

**Sacramento Police Department
CPT 2026
EXPANDED COURSE OUTLINE**

INFECTION CONTROL UPDATE

Topics to Cover

- Why do we need this training? Cal OSHA defined
- Roles and Responsibilities of the Designated Infection Control Officers (DICO)
- Duty to Care (Ryan White law)
- Categories of Diseases
- Modes of Transmission
- Personal Protective Equipment (PPE)
- Degree of Exposure
- Exposure Protocols
- Record Keeping
- Statistics

1. Why do we need this training? Cal OSHA defined

- a. Title 8, section 5193. Bloodborne Pathogens

2. Roles and Responsibilities of Designated Infection Control Officers

- a. Liaison between medical facilities, coroner, and Public Health Officer
- b. Assist department with compliance of Federal, State and Local laws/regulations
- c. Maintenance of current exposure control plan
- d. Assist with department TB testing, flu shots and Hepatitis B vaccines
- e. Develop and institute a comprehensive program for exposure notification and medical follow-up
- f. Work with administration, risk management and safety on infection control and related compliance issues
- g. Ensures reporting, documentation and statistics of exposure incidents
- h. Prepares yearly infection control reports, identify compliance issues and status of Exposure Control Plan
- i. Train department personnel

3. Duty to Care

- a. Ryan White Law
- b. OSHA rule

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4. Categories of Diseases

- a. Bloodborne Pathogens
 - i. HIV/AIDS
 - ii. Hepatitis B
 - 1. Vaccine information
 - iii. Hepatitis C
 - iv. Non-Risky bodily fluids
 - v. Risky Bodily Fluids
- b. Airborne Diseases
 - i. Measles
 - ii. Tuberculosis
 - iii. Chickenpox/Shingles
- c. Droplet Diseases
 - i. Meningococcal meningitis
 - ii. Pertussis (whooping cough)
 - iii. Mumps
 - iv. Rubella
 - v. Influenza
 - vi. COVID

5. Modes of Transmission

- a. Direct Contact
- b. Indirect Contact
- c. Airborne Transmission

6. Personal Protective Equipment (PPE)

- a. Gloves
- b. Hand sanitizer
- c. Masks
- d. Decontamination and disposal

7. Degree of Exposure

- a. Close proximity to a person suspected of having disease
 - i. No action required
- b. Contamination of clothing, equipment and/or unprotected INTACT skin
 - i. No exposure – Clean contaminated items
 - ii. Wash skin with soap and water
 - iii. Launder clothing with detergent, HOT water and white vinegar

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- c. Contact with subject's bodily fluid or droplets through non-intact skin, needle stick, mucous membrane (nose or mouth) or eye membranes
 - i. Exposure – Documentation required
 - ii. Possible medical attention needed

8. Exposure Protocol

- a. Officer notifies Sergeant of possible exposure
- b. Sergeant determines if exposure or non-exposure
 - i. If it's not an exposure but the officer wants it documented, complete the SPD 225 and interoffice mail it to the designated officer
- c. If the Sergeant determines it is an exposure:
 - i. Attempt to gain consent for blood draw from source patient/suspect
 - ii. Contact on-call infection control officer to advise them of the incident
 - iii. Transport source patient to UC Davis (preferred) or nearest ER for blood draw
 - iv. Complete SPD 225 and worker's compensation paperwork
 - v. Officer stands by with the source patient at hospital for blood draw and gives ER staff a copy of the SPD 225
 - vi. Once source patient is released from hospital, transport to jail or 849b
 - vii. SPD 225 is routed, via interoffice mail, to designated officer; remainder of worker's compensation paperwork is turned in as normal
 - viii. Hospital contacts designated officer within 1-2 hours (usually) with rapid HIV results
 - 1. Designated officer contacts exposed officer with results
 - 2. If HIV test is positive, officer responds to nearest ER for medical treatment
 - ix. Hospital contacts designated officer within 2-4 days with Hepatitis B and C results
 - 1. If the source patient is positive, officer responds to Occupational Medicine to get baseline testing done
 - x. Designated officer continues follow-up with exposed officer
 - 1. Peer Support
- d. Source patient refuses testing
 - i. Contact designated officer IMMEDIATELY
 - ii. Designated officer drafts court order
 - iii. Source patient must be arrestee

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iv. Court order issued and hospital draws blood

9. Recordkeeping

- a. Employee Emergency Card
- b. Hep B Vaccine Record
- c. TB Test acceptance/declination forms (yearly)
- d. Flu vaccine acceptance/declination forms (yearly)

10. Statistics: New cases as of 2023

- a. HIV/Aids → 38,850
- b. Hepatitis B → 2,214
- c. Hepatitis C → 4,966
- d. Syphilis → 209,253

11. Questions, Comments, Concerns

- a. Team contact information

NALOXONE (NARCAN) UPDATE

Topics to Cover

- Why law enforcement?
- Opiates and Opioids...What is the difference?
- What is fentanyl?
- Overdose symptoms
- What is naloxone (Narcan)?
- Responding officer assessment
- Post Naloxone care
- Reporting and documentation
- Questions, comments, concerns

A. Why Law Enforcement?

- a. First on scene
- b. Trained in CPR/First Aid
- c. Dangers to LE from exposures
- d. Overdoses have reached epidemic proportions

B. Opioids & Opiates

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- a. Pain reliever
- b. Mixed with illegal drugs such as heroin, methamphetamine
- c. Prescription drug abuse is a major issue in the US
- d. What is the difference between Opiates and Opioids?
 - i. Opiates are concentrated from the opium poppy plant fluids
 - 1. Morphine, Codeine, Heroin
 - ii. Opioids are synthetic and do not come from plants
 - 1. Fentanyl, Demerol, Methadone, Percocet
- e. Opiate Concerns
 - i. Overdose epidemic continues to contribute to thousands of deaths in the United States
 - 1. 2024 → 80,391 deaths
 - 2. 2023 → 110,037 deaths
 - 3. Rates decreased between 2022-2023 for people age 15-54 and increased for adults age 55 and older
 - ii. Commonly abused prescription opiate drugs
- f. What is Fentanyl?
 - i. Most potent opioid in medical treatment
 - ii. Treats severe cases of pain
 - 1. Terminally ill
 - 2. Cancer
 - iii. Appearance similar to other narcotics
 - iv. Being mixed with other illegal substances
 - v. Fentanyl effects
 - vi. Dangers of Fentanyl
- g. What is Tranq?

C. Signs and Symptoms of Narcotic Overdose

- a. Illegal drugs
 - i. Small pinpoint pupils
 - ii. Breathing slow or stopped
 - iii. Heart slow or stopped
 - iv. Fingernails or lips have blue or purple tint
 - v. Subject is vomiting or making gurgling sounds
 - vi. Cannot be awakened; unable to speak
 - vii. Paraphernalia on scene; signs of use

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- b. Over-medicated (prescription)
 - i. Unusual sleepiness
 - ii. Mental confusion, intoxication
 - iii. Slow or shallow breathing
 - iv. Small pinpoint pupils
 - v. Difficulty waking from sleep

D. What is Naloxone?

- a. Safe antidote to an opiate overdose
- b. Brand name of drug is NARCAN
- c. Works quickly by absorbing into the mucous membrane
- d. Easy storage; durable

E. How Does Naloxone Work?

- a. Displaces the opioids from the receptors and then blocks the pain receptors for approximately 20-60 minutes
- b. Reversal agent—reverses narcotic induced apnea
- c. Does not affect non-narcotic medications
- d. Rare side-effects
- e. Naloxone in the brain

F. Responding Officer Assessment

- a. Advanced life support
- b. If overdose suspected, and NO pulse:
 - i. CPR first then naloxone
- c. Second dose may be required
- d. Notify dispatch of time Narcan administered and advise fire when they arrive on scene
- e. Scene safety

G. Post Naloxone Care

- a. Occasional rapid awakening
- b. Recovery position
- c. Patient should be checked out by fire/EMS
- d. No response to naloxone
 - i. May be an overdose from another substance
 - ii. Other medical emergencies

H. Storage of Naloxone

- a. Perishable medication

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- i. Do not place in direct sunlight
- b. Keep inside red med kit provided by department
- c. If naloxone gets lost or stolen, submit a RED border form to naloxone coordinator to get a new supply

I. Reporting and Documentation

- a. Email Narcan team to advise them of the incident
- b. Complete report before EOW
 - i. Reporting is time sensitive; Narcan team must advise county and state of incident within 48 hours

J. Questions?

- a. Team contact information

FIRST AID / CPR / AED REFRESHER

I. Role of the public safety-first aid provider

A. Personal safety

- 1. Scene size-up
- 2. Responding
- 3. Reporting

B. Body substance isolation, including removing gloves

- 1. Blood borne pathogens
 - i. Awareness
 - ii. Precautions
 - A) Cover open wounds
 - iii. Reporting
- 2. Airborne pathogens
 - i. Awareness
 - ii. Precautions
 - A) Respiratory protection
 - iii. reporting
- 3. Universal precautions
 - i. Gloves
 - ii. Eye protection
 - iii. Masks / gowns
- 4. Personal Protection Equipment (PPE)
 - i. Decontamination considerations
 - A) Removal of PPE

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- B) Equipment, uniforms and shoes
- C. Integration with EMS personnel to include active shooter incidents
 - 1. Understanding the needs of EMS responders
 - 2. Unified command
 - 3. Staging
- D. Mass Casualty Responsibilities
 - 1. Hot, Warm, Cold zones
 - i. Escorting EMS / Rescue Task Force
 - 2. Examples of major incidents with LE and EMS
 - 3. Hartford Consensus
 - i. Surviving mass casualty incidents
- E. Minimum personal equipment and first aid kits
 - 1. Penal Code Section 13518.1 (pocket mask)
 - 2. Recommended equipment
 - i. Bleeding and shock control
 - ii. Cardiac and other medical emergencies
 - iii. Personal Protective Equipment (PPE)
 - 3. Trunk of vehicle vs officer carry
 - 4. EMSA Recommendations
- II. Heart Attack and sudden cardiac arrest to include:
 - A. Sudden cardiac arrest and early defibrillation
 - 1. Heart attack
 - i. Minor to severe
 - ii. Blockage of blood/lack of oxygen
 - iii. Coronary artery disease
 - iv. Signs/Symptoms
 - A) Chest pain
 - B) Radiating pain
 - C) Vital signs
 - D) Mental status
 - v. Treatment
 - A) Position of comfort
 - B) Access EMS
 - 2. Sudden cardiac arrest
 - i. American Heart Association science updates 2015
 - A) Focus on immediate compressions
 - B) Delivery of shock from AED within 3 minutes
 - B. Chain of survival
 - 1. Recognition and early activation of EMS
 - 2. Immediate high-quality CPR

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- 3. Rapid defibrillation
- 4. Basic and advanced EMS
- 5. Advanced life support and post-arrest care
- III. CPR and AED for adults, children, and infants, following current AHA Guidelines
 - A. Basic airway management
 - 1. Advanced vs. BLS airway
 - B. Rescue breathing
 - 1. Mouth-to-Mouth
 - 2. Mouth-to-Mask
 - 3. Bag-valve-mask (BVM)
 - C. Chest compressions and CPR/AED
 - 1. Basic AED operation
 - 2. Using the AED
 - 3. Troubleshooting and other considerations
 - D. Single rescuer CPR/AED on adult, child and infant
 - E. Two rescuer CPR/AED on adult, child and infant
 - F. Recovery position
 - 1. Spinal injury considerations
 - 2. Place victim in side-recumbent position with injured side down
 - 3. Keep airway open – prevent asphyxiation
- IV. Management of foreign body airway obstruction on adults, children, and infants
 - A. Conscious patients
 - 1. Adults & Children
 - i. Abdominal thrusts vs chest thrusts
 - ii. Prepare for CPR
 - 2. Infants
 - i. Back blows / chest thrusts
 - ii. Prepare for CPR
 - B. Unconscious patients
 - 1. CPR
 - i. Modifications (remove visible items)
 - 2. Recognition and identification of adult and pediatric patients for both medical and traumatic emergencies
 - C. Performing a primary assessment
 - 1. Responsiveness
 - 2. (CAB) Circulation, Airway, Breathing
 - 3. Shock and major bleeding
 - 4. C-Spine considerations
 - D. Performing a secondary assessment
 - 1. Vital signs

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- 2. Head-to-toe check for injuries
- E. Obtaining a patient history
 - 1. Information about the patient and the incident
- F. Medical emergencies
 - 1. Pain, severe pressure or discomfort in chest
 - 2. Position of comfort
 - 3. EMD Instructions
- G. Breathing difficulties, including asthma and COPD
 - 1. Position of comfort
 - 2. EMD Instructions
- H. Allergic reaction and anaphylaxis
 - 1. Assisted administration of epinephrine auto-injector
 - i. Assist victim with own medication
 - ii. Administering Epi is EMSA “optional” skill
 - iii. Accessing EMS
- I. Altered mental status
 - 1. Physiological or psychological
 - 2. Officer and patient safety considerations
 - 3. Activation of EMS
- J. Stroke
 - 1. Types (Bleed vs. clot)
 - 2. Activate EMS
 - 3. Transport for treatment
- K. Diabetic emergencies
 - 1. Administration of oral glucose
 - 2. Low blood sugar (hypoglycemia)
 - 3. Officer safety / use of force
 - 4. High blood sugar (hyperglycemia)
- L. Seizures
 - 1. Keep patient safe
 - 2. Remove objects in area
 - 3. Do not insert anything into mouth
- M. Alcohol and drug emergencies
 - 1. Assisted naloxone administration and accessing EMS
 - i. Naloxone
 - A) Counteracts symptoms of opioid overdose
 - B) Breathing problems
 - C) Responsiveness
 - D) Administered IM or nasal spray
 - ii. Protocols

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- A) Assist victim with own medication
 - B) Administering naloxone is EMSA “optional” skill
 - C) Looks for signs of overdose
 - iii. Officer safety
 - A) Transdermal exposure (mixed drugs)
 - B) Combative patient
 - C) Sharps and scene hazards
 - iv. Overdose and withdrawal considerations
 - A) Activation of EMS
 - B) Aspiration concerns-recovery position
 - 1) Place victim in side-recumbent position
 - 2) Keep airway open – prevent asphyxiation
 - C) Continue to monitor detainees
- N. Medical Behavior Emergencies (MBE's)
 - 1. Generally, involves a person experiencing a medical issue (often drug-induced or drug-enhanced) that presents to police as a behavioral issue.
 - 2. Certain characteristics described to call takers or observed by officers should serve as warnings that the incident may involve an MBE
 - i. Reduces restraint related deaths
 - ii. Traits related to MBE's
 - A) Heavy/Rapid Breathing
 - B) Erratic/irrational behavior
 - C) Pain tolerance
 - D) Obesity
 - E) Extreme agitation
 - F) Paranoia
 - G) Police have actual knowledge the person consumed drugs
 - H) Insufficient attire for weather/profusely sweating
 - 3. Considerations when dealing with MBE's
 - i. PERF 15 Principals
 - A) Identify Warning Signs of Medical-Behavioral Emergencies
 - B) Plan and Develop Protocols for a Coordinated Medical-Behavioral Emergency Response
 - C) ICAT (Integrating Communications, Assessment, and Tactics) Principles Apply to Medical-Behavioral Emergencies

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- D) De-escalate Wherever Possible, but at a Minimum –
Don't Escalate
- E) Evaluate the Need to Restrain Immediately
- F) Multiple Electronic Control Weapon (ECW/CED)
Applications May Increase the Risks Associated
with Restraint
- G) A Supervisor or Other Leader Needs to Take Charge
- H) Designate a Patient Safety Officer
- I) Prone Restraint Carries Potential Risks and Should Be
Limited
- J) Not Following Directions Does Not Always Mean Willful
Non-Compliance
- K) The Goal is Control, NOT Complete Immobilization
- L) The Ability to Speak Does Not Mean a Person Can
Breathe
- M) On-Scene Coordination and Collaboration Between
EMS and Law Enforcement Is Crucial During MBEs
- N) Police Must Keep Emotions in Check and Be Ready to
Step Up and Step In
- O) Commit to Learning from Every Incident
- O. Severe abdominal pain
 - 1. Position of comfort
 - 2. EMD (Emergency Medical Dispatch) Instructions
- P. Obstetrical emergencies
 - 1. Recognize appropriate first aid measures for emergency situations
that may occur in childbirth:
 - i. Excessive vaginal bleeding
 - A) Sterile pads / pressure
 - ii. Newborn fails to breathe
 - A) Stimulate
 - B) Prepare for CPR
- Q. Burns
 - A. Identification and treatment
 - 1. Thermal
 - 2. Chemical
 - 3. Electrical
 - 4. Radiation
- R. Facial injuries
 - A. Identification and treatment

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1. Protect airway
2. Dental procedures
- S. Environmental emergencies
 - A. Heat emergencies
 1. Heat cramps
 - i. Indicators
 - A) Painful muscle spasms
 - B) Lightheadedness
 - C) Weakness
 - ii. Treatment
 - A) Remove victim from heat
 - B) Massage cramped muscles
 - C) Provide water in small amounts
 - D) Do not give alcohol or caffeine
 2. Heat exhaustion
 - i. Indicators
 - A) Profuse sweating
 - B) Dizziness
 - C) Headache
 - D) Pale, clammy skin
 - E) Rapid pulse
 - F) Weakness
 - G) Nausea, vomiting
 - ii. Treatment
 - A) Remove victim from heat
 - B) Massage cramped muscles
 - C) Provide water in small amounts
 - D) Do not give alcohol or caffeine
 3. Heat stroke
 - i. Indicators
 - A) Red, hot, dry skin
 - B) Rapid irregular pulse
 - C) Shallow breathing
 - D) Confusion
 - E) Weakness
 - F) Possible seizures or unconsciousness
 - ii. Treatment
 - A) Activate EMS
 - B) Remove from heat
 - C) Loosen clothing

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- D) Cool victim's body rapidly
- E) Douse with cool water
- F) Wrap in wet sheet or blanket
- G) Place ice pack in groin, neck, arm pits

B. Cold emergencies

1. Mild hypothermia

i. Indicators

- A) Shivering
- B) Fatigue
- C) Confusion
- D) Rapid breathing and pulse

ii. Treatment

- A) Move to warm environment
- B) Remove wet clothing
- C) Do not give alcohol or caffeine
- D) Keep victim moving

2. Severe hypothermia

i. Indicators

- A) Lack of shivering
- B) Rigid muscles and joints
- C) Slow, shallow breathing
- D) Irregular, weak or slow pulse
- E) Decreased level of consciousness
- F) Unwilling or unable to do simple activities
- G) Slurred speech

ii. Treatment

- A) Move to warm environment
- B) Remove wet clothing
- C) Do not give alcohol or caffeine
- D) Monitor vital signs and perform CPR if necessary
- E) Immobilize and protect frostnip/frostbite
- F) Wrap each digit individually and loosely
- G) Re-warm slowly

T. Bites and Stings

A. Insect Bites and stings

1. Officer safety

2. Usual reactions

i. Local swelling

ii. Minor pain

iii. Itching

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- iv. Allergic reaction
 - v. Itching
 - vi. Burning
 - vii. Hives
 - viii. Swollen lips and tongue
 - ix. Difficulty breathing
 - x. Respiratory failure
 - 3. Treatment
 - i. Remove stinger by scraping
 - ii. Wash with soap
 - iii. Apply ice to reduce swelling and rate of spread
 - iv. Apply heat to marine life stings
 - v. Assist victim in taking epinephrine
 - vi. Monitor for shock
 - vii. Consider activation of EMS
- B. Animal and human bites
 - 1. Officer safety
 - 2. Criminal considerations
 - 3. Treatment protocols
- C. Assisted administration of epinephrine auto-injector and accessing EMS
 - 1. Accessing EMS
 - 2. Epinephrine prescriptions
 - i. First and second dosing timeline
 - 3. Legal issues
 - i. Local protocols
- U. Poisoning
 - A. Ingested poisoning
 - 1. Poison control system
 - 2. Coordination with EMS
 - B. Inhaled poisoning
 - 1. Poison control system
 - 2. Coordination with EMS
 - C. Exposure to chemical, biological, radiological or nuclear (CBRN) substances
 - 1. Recognition of exposure
 - 2. Scene safety
 - D. Poison control system
 - 1. 24/7 toll free number (800 222-1222)
- V. Patient movement
 - A. Emergency movement of patients
 - 1. When to move

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- i. Unable to treat
 - ii. Scene unsafe
 - B. Lifts and carries which may include: using soft litters and manual extraction including fore/aft, side-by-side, shoulder/belt
 - 1. Shoulder drag
 - i. Use hands and grasp the victim under the armpits
 - ii. Stabilize the victim's head and neck to reduce the risk of injury
 - iii. Carefully lift the victim, keeping the head and shoulders as close to the ground as possible
 - iv. Drag the victim so that the head, torso, and legs remain in a straight line
 - v. Do not pull sideways
 - vi. Gently place the victim in the new location
 - vii. Assess the victim's condition
 - 2. Movement
 - i. Commercial / improvised soft litters
 - ii. Goals
 - iii. Life-saving
- V. Tactical and rescue first aid principles applied to violent circumstances
 - A. Principles of tactical casualty care
 - 1. Mindset- Officer stays engaged
 - 2. Voice commands
 - i. Directions to officers / victims
 - 3. Take cover. Get off the "X"
 - i. Prevent further victims
 - ii. Reducing delay of life-saving measures
 - 4. Tourniquet / chest seal victim and move
 - 5. Rescue teams simultaneous with LE response
 - B. Determining treatment priorities
 - 1. Triage and victim staging
 - i. Hemorrhage control
 - ii. Open chest wound protocol
 - iii. Self-care / buddy care
 - iv. Consider disarming injured officer (altered level of consciousness)
- VI. Orientation to EMS system, including
 - A. 9-1-1 Access
 - 1. Enhanced 9-1-1
 - 2. Local alternatives

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- B. Interaction with EMS personnel
 - 1. Jurisdictional disagreements
 - 2. Public expectation
 - 3. Pre-event planning and familiarization
- C. Identification of local EMS and trauma systems
 - 1. Local EMS resources and expectations
 - 2. Local trauma protocols
- VII. Trauma emergencies
 - A. Soft tissue injuries and wounds
 - 1. Review of basic treatment
 - 2. Dressings and Bandages
 - 3. Bleeding control and treat for shock
 - B. Amputations and impaled objects
 - 1. Review of basic treatment
 - 2. Dressings and Bandages
 - 3. Bleeding control and treat for shock
 - C. Chest and abdominal injuries
 - 1. Review of basic treatment for chest wall injuries
 - i. Breathing / movement
 - 2. Application of chest seals
 - i. Chest seal types
 - 3. Immobilize penetrating objects
 - 4. Continue to monitor vitals
 - 5. Position injured side down (consider C-spine injuries)
 - D. Head, neck or back injury
 - 1. Indicators
 - i. Mechanism of injury
 - A) Striking vehicle windshield
 - B) Blow to the head
 - C) falls
 - ii. Altered Mental status
 - A) Agitated, confused, combative
 - B) Appears intoxicated
 - C) Decreased level of consciousness
 - D) Loss of short term memory
 - E) Loss of consciousness
 - iii. Vital signs
 - A) Abnormal breathing patterns
 - B) Decreased pulse
 - C) General deterioration of vital signs

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- iv. Visible injury
 - A) Deformity of the head or skull
 - B) Visible bone fragments
- v. Appearance
 - A) Clear or bloody fluid from the ears or nose
 - B) Unequal pupils
 - C) Bruising behind ears
 - D) Discoloration around eyes
 - E) Paralysis
 - F) Priapism
- vi. Treatment
 - A) Do not move victim's head
 - B) Activate EMS
 - C) Control bleeding
 - D) Check for cerebrospinal fluid in ears/nose and bandage loosely
 - E) Be prepared for projectile vomiting
 - F) Treat for shock
- E. Spinal immobilization
 - 1. Manual Stabilization
 - 2. Awareness of EMS techniques and equipment
- F. Musculoskeletal trauma and splinting
 - 1. Expose injury site
 - 2. Assess for fractures
 - 3. Control excessive bleeding
 - 4. Treat for shock
 - 5. Apply dressing and bandages to immobilize injury
 - i. Immobilize bones above and below the joint
 - ii. Do not attempt to manipulate or straighten limbs
 - iii. Leave fingers and toes exposed unless affected
 - iv. Check for circulation below injury site
 - 6. Bleeding / shock control
 - 7. Improvisational splinting
- G. Recognition of signs and symptoms of shock
 - 1. Basic treatment of shock
 - 2. Importance of maintaining normal body temperature
- H. Internal bleeding
 - 1. Indicators
 - i. Rapid pulse / respirations
 - ii. General decline in vitals

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2. Treatment

- i. Bleeding control / treat for shock

I. Control of external bleeding, including direct pressure, tourniquet, hemostatic dressings, chest seals and dressings

- 1. Training in the use of hemostatic dressing shall result in competency in the application of hemostatic dressing. Included in the training shall be the following topics and skills:

- i. Review of basic methods of bleeding control to include but not be limited to direct pressure, pressure bandages, tourniquets, and hemostatic dressing and wound packing
- ii. EMSA-approved hemostatic dressings

VIII. Legal issues

A. Authorized skills and liability limitations

- 1. Identify conditions under which a peace officer is protected from liability when providing emergency medical services

- i. 1799.102 H&S

- A) Act within scope of their employment

- B) Act in good faith

- C) Provide a standard of care that is within the scope of their training and agency policy

- 2. Consent

- i. Expressed Consent

- ii. Implied Consent

- iii. Refusal of care

- A) DNR (Do Not Resuscitate)

- B. Identify conditions under which a peace officer may NOT be protected from liability when providing emergency medical services

- 1. Negligence

- i. Act beyond scope

- ii. Grossly negligent manner

IX. Safety protocols

X. Written, oral and/or demonstration assessment (in each topic area)

- A. A learning activity that requires the student to conduct a primary assessment and triage on victims of trauma or medical emergency during/following violent circumstances (i.e. active shooter). The primary assessment shall minimally include:

- 1. Check for responsiveness

- 2. Check circulation

- 3. Check airway

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4. Check breathing
5. Look for serious bleeding
- B. A learning activity that requires the student to demonstrate the following first aid techniques for controlling bleeding of a limb:
 1. Direct pressure
 2. Tourniquet
 3. Hemostatic dressing
- C. A learning activity that requires the student to demonstrate the following first aid technique for controlling bleeding of the chest or abdomen:
 1. Chest seals
- D. A learning activity that requires the student to demonstrate the following basic life support techniques:
 1. Clearing an obstructed airway on conscious and unconscious victims
 - i. Adult or child
 - ii. Infant
 - iii. Obese or pregnant
 2. Rescue breathing
 - i. Adult
 - ii. Child
 - iii. Infant
 3. CPR (alone and as part of a rescue team)
 - i. Adult
 - ii. Child
 - iii. Infant
- E. Written exam

K9, PERIMETERS & CONTACT TEAMS

Course Objectives:

Upon completion of this course the student will:

- Demonstrate the ability to work around K9 handlers and their partners while using a K9 in a contact & search team
- Demonstrate knowledge on components of a contact team and department policy on use of force and medical aid

Course Topics

- Code 3 Driving and Pursuit Policy
- Foot Pursuit Policy
- Foot Pursuit vs Containment

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EXPANDED COURSE OUTLINE**

- Radio Traffic
- Responding Officers
- Perimeter Management
- Manned Aircraft
- UAS Aircraft
- Announcements
- Perimeter Integrity
- K9 Search Operations
- Pre-Planned Events
- Calls for Service
- Hiding Locations
- Suspect Trends and Tactics
- Principles of Contact Teams

I. Code 3 Driving and Pursuit Policy

- a. 21055 CVC
- b. 21056 CVC
- c. Code 3 Driving – GO 521.02
- d. Pursuit Policy – GO 521.01

II. Foot Pursuit Policy

- a. GO 580.13
- b. Supervisor's Responsibilities

III. Foot Pursuit vs Containment

- a. Nature of the crime
- b. Information, known or perceived, prior to the incident
- c. Information, known or perceived, at the time of the incident
- d. Geography
 - i. What type of area?
- e. Availability of Resources
- f. Officer v Suspect
- g. Remember, we are ALWAYS at a disadvantage
- h. There is ALWAYS a gun in the equation

IV. Radio Traffic

- a. Key Information
 - i. Direction of travel
 - ii. Suspect description

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- iii. Nature of the crime
- iv. Suspect armed?
- v. Suspect known?
- vi. Other pertinent information

V. Responding Officers

- a. New SPD perimeter calling methodology
- b. Code 3 driving is the priority
- c. Assignment of unit to call the perimeter
- d. Supervisor responsibility

VI. Perimeter Management

- a. Size and structure (Google Maps diagrams)
- b. Request additional resources ASAP

VII. Manned Aircraft

- a. SPD and outside agencies
 - i. Sac Sheriff
 - ii. Placer County
 - iii. California Highway Patrol
 - 1. Collective Pitch Aircraft
 - 2. Fixed Wing Aircraft
- b. Capabilities
- c. Considerations

VIII. UAS Aircraft

- a. SPD and outside agencies
 - i. Sac Sheriff
 - ii. Elk Grove PD
 - iii. Roseville PD
 - iv. Rocklin PD
 - v. West Sacramento PD
- b. Capabilities
- c. Considerations

IX. Announcements

- a. Suspect confrontation

X. Perimeter Integrity

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XI. K9 Search Operations

XII. Pre-Planned Events

- a. Specific locations
- b. Allow time for set-up
- c. Suspect information
- d. Occupants of the residence
- e. Point personnel
- f. Formulate a plan
 - i. Staging and briefing information
- g. Contacting the suspect

XIII. Calls for Service

- a. Similar to pre-planned events
- b. Only difference is expedition

XIV. Hiding Locations

- a. Suspects hide anywhere they can
- b. Don't underestimate tenacity
- c. When the suspect is observed

XV. Suspect Trends and Tactics

- a. Suspects will run anywhere they can

XVI. Principles of Contact Teams

- a. Should not be over complicated
- b. Communication is key!
- c. When roles are assigned, ensure each person understands their role/responsibility
- d. If you don't understand, SAY SOMETHING!
- e. Roles

XVII. Class Discussion and Group Exercise

TASER UPDATE

Minimum Topics / Exercises:

1. (Practical exercises included where noted)
2. Policies, legal standards, and report documentation (use of force reporting).

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3. Safe handling, loading/unloading, finger discipline, and holstering. (Practical)
4. Aiming and preferred target zones; cartridge angle differences (short-range vs long-range). (Practical)
5. Probe spread, distance considerations, and when to re-deploy vs re-activate (ARC). (Practical)
6. Controlling / handcuffing while subject is under power (five-second window) and minimizing repeated exposures. (Practical scenario work)
7. After force care, consciousness/breathing checks, and transport to medical facility when necessary.
8. Testing / remediation standards; student evaluation.

Course Objectives:

Trainees will be able to:

1. Demonstrate knowledge of department CED policy and relevant case law/reporting requirements.
2. Demonstrate safe handling: loading/unloading, finger off trigger, safe direction, and proper holstering after use.
3. Correctly identify and demonstrate preferred target zones and areas to avoid (head, neck, chest/heart, groin).
4. Demonstrate deployment with appropriate probe spread for the range and decide when to ARC (re-energize) vs deploy a second cartridge.
5. Demonstrate controlling/handcuffing techniques during the 5-second opportunity after an effective cycle and explain after-care responsibilities.

I. Registration and Orientation

- A. Introductions, roster, facility overview, safety briefing, course objectives, evaluation criteria.

II. Safety Orientation and Warm-Up

- A. Review safety policies, emergency exits, AED location, injury precautions, and warm-up for practical drills.

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III. Taser 7 Technical & Operational Guidelines (Instructor Reference)

A. (Condensed from Operator Recertification & CPT update)

B. Cartridge Angles & Laser:

1. Short-range / Close-Quarters Cartridge: bottom dart = 12° downward angle. Probe spread guidance: ~1 ft of spread per 4 ft of distance; probe spreads <4" may rely on pain compliance only. Max practical deployment distance up to 25 ft (agency dependent).
2. Long-range / Stand-off Cartridge: bottom dart = 3.5° downward angle. Probe spread guidance: ~1 ft of spread per 11 ft of distance; max ~25 ft.
3. Dual Laser: Use lasers to estimate point of impact; brief dry fire aiming drills recommended prior to live/HALT deployments.
4. Probe Spread Rules of Thumb: Explain probe-spread to students and demonstrate with range drills.

C. Re-activation (ARC) vs Secondary Cartridge Deployment:

1. ARC (arc switch) can re-energize a deployed probe to cycle the device without deploying another cartridge — appropriate when probes have hit but incapacitation is not achieved, or one probe missed.
2. Triggering a second time will deploy a secondary cartridge; use only when justified (both probes missed, single probe hit with inadequate spread).

D. Safe Handling:

1. Always point in safe direction; do not point laser or device at anyone's eyes.
2. Never place hand over the cartridge blast doors or in front of cartridge tip.
3. Always remove cartridge and make safe for transport/storage per manufacturer/agency policy.

IV. Deployment Practical (Minimum Requirements)

A. Deploy a minimum of two (2) Live or HALT cartridges and place both probes in preferred target areas (per Axon recert requirements). Acceptable combinations: 12° Close-Quarters Live/HALT; 3.5° Stand-Off Live/HALT.

B. Optional: Deploy at least two (2) HALT cartridges during a minimum of two (2) reactionary drills (RBT).

C. Practical Scenarios:

1. Static target practice for aiming and spread assessment (dry run).

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2. Dynamic reactionary drills with cover, subjects moving, and decision-making under stress (HALT cartridges recommended here).
3. Handcuffing/control under power scenarios — emphasize 5-second control window and minimizing further exposures.

V. Controlling / Handcuffing While Under Power

- A. Emphasize the 5-second window after effective cycle to control and handcuff. Avoid placing body parts between probes. Avoid pressure on neck/head. Transition immediately to subject monitoring and after-care once control is established.

VI. After-Force Care / Medical Considerations

- A. Once handcuffed, place subject in a position of comfort consistent with safety and recovery. Ensure subject is conscious and breathing; monitor for excited delirium or other distress and summon EMS when indicated (follow GO 522.02 or local equivalent). Treat injuries within the scope of training and document.

VII. Reporting & Documentation

- A. Document deployment details (type of cartridge, live vs HALT, probe placement, arc/reactivation use, need for secondary cartridge), subject condition post-exposure, medical treatment provided, and any injuries to subject/officers/bystanders. Follow department use-of-force policy and reporting timelines.

FIREARMS PSP

Course Objectives

Officers will:

1. Demonstrate knowledge of their individual departments Use of Force and Firearms Policy
2. Demonstrate a minimum standard of tactical firearms proficiency with every technique, exercise, and course of fire to include:
 - a. Judgement and Decision Making
 - b. Firearms Safety
 - c. Fundamentals of Marksmanship
 - d. Safe Drawing and Presenting Firearms
 - e. Shoot / No Shoot
 - f. Speed, Accuracy and Effectiveness Under Stress and Movement Conditions
 - g. Shot Placement: Combat Effectiveness
 - h. Malfunction Clearing
 - i. Loading / Reloading

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Minimum standards of performance shall be tested by the instructor(s) observing the officer during their performance of each technique, exercise and course of fire. If an officer does not meet a minimum Standard, as established by the Firearms Training Unit, remediation will be provided until the standard is met.

Expanded Course Outline

I. Orientation/Safety Guidelines

- a. Instruction, registration and orientation
- b. Course objectives / overview, exercise, evaluation/testing
- c. Weapons, range and shooting safety rules
- d. General safety rules
 - i. Treat all firearms as if they were loaded
 - ii. Never point a gun at anything you aren't willing to destroy
 - iii. Keep your finger off the trigger until your sights are on the target
 - iv. Be sure of your target and what's beyond it
- e. Range safety rules
 - i. Once training starts, the range will be considered a hot range, which means pistols and magazines will be loaded with ammo
 - ii. Because it is a hot range, all pistols will remain in their holsters, with weapons retention devices in use, except when on the fire line under the supervision of the rangemasters and/or in a designated safe area
 - iii. Officers will be allowed to administratively load their pistol magazines when off the firing line, but they must keep their pistols holstered
- f. On the firing line safety rules
 - i. Refer to general safety rules; keep all firearms pointed down range
 - ii. All malfunctions shall be handled by the officer. If they cannot fix the malfunction, the shooter shall raise their non-dominant hand for range master assistance
 - iii. Never draw a handgun from the holster unless instructed to do so
 - iv. Never leave your firing position unless cleared by the range master
 - v. Never go forward of the firing line unless instructed to do so
 - vi. Never bend forward to retrieve dropped articles on the firing line unless instructed to do so or cleared by the range master first
 - vii. If hot brass comes in contact with your skin, keep your weapon pointed down range, de-cock if applicable and holster. Once holstered you can take care of the brass. Notify range master of what you are doing
 - viii. All officers will wear eye protection, ear protection and bulletproof vests while on the firing line and/or in the vicinity of the firing line

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- ix. There will be no smoking, chewing tobacco, eating or drinking on the firing line
- x. Wash hands and face before leaving the range
- g. Range commands
 - i. Load and make ready
 - 1. Shooters will point their weapon in a safe direction and load or press check, as necessary
 - ii. Fire commands
 - 1. During the course of fire, the instructor will tell the class what the fire command will be
 - iii. Challenge Command
 - 1. Shooter gives at least one command to disarm the threat (i.e., “Police, don’t move!”), before a no threat of threat command is given
 - iv. No shoot
 - 1. Shooter conducts follow through and scanning on their own
 - 2. Holster reluctantly
 - 3. Wait for directions
 - v. Cease Fire
 - 1. All shooters immediately:
 - i. Stop shooting
 - ii. Safely holster their weapon
 - iii. Listen for further direction

II. Lethal Force Overview

- a. Legal Issues Involving Use of Force/Lethal Force
 - i. Review of PC835a, as updated by AB392 & SB230
 - ii. Ensuring the use of force is justifiable under department policy, Federal and State law
 - iii. Determining if the use of force is necessary
 - iv. Administer after force care
- b. Civil and department implications of force/lethal force
 - i. Civil lawsuit by suspect and/or family
 - ii. Internal Affairs
 - iii. Office of Public Safety Accountability (OPSA)
- c. Report writing and preliminary investigation
 - i. Document your mindset at the time, suspects actions, how you felt, fear for your life or others of imminent death or serious bodily injury, what you knew prior to the incident, de-escalation, how many officers on scene and environmental facts

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- ii. Be articulate so that others will understand the degree of threat you felt
- d. Moral / Ethical issues
 - i. Sanctity of life
 - ii. Duty to enforce laws
 - iii. Duty to serve the public
 - iv. Discretion

III. Use of Force/Lethal Force/Firearms Policy

- a. Use of force options
 - i. Lethal force within the spectrum of force options
 - ii. Verbal, hands, less lethal and lethal force spectrum
 - iii. Command presence
 - iv. Control holds
 - v. O.C., Baton, CED, Pepperball, bean bag, 40mm
 - vi. Firearms
 - vii. De-escalation
 - 1. Taking action or communicating verbally or nonverbally during a potential force encounter in an attempt to stabilize the situation and reduce the immediacy of the threat so that more time, options, and resources can be called upon to resolve the situation without the UOF or with a reduction of the force necessary. De-escalation tactics include, but are not limited to, warnings, verbal persuasion, and tactical repositioning.
- b. Department Policy
 - i. Deadly Force
 - 1. A peace officer is justified in using deadly force upon another person only as a last resort when reasonable alternatives have been exhausted or are not feasible and the officer reasonably believes, based on the totality of the circumstances, that such force is necessary for either of the following reasons:
 - 2. To defend against an imminent threat of death or serious bodily injury to the officer or to another person.
 - 3. To apprehend a fleeing person for any felony that threatened or resulted in death or serious bodily injury, if the officer reasonably believes that the person will cause death or serious bodily injury to another unless immediately apprehended. Where feasible, a peace officer shall, prior to the use of force, make reasonable efforts to identify themselves as a peace officer and to warn that deadly force may be used, unless the officer has objectively reasonable grounds to

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believe the person is aware of those facts.

4. A peace officer shall not use deadly force against a person based on the danger that person poses to themselves, if an objectively reasonable officer would believe the person does not pose an imminent threat of death or serious bodily injury to the peace officer or to another person.
 5. A subject gaining control of one or more pieces of a peace officer's equipment, without the subject presenting an imminent threat of serious bodily injury or death, is not enough by itself to justify the use of deadly force.
- ii. Discharging Firearm
1. Pursuant to the Deadly Force policy.
 2. At a firing range, pursuant to all safety rules and regulations; or
 3. In order to stop a potentially aggressive animal, such as a dog, if the animal reasonably appears to pose an imminent threat of serious bodily injury or death to a peace officer or to another person and alternative methods are not feasible or would likely be ineffective.
 4. In circumstances where there is sufficient advance notice that a potentially dangerous animal may be encountered, department members should develop reasonable contingency plans for dealing with the animal (e.g., fire extinguisher, Conducted Energy Device, oleoresin capsicum (OC) spray, animal control peace officer). Nothing in this policy shall prohibit any member from shooting a dangerous animal if circumstances reasonably dictate that a contingency plan has failed or becomes impractical.
 5. Firearms shall not be discharged as a warning.
 6. Peace officers shall consider their surroundings and potential risks to bystanders and other peace officers to the extent reasonable under the circumstances, before discharging a firearm
 7. When a peace officers discharges or attempts to discharge a firearm while on or off duty, intentionally or accidentally, the employee shall immediately notify the on-duty watch commander. This does not include intentional discharges at a range or for recreational purposes (e.g., hunting, private target practice, or other similar activities).
- iii. Pointing a Firearm
1. Nothing in this policy shall preclude a peace officer from drawing of a firearm when the officer reasonably believes it necessary for the safety of the officer or another.
 2. Detentions involving the pointing of a firearm at a person shall be entered into the Racial Identify Profiling Act database (RIPA).

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3. The pointing of a firearm at a person shall be documented in the appropriate report, RIPA and on the Computer Aided Dispatch (CAD) call using the abbreviation “FPAP” (Firearm Pointed At Person).
- iv. Moving Vehicles
 1. A peace officer shall make every reasonable effort to move out of the path of an approaching vehicle.
 2. A peace officer shall make every reasonable effort to not intentionally place themselves in a position where a vehicle could be perceived as a threat to the officer.
 3. Peace officers shall not discharge a firearm at or from a moving vehicle unless one of the following circumstances exists:
 4. The peace officer reasonably believes that there is an imminent threat of death or serious bodily injury to a peace officer or another person, by means other than the moving vehicle.
 5. The peace officer reasonably believes that the driver is using or is attempting to use the vehicle as a means to cause imminent threat of death or serious bodily injury to the peace officer or another person.
- v. PC 835a and AB392
 1. A peace officer is justified in using deadly force upon another person only when the officer reasonably believes, based on the totality of the circumstances, that such force is necessary for either of the following reasons:
 - i. To defend against an imminent threat of death or serious bodily injury to the officer or to another person
 - ii. To apprehend a fleeing person for any felony that threatened or resulted in death or serious bodily injury, if the officer reasonably believes that the person will cause death or serious bodily injury to another unless immediately apprehended. Where feasible, a peace officer shall, prior to the use of force, make reasonable efforts to identify themselves as a peace officer and to warn that deadly force may be used, unless the officer has objectively reasonable grounds to believe the person is aware of those facts.
- vi. Supporting case law
 - a. Tennessee v. Garner
 - i. Fleeing felon
 - b. Graham v. Conner
 - i. Objective reasonableness

IV. Fundamentals of Shooting

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- a. Shooting Platform
 - i. Stance
 - 1. Athletic stance
 - ii. Grip
 - 1. 360 Degree coverage
 - 2. Dominant hand holds grip only tight enough to allow the handgun to cycle
 - 3. Non-dominant hand applies significantly more grip pressure (approx. 80-90 percent)
 - iii. Trigger Control
 - 1. Varies depending on target difficulty
 - 2. Attempt to keep trigger movement continuous
 - iv. Breathing Control
 - 1. Breathe with a mouth open
 - v. Sight Alignment/Sight Picture
 - 1. Target focused
 - 2. Varies depending on distance and difficulty
 - vi. Follow-through
 - 1. Continue looking through sights
 - 2. Assess target

V. Range Drills

- a. Demonstration and Evaluation
 - i. Firearms Instructors will explain and demonstrate each drill
 - ii. Students will be evaluated as they perform each activity/drill
- b. Live Fire Static Drills
 - i. Students will demonstrate the fundamentals of shooting
 - ii. Courses of fire
- c. Live Fire Movement and Decision-Making Drills
 - i. Students will demonstrate the fundamentals of shooting while resolving handgun malfunctions, target assessing, and shooting on the move.
 - ii. Courses of fire
- d. Daytime Firearms Qualification Course

VI. Handgun Cleaning and Maintenance

- i. Instructor lead handgun disassembly discussion
- ii. Emphasis on ensuring handgun is unloaded
- iii. Use of loading tubes
- iv. Students will disassemble handguns, clean, and reassemble

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LESS LETHAL WEAPONS

I. Course Objectives

A. Using lectures and learning activities, the students will:

1. Understand the capabilities, limitations, purpose, specifications of the 12-gauge bean bag shotgun, 40mm launcher, Pepperball launcher, and chemical agents.
2. Effectively deploy the munitions associated with the above systems.
3. Review the Use of Force Policy, 835a PC, 13652 PC, AB392, SB230, AB 48, case law, and related SPD department policies.
4. Understand proper documentation and required after force care/first aid.

II. Introduction and Course Overview

A. Orientation/Safety Guidelines

1. Introduction, registration, and orientation
2. Course objectives/overview, exercises, evaluation/testing
3. Weapons, range and shooting safety rules
4. General safety rules
 - a. Treat all firearms as if they were loaded
 - b. Never point a gun at anything you aren't willing to destroy
 - c. Keep your finger off the trigger until your sights are on the target
 - d. Be sure of your target and what's beyond it
5. Range safety rules
 - a. Once training starts, the range will be considered a hot range, which means pistols and magazines will be loaded with ammo
 - b. Because it is a hot range, all pistols will remain in their holsters, with weapons retention devices in use, except when on the fire line under the supervision of the rangemasters and/or in a designated safe area
 - c. Officers will be allowed to administratively load their pistol magazines when off the firing line, but they must keep their pistols holstered
6. On the firing line safety rules
 - a. Refer to general safety rules; keep all firearms pointed down range
 - b. All malfunctions shall be handled by the officer. If they cannot fix the malfunction, the shooter shall raise their non-dominant hand for range master assistance

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- c. Never draw a handgun from the holster unless instructed to do so
- d. Never leave your firing position unless cleared by the range master
- e. Never go forward of the firing line unless instructed to do so
- f. Never bend forward retrieving dropped articles on the firing line unless instructed to do so or cleared by the range master first
- g. If hot brass encounters your skin, keep your weapon pointed down range, de-cock if applicable and holster. Once holstered you can take care of the brass. Notify range master of what you are doing
- h. All officers will wear eye protection, ear protection and bulletproof vests while on the firing line and/or in the vicinity of the firing line
- i. There will be no smoking, chewing tobacco, eating or drinking on the firing line
- j. Wash hands and face before leaving the range

III. Legal Considerations

A. Use of Force Considerations

- 1. Penal Code 835a
- 2. Penal Code 13652
- 3. AB 392
- 4. SB 230
- 5. AB 48

B. Case Law

- 1. Deorle v. Rutherford – Duty to warn
- 2. Baker v. Katechi – Officers are prohibited from using Less Lethal force against passive resistors
- 3. Quezada v. County of Bernalillo – Putting self into deadly force situation
- 4. O’Kneal v. De Kalk County – Fail to pursue less lethal options
- 5. Plakas v. Drinkski – No constitutional duty to use less lethal options first
- 6. Tennessee v. Garner – Fleeing felon
- 7. Graham v. Conner -Reasonable force

C. Department Policy

- 1. General Order 580.02 Use of Force
- 2. General Order 580.12 Less Lethal Weapon Systems
- 3. General Order 522.02 Medical Treatment
- 4. RM 580.07 Chemical Agents Manual
- 5. RM 532.11 First Amendment Assembly Manual

D. Common Terms

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1. Combined less lethal
 2. Line of demarcation
 3. Impact
- IV. After Force Care and Documentation
- A. Common Injuries
 - B. Medical treatment procedures
 1. On scene treatment
 2. Medical transport
 3. Intent to incarcerate form
 - C. Reporting procedures
 1. Advise supervisor
 2. Reportable use of force
 3. Documentation
 4. CSI
 5. Red border form
- V. Less Lethal Equipment Inspection by Instructors
- A. Maintenance
 1. Cleaning
 2. Lubrication
 3. Parts inspection
 - B. Repair
 1. Repair broken parts
 2. Replace Pepperball seals as necessary
 3. Exchange optic batteries
 - C. Replacement
 1. Issue loaner to the officer if equipment cannot be repaired
 - a. Broken weapons will be returned to the Armory
 - D. Re-zeroing
 1. Instructors will re-zero weapons with duty munitions
 - E. Learning Activity:
 - a. Students will clean, lubricate, and inspect issued less lethal weapons systems while the instructors verify that proper techniques are used.

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VI. Weapon System Specifications and Operation

A. Remington 870 12-gauge shotgun

1. Nomenclature
2. Weapon Operation
 - a. Loading/Unloading
 - b. Clearing Procedures
 - c. Marksmanship fundamentals
3. Ammunition
 - a. 12-gauge CTS Supersock Beanbag rounds
4. Learning Activities

B. 40mm Launcher

1. Nomenclature
2. Weapon Operation
 - a. Loading/Unloading
 - b. Clearing Procedures
 - c. Marksmanship fundamentals
3. Ammunition
 - a. 40mm Exact impact sponge (blue tip)
 - i. Specifications
 - ii. Target areas
 - iii. 325 feet per second
 - iv. Minimum distance of 5 feet
 - v. Effective range of 131 feet
 - b. 40mm Direct impact OC (orange tip)
 - i. Specifications
 - ii. Target areas
 - iii. 295 feet per second
 - iv. Minimum distance of 5 feet
 - v. Effective range of 131 feet
4. Learning Activities
 - a. Instructor will demonstrate how to operate the 40mm launcher
 - b. Students will load and unload the 40mm launcher.

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- c. Students will fire 2 rounds of 40mm training ammunition at a training target.
- d. Instructors will observe and verify that proper techniques are used.

C. Pepperball Launcher

- 1. Nomenclature
- 2. Weapon Operation
 - a. Loading/Unloading
 - b. Clearing Procedures
 - c. Marksmanship fundamentals
- 3. Ammunition
 - a. Live-X round PAVA round (red/black)
 - i. Specifications
 - ii. Target areas
 - iii. 280-325 feet per second
 - iv. No minimum distance
 - v. Effective range of 150 feet
 - b. Glass Breaker (white solid nylon)
 - i. Not to be used on humans or animals
 - ii. Specifications
 - iii. 280-325 feet per second
 - iv. Effective range of 30 feet
 - v. Used at distance for tactical advantage
 - vi. Not as effective as CTS Supersock or 40mm rounds
- 4. Learning Activities
 - a. Instructor will demonstrate how to operate the Pepperball launcher
 - b. Students will load and unload the Pepperball launcher.
 - c. Students will fire 5 rounds of Pepperball training ammunition at a training target.
 - d. Instructors will observe and verify that proper techniques are used.

VII. Chemical Agents

- A. Considerations for Deployment
- B. Types of Chemical Agents
 - 1. CS (Ortho Chlorobenzalmonitrile)
 - a. Color code Blue

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- 2. OC (Oleoresin Capsicum)
 - a. Color code Orange
- 3. Smoke
 - a. Color code Yellow

C. Delivery Systems

- 1. Grenade
- 2. Aerosol cannister
- 3. Launcher

D. Gas Mask

- 1. Inspection
- 2. Donning / Removal
- 3. Clearing in a chemical environment
- 4. Students will not be exposed to chemical agents during training

E. Decontamination

- 1. Don't rub your eyes
- 2. Pat down clothing
- 3. Water and fresh air
- 4. Contaminated clothing and gear

F. Learning Activities

- 1. Instructor will demonstrate how to don, remove, and clear gas masks.
- 2. Students will don, clear, and remove their gas masks while being observed by instructors. Instructors will ensure that proper techniques are used.

VIII. Practical Applications / Exercises

- A. Judgement and decision-making scenarios involving the deployment of Less Lethal Weapons

IX. Cleanup and Debrief

COMMUNICATION CENTER UPDATE

- 1. Introduction
- 2. Goals of Instruction
 - a. Knowledge of how dispatch works

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- b. How DPCLOSE works for proximity dispatch
- c. Overview of “TO” messages and how they come into dispatch
- d. Call Criteria
- e. Did you know?
- 3. Activity
 - a. Listen to two calls for service into the communication center by citizens.
 - 1. Call #1 Dispatcher Wood (Approved)
 - 2. Call #2 Dispatcher Light (Approved)
 - b. Identify how the calls change type codes: What type code would you pick?
- 4. Open for Questions
 - a. What questions do you have for dispatch?

BALLISTIC SHIELD

Topics to Cover

- History
- When and Why
- Types of Shields
- Carry Positions
- Movements at Doorway and Entries
- Emergency Rescues and Approaching Suspects
- Vehicle Approaches

1. History

- a. Only sergeants and watch commanders carried shields
- b. SPD began to place them in patrol vehicles
 - i. Training limited
- c. Typically used for cover, blocking windows, movement up to downed suspect
- d. SWAT began to utilize shields more in 2022
- e. A ballistic shield course was developed for the patrol level

2. When and Why

- a. Enhance officer safety
- b. When entry is necessary to protect innocent civilians

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3. Types of Shields

4. Carry Positions

- a. Concealed Carry
- b. Full Presentation Carry
- c. CQB Carry
- d. Split Carry

5. Movements at Doorway and Entries

- a. Single Officer – Center Fed Room
- b. Single Officer – Corner Fed Room
- c. Movement with a partner
- d. Two officer – Center Fed Room

6. Emergency Rescues and Approaching Suspects

7. Vehicle Approaches

- a. Vehicle Clearing Tactics

8. Questions?

ARREST CONTROL PSP

Minimum Topics/Exercises:

- a. Policies, legal standards, and report writing
- b. Use of Force considerations
- c. Safety orientation and warm-up(s)
- d. De-escalation/Verbal commands– in exercise(s)
- e. Body balance/stance/movement patterns – in exercise(s)
- f. Wrap Safe Restraint
- g. Search – in exercise(s)
- h. Equipment/Restraint device(s) use – in exercise(s)
- i. Subject's Actions and Officer's response to force
- j. Control/Takedown - in exercise(s) Verbal command
- k. Class exercises/Student Evaluation/Testing
- l. Recovery/First Aid (as applicable)

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- I. REGISTRATION AND ORIENTATION
 - A. Introduction, Registration and Orientation
 - 1. Instructor and Student Introductions
 - 2. Course Roster
 - 3. Facility Overview
 - B. Course Objectives/Overview, Exercises, Evaluation/Testing
 - 1. Course Objectives
 - a. Judgment and Decision Making
 - b. Officer Safety
 - c. Wrap Safe Restraint
 - d. Body Balance, Stance, and Movement
 - e. Searching/Handcuffing Techniques
 - f. Control Holds/Takedowns/ Ground control
 - g. Less lethal Weapon system proficiency
 - h. De-escalation/Verbal Commands
 - i. Effectiveness Under Stress Conditions
 - 2. Safety Policy/Orientation
- II. USE OF FORCE POLICIES AND LEGAL ISSUES
 - A. Case Law Update, report documentation and policy
 - 1. Tennessee v Garner
 - 2. Graham v Connor
 - B. Overview of Penal and Government Code Updates
 - 1. AB 392
 - a. PC 835a
 - b. PC 196
 - 2. AB 490
 - a. GC 7286.5(a)
 - b. GC 7286.5(b)
 - C. Local Policies
 - 1. SB 230 guidelines

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- 2. Use of Force policy updates
- D. Report Writing
 - 1. Proper documentation of use of force incidents
 - 2. Articulation of events
 - 3. Documentation of injuries/aid rendered to subjects, officers, bystanders
- III. SAFETY ORIENTATION AND WARM-UP
 - A. Review of Safety Policies and Injury Precautions
 - 1. Review safety policy
 - 2. Emergency exits
 - 3. AED
 - 4. Avoiding injury
 - B. Warm-up
 - 1. Stretching exercises
 - 2. Mental preparation
 - C. Physical conditioning
 - 1. Three Biggest Disablers
 - a. Heart Attacks
 - b. Lower Back and Knee Injuries
 - c. Peptic Ulcers
 - 2. How to Reduce Individual Risk to Above Disablers
 - a. Nutrition
 - b. Lifetime Fitness
- IV. SUBJECT'S ACTIONS AND OFFICER'S RESPONSE
 - A. Subject's actions
 - 1. Compliant
 - 2. Passive non-compliant
 - 3. Actively Resistant
 - 4. Assaultive
 - 5. Life Threatening
 - B. Officer's Response to Resistance
 - 1. Non deadly
 - 2. Intermediate force
 - 3. Deadly force
 - C. Students will participate in a scenario-based exercise to demonstrate
 - 1. Safety
 - 2. Awareness

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3. Balance
4. Control
5. Controlling Force
6. Proper Techniques
7. Verbal Commands/Instructions

V. OFFICER AWARENESS/TACTICAL CONSIDERATIONS

A. Initial Approach with Subject

1. Hands
2. Cover
3. Weapons/bulges
4. Footing/balance, officer's ability to stay on his/her feet

B. Tactical Considerations

1. Associates, subjects, and officers (resources available)
2. Escape routes, subjects – tactical retreat, officers

VI. WRAP SAFE RESTRAINT

- A. Officers will assess the subject's level of resistance to determine whether use of the Wrap Safe Restraint System is reasonable and necessary.
- B. Restrained subjects will be continuously monitored for signs of medical distress. If medical evaluation or clearance is required, partial or full removal of the restraint system may be necessary.
- C. When awaiting Fire or medical personnel, subjects will be placed in a recovery position whenever feasible to promote proper breathing and circulation.
- D. Proper assessment, positioning, monitoring, and documentation will be emphasized to reduce medical risk and prevent in-custody deaths.

VII. BODY BALANCE/STANCE AND MOVEMENT FROM POSITION OF INTERVIEW AND POSITION OF ADVANTAGE

A. Footwork Review

1. Forward shuffle
2. Rear shuffle
3. Normal pivot
4. Shuffle right and left
5. Pivot right and left
6. Progressive pivot
7. Shuffle pivot

B. Body Balance and Movement

1. How to fall to the ground safely and assume a position of advantage
2. Access to equipment on duty belt while in a position of advantage and on the ground

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VIII. SEARCH/HANDCUFFING

- A. Search
 - 1. Visual Search (plain view)
 - 2. Pat Down
 - 3. Incident to Arrest/complete search
- B. Handcuffing Techniques from
 - 1. Standing
 - 2. Prone
 - a. Minimize actions that could lead to positional asphyxia
 - b. Alternative placement
 - c. Positions of recovery
- C. Assess for Potential Officer and Suspect Injuries
 - 1. Render First Aid or request additional medical as needed
 - 2. Document

IX. CONTROL HOLD/ TAKE DOWNS/ GROUND CONTROL

- A. Control Hold
 - 1. Joint Manipulation
 - 2. Pain Compliance
- B. Take Downs
 - 1. Various Positions
 - a. Handcuffed
 - b. Non-cuffed
 - 2. Single Officer
 - 3. Multiple Officer
- C. Ground Control
 - 1. Mount
 - 2. Side control
 - 3. Back mount/Seatbelt
- D. Assess for Potential Officer and Suspect Injuries
 - 1. Render First Aid or request additional medical as needed
 - 2. Document

X. LESS LETHAL WEAPON SYSTEMS

- A. Overview
 - 1. Baton
 - a. Effective strike zones

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- b. Deployment techniques
 - c. Safety concerns
- 2. Taser
 - a. Effective Range distance
 - b. Deployment techniques
- 3. Pepper spray
 - a. Effective range distance
 - b. Deployment techniques
 - c. Decontamination protocol

XI. DE-ESCALATION OF FORCE

- A. Verbal Commands
 - 1. Tone of voice
 - 2. Gain voluntary compliance
 - 3. Single communicator
- B. Assessment
 - 1. Ability
 - 2. Opportunity
 - 3. Intent
 - 4. Recognize when to escalate vs. de-escalate
 - a. When verbal commands fail – time to act
 - b. Use of force warning when feasible
- C. Tactics
 - 1. Distance plus cover equal's time
 - 2. Resources
 - 3. Contiguous Plan

XII. STUDENT RECOVERY

- A. Cool Down
 - 1. Stretching
 - 2. Hydration
- B. Injuries
 - 1. Treat
 - 2. Document

XIII. TESTING/REMEDIATION

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USE OF FORCE UPDATE

I. INTRODUCTION/ORIENTATION

A. Introduction, Registration and Orientation

1. Instructor/student introductions
2. Registration/Rosters

B. Course Goals and Objectives

1. Increase knowledge of use of force laws
2. Increase knowledge of individual agency's use of force policies
3. Increase understanding of force options decision-making

II. POLICIES AND LEGAL ISSUES

A. Statutory Law

1. Key Elements of Assembly Bill (AB) 392

- a. Two measures for reasonableness
 - 1) Reasonable force
 - 2) Perspective of a reasonable officer
- b. To effect arrest, prevent escape, overcome resistance
- c. Significant change in use of force threshold per AB 392
 - 1) Subsections (b) and (c)(1) of PC 835a provide for a clear distinction between objectively reasonable and deadly force standards
 - 2) While objectively reasonable force may be utilized "to prevent escape, or to overcome resistance" to effect a lawful arrest, as soon as the circumstances reach a threshold for deadly force the standard increases to "necessary."

2. Key Elements of Penal Code (PC) Section 196 – Justifiable Homicide

- a. Definition revised to rely more heavily on PC 835a – deadly force can only be used when necessary
- b. "Homicide is justifiable when committed by peace officers and those acting by their command in their aid and assistance, under either of the following circumstances:" [PC 196]
 - 1) "In obedience to any judgment of a competent court order." [PC 196(a)]
 - 2) "When the homicide results from a peace officer's use of force that complies with Penal Code Section 835a." [PC 196(b)]
- c. What changed?
 - 3) Removed "When necessarily committed in overcoming actual resistance to the execution of some legal process or in the discharge of any other legal duty"
 - 4) Removed "When necessarily committed in retaking felons who have been rescued or have escaped, or when necessarily committed in

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arresting persons charged with felony and who are fleeing from justice or resisting such arrest.”

3. Key Elements of Penal Code Section 835a
 - a. “The Legislature finds and declares”: [PC 835a(a)]
 - 1) “The authority to use physical force, conferred on peace officers by this section, is a serious responsibility that shall be exercised judiciously and with respect for human rights and the dignity and the sanctity of every human life.”
 - 2) “The Legislature finds and declares that every person has a right to be free from excessive use of force by peace officers acting under the color of law.” [PC 835a(a)(1)]
 - b. “As set forth below, it is the intent of the Legislature that peace officers use deadly force only when necessary in defense of human life. In determining whether deadly force is necessary, officers shall evaluate each situation in light of the particular circumstance of each case and shall use other available resources and techniques if reasonably safe and feasible to an objectively reasonable officer.” [PC 835a(a)(2)]
 - c. “That the decision by a peace officer to use force shall be evaluated carefully and thoroughly, in a manner that reflects the gravity of that authority and the serious consequences of the use of force by peace officers, in order to ensure that officers use force consistent with law and agency policies.” [PC 835a(a)(3)]
 - d. That the decision by a peace officer to use force shall be evaluated from the perspective of a reasonable officer in the same situation, based on the totality of circumstances known to or perceived by the officer at the time, rather than with the benefit of hindsight, and that the totality of circumstances shall account for occasions when officers may be forced to make quick judgments about using force.” [PC 835a(a)(4)]
 - e. “That individuals with physical, mental health, developmental, or intellectual disabilities are significantly more likely to experience greater levels of physical force during police interactions, as their disability may affect their ability to understand or comply with commands from peace officers. It is estimated that individuals with disabilities are involved in between one-third and one-half of all fatal encounters with law enforcement.” [PC 835a(a)(5)]
 - f. “Any peace officer who has reasonable cause to believe that the person to be arrested has committed a public offense may use objectively reasonable force to effect the arrest, to prevent escape, or to overcome resistance.” [PC 835a(5)(b)]
 - g. “Notwithstanding subdivision (b), a peace officer is justified in using deadly force upon another person only when the officer reasonably believes,

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based on the totality of the circumstances, that such force is **necessary** (emphasis added) for either of the following reasons:" [PC 835a(c)(1)]

- 1) "To defend against an imminent threat of death or serious bodily injury to the officer or another person." [PC 835a(c)(1)(A)]
- 2) "To apprehend a fleeing person for any felony that threatened or resulted in death or serious bodily injury, if the officer reasonably believes that the person will cause death or serious bodily injury to another unless immediately apprehended.
 - a) Where feasible, a peace officer shall, before the use of force, make reasonable efforts to identify themselves as a peace officer and
 - b) Warn that deadly force may be used, unless the officer has objectively reasonable grounds to believe the person is aware of those facts." [PC 835a(c)(1)(B)]
- i. "A peace officer shall not use deadly force against a person based on the danger that person poses to themselves, if an objectively reasonable officer would believe the person does not pose an imminent threat of death or serious bodily injury to the peace officer or to another person." [PC 835a(C)(2)]
- j. "A peace officer who makes or attempts to make an arrest need not retreat or desist from their efforts by reason of the resistance or threatened resistance of the person being arrested. A peace officer shall not be deemed an aggressor or lose the right to self-defense by the use of objectively reasonable force in compliance with subdivisions (b) and (c) to effect the arrest or to prevent escape or to overcome resistance. For the purposes of this subdivision, 'retreat' does not mean tactical repositioning or other de-escalation tactics." [PC 835a(d)]
- k. "For purposes of this section, the following definitions apply:" [PC 835a(e)]
 - 1) "Deadly force' means any use of force that creates a substantial risk of causing death or serious bodily injury, including, but not limited to, the discharge of a firearm." [PC 835a(e)(1)]
 - 2) "A threat of death or serious bodily injury is 'imminent' when, based on the totality of the circumstances, a reasonable officer in the same situation would believe that a person has the present ability, opportunity, and apparent intent to immediately cause death or serious bodily injury to the peace officer or another person. An imminent harm is not merely a fear of future harm, no matter how great the fear and no matter how great the likelihood of the harm, but is one that, from appearances, must be instantly confronted and addressed." [PC 835a(e)(2)]
- l. "'Totality of the circumstances' means all facts known to the peace officer at the time, including the conduct of the officer and the subject leading up

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to the use of deadly force.” [PC 835a(e)(3)]

- 1) Officers should be prepared to articulate what actions were taken and why
 - 2) Officers should be prepared to articulate what actions were *not* taken and why they were not taken
4. Senate Bill 230
- a. Discuss your agencies’ current use of force policy
 - b. Does it accurately reflect the requirements of SB 230
 - 1) De-escalation, crisis intervention, other alternatives to force
 - 2) Objective reasonableness
 - 3) Required reporting of potential excessive force to superior officer
 - 4) Guidelines regarding situations in which officer may or may not draw or point a firearm
 - c. Consideration of surroundings and potential risks to bystanders before discharging firearm
 - d. Procedures for disclosing public records
 - e. Procedures for filing, investigation, and reporting of citizen complaints regarding UoF incidents
 - f. Duty to intercede
 - g. Guidelines regarding methods and devices available for application of force
 - h. Requirement that officers carry out duties in fair and unbiased manner
 - i. Guidelines for application of deadly force
 - j. Requirements for internal reporting and notification of UoF incidents, including to DOJ
 - k. Role of supervisors in review of UoF incidents
 - l. Prompt provision or procurement of medical assistance for injured parties, when necessary
 - m. Training to demonstrate knowledge and understanding of UoF policy
 - n. Training and guidelines regarding vulnerable populations such as children, elderly, people with disabilities, etc.
 - o. Guidelines for discharge of a firearm at or from a moving vehicle
 - p. Factors for evaluating and reviewing all UoF incidents
 - q. Minimum training regarding UoF policy
 - r. Regular review and updating of UoF policy
 - s. UoF policy available to the public
5. Pending legislation
- B. Case Law
1. Foundational case law
 - a. *Graham v. Connor*

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- b. Tennessee v. Garner
 - c. Hayes v. County of San Diego
- 2. Pending cases
 - a. SB 627- No Secret Police Act effectively bans LE from wearing masks.
 - b. Sb 857 Proposed Amendment to PC 835a- Reinforces Necessary standard to define further.
 - c. HR 1551- Protect and Serve Act. Makes it a federal crime to assault an officer during official duties.
- 3. Peace officers must understand that the landmark cases of Graham v. Connor, Tennessee v. Garner, and Hayes v. County of San Diego are foundational and have historical and legal significance on the application of law. However, PC 835a creates a higher standard for the application of deadly force in California.

C. Agency's Use of Force Policy

- 1. Agency's existing policy
- 2. How has the policy changed in recent years?
- 3. How does this affect how officers do the job?
- 4. Officer's responsibility to notify supervisor following use of force
- 5. Supervisor's responsibility following a notification

III. REVERENCE FOR HUMAN LIFE AND DUTY TO INTERCEDE

A. Reverence for Human Life

- 1. What does "reverence for human life" mean?
- 2. How is this applied to the use of force?

B. Duty to Intercede [*Penal Code 13519.10(b)(2), Government Code 7286(b)(8)(9)*]

- 1. What is a "duty to intercede?"
 - a. Bystander officer liability
 - b. What is the stigma around this?
 - c. How do we break the stigma?
 - d. How does this reflect your personal and organizational core values?
- 2. What is your responsibility as a peace officer to intervene?
 - a. To the public?
 - b. To fellow officer(s)?
 - c. To self?
 - d. To organization?
- 3. What are the consequences and liabilities?
 - a. Criminal
 - b. Civil
 - c. Administrative

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- d. Moral/ethical
- 4. How do you recognize when to intercede?
- 5. Agency's policy on duty to intercede
 - a. What is your responsibility to report to a supervisor?
 - b. Has the policy changed in recent years?
 - c. What is the policy on retaliation?

C. Rendering First-Aid

- 1. What is your responsibility to render first-aid?
- 2. How does one deem when it is safe to render first-aid?
- 3. Discuss agency policy regarding handcuffing techniques when rendering aid to subjects who are severely injured or possibly deceased
- 4. Agency's policy on rendering first-aid

IV. DE-ESCALATION AND VERBAL COMMANDS

A. De-Escalation

- 1. What is it?
- 2. How is it used?
- 3. What are the key components and considerations?

B. Interpersonal Communications - Verbal Communications versus Verbal Commands

- 1. How does verbal communication fit in as a force option?
- 2. How is it used as a tool for de-escalation?
- 3. How might either verbal communication or commands affect the outcome of a situation?

C. Control the Environment

- 1. Tactical pause
- 2. Tactical repositioning
- 3. Slow down
- 4. Gather information
- 5. Develop a plan
- 6. Time + Distance = Options

D. Making Sound Decisions

- 1. What is important right now?
- 2. Set priorities
- 3. Think through your choices
- 4. Make sound decisions

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V. CLASS EXERCISES AND STUDENT EVALUATIONS/TESTING

- A. Practice engaging in potential use of force situations via active process
 - 1. Individual or small group case study review
 - 2. Discussion of case studies
 - 3. Participation in role play scenarios
 - 4. Observation of role play scenarios
 - 5. Debrief of role play scenarios using the following lenses:
 - a. Department policy/legal standards – Articulation of use of deadly force v. non-deadly force (necessity v. objective reasonableness)
 - b. Procedural Justice – How did the response demonstrate procedural justice?
 - c. Tactics
- B. Evaluation of potential use of force situations via demonstration
 - 1. Evaluate role play scenarios
 - 2. Feedback from peers
 - 3. Feedback and debrief from instructors using the following lenses:
 - a. Department policy/legal standards – Articulation of use of deadly force v. non-deadly force (necessity v. objective reasonableness)
 - b. Procedural Justice – How did the response demonstrate procedural justice?
 - c. Tactics
 - d. Evaluation/Critique of scenario from role players/participants
 - e. Feedback from peers/role players/observers

VI. Assessment

- A. Use of Force Scenarios
 - 1. Traffic Stop
 - 2. Probation Search
 - 3. Room Clearing
 - 4. Armed subject, use of K9 and Less Lethal Weapons