


**AURORA POLICE DEPARTMENT
DIRECTIVES MANUAL**

05.08	Title: LESS LETHAL DEVICES, WEAPONS AND TECHNIQUES	
	Approved By: Vanessa Wilson, Interim Chief of Police	
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Review: Training Section Commanding Officer		Duty Honor Integrity
		Page 1 of 12

5.8 LESS LETHAL DEVICES, WEAPONS AND TECHNIQUES

This directive addresses the use of less lethal weapons and associated munitions. The Aurora Police Department recognizes that combative, non-compliant, armed and/or violent subjects cause control problems that may require special training and equipment. For this reason, the Department has adopted a less lethal force philosophy to assist in the de-escalation of potentially violent confrontations.

Only Department members who have completed departmentally required and approved training and demonstrated proficiency are authorized to carry, deploy, display or use less lethal weapons. Less lethal weapons must be used in accordance with department training.

Prior to receiving authorization to carry less lethal weapons, members will be trained in the academy in the proper application of the use of physical force, potentially deadly force and deadly force under Department directives and applicable state and federal law. All members have access to all Department Directives related to the use of physical force, potentially deadly force and deadly force in electronic format through the document management system. The policy receipt and curriculum delivery will be documented.

Use of less lethal weapons is justified in those proper and lawful situations requiring a degree of force greater than that provided with weaponless control techniques.

Specifications for all less lethal weapons will be maintained by the Training Section.

5.8.1 Levels of training and proficiency required

The following less lethal weapon systems require users to successfully complete initial training and demonstrate proficiency as well as demonstrate ongoing proficiency at least annually:

- Baton
- Chemical Irritants
- Kinetic Energy Impact Projectiles
- 26” and 29” Rapid Containment Baton (RCB)
- SD-1
- Taser
- Soft Restraints (Hobbles)

The Training Section Lieutenant will maintain a record of members who are authorized to carry and have satisfactorily demonstrated proficiency.

5.8.2 Deployment and Use of Less Lethal Weapons

The concept in the use of less lethal weapons is to meet operational objectives with less potential for causing death or serious injury than with the use of a firearm. Members are permitted to draw or display their less lethal weapons when there are grounds to believe that it may be necessary to employ the weapon(s).

Justification for the use of less lethal force must be in compliance with Colorado Revised Statutes as well as appropriate components within directives.

Prior to deploying a less lethal weapon other than the baton or SD-1, the member should, when feasible, notify assisting members that the weapon is being deployed. This may prevent assisting members from mistakenly believing that lethal weapons are being used or fired.

5.8.3 Carotid Control Hold

Members may utilize the carotid control hold when they are met with violent resistance. This method should be used when other means have been tried unsuccessfully or other means are not feasible.

A proper carotid control hold should not restrict the airway. Members are strictly prohibited from using any choke hold that restricts the airway, unless the use of deadly force is authorized.

5.8.4 Chemical Irritants/Munitions

The deployment of these irritants/munitions can be both defensive as well as offensive.

Use of chemical irritants/munitions on an offensive basis will be approved by a SWAT/ERT sergeant, or any command officer.

Special chemical irritants/munitions (beyond standard issued O.C.) will be deployed by SWAT/ERT gas technicians when practical.

Chemical irritants may be used without prior authorization when a defensive need arises. Whenever a chemical irritant/munition is used, the Duty Captain should be advised as soon as practical.

Members, and especially supervisors, should evaluate the use of chemical irritants/munitions for potential consequences prior to use on an offensive basis. Some chemical irritants/munitions can have severe effects on persons with respiratory conditions, children, and elderly. Some chemical munitions also have extreme fire potential.

5.8.5 Impact weapons

When using less lethal impact weapons, members should avoid targeting the head, neck, throat, heart, kidneys, spine, groin and knee joint.

Adding additional weight, foreign objects or other modifications is prohibited.

The glass breaking tip on the RCB is prohibited.

The SD-1 is not intended to replace the standard straight baton.

5.8.6 Kinetic Energy Impact Projectiles

Sworn members are cautioned that less lethal shotguns are physically capable of firing lethal rounds. Lethal ammunition will not be loaded in or stored with a visually modified less lethal shotgun.

At the beginning of each shift, trained users transporting visually modified less lethal shotguns or other projectile launchers will visually and physically inspect the weapon.

Each round will be visually and physically inspected also and will not be used unless it is clearly identified as a less lethal round.

For less lethal shotguns, each gun should have a minimum of 5 rounds available. The shotgun will be kept in the “cruiser safe” mode while on duty. The user is responsible for all ammunition in the less lethal shotgun at all times.

For other projectile launchers, the weapon will be transported and carried in accordance with training and any Standard Operating Procedures for the member’s assignment. The user is responsible for all ammunition in the projectile launchers at all times.

When the weapon is returned to the District Station storage area, it will be in an unloaded condition and the unused less lethal ammunition will be stored separately.

Lethal ammunition and lethal shotguns will be kept separate from less lethal ammunition and shotguns at each District Station.

5.8.7 O.C. Spray

Uniformed members that have been trained in the use of O.C. spray are mandated to carry spray on duty, or may carry a TASER if so trained, in lieu of the O.C. Spray.

O.C. Spray should not be used against a subject who:

- Submits peacefully to arrest and complies with lawful commands during the arrest;
- Complies with lawful commands during an investigative stop or non-custodial arrest situation;
- Is securely handcuffed (except in extreme situations); or
- Is expressing mere verbal disagreement or directing offensive language at a member or another individual that does not present an imminent threat or incite others to imminently threaten a member or others and is not interfering with, delaying or obstructing a member’s duties. Citizens have the right to express verbal disagreement with a member’s actions.

If circumstances allow verbalizing and warning without risk to the safety of the member or others, then a verbal warning should be given to the subject.

Once a year during in-service or a quarterly qualification, Training Staff will inspect each member's canister for date of manufacture. Four years after date of manufacture, members will be instructed to empty the contents of their current canister or turn the canister over to the Quartermaster. The Quartermaster will designate a location for the disposal of the contents of the canister and the canister.

5.8.8 Police Canine

Police canines must be under the control of a certified member. Each team (handler and canine) will be certified through the Colorado Police Canine Association (CPCA), Utah POST, or a certification designated by the K9 unit supervisor.

Police canines may be used to track missing persons or suspects believed to be in a reasonably sized area.

The police canine may be used to apprehend suspects posing a serious threat to a member. Justification for deployment of the police canine may include, but is not limited to the following:

- To gain control of a combative subject;
- To disarm a subject;
- To protect a member or others from being injured by a subject;
- To apprehend a suspect unlawfully fleeing from police.

The police canine should not be used to apprehend a person:

- Wanted for a status offense(s) only;
- On severely intoxicated persons unless there are charges or exigent circumstances;
- If no crime is involved.

K-9 teams will not be used for crowd control at peaceful demonstrations unless approved by the Operations Support Section Commander, Duty Captain or Command Officer in charge of the incident.

K-9 teams may be used for crowd control upon approval of a supervisor to protect life or property during a riot or other civil disturbance that cannot be safely controlled by other means.

5.8.9 Soft Leg Restraint Systems (hobbles) and Other Restraints

Soft leg restraint systems (hobbles) may be used to secure subject's ankles in violent, combative and/or dangerous situations, or in those instances in which the member reasonably believes the subject to be an escape risk. Only the APD approved device may be utilized. Members are strictly prohibited from securing restrained feet to, through or over the handcuffs or hands of the subject. Members will attempt to secure restrained feet to a waist chain, heavy belt, second soft restraint (or like device) to control violent, combative, and/or dangerous subjects. Soft restraints may also be used in place of handcuffs when handcuffs are not practical or available or as a waist chain when necessary.

When soft leg restraint systems (hobbles) are deployed, it introduces the added element of a potential medical concern. When such systems are deployed, they may contribute to the potential for dangerous medical conditions for detainees, including but not limited to: excited delirium, positional asphyxia or exhaustive mania.

Members will not transport detainees in patrol vehicles while the detainee is restrained by soft leg restraint systems (hobbles). When transporting a detainee with a soft leg restraint system enabled, rescue will be requested for the transport.

Transport protocol:

- 1) Officers will ensure the detainee is on their side as soon as practical, continue to monitor for medical issues, provide first aid if necessary, and update rescue if there is any change in medical status while they wait for medical personnel to arrive.
- 2) Members will contact a supervisor and request that Aurora Fire-Rescue (AFR) respond along with the current contracted ambulance company for an incident involving soft leg restraints (hobble) as soon as practical.
- 3) Appropriate AFR medical personnel will assess the medical condition of the detainee. Members and supervisors will refrain from influencing medical decisions made by AFR. AFR medical personnel will follow their protocols to determine what interventions are needed/required.
- 4) APD will remain on-scene and facilitate in control measures, if necessary, while the medical personnel assess the detainee.
- 5) AFR medical personnel will determine whether the detainee will be taken to the local hospital emergency department (ED) for further treatment and evaluation or whether transport to the ED is not needed.

- 6) If AFR medical personnel determine transport to the ED is needed, then the detainee will be transported consistent with AFR's and the contract ambulance company's procedure and practice for transporting detained individuals to the ED.
- 7) If AFR medical personnel determine transport to the ED is not needed;
 - a. AFR will release detainee to APD and not have any further role unless requested.
 - b. An APD supervisor will coordinate the transfer of the detainee to the pram with the ambulance company. This may include transitioning to a four-point medical restraint on the pram. The lead to the waist chain needs to be released and the subject will be secured to the pram in the supine or sitting upright position. Detainees will not be transported in a prone position. The detainee may be transported in handcuffs and with the ankle ties in place as long as the legs can be extended, and the detainee is secured to the pram.
 - c. The ambulance company will transport directly to the Aurora Detention Facility. An officer will ride in the ambulance with the detainee.
 - d. The ambulance personnel will continue to evaluate the detainee during transport. Ambulance personnel have autonomy to decide at any time to divert to the ED for medical reasons or request AFR for additional support.
 - e. The ambulance will use the sally port at the Aurora Detention Center and the ambulance personnel will remove the pram from the ambulance. The ambulance personnel will not assist in the transfer of the detainee to detention staff. This will be coordinated between officers and detention staff.

Supervisors are responsible for ensuring that soft leg (hobble) restraint systems are applied per this directive and consistent with training. In addition, supervisors must assist in coordinating the transportation of the detainee with the ambulance company to the APD detention center, if applicable.

As a reminder, the use of soft leg (hobble) restraint systems is generally a Tier 1 use of force as defined in Directive 5.4, with specific reporting requirements. This directive adds the required reporting of the method of transportation in the use of force report. In the event the use of soft leg restraint systems (hobble) results in an injury to the detainee and, because of that injury, the detainee requires professional medical treatment, the use of the restraints requires Tier 2 reporting.

Other examples of restraints commonly used include capture poles, used to pin a violent or combative subject in order to reduce or eliminate the subject's ability to inflict injury and restraint chairs, used in a detention center environment wherein the violent or combative actions of a subject are constrained.

5.8.10 TASER

Users may only deploy Department owned TASER systems colored yellow to distinguish the weapon from a lethal handgun.

The TASER will be worn by authorized members in a holster designed for the model of TASER carried.

Members should not carry TASER cartridges loosely in pockets or in a similar fashion as static electricity may cause accidental discharge and potential injury to the member. TASER cartridges will be properly secured on the TASER or holsters.

When activating the TASER against a person, the sworn member should activate the device for one standard cycle or less and evaluate the situation. The member must articulate independent justification for each activation of a TASER. Except in extraordinary circumstances, members should not activate a TASER against a person more than three times or longer than 15 seconds either in one cycle or accumulative over several applications.

5.8.11 Medical Treatment and Decontamination

When less lethal weapons are used on a subject, appropriate and reasonable first aid, medical attention or decontamination will be provided to the subject. Members should remain cognizant of cross contamination and ventilation issues when using chemical irritants or O.C. spray.

If on-scene, Aurora Fire Rescue (AFR) EMS personnel will evaluate and determine the appropriate treatment for any individual subjected to the effects of less lethal weapons.

Upon arrival at the Aurora Detention Center, the detention nursing staff is responsible for evaluating, treating and determining the appropriate medical treatment related to the effects of any less lethal weapon, as well as any secondary injuries.

In the event the subject is transported to any detention facility, the transporting member has the responsibility to notify the facility nursing staff that the individual was subjected to less lethal weapons as well as any secondary injuries or conditions that may exist.

When a subject is struck in the head, neck or throat area with any less lethal weapon, the AFR EMS should be called to the scene to evaluate the individual's condition. In addition, any time a pregnant woman whose pregnancy is known or obvious to the member is subjected to a less lethal weapon, AFR EMS should be called to the scene to evaluate the individual's condition. In those situations, Police personnel will follow the direction of AFR EMS personnel who will determine the appropriate follow-up care for the individual.

Carotid Control Hold

In every case where the carotid control hold has been applied, AFR EMS will be summoned to examine the individual, whether or not he/she has been rendered unconscious. Members will inform AFR EMS personnel of the hold applied and whether or not the individual lost consciousness.

Chemical Irritant

Chemical Irritant may not require any follow-up medical treatment. Members should ensure decontamination and verbal reassurance to the subject(s) that they are not in danger. If a person still suffers from side effects after 30 minutes, a medical evaluation should be called for, and if at the jail, the jail nurse notified as an allergic reaction may be occurring.

Kinetic Energy Impact Projectiles

When a 12 gauge, 37MM or 40 MM launcher based kinetic energy impact projectile is used upon a subject, a member will call for rescue to respond and provide first aid or treatment as necessary. On the advice from medical rescue personnel, follow-up care will be obtained through either a Detention Center nurse or hospital.

O.C. Spray

O.C. usages may not require any follow-up medical treatment. Members should ensure decontamination and verbal reassurance to the suspect(s) that they are not in danger. If a person still suffers from side effects after 30 minutes, a medical evaluation should be called for and the Aurora Detention Center nurse notified as an allergic reaction may be occurring.

Police Canine

Anytime a police canine bites and breaks the skin on a subject, AFR EMS will be called and determine the extent of medical treatment needed.

Soft Restraint (Hobbles)

Officers will ensure the detainee is on their side as soon as practical, continue to monitor for medical issues, provide first aid if necessary, and update rescue if there is any change in medical status while they wait for medical personnel to arrive.

Members will contact a supervisor and request that Aurora Fire-Rescue (AFR) respond along with the current contracted ambulance company for an incident involving soft leg restraints (hobble) as soon as practical.

TASER

Any TASER deployment resulting in Neuro Muscular Incapacitation (NMI) requires that AFR EMS be summoned to examine the individual.

If the subject is released by AFR, the arresting member will transport the subject to the Aurora Detention Center where the on-duty nurse will remove the barbs. When exigent circumstances exist, a member may remove the barbs. The barbs shall be treated as a biohazard needle and disposed of in an appropriate “Sharps” container per standard medical protocol.

Subjects exposed to a single application that exceeded 15 seconds or multiple applications with an accumulative time exceeding 15 seconds will be transported to the emergency room for evaluation by hospital staff.

5.8.12 Procedure for Approving Less Lethal Weapons for Use

Sworn members may suggest specific weapons for consideration by the Department for authorization. The recommendation will be in writing, directed to the Training Section Lieutenant. When available, a sample of the suggested weapon will be provided to the Training Section Lieutenant for inspection. The Training Section Lieutenant will ensure the weapon is inspected and tested by appropriate Training Section personnel. The Training Section Lieutenant will prepare a response for the appropriate Division Chief, with a copy of the response sent to the suggesting member.

The appropriate Division Chief may disapprove the request or present the request to Command Staff for consideration. The appropriate Division Chief will notify the suggesting member of the action taken regarding the request.

Based on the conclusions of Command Staff, the recommendation with the approval or disapproval of the Chief of Police or designee will be returned to the Training Section Lieutenant. The Training Section Lieutenant will notify the member of the final disposition of the request. If the weapon was approved, the Training Section Lieutenant will ensure the weapon is included on the authorized weapons master list.

5.8.13 Personally Owned Less Lethal Weapons

Baton and SD-1 – At his/her own expense, a trained and proficient member may elect to purchase an impact weapon other than one issued by the Department as long as the weapon meets the specifications defined by the Training Section. Prior to carrying the

weapon on duty, the member will present the weapon to the Training Section for inspection to ensure the weapon meets specifications. Prior to carrying any impact weapon for use on duty, the member must be trained and demonstrate proficiency in the use of the specific weapon.

5.8.14 Other Less Lethal Weapons

Members are not authorized to wear, carry, or use Saps, Sap Gloves, Blackjacks or other less lethal weapons not authorized by the Department.

5.8.15 Unintentional/Negligent Discharge of a Less Lethal Weapon

Members must maintain control of their less lethal weapons at all times. Members who unintentionally, or negligently discharge a less lethal weapon, except when in training, must report that discharge to their supervisor, other members of their chain of command, or the Watch Commander as soon as practical. Supervisors will conduct an initial inquiry into all reportable negligent discharges and forward the results in the administrative investigations system to the Internal Affairs Bureau.

Unintentional/Negligent discharges of a less lethal weapon that constitutes a use of force against another person will be reported in accordance with Directive 05.04 Reporting and Investigating the Use of Tools, Weapons, and Physical Force, and be investigated as outlined in Directive 05.04.

5.8.16 Inspection and Inventory

Every District, Bureau or Section will be responsible for inventory control and annual inspection by the Department Armorer of all Departmental weapons issued to that District, Bureau or Section.