are conducive to safety for residents and first responders	QRT approach provides a more efficient review of situation and circumstances, while providing a thorough public safety response and assessment
Outcome 5: Heroin and Opiate Overdose Follow up	Comparisons against current statistics and engagement of victims and families. Increased intelligence for LE investigators	Death and overdose rates, involvement of victims and families and willingness to engage LE	Reduce deaths, repeated overdoses, increased education and support networks and LE intelligence gathering

**Colerain Township Department of Public Safety/Addictions Services Council
Quick Response Team (QRT) Partnership
Overdose Response Follow up "Logic" Model**



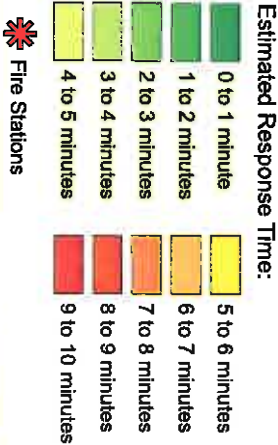
Colerain Township Department of Public Safety: Outcomes and Goals

Goal: Colerain Township overdose victims are not getting to treatment

Outcome: <i>What are you trying to accomplish?</i>	Indicator: <i>How will you measure this outcome?</i>	Baseline: <i>What does this look like now?</i>	Goal: <i>What kind of change do you expect to see?</i>
Outcome 1: Reduce overdose related deaths	Comparison of overdose deaths before QRT activation and after intervention	Overdose deaths increased each year since 2010?	Reduction of deaths associated with drug overdoses
Outcome 2: Reduce repeated overdose/per victim	Comparison of repeat overdose events before QRT activation and after intervention	Repeat overdose event per individual in Colerain Township are occurring more than in past years	Reduction of repeated incidents involving an individual relative to an overdose from drugs
Outcome 3: Increase education for victims and families on available resources	Participation with available Colerain Township "family" counseling/meeting services. Use of available service providers	Family and victims of overdose currently receive a "resource packet" defining the problem, and list of service providers	Victims and families are actively seeking assistance of the available recovery and treatment resources
Outcome 4: Increase support network for victim and families	QRT follow up with victims and families engaged with counselors, officers and paramedics	Family and victims of overdose currently receive a "resource packet" defining the problem, and list of service providers	Victims and families are aware of and utilizing the available counseling/meeting resources that are helpful for success
Outcome 5: Increase intelligence gathering for LE investigations	Create database of drug related intel reports forwarded onto to LE heroin related task forces for "look back" or trafficking investigations	Based on incident severity or if conscious and talking, there is a perceived/real stigma associated with victims/families and a lack of willingness to discuss the responsibilities associated with the overdose, therefore there is very little intelligence gained through contact at initial response	Building of relationships/trust between responders and victims/families. Community policing at its origin. Relationships generate trust along with a willingness to talk and gain intelligence for LE investigators.

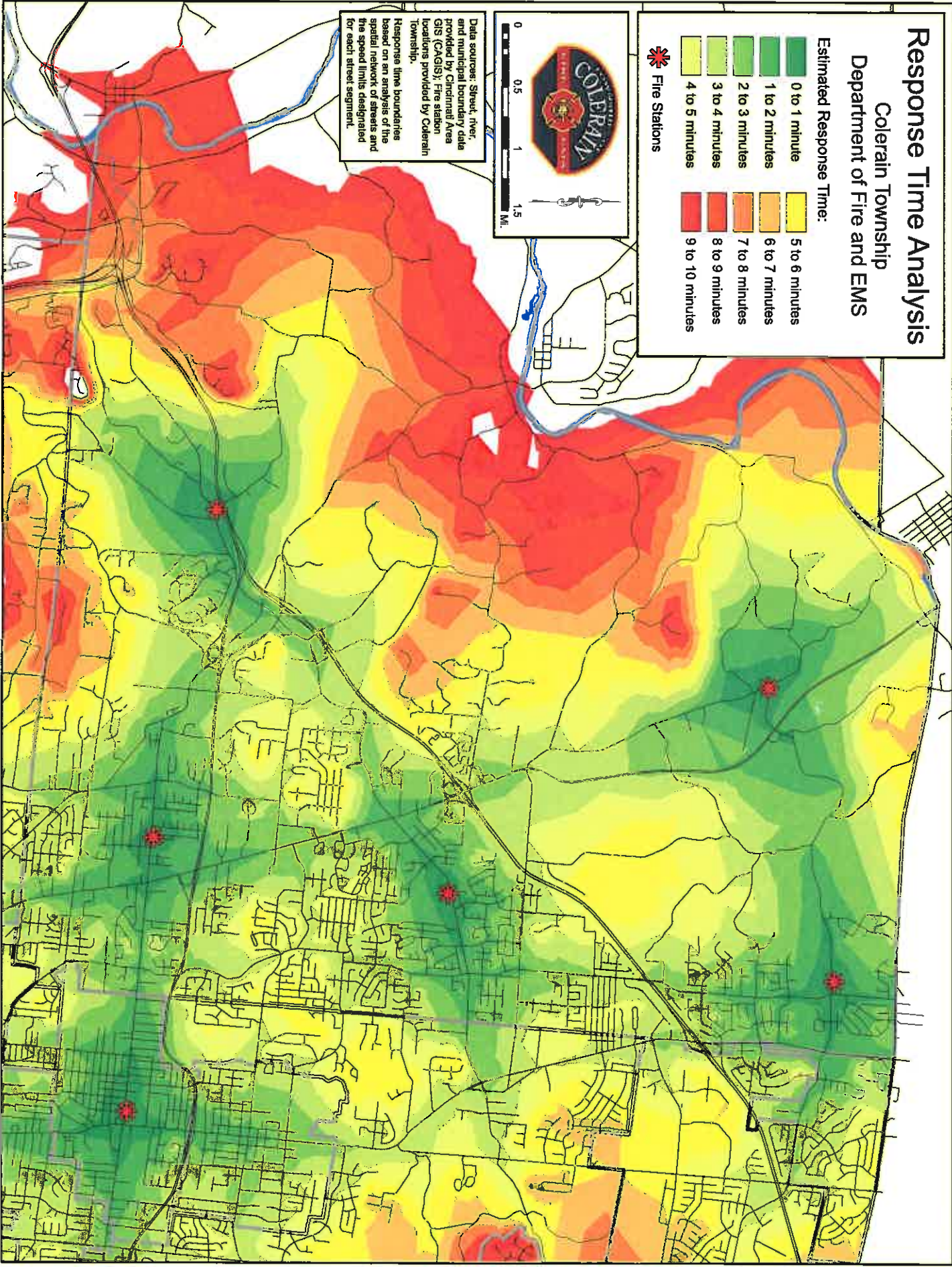
Response Time Analysis

Colerain Township
Department of Fire and EMS



Data sources: Street, river, and municipal boundary data provided by Cincinnati Area GIS (CAGIS). Fire station locations provided by Colerain Township.

Response time boundaries based on an analysis of the spatial network of streets and the speed limits designated for each street segment.



RESPONSE TO VIOLENCE – TACTICAL MEDIC

Reference:

Colerain Township Department of Fire and EMS Procedure –
Tactical – Paramedic Program – Selection Guidelines

Purpose:

To establish standardized guidelines throughout Colerain Township for the safe response to incidents involving violence.

To establish standardized methods throughout the township for implementing Law Enforcement and Fire/EMS rescue teams for dynamic violent incidents while also minimizing risk to personnel.

A. Definitions

1. Active shooter incident: Any incident where the suspect(s) have the means, opportunity, and intent, and are actively killing, attempting to kill, maiming, seriously assaulting, raping, torturing, or causing great bodily injury to multiple victims, with firearms, explosive devices or by any other means.
2. Barricaded/Hostage incident: A static situation involving an armed suspect, (with or without hostages), who has demonstrated or voiced violence, and has fortified a position of advantage in a room or building. No indication of immediate harm to any hostages.
3. Concealment: Protects you from observation, not weapon fire.
4. Contact team: A group of officers that have the intent to stop the suspect(s) deadly actions.
5. Cover: Protects you from observation and weapon fire.

6. Dynamic situation: An incident that is fluid, evolving and changing with constant movement, numerous victims, discovery of Improvised Explosive Device(s) (IED) and other tactical challenges.
7. Person with a Gun incident: Any incident where the reporting party states that a person does or did have a gun. This would include any handguns or long guns.
8. Rescue Team: A group of LE/Fire/EMS personnel whose purpose is to extricate viable victims from incidents "warm" zone. A rescue team will always have LE security assigned.
9. Scene safe to enter: Law Enforcement has determined that there are no known threats in the immediate area.
10. Shooting incident "warm zone:" portion of an incident that a Law Enforcement contact team has been through without contacting the subject(s) and have communicated the location of viable victims. The "warm zone" is out of any direct line of fire. Non-Law Enforcement personnel will only enter the "warm zone" with a Law Enforcement security detail and under the Incident Commands (IC) direction.
11. Stage for Law Enforcement: Units should stage far enough away as to not become part of the incident, out of line of sight, out of line of fire and behind cover and with two directions of egress without turning around. Companies should turn off warning lights and be aware of any crowds that may pose a hazard.
12. Static situation: The suspect(s) stop moving and appear to be contained. An uncontained static suspect(s) can become dynamic without notice.
13. Violent Incident: Any incident in which personnel may be exposed to harm as a result of a violent or threatening act whether real or implied.

B. Responsibilities

1. Response to violent incidents. Based upon the information provided, dispatch will process units to respond according to one of two modes, per on-duty police supervisor.
 - a. Stage for law enforcement
 - b. Proceed with caution directly into a law enforcement secured scene. The following information should be communicated to responding units if available.
 - 1) Type of violence (stabbing, shooting-handgun, rifle, etc.)
 - 2) Status of weapons, suspects
 - 3) Number of patients
 - 4) Location of law enforcement incident commander/command post
 - 5) Ideal direction of approach or best scene access
2. Dispatch should collect as much information as possible and rapidly communicate that information to responding units via radio and Mobile Data Computers (MDC).
3. Responding units, based upon their experience and dispatch information, should:
 - a. Call additional resources as needed (i.e. special weapons and tactics team, additional police officers, investigators, Hazardous Material unit, fire officers, life squads, Medic units, etc.)
 - b. Don additional Personal Protection Equipment (PPE) if available. (Example: Ballistic vests, helmets).
 - c. Request the location of Law Enforcement/Fire IC.

4. When fire units are directed to stage or make the decision to stage, they should:
 - a. Stage in quarters if possible and at an appropriate distance.
 - b. Out of sight of the incident and any crowd gathered
 - c. Out of any line of fire and behind cover.
 - d. Have a minimum of two directions of egress without backing up.
 - e. Turn off warning lights while staged.

5. Units called into a secured scene or moving forward from staging into a secured scene should:
 - a. Proceed with caution.
 - b. Turn off warning lights at the scene.
 - c. Be aware that bystanders and/or crowd may be a hazard.
 - d. Have someone assigned to be a lookout.
 - e. Ensure that patients have been searched prior to transport/care.
 - f. Use good de-escalation techniques. (See attachment).

If units find themselves in a potentially violent situation they should immediately retreat to a safe location. Emergency traffic and/or emergency buttons should be used if necessary.

C. Violent Incident Rescue Teams

1. Command and Control - law enforcement is responsible for violent incident "command and control."

2. Unified command (law enforcement and fire) shall be in place with good communications and jointly located.
3. Unified command shall agree that an area is a "warm zone" and appropriate for Rescue Team deployment.
4. The Fire Incident Command (IC) has the final say as to deployment of fire resources into the "warm zone."
5. Accountability shall be in place and tracked throughout incident.

D. Communication

1. Rescue team members shall be in constant communication with IC or designee.
2. Rescue teams shall conduct a "face to face" briefing prior to engaging in the "rescue" of victims from the violent incident. The briefing is conducted to ensure all members are familiar with their assignment.

E. Rescue Team Operations

1. Rescue teams shall brief face to face the route into the scene, team formations, identify security and EMS leads, communications/signals, cover/concealment, how to respond if an IED is located, patient care issues and primary and secondary egress routes.
2. Only immediate lifesaving EMS care should be delivered in the "warm zone" unless a "casualty collection point" (CCP) is established and secured.
3. Rescue teams should remember "slow is smooth" and "smooth is fast."
4. Rescue teams should preplan a patient handoff location with EMS group/division.
5. Rescue teams should only take appropriate equipment into the "warm zone" and keep in mind that mobility is paramount.

6. The rescue team shall not become separated. The team must enter the scene as a team and leave the area as a team.
7. If the rescue team is threatened or comes under fire, follow the law enforcement rescue team direction.

ATTACHMENT #1

RESPONSE TO VIOLENCE – FIRE/EMS AND POLICE

VIOLENT INCIDENT DO'S AND DON'TS

A. DO'S

1. Be aware of your surroundings and impending danger.
2. When approaching the scene and while on -scene display a confident, in control attitude (Command Presence).
3. Always look for the informal or designated leader of a potentially violent group and attempt to visually monitor and if possible and safe, make a personal contact to ease tensions.
4. Clear the scene of potentially violent materials.
5. Use "crime scene" or "fire" tape to help secure perimeter.
6. Keep team members in sight at all times. Never leave team member alone.
7. Use physical barriers between yourself and potentially violent person.
8. Be subtle and non-aggressive in positioning yourself. Greet homeowner or patients with a friendly demeanor.
9. Separate disputants by taking them to an area where they can't see or hear one another (at least two crew members together) separating them will help calm the situation.
10. Use calm quiet voice to de-escalate the situation.
11. Keep a visual on people's hands.
12. Keep a visual on those involved with incident (don't let them go to another room without escort, etc.)

B. DON'TS

1. Don't be lulled into a false sense of complacency.

2. Ignore the potential for violence on any call for service, to include the routes traveled to and from calls.
3. Ignore your experience and intuition. When it doesn't feel right, often it probably isn't.
4. Be confrontational, be confident, but not abusive to anyone or group.
5. Be an easy target; be prepared to remove yourself and the team from the scene should the need arise.
6. Don't stand between disputants.
7. Interview stance:
 - a. If you suspect violence, stand at a partial right angle out of arms reach.
 - b. Don't stand against a wall.
 - c. Don't fold your arms (judgmental)
 - d. Don't put your hands in your pockets (appears unconcerned).
8. When in doubt, be safe not sorry!

RESPONSE TO AGGRESSIVE BEHAVIOR – TACTICAL MEDIC/QRT

Definitions:

TACMED: Tactical Medic. Colerain Township Department of Fire and Emergency Medical Services (EMS) paramedic, trained to provide life safety response in a critical incident, hazardous environment. Paramedics serving as a TACMED do so, in partnership with security team consisting of a group of sworn law enforcement officers or police officers.

QRT: Quick Response Team. Colerain Township Department of Fire and Emergency Medical Services (EMS) paramedic, trained to provide proactive life safety response in a variety of settings and environments. Paramedics serving as a QRT member do so, in partnership with a sworn police officer partner from the Colerain Police Department.

Supervisor: All officers who are the rank of sergeant, employed by the Colerain Police Department or Lieutenant and employed by the Colerain Township Department of Fire and EMS or any ranking officers with a rank above and deemed to be supervisors. In the absence of a supervisor working a tour of duty, the designated officer-in-charge or the senior officer on duty will act as the supervisor.

Policy:

Firefighters and paramedics have no legal authority to use force against another human being. Firefighter/medics do have the legal right to defend themselves or a police officer against an immediate threat of harm.

The Colerain Township Department of Fire and EMS does not authorize the use or carrying of firearms in its service to the community.

Chokeholds/neck restraints are not authorized as a method of response to aggressive behavior. In the event that a firefighter/medic, in the defense of him/herself or a police officer, has exhausted all available methods of controlling a subject, **AND** the firefighter/medic and/or police officer is in jeopardy of suffering serious physical harm or death, the firefighter/medic may use whatever reasonable means to stop the aggressive behavior of the subject.

Procedure:

- A. Firefighter/Medic will use only the force necessary to defend Him/herself or a police officer against harm.

1. In defense of themselves and/or a police officer, firefighter/medics will use only the amount of force necessary to:
 - a. Defend themselves or a police officer from physical harm.
2. The degree and type of response will be reasonable responses to the threat or resistance encountered by the firefighter/medic.
3. The intent of reasonable response on behalf of the firefighter/medic is to make use of the minimum degree of force. Bearing in mind that the degree of force may be escalated, if necessary and reasonable, when a lesser degree or type of force has proven unsuccessful, or has failed to stop the harm inflicted by the aggressor.

B. Authorized Defensive Tactics Tools

1. Only defensive tactics tools authorized by the Colerain Township Department of Fire and EMS will be issued and carried by firefighter/medics serving in the role of a tactical medic (TACMED) or member of the "Quick Response Team" (QRT). The tools are to be used only in the defense of the individual firefighter/medic and/or a police officer.
2. Authorized Defensive Tactics Tools for Fire Department TACMED and/or QRT personnel
 - a. Oleoresin Capsicum Spray, 10% solution - Department issued only
 - b. Wraptor Control Device

C. Defensive Tactics Tools

1. Firefighter/medics will use only those defensive tactics tools issued and authorized by the Colerain Township Department of Fire and EMS. The tools authorized by the Department are the Oleoresin Capsicum (OC) Spray and Wraptor control device.
2. Firefighter/medics must complete all necessary training and/or certification requirements prior to carrying any defensive tactics tool on duty as a Tactical Medic or member of the "Quick Response Team (QRT)".
3. The use of defensive tactics tools shall be limited to

defensive and control purposes to defend the firefighter/medic or a police officer from attack, disarm an assailant in close quarters, or defending a police officer with an aggressive and resistive subject is encountered.

4. Defensive tactics shall only be employed with the degree necessary to safely defend themselves or the officer.
5. No personally owned non-lethal weapons will be carried or used by Colerain Township Department of Fire and EMS employees.
6. The OC spray and Wraptor control device will be issued to, and carried by all uniformed firefighter/medics assigned to Quick Response Team (QRT) or Tactical Medic duties.
7. The OC spray will be carried on the duty belt, in an appropriate holder designed for that purpose. The Wraptor device is carried in the vehicle assigned to the (QRT) team members.

D. Training Requirements for Defensive Tactics

1. Initial training will consist of a minimum of four hours of instruction on hands-on defensive tactics and techniques. Each firefighter/medic will receive classroom and practical training during this initial instruction.
2. A certified instructor will oversee and conduct the training and skill evaluation.
3. Firefighter/medics will receive initial certification after attending the course and attaining an acceptable rating in a proficiency test.
4. Firefighter/medics will receive defensive tactics refresher training annually. All members of the TACMED and QRT teams will maintain proficiency to retain assignments to either or both of the teams.
5. Firefighter/medics who fail to pass the proficiency test will receive remedial training to correct deficiencies. Upon completion of the remedial training, they will again take the proficiency exam. If the firefighter/medic is still unable to pass either the proficiency test, they must complete a basic course prior to testing for the

recertification to utilize open and closed hand defensive tactics

E. Annual Training and Proficiency

1. All firefighter/medics are required to attend and satisfactorily complete annual proficiency training for defensive tactics training and the tools authorized for use and carrying while serving as the TACMED and/or QRT.
2. The instructor will document course content and skill evaluations for the purpose of ensuring the firefighter/medic meets the standards set to carry and use the defensive tactics tool.
3. Any firefighter/medic who fails to demonstrate the proficiency to carry and use a defensive tactics tool, the employee will not be authorized to use or carry that particular tool and perform the duties of the TACMED and/or QRT until a successful completion of remedial training and successfully demonstrated proficiency on the tool.
4. The course content of the remedial training will be determined by the appropriate instructor and will be designed to improve the firefighter/medic's weakness with the tool.
 - a. Demonstrating knowledge and understanding of the response to aggressive behavior policy and applicable policy and laws
 - b. Demonstrating safe handling of the tactics and tools

F. Training Requirements for the Oleoresin Capsium (OC) Spray

1. Initial training will consist of a minimum of one hour of instruction on OC spray theory and techniques. Each firefighter/medic will receive an application of OC spray to the facial area during this initial training.
2. An Ohio Police Officer Training Council certified OC instructor will conduct the training and testing.
3. Firefighter/medics will receive initial certification after attending the course and attain an acceptable rating in a proficiency test.
4. Firefighter/medics will receive one hour of refresher

training annually, in the use of OC spray. Firefighter/medics must also pass an OC spray re-certification proficiency test.

5. Firefighter/medics who fail to pass the written or proficiency test will receive remedial training to correct deficiencies. Upon completion of the remedial training, they will again take the written or proficiency test. If the firefighter/medic is still unable to pass either the written or proficiency test, they must complete an OC spray basic course prior to testing for re-certification to carry the OC spray.

G. Training Requirements for the Wraptor Control Device

1. Initial training will consist of a minimum of one hour of instruction on the Wraptor device theory and techniques. Each firefighter/medic will participate in this initial training, before utilizing the device.
2. A defensive tactics or crowd control methods instructor will conduct the training and evaluation.
3. Firefighter/medics will receive initial Wraptor certification after attending the course and attaining an acceptable rating in a proficiency test.
4. Firefighter/medics will receive one hour of refresher training annually, in the use of the Wraptor control device. Firefighter/medics must also pass a re-certification proficiency test for the Wraptor device.
5. Firefighter/medics who fail to pass the written or proficiency test will receive remedial training to correct deficiencies. Upon completion of the remedial training, they will again take the written or proficiency test. If the firefighter/medic is still unable to pass either the written or proficiency test, they must complete an basic course prior to testing for the re-certification to utilize the Wraptor control device

H. Non-Violent Force - Personal Restraint Option

1. The decision making matrix relative to deploying force options include an officer's response to deadly or non-deadly situations. Of the non-deadly force situations, officers are often presented with violent or non-violent situations that do not allow for similar responses from officers. Nothing within this policy is intended to

limit the ability of the officer to use the "Wraptor" in any situation they feel the device can be used safely.

2. The restraint option is for use when encountering a non-violent person.
3. The purpose of the "personal restraint" option is to gain control of the non-violent person.
 - a. The device is referred to as the "Wraptor." The "Wraptor" is the trade name of the product authorized for use by the Colerain Police Department.
 - b. The device can be used as a one, two or multi officer controlled device.
 - i. The one officer use can be used in school, office or closed space setting.
 - ii. The "Wraptor" device can be folded or "doubled over" for use as a one person "personal restraint" device.
 - c. The two person or multi-officer use is deployed in an extended manner
 - i. The extended device can be utilized as a "hasty" stretcher to remove or transport injured persons from an area to safety.
 - ii. The device can be used as a crowd control measure.
 - iii. The device can be used by itself or connected together and used by multiple officers and/or firefighters to move or control non-violent persons.

I. Medical Aid

1. As soon as practical after the incident, firefighter/medics will check for the existence and extent of injuries and provide first aid. Additional medical personnel will be summoned, if necessary. To the extent that the firefighter/medic is equipped, trained and physically able, the firefighter/medic shall provide first aid until the arrival of additional emergency medical personnel.

J. Response to Aggressive Behavior Reporting

1. Colerain Police Department on-duty supervisors will conduct the investigation of all "Response to Aggressive Behavior" incidents. Reports will be completed and submitted to the Chief of Department of Fire and EMS and Chief of Police, through the chain of command whenever a firefighter/medic:
 - a. Takes an action to defend themselves or a police officer.
2. When the incident scene is controlled, the firefighter/medic will immediately notify a Fire Department supervisor when a defensive action has been used, and the supervisor will respond to the scene. If not already aware and responding, the Fire Department supervisor will notify a Police Department supervisor for response to the scene and the initiation of the investigation.
3. "Response to Aggressive Behavior" reports will be completed by the supervisor, police officer and firefighter/medic prior to the end of their tour of duty. If the firefighter/medic is unable to complete the form for any reason, then the police supervisor will conduct an oral interview with the firefighter/medic, then complete the form. The "Response to Aggressive Behavior" report will be submitted through the chain of command for review. The supervisor at the time of the incident will also complete a separate report reviewing the incident, and will forward this report along with any other documentation, i.e., witness statements, offense reports, through the chain of command. In the event that a firefighter/medic is seriously injured, the on-duty Fire Department Battalion Chief will notify the Chief of Department or his designee immediately. If there are minor injuries or no injuries, notification can be made on the next business day.
4. The duty supervisor's report will include, at a minimum:
 - a. A statement as to whether the firefighter/medic was in compliance with applicable procedures and laws
 - b. A summary of any citizen complaint received or accepted, due to the use of force
 - c. Recommendations for further investigation or closure.

K. Response to Aggressive Behavior - Review and Investigation

1. The Chief of Department will request that the Chief of Police conduct an immediate internal investigation of any use of force incident when any of the following apply:
 - a. There appears to be a violation of procedure or applicable law by the firefighter/medic involved in the incident.
 - b. There has been an official complaint filed.
 - c. A firearm was discharged for any reason except as presented and described in this procedure.
 - d. There is serious injury or death involved.
 - e. Any other circumstances or combination of circumstances that would require further investigation.
2. The Operations Division Commander will conduct internal investigations, unless otherwise specified by the Chief of Police. The findings of this investigation will be forwarded to the Chief of Police and Chief of Department, who will review and make final determination. These investigations will include, at a minimum:
 - a. Procedure
 - i. If departmental procedure is clear, concise and adequate to govern the proper use of force that is in question
 - ii. If there is a failure in procedure did the firefighter/medic comply with the procedure?
 - iii. Which, if any procedures or laws were violated?
 - b. Training
 - i. Was the firefighter/medic certified to use or qualified to carry the tool involved?
 - ii. Have other similarly trained firefighter/medics been subject to investigation for a similar use of force?
 - iii. Did the firefighter/medic use the weapon in accordance with the training that was provided?

c. Supervision

- i. Was a supervisor on scene or available to respond?
- ii. If on scene, did the supervisor take an active role in directing the action of the firefighter/medic(s) involved?

L. Administrative Leave

1. Any firefighter/medic involved in a response to aggressive behavior incident involving serious physical harm or death will be removed from QRT or TACMED duties until completion of the preliminary investigation and placed on administrative leave until the completion of the investigation. This action is taken:
 - a. To protect the communities interest when the firefighter/medic may have exceeded the scope of their authority in their defense of themselves and/or a police officer.
 - b. To protect the firefighter/medic who may have not exceeded the scope of their authority in the defense of themselves and/or a police officer.
2. Administrative leave will be without a loss of pay or benefits, and will not imply or indicate the firefighter/medic has acted improperly. While on administrative leave, the firefighter/medic must remain available for official departmental interviews and statements regarding the incident, and may be subject to recall to duty at any time.
 - a. The firefighter/medic will not be formally interviewed until more than 48 hours have passed since the response to aggressive behavior incident.
 - b. The Chief of the Department can change administrative leave to administrative duty, at any time.
3. Psychological Services
 - a. In cases of death of serious injury as a result of the firefighter/medic defending himself or a police officer, the firefighter/medic will be required to meet with a Department recommended psychologist. The meeting or meetings, duration to be determined

by the psychologist will aid the firefighter/medic in dealing with the psychological effects of the incident.

- b. The contents of the meeting(s) will not be disclosed to the Department, however, the Department psychologist will provide a report of the employees "fitness for duty" diagnosis to the Chief of the Department.
- c. Other services available to firefighter/medics to assist them, include:
 - 1) Colerain Police and Fire Department Chaplains
 - i. Clergy members are available 24 hours per day, and can be contacted through either the Police or the Fire Department.
 - 2) Public Employee Assistance Program (EAP)
 - i. All members receive information on the procedure for the Public Employees Assistance Program. Contact the Colerain Township Human Resources Department with any questions or should assistance be required to utilize the EAP resources.
 - 3) The content of either of these services will be protected as a "privileged relationship."

M. Procedure Issuance and Instruction

- 1. All firefighter/medics will be issued copies of, receive training on and demonstrate knowledge of response to aggressive behavior procedures prior to being authorized to properly defend themselves. All training will be documented and properly recorded for all the participating firefighters/medics.

N. Annual Review of Incidents

- 1. At the end of each calendar year the Chief of Department will conduct a review of each response to aggressive behavior incident, and determine if it is necessary to revise procedures, or if there are any patterns of abuse or instances when the firefighter/medics response was out of policy. This analysis will be included in the annual report.

2. The annual review of incidents of force may reveal patterns or trends that could indicate training needs, equipment upgrades, and/or policy modifications.