

# **Duties to Intervene, Provide Medical Aid, and Safely Transport**

Model Use of Force Policy

# The Policy

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## 1.1 – Key Concepts and Definitions

### A. Key Concepts:

1. Officers have legal and moral obligations to the public they serve. Requiring officers to intervene and prevent or stop another officer from committing misconduct increases the Department's legitimacy, enhances public safety, and builds public trust in the police.
2. Preserving human life is this Department's highest priority. Ensuring that persons who require medical attention receive immediate medical aid following a use of force is essential to upholding this priority.
3. Officers must ensure the safe transportation of all persons within their care.

### B. Definitions:

1. **Intervene:** To come between an officer and another person, through either physical or verbal means, to prevent misconduct from taking place or to end misconduct that is already taking place.
2. **Misconduct:** Any act or failure to act that violates an officer's oath of office; Department policies or procedures; the laws of [State] or the United States; or the [State] Constitution or the United States Constitution. This includes, but is not limited to, acts of excessive, unauthorized, or unnecessary force; or acts of force that began as authorized and necessary but became unauthorized or unnecessary as the circumstances developed or changed.

## 1.2 – Duty to Intervene

### A. Duty to Intervene

1. If an officer witnesses another officer engage in misconduct or has reason to believe that another officer is engaged or about to engage in misconduct, that officer must intervene to end or prevent the misconduct. This expressly includes when the officer observes another officer's acts of force that began as authorized and necessary, but subsequently become unauthorized or unnecessary as the circumstances developed or changed.
2. This duty to intervene commences as soon as the officer has reason to believe that misconduct by another officer is likely to occur or the officer witnesses the misconduct occurring, whichever

occurs first. This duty continues unless and until the conduct in question has completely stopped.

3. This duty to intervene applies regardless of the officer's tenure, rank, or seniority.

## **B. Types of Intervention**

1. *Verbal intervention:* Verbal interventions should be used to prevent misconduct when an officer has reason to believe that another officer may be about to engage in misconduct. Examples include asking an agitated officer a question to redirect their attention, asking a question to the person with whom the agitated officer is engaged to give the officer a chance to collect themselves, and asking an agitated officer to talk with you away from the person with whom the officer is engaged. Verbal interventions may be insufficient to stop misconduct that is already taking place.
2. *Physical intervention:* Physical interventions should be used to stop misconduct that is already occurring and may be necessary to prevent misconduct if verbal interventions do not appear to be working. Physical interventions include putting one's body in between an officer and a person, using one's body to protect the individual against whom misconduct is occurring, or forcibly restraining or removing an officer from a situation in which the officer is engaging in misconduct.

## **C. Duty to Report Misconduct**

1. *Requirement to Report Misconduct.* If an officer observes another officer commit or attempt to commit misconduct or has a good faith reasonable belief that another officer committed or attempted to commit misconduct, that officer must report, within 24 hours, such wrongdoing to a supervisor in accordance with the Department's reporting policies and procedures.
2. *Protection from Retaliation.* No officer who intervenes in or reports misconduct under this policy will be subject to retaliation, reassignment, or any other disciplinary action for taking such actions.

## **1.3 – Duty to Provide Medical Aid and Report Injuries**

### **A. Duty to Provide Medical Aid**

1. *Requirement to Provide Medical Aid.* Following any use of force, the officer using force or other officers present at the scene must immediately summon EMS and immediately provide medical aid, to the best of their skill and training, to any person that is:
  - Injured;
  - Claiming injury;
  - Requesting medical attention;

- Exhibiting physical or mental distress; or
- Having difficulty breathing.

2. *Exception.* Officers are not required to not call EMS for objectively minor injuries that can be treated with standard first aid (e.g. minor scrapes or bruises), but only if the officer is capable of providing that aid.

3. *Requirement to Call EMS in Certain Situations.* Officers must call EMS following the certain uses of force, regardless of the presence of visible injury or complaint of injury, if the use of force involved:

- Batons or other impact weapons;
- Tasers or pepper spray;
- Canine bites;
- Striking of the head (e.g. punching, kicking, hitting, impact against a hard object, etc.); or
- People known to or reasonably believed to be minors, elderly, physically frail or disabled, or pregnant.

4. *Duration of Duty to Provide Medical Aid.* The duty to provide medical aid continues until any injured individuals are either in stable condition or in the care of trained emergency medical professionals. Officers must continuously monitor a person's condition and provide ongoing updates to EMS on the person's condition.

5. *Refusal of Medical Evaluation.* Persons have a right to refuse medical evaluation. If an individual does so, that refusal must be documented in a report and booking form, and, where possible, witnessed by a second officer.

6. *Requirement of Examination Prior to Detention.* An injured person must not be admitted or held in detention without being examined and released by a physician or qualified health care provider. Whenever there is doubt concerning the need for medical attention, it should be resolved through examination of the person by an appropriate health care provider. Refusal of treatment shall be documented and verified by the officer and attending physician or health care provider.

7. *Requirement of Examination Prior to Interrogation or Prisoner Processing for Certain Forms of Force.* A person must be examined by an appropriate health care provider prior to interrogation or processing for purposes of detention when suffering from or complaining of injury or illness or when, among other instances, the use of the force on the person involved:

- Strike to the head with an impact weapon or other hard object;
- A prohibited restraint involving the neck or throat;

- Strike with a less-lethal weapon such as a TASER dart, ARWEN, or stingball; or
- A bite by a police canine.

## **B. Reporting Injuries**

All injuries sustained due to a use of force must be documented on a booking form. Officers must document, at a minimum, the nature and location of the injury and how the injury occurred. Officers will not book a person who has or complains of an injury following the use of force unless they document that person has been evaluated by a medical professional, or has refused such evaluation, or that such evaluation was not needed because it involved a minor injury such as a minor scrape or bruise.

## **1.4 Duty to Safely Transport**

### **A. Duty to Safely Transport**

1. *Requirement to Safely Transport.* Officers must ensure the safe transportation of all persons in their care. Officers must safely secure a restrained person in an upright position upon placing the person inside a vehicle. Officers who are transporting individuals have a duty to avoid placing the person's body in a position that risks positional asphyxia, which occurs when the position of a person's body prevents the person from adequately breathing.
2. *Handcuffs as Preferred Restraint.* Handcuffs are the preferred restraint device for transportation. Officers must check any handcuffs placed on a person for tightness and to ensure they are double locked as soon as it is safe to do so prior to transport.

### **B. Prohibited Body Positions and Restraints**

This policy expressly prohibits:

1. The transportation of a person in a face-down position;
2. The use of a "hog tie" restraint; and
3. The use of "hobble" or other leg restraints to secure individuals to fixed positions inside a vehicle.