

DE-ESCALATION STRATEGIES

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I. POLICY

In service to their communities, police officers may be called upon to serve as a mediator between parties, diffuse tense situations, or exercise physical control over violent or resisting subjects. In such situations, officers may encounter persons suffering from mental illnesses, substance abuse problems, post-traumatic stress disorders, developmental disabilities, or other conditions that may limit their ability to understand or respond rationally to an officer’s orders.

In attempting to achieve the most favorable outcome possible, officers should examine each unique situation in consideration of the totality of the circumstances, use the available time to their advantage, and employ de-escalation strategies when appropriate. When circumstances allow officers to employ a more measured response, de-escalation techniques may help uphold the sanctity of life, build community trust, reduce the need to use force, and minimize physical and emotional harm to both citizens and officers.

II. DE-ESCALATION RECOGNITION

- A. De-escalation tactics and techniques are proactive actions and approaches used by officers to gain voluntary compliance, reduce or eliminate the need to use force, and improve officer safety.
- B. Before resorting to the use of force, officers shall attempt, whenever possible, to *slow the situation down* so that more time, options, and resources are available to resolve the incident. Rarely is immediate physical force action required upon initial arrival of the officer.
- C. Officers must strive to recognize when an individual is in crisis. Often there is a precipitating event that the individual is unable to resolve for themselves. Officers shall consider whether a subject’s lack of compliance is likely to be intentional, or is resulting from an inability to comprehend and/or comply based on, but not limited to the following:
 - 1. Medical condition;
 - 2. Developmental disability;
 - 3. Physical/hearing impairment;
 - 4. Language barrier;
 - 5. Substance abuse or impairment;
 - 6. A mental or behavioral health crisis or condition.

- D. An officer's awareness of these possibilities, when time and circumstances permit, shall then be balanced against the facts of the incident when deciding which options are the most appropriate to bring the situation to a safe resolution. Mitigating the immediacy of threat gives officers time to utilize extra resources and increases the time available to call more officers, specialty units, or outside resources.

III. DE-ESCALATION TACTICS AND TECHNIQUES

- A. The number of officers on the scene may increase the available force options and may increase the ability to reduce the overall force used. Available tactics and techniques may include, but are not limited to the following:
1. Containing a threat, such as putting up a perimeter (interior & exterior).
 2. Decreasing exposure to a potential threat by using:
 - Time;
 - Distance;
 - Cover;
 - Concealment;
 - Placing physical barriers between an uncooperative subject, the officer, and/or a third party;
 - Moving from a position that exposes officers and/or a third party to potential threats to a safer position.
 3. Calling in extra resources to assist:
 - Supervisors;
 - EDPRT -Mental Health Crisis Response trained officers;
 - Mental Health Mobile Crisis Team;
 - Additional officers.
 4. Communication from a safe position intended to gain the subject's compliance, using:
 - Verbal techniques, such as listening and explaining with equity and dignity to calm an agitated subject and promote rational decision making.
 - Clear instructions, advisements, and warnings.
 5. Avoidance of physical confrontation unless immediately necessary for personal or public safety to stop dangerous behavior.
 6. Utilizing less lethal force options.
 7. Setting up an Operations Command Post.

IV. TRAINING

Members of the department shall receive annual training in de-escalation tactics.

BY ORDER OF

Mark T. DePaull
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Chief of Police