I. POLICY

It is the policy of the Department to utilize De-escalation techniques during any interaction where there is resistance. In an attempt to slow down the pace of an incident, actions shall be taken that are designed to eliminate the need to use force to resolve any event or situation. A degree of force which may have been justified earlier in an encounter does not remain justified indefinitely. Officers shall immediately reduce the level of force as the threat or resistance decreases or stops.

This policy is in addition to Division Directive PG 400.0, Use of Force/Report. The two policies are to be read together, and in the event that any conflict exists between this Interim Policy and Division Directive PG 400.0, this policy prevails.

II. PROCEDURE

De-Escalation Techniques. (The guiding principles for de-escalation are patience, flexibility, and the desire to resolve each situation peacefully.)

1. Officers should look for opportunities to de-escalate potential use of force situations by:
   a. Talking to a person using a tone of voice and language that is not aggressive or confrontational.
   b. Officers shall use advisements, warnings, verbal persuasion, and other tactics before escalating to the use of force, if feasible.
   c. Officers shall talk to the person to convince the person to comply.
   d. Reduce any threat presented by withdrawing to a tactically advantageous position.
   e. Take actions that allow for greater distance and time to de-escalate a situation or deploy a lesser force option or no force at all.
   f. Create space or place barriers between you and the subject(s).
   g. Wait the person(s) out when circumstances permit.
   h. Permit a person to move about when safe.
i. Permit a person the opportunity to make statements or ask questions.

j. Reposition tactically and request additional resources.

2. Medical Attention Following Use of Force

After any use of force, officers shall immediately assess the subject for visible injuries or complaints of injuries once compliance is received, and the scene is secure. The officer will monitor the subject and immediately request medical attention if needed or as required by this section. Officers who transport a civilian to a medical facility for treatment shall take the safest and most direct route to the medical facility if feasible. Officers shall notify Park Police Communications of their starting and ending mileage.

a. In situations where the subject is forced into a face-down position, officers should not take any action which could impair or inhibit the subject’s ability to breathe. If physical force is required to subdue a subject that is under arrest, officers must release pressure/weight from the subject as soon as the subject is restrained or it is safe to do so (whichever occurs first). Officers are charged with monitoring the subject for any health concerns, respiratory or breathing problems; and

b. Officer shall position the subject on their side or set them up as circumstances allow so as not to reduce airflow or diaphragm function.

c. Medical attention shall be requested immediately when an individual is injured or complains of injury following a use of force.

III. RESPONSIBILITIES

a. Officer Response:

i. Officers are required to intervene verbally and/or physically to interrupt any act if they witness another officer using unreasonable, unnecessary, excessive, or disproportionate use of force.

ii. Officers should either stop or attempt to prevent another sworn employee when force is being inappropriately applied or is no longer required.

iii. Officers shall notify their supervisor of any unnecessary or excessive force they witness.
b. Supervisor Response:
   
i. Supervisors will become involved as soon as practicable in the management of an overall response to potentially violent encounters by coordinating resources and officers’ tactical actions.

ii. Supervisors should possess a good knowledge of tactics and ensure that officers under their supervision perform to Department standards.

Approved Park Police Document

Chief Stanley R. Johnson

Signed Original on File

End of Directive