

Area Extraction

338.1 PURPOSE AND SCOPE

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It is the policy of Office of Protective Services (OPS) to provide guidelines and equipment required for the deployment of a response team to meet area extraction contingencies which may arise within the facilities. This policy is intended to provide procedures for calculated interventions in which time and circumstances permit a planned response to extract patients from areas who may be armed, violent, or a danger to self or a danger to others.

338.1.1 DEFINITIONS

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Definitions related to this policy include:

- (a) Multiple extraction shall mean two or more patients to be extracted from an area.
- (b) Danger to self (DTS) or danger to others (DTO) shall mean a patient poses an imminent risk of violence to themselves or to others.
- (c) Oleoresin Capsicum (OC) is a chemical compound that irritates the eyes to cause tears, pain, and temporary blindness.
- (d) Calculated Interventions shall mean a response to a pending or current conflict involving a patient, planned prior to execution of that response. The response, unless otherwise preempted by intervening events, shall include consultation with clinical staff and police supervision to assess any contraindicative concerns and consider viable alternative strategies.
- (e) Emergent Interventions shall mean an unplanned occurrence in which officers must take direct and immediate action on a patient to prevent bodily injury to themselves, the patient, or others or to prevent an escape or imminent breach in facility security. Emergent interventions do not allow for a planned response.

338.2 POLICY

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- (a) The Department will maintain a competently trained area extraction team to respond to a pending or current conflict scenario involving a patient.
- (b) The Hospital Police Chief is responsible for the assignment, training, and readiness of their department's extraction team.
- (c) Area extractions will be executed **ONLY** by trained extraction teams.
- (d) Level of care staff (Psychiatric Technicians, Senior Psychiatric Technicians or members of the grounds presence team) may participate in training at the discretion of the Hospital Police Chief and the respective Executive Director. Their roles will be limited to non-use-of-force or support roles.

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- (e) Each extraction will be video recorded.

338.3 PROCEDURES

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338.3.1 RULES AND GUIDELINES FOR EXTRACTIONS

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- (a) The extraction team is a group effort, and when each team member performs their assigned task, maximum control is achieved.
- (b) Team members shall use only the amount of force reasonably necessary to accomplish a safe extraction.
- (c) Each team member must perform their assigned role for the extraction to be successful. However, during the extraction, it might become necessary for team members to adjust and assume other duties. Team members will notify team leaders of any changes.
- (d) During an extraction, verbal instructions shall be provided only by the extraction supervisor. Team members may direct all verbal communications toward the extraction supervisor and only to accomplish the assigned task. When each set of restraints has been applied, the appropriate team member will announce, "Handcuffs on," and "Leg irons on."
- (e) During an extraction, the execution sequence of team members should never be broken. If a team member becomes incapacitated, an alternate team member should fill the void. There should be one or two alternate team members standing by in the event they are needed.

338.4 EQUIPMENT

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338.4.1 TEAM MEMBER EQUIPMENT

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- (a) Helmet clearly marked by a number or letter to identify the team member and assignment.
- (b) Body armor.
- (c) Groin protector.
- (d) Padded gloves.
- (e) Gas mask assigned to each team member and fitted individually, if possible.
- (f) Shin guards.
- (g) Elbow pads.
- (h) Standard uniform.

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338.4.2 TEAM EQUIPMENT

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- (a) Video recorder and back-up video recorder.
- (b) Shield(s).
- (c) OC.
- (d) Pepperball and 40 mm launcher (with permission of the Executive Director or the Hospital Police Chief).
- (e) Handcuffs, cuff key, leg restraints, rip hobble, and extra restraints.
- (f) Medical bag or first aid kit.

338.5 VIDEO CAMERA OPERATIONS

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- (a) Once the video recorder is turned on and video recording begins, the camera must remain on and video recording must continue until the extraction supervisor has determined that the extraction team is no longer needed and the incident has concluded. The extraction supervisor will provide a closing statement to denote end of video recording.
- (b) Every effort should be made to video record the patient's disruptive behavior that led to the decision to deploy the extraction team.
- (c) The actual area extraction recording shall begin in a neutral area where the team has been assembled and suited up in protective equipment.
- (d) The video operator shall introduce themselves as the operator and note the current date and time of the day.
- (e) The video operator shall introduce the extraction supervisor by full name and rank.
- (f) The extraction supervisor shall introduce the members of the extraction team. Each team member shall be identified by their job assignment that corresponds with a numerical number on their helmets. The extraction supervisor shall describe the events leading up to the decision to deploy an extraction team.
- (g) When the extraction team is ready to mobilize to the incident site, the video operator shall have the responsibility to narrate the remainder of the incident. Facility post orders or procedures must also assign responsibility for maintaining the facility's video camera in good working order, ensuring that the LED read-out on the camera (if applicable) accurately reflects the correct date and time, and that adequate battery power, including back-up batteries, and extra tapes are always available.
- (h) The video operator shall narrate events to include transfer, decontamination, and medical examination, regarding decontamination from OC use or injuries from possible injuries from the incident.
- (i) The video operator should do their best to video record all evidence of what the subject was doing leading up to the extraction to include damage to the room or surrounding areas, weapons, or injuries.

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- (j) In the event of OC deployment, the video operator shall announce the time that a patient has been warned and cover his nose and mouth with a gas mask or other gear as appropriate. The video should remain on through the decontamination process until the entire extraction is complete.
- (k) If a patient continues to be unruly even after extraction, the video operator shall continue to record the behavior until the extraction supervisor provides a closing statement to denote end of video recording.
- (l) In the event of power failure to the video recording device or any other disruption of the event, the video operator shall do their best to document the time of failure and attempt to document the extraction to include the extraction supervisor's orders and observations.
- (m) The purpose of recording area extractions on video is to provide a visual, comprehensive record of all staff and patient activity. This visual recording creates a video record of what occurred and provides a document for the benefit of the facility, staff, extraction team, and patients.
- (n) .

338.6 RESPONSIBILITIES

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338.6.1 EXTRACTION SUPERVISOR

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- (a) Ensures all equipment is functional and operational.
- (b) Observes and briefs area conditions (e.g., obstructions, weapons, injuries) to the entire extraction team, while being video recorded and prior to the execution of the extraction. In the event of a double occupancy area, the extraction supervisor will distinguish whether one of the two patients or both will be extracted. Note: The extraction supervisor shall clearly identify each patient in the video recording and make every effort to remove uninvolved patients prior to the execution of the extraction.
- (c) The extraction supervisor shall be the only person to give commands to the team members. The extraction supervisor shall:
 - 1. Address by name the patient to be extracted.
 - 2. Advise the patient to be extracted that they are being video recorded.
 - 3. Order the patient to be extracted to voluntarily comply.
 - 4. Advise the patient to be extracted that chemical agents and/or physical force will be used, if they do not comply.
 - 5. Advise the patient to be extracted that reasonable force will be used to remove them from the area, to administer medication, or to otherwise gain compliance, if they do not comply.
- (d) The extraction supervisor shall always position themselves to maintain constant observation of the incident.

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- (e) The extraction supervisor shall give clear and concise verbal instructions to the patient to be extracted (e.g. "Lay face down on the floor, cross your legs, and place your hands behind your back.") prior to executing the extraction.
- (f) Whenever possible, the extraction supervisor shall use in the extraction those team members who were not directly involved with the original incident precipitating the extraction.
- (g) The extraction supervisor will assign a team member or alternate team member to record each team member's duties, assignment, and position corresponding with each team member's the helmet number.
- (h) The extraction supervisor shall clear non-essential staff and patients from the immediate area prior to executing the extraction.
- (i) The extraction supervisor may designate a third party staff member to convince the patient to be extracted to peacefully comply with direct orders before executing the extraction.
- (j) In the event a designated third party staff member persuades the patient to be extracted to comply, the extraction supervisor shall instruct the patient to be extracted to lie down face first and to cross arms behind their back. Then, the extraction supervisor shall order the patient to be extracted to cross their legs so that restraints may be applied. As a precaution against positional asphyxiation, a restrained patient will not be left in a prone position alone for any length of time.

338.6.2 TEAM MEMBERS

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- (a) Team members shall not use any maneuver to purposely place any pressure on the patient's neck that may result in the compression of the airway.
- (b) Team members shall use shields, if instructed by the extraction supervisor.
- (c) The following are recommended configurations of extraction teams:
 - 1. Five members for a single patient extraction.
 - 2. Six to eight team members for a double patient extraction.
- (d) Team members shall perform their duties as assigned by the extraction supervisor.
- (e) Team members shall restrain first the first subject extracted from the area.
- (f) When the extraction objective has been met, team members shall exit the area in reverse order of how they entered.
- (g) There should be one or two alternate team members standing by in the event they are needed,

338.7 GENERAL INFORMATION REGARDING OLEORESIN CAPSICUM (OC)

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The use of OC may be considered to bring under control a patient or groups of patients who are engaging in or are about to engage in violent behavior. OC will not be used against a patient who is merely noisy or shaking, punching, or kicking the area door, for example.

- (a) Points of aim for the aerosol delivery system will be the eyes, nose, and mouth whenever possible.
- (b) Whenever possible, OC is delivered directly through an open door.
- (c) With a direct contact application, a one- to two-second burst contact on skin or face is the recommended dosage.
- (d) OC is not to be administered until the extraction team has arrived at the extraction area and the extraction supervisor has given a final verbal warning to the patient to be extracted that OC will be used.
- (e) Allow OC to take effect before the extraction team enters, unless emergent circumstances exist.
- (f) Team members continue to wear gas masks to protect against residual contamination.
- (g) Non-compliant patients will be placed on the gurney (avoiding the prone position if possible) taking care to prevent the risk of asphyxiation. Patients to be transported may be seated and secured in a stair chair. NOTE: If the patient is cooperative or compliant after being secured or restrained, the patient may be allowed to walk.

338.8 CHEMICAL AGENTS

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- (a) The extraction supervisor will ensure that each patient to be extracted has no medical condition that would contraindicate the use of OC or other chemical agents. Where feasible, on-sight medical staff or EMS should be available during extractions.
- (b) OC is the first choice of agent for extractions when efforts to de-escalate the patient or situation prove ineffective or where the patient displays resistance to OC alone (e.g., patients who are under the influence or armed).
- (c) Under no circumstances will an OC container, which contains more than 18.5 ounces of any agent, to be used for an extraction (These are manufactured for use in large areas and for multiple aggressors.)
- (d) The person administering OC is certified by the Department.
- (e) Prior to use of OC, approval must be received from the highest-ranking law enforcement person on scene.
- (f) Patient(s) shall be warned by the extraction supervisor that OC chemical agents will be applied.
- (g) When OC chemical agents are applied, team members should not rub their eyes or rub their skin.
- (h) If following the application of OC, the patient indicates they will be compliant and allow restraints to be applied, the extraction supervisor will instruct the patient to be extracted to lie down face first and to cross arms behind their back. Then, the extraction

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supervisor will order the patient to be extracted to cross their legs so that restraints may be applied.

- (i) After the extraction is complete, the patient is moved by an extraction team of at least five persons.
- (j) If OC spray is utilized, after restraints have been applied, the exposed patient should be decontaminated as soon as tactically safe.

338.8.1 DECONTAMINATION FROM OLEORESIN CAPSICUM (OC)

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Persons who have been sprayed with or otherwise affected by the use of OC should be promptly provided with clean water to cleanse the affected areas. Those persons who complain of further severe effects shall be examined by appropriate medical personnel.

Decontamination from OC may be accomplished by exposing the individual to fresh moving air, flushing the affected body area with cool water (e.g., shower, sink water, or wet cloths), and providing clean clothing.

Force shall not be used to decontaminate patients from the effects of OC unless a serious threat to the patient's health is present and medical staff determines the patient must be decontaminated.

No other decontamination is necessary for patients who have been medically treated by medical staff and determined to have been decontaminated.

As soon as it is practical and safe to do so, decontamination of the affected room and building should be accomplished.

338.8.2 EXTRACTION COMPLETION

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After extraction is complete, medical staff on scene will conduct a complete physical assessment of the patient, record and document any injuries in the patient's medical record, and provide appropriate treatment or referral for treatment for any injuries.

- (a) The medical staff will examine the patient while the patient is still in restraints.
- (b) Medical staff must follow up with a written report submitted to the supervisor (Watch Commander) prior to the end of the shift.
- (c) In the event of a double-area extraction, even if the second patient was compliant and not extracted, medical staff must examine both patients, and examinations are to be documented in the patients' medical record.
- (d) All refusals for medical examination or medical attention must be documented in a patient's medical records, on video, and in a report submitted by medical staff to accompany the incident report.
- (e) Constant observation will be maintained by intake unit staff for the duration of the appearance of the effects of OC or OC mixed with chemical agents.
- (f) Any symptoms lasting more than 45 minutes should be considered adverse and be treated by medical staff.

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- (g) The extraction supervisor will ensure all reports are completed and submitted to the on-scene supervisor prior to affected officers being relieved of duty.
- (h) A completed extraction report package includes:
 - 1. Incident report;
 - 2. Individual team members and witnesses' report;
 - 3. Medical report;
 - 4. Video will be entered according to Department policy regarding evidence.

338.8.3 DOUBLE OCCUPANCY PROVISIONS

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- (a) When two patients reside in one area and one is non-hostile to the extraction, the non-hostile patient shall be ordered to leave the extraction area.
- (b) The extraction team then extracts the non-complying patient.
- (c) The sixth and seventh team member (if present) observe the non-hostile patient and are prepared to act if non-hostile patient becomes hostile.
- (d) In the event both patients refuse to comply with orders given, the following alternatives are available to extract both patients:
 - 1. The use of OC chemical agents is authorized for gaining a tactical advantage over the non-complying violent patients. Use of OC prior to an extraction reduces risk of injury to both staff and patients being extracted.
 - 2. For the double extraction with both patients' hostile, the extraction team consists of six to eight members. The order of patients to be extracted by the team is determined prior to the extraction.

338.9 ADMINISTRATIVE REVIEW

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- (a) The Hospital Police Chief shall conduct a review utilizing the officer's written report, video and audio recordings, and other source materials as available. The Hospital Police Chief is responsible for ensuring that documentation and resulting investigation are strictly scrutinized for purposes of accuracy and completeness.
- (b) The Hospital Police Chief shall review incident reports in their entirety to assess whether the intervention as conducted was effective and whether there are proscriptive measures which may prevent or mitigate the recurrence of similar events. This review will include an assessment of:
 - 1. Nature of Incident.
 - 2. Action Taken.
 - 3. Contributing Factors.
- (c) The Executive Committee shall review all use of force interventions involving the use of OC spray, police baton, Pepperball, or 40 mm launcher.

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- (d) The Executive Committee shall review and report to OLES all use of force incidents which result in serious bodily injury, excessive force or deadly force.

338.10 DISCLAIMER

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- (a) In an extended disruption or emergency of normal facility operations, the Hospital Police Chief or designee, with the concurrence of the Chief of Law Enforcement, OPS, may suspend provisions or sections of this policy for a specified period of time. The Hospital Police Chief must provide a written explanation for the need to suspend any portion of this policy to the Chief of Law Enforcement.

338.11 TRAINING

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- (a) All hospital police personnel will receive an initial minimum of 8 hours of extraction training prior to being assigned to a position involving the possible use of force during an extraction.
- (b) All hospital police personnel must receive training in extractions before they can participate on the extraction team.
- (c) All hospital police personnel will be required to attend a yearly 4-hour requalification/recertification in extraction-related tactics and equipment in accordance with guidelines established by the Chief of Law Enforcement, OPS.