

# Hayward Police Department

## Arrest and Control Tactics P.O.S.T. Perishable Skills Program January 2018

Instructors: Bell, Constantin, Javier, Johnson, Allen, Gould, Neula, Carter, Noble, Martinez, S. Spillner, Wilson, Fay, Vonnegut, Thompson, Kell, Cosgriff

### Hourly Distribution:

I. Legal Update	50 min
II. Warm-up	20 min
III. Searching/Handcuffing	45 min
Break	10 min
IV. Takedowns	40 min
V. Wrap Restraint	30 min
Break	10 min
VI. Impact Weapons	45 min
VII. Carotid Control	45 min

Total D.T. Class Hours    4.5 hours

# Hayward Police Department

## Defensive Tactics Training Safety Guidelines

### Safety Guidelines:

1. All training involving Defensive Tactics will be held at the Hayward Police Department, or a pre-approved and designated alternate facility.
2. The training location will be equipped with an appropriate matted area for all practical exercises.
3. Anyone who does not strictly adhere to the requests or instructions of the instructors will not be allowed to participate in training.
4. The HPD Use of Force Policy will be reviewed prior to the commencement of training.
5. Adequate emergency lighting shall be available at the site of any nighttime training.
6. There will be no firearms allowed in the training area. All firearms related training will utilize department approved, non- firing-replica training weapons.
7. Every student shall wear appropriate clothing while attending training. This will include pre-designated department uniform or appropriate athletic clothing and footwear. No, shorts, open toed shoes or sandals will be worn.
8. All safety equipment and instruments utilized in training will be inspected for serviceability, as well as to ensure they fall within Department specifications prior to training.
9. First Aid equipment shall be readily accessible at the site during training.
10. All pre-existing injuries will be identified prior to the commencement of training.
11. Any student with an injury will not be required to participate in practical exercises.
12. All injuries sustained during training shall be reported to one of the instructors and/or supervisor present at the training site. Reported injuries shall be documented and medical attention shall be provided as required pursuant to Departmental Policy.
13. Students who sustain minor injuries requiring medical attention will be transported to St. Rose Hospital, Hayward for medical attention. Students who sustain major injuries requiring a trauma activation will be transported to Eden Hospital, Castro Valley

### Instructional Staff to Student Ratio:

1. The instructor shall establish an appropriate staff-to-student ratio to ensure the maximum level of observation, safety and instruction. The consideration for setting the ratio shall be intensity of the instruction. The more the student is required to perform specific tactics or utilize instruments, the lower the ratio should be. The following is a suggested guideline:

- |                               |                             |
|-------------------------------|-----------------------------|
| a. Scenario/Hands on Training | 1 instructor per 1 student  |
| b. Instructor / Lecture       | 1 instructor per 6 students |

## I. Legal Update

III(j,g)

### A. Review HPD Use of Force Policy

- 1) Discussion of policy issues
- 2) Discussion of recent incidents
- 3) Discussion of current court cases

[Aldaba v. Pickens](#), 13-7034 (10th Cir. 2015)-The justification for use of force on a mentally ill person with serious and deteriorating medical condition who needs treatment differs from a criminal who is a threat to the community. In this case the officer's Tasered a patient at a hospital multiple times and forced him to the ground and handcuffed him. The patient died. The officers were not entitled to qualified immunity.

[Armstrong v. Pinehurst](#), No. 15-1191 (4th Cir. 2016)-Armstrong was mentally ill. He left a hospital to avoid being involuntarily committed. Police found him nearby. He sat on the ground and clung to a pole to avoid being taken into custody. There were several officers present. Officers tried to pry him from the pole. An officer then used a Taser multiple times in drive stun mode with no effect. Armstrong was then forcibly pulled from the pole and handcuffed. He was held face down. Armstrong stopped breathing, and died shortly after.

The 4th Circuit Court held:

Where, during the course of seizing an out-numbered mentally ill individual who is a danger only to himself, police officers choose to deploy a Taser in the face of stationary and non-violent resistance to being handcuffed, those officers use unreasonably excessive force. When officers encounter a minimally threatening mentally ill person, the officer is expected to de-escalate the situation and adjust the use of force downward.

[Perea v. Baca](#), No. 14-2214 (10th Cir. 2016)-Officers stopped Perea for running a stop sign on his bike. They gave Perea no warning or commands before chasing him on foot and pushing him off his bike. He resisted. He was shot with Taser probes. The officer followed with 9 more shocks in "stun mode". Perea ultimately died. The court held that the officers used excessive force:

1. The use of the Taser 10 times in two minutes was disproportional to the seriousness of Perea's crime.
2. Perea did not pose a threat to anyone which would justify such use of force.
3. Perea's resistance (thrashing and swinging a crucifix) did not justify the officers' severe response

## II. Warm Up

## III(a)

### A. Exercises/Stretching

- 1) Jumping Jacks 25-50, progressively getting faster
- 2) Neck Stretches
- 3) Arm Rotations (shoulders):
- 4) Side Tips (lats):
- 5) Trunk Rotations (on a two count):
- 6) Cross one foot over the other:
- 7) Groin stretch legs (standing) Legs wide
- 8) Groin stretch (sitting butterfly): bottom of feet together
- 9) Leg stretches: Hurdlers
- 10) Lower back stretch:
- 11) Leg Pulls:
- 12) Stomach / Back stretch:

13) Leg and back stretch:

14) Wrist stretches:

- a. Twist lock Stretch
- b. Reverse Wrist Stretch

## B. Wrist Lock Kata

1. Reverse Wrist
2. Bar Arm
3. Top Hand
4. Collapsing Wrist
5. Twist Lock
6. Rear Wrist Lock
  - a. Complete Wrist lock Kata on both right and left hands

## C. Footwork:

1. Position of Interview
  - a. Hands near waist line, gun side back and equal weight on each foot.
2. Shuffle
  - a. Right
  - b. Left
  - c. Front
  - d. Back
3. Normal pivot
4. Shuffle pivot
5. Progressive pivot
6. Defensive Supine Position
  - a. Straight kicks- from supine position, straight kick towards suspect to gain distance
  - b. Hip switch- flip over from side to side on hips as if a suspect is trying to circle you on the ground

7. Tripod recovery
  - a. Place one hand to the rear of body and opposite foot flat on ground.
  - b. Swing bent leg under body and return to a POI.

### III. Searching and Handcuffing      III(c,f,g,i)

Instruct the student officers to practice the following searching and handcuffing techniques. Provide review instruction as necessary. All exercises will be performed with appropriate verbal instructions. Instructors will continually evaluate student performance, observing the student's awareness, balance and control during exercises.

#### A. Search Techniques

1. Low risk search-
  - a. Rear wrist grab-with this technique the officer maintains a same side wrist grab while searching from behind
  - b. Rear finger grab-with this technique the officer obtains a finger grab with suspect hands behind their back
2. Mid to High Level Search
  - a. Standing Modified-Search only

#### B. Handcuffing

- 1) Two officer handcuffing
  - a) one officer uses rear wrist lock and the second officer uses a twist lock-the officer maintaining the twist lock will apply handcuffs
- 2) Standing Modified
- 3) Felony Prone
  - a) Approach from both left and right sides

## IV. Takedowns

III(d)

### A. Twist lock takedowns

1. To the rear with stir over finish with prone control
  - a. Elevate arm of suspect and make parallel to ground.
  - b. Push elbow towards the ground
2. To the front and finish with prone control
  - a. Circle Down
  - b. Radial Nerve Stimulus

### B. Standing Takedowns from the rear

1. Hair pull or Z-grip takedown with push over to prone control
  - a. Grab large amount of hair to get good grip
2. Leg Sweep Takedown with push over to prone control
  - a. Use bottom of your foot push out leg of suspect
3. Cross face Takedown with push over to prone control

### C. Standing Takedowns from the front

1. Reverse Wrist takedown to prone control
2. Bar Arm takedowns to prone control
  - a. Circle Down
  - b. Drag Down

## V. Wrap Restraint Update

III(e)

### A. Introduction and Review of Training Bulletin:

1. Explain the purpose of the "Wrap" restraint.
  - a. To stop the fight quickly
  - b. Promotes recovery
  - c. Safe and secure transportation
2. Review the HPD Policy Handcuffing and Restraint

### B. Application:

1. Show how to apply the restraint.
  - a. The Wrap consist of:
    - i. Ankle Strap
    - ii. Leg Wrap
    - iii. Harness
2. Show how to move a suspect that is in the restraint.
  - a. One officer under each suspects arms and one officer holding the handle of the Ankle Strap
3. Each officer will participate in the following roles:
  - a. Primary application officer
  - b. Assisting officer
  - c. Suspect

### C. Medical Considerations when utilizing the (WRAP) restraint device- Pre Contact

1. Is the suspect under the influence (Stimulant)

2. Is the suspect obese or a large individual
3. Does the suspect suffer from a Mental illness
4. Stage Fire/EMS

**D. Post-Contact Symptoms:** If a restrained subject complains of or exhibits any medical concerns, seek immediate medical attention. Medical treatment can be provided while the subject is restrained in the WRAP.

1. Respiratory Distress -Verbal "I can't breathe"  
(i.e. coughing, gasping, gagging, shortness of breath)
2. Sudden quiet or inactivity (especially after a violent struggle)
3. Chest pains, shooting pains down the arm
4. Change in facial color
5. Elevated body temperature (I'm burning up!)
6. Vomiting
7. Suspected drug behavior
8. Sweating profusely
9. Elevated Heart Rate

**E. Loss or Apparent Loss of Consciousness of subject in (WRAP) restraint:**

1. Assess per CPR Training
2. Roll subject to left or right side this will facilitate drainage of fluids from the subject's mouth
3. Loosen and remove parts of WRAP
  - a. First loosen or remove shoulder harness/leg restraint tether
  - b. Second loosen or remove ankle strap
  - c. Third loosen or remove leg restraint portion of WRAP
  - d. If leg restraint is loosened or removed, Officers should have assistance in controlling the subject's legs
4. Brace subjects left or right handcuffed elbow/lower arm against ground which will prevent subject from rolling prone

- a. While subject is on left or right side, this will assist Officers in monitoring the subjects pulse and breathing
5. Officers should continue to monitor subject until relieved by another Officer or more qualified medical personnel.

## F. Subject has medical emergency in (WRAP) restraint:

1. Remove shoulder harness
2. Lay handcuffed subject down upon back
3. First Aid/CPR

## G. Flow Pattern

1. WRAP Applied
2. Check for vitals
3. If there are no vital signs- EMS/render First Aid & CPR as necessary
4. Recovery to “recognizable state of consciousness”
5. No recovery- EMS/render First Aid & CPR as necessary
6. Continuously monitor

## H. Demonstrate

1. Officers will demonstrate proper application of (WRAP) restraint device
2. Officers will demonstrate proper procedure involving a subject who has a loss or apparent loss of consciousness in the (WRAP) restraint device
3. Officers will demonstrate proper procedure involving a subject suffering from medical emergency in the (WRAP) restraint device

## VI. Impact Weapons Update Review III(c)

### A. Lecture: Discussion on legal use

1. Intermediate use of force
2. Injury force
3. Non-target areas (head, neck/throat, heart, xyphoid process (smallest and most inferior region of the sternum or breastbone).
4. Medical treatment
5. Documentation (written/photographs)

### B. Zone Strikes

1. Zones 1 thru 4
  - a. Forehand
  - b. Backhand
2. Two Count Series
  - a. Two Count
    1. jab to backhand
  - b. Two Count two handed
    2. jab to forehand
  - c. Two Count Yawara
    3. jab to 45 side step and butt strike

Practice strikes on bags at gym. Safety note, caution students to strike lightly on two count Yawara strike to prevent injury to hands.

## VII. Carotid Control

III(n)

- A. Purpose: To subdue a resisting subject when:
  - 1. The officer has attempted to control the subject with lesser degrees of force which has failed.
  - 2. There is an immediate urgency or danger and lower levels of force are not appropriate and deadly force is not justified.
  
- B. The Carotid Control is designed to accomplish (3) separate acts:
  - 1. Take the subject to the ground
  - 2. Render the subject unconscious
  - 3. Allow quick and easy handcuffing
  
- C. Hazards of the Carotid Control
  - 1. Frontal/ Excessive pressure may cause asphyxiation due to cartilage will cause swelling and possible suffocation
  - 2. Over stimulation of vegus nerve
  
- D. Post Carotid Aid
  - 1. Check vital signs
  - 2. Observation period- First (2) hours critical
  - 3. Medical attention regardless if subject lost consciousness or not.
  - 4. First Aid/CPR if necessary-handcuffs do not have to be removed to render CPR
  
- E. Carotid Application
  - 1. Proper Alignment
  - 2. Locked Carotid Application
    - a. Off hand placed between suspects head and officers head, however, do not apply pressure to suspects head
  - 3. Kansas City Carotid Application
    - a..Place palms of hands together and push palms together to assist in application of pressure.

## F. Flow Pattern

1. Apply Carotid Control Hold
2. Handcuff
3. Check for Vitals
4. If there are vital signs- Search
5. If there are no vital signs- EMS/render First Aid & CPR as necessary.
6. Recovery to “recognizable state of consciousness”.
7. No recovery- EMS/render First Aid & CPR as necessary.
8. Medical Clearance
9. (2) Hour Observation period
10. Notify HPD jailers and other personnel who may have contact with the subject that the Carotid Control was applied.

## G. Documentation

1. Justification
2. Subject recovered to recognizable state of consciousness
3. First Aid/CPR if applied
4. Medical Clearance- Doctors name and Hospital subject was taken to
5. Notification of Jail personnel

## H. Possible physical/biological reactions from person whom the technique is applied:

1. Unconscious
2. Convulsions (jerking of hands, arms, legs)

3. Voids bladder/bowels
4. Vomiting
5. Nose Bleed
6. Red/Bloodshot eyes (bursting of capillaries)
7. Disorientation
8. Reduced blood pressure, pulse rate, respiratory rate

## VIII. Course Evaluation/Injury Assessment III(b,k)

### A. Injury Assessment

- 1) Identify any injuries
- 2) Make appropriate notifications
- 3) Prepare proper documentation