

PROVIDENCE POLICE DEPARTMENT

HEADQUARTERS
COLONEL OSCAR L. PEREZ
CHIEF OF POLICE

TYPE OF ORDER	NUMBER/SERIES	ISSUE DATE	EFFECTIVE DATE
General Order	310.03	1/21/2025	1/21/2025
SUBJECT TITLE		PREVIOUSLY ISSUED DATES	
Oleoresin Capsicum Sprays (OC)		1/5/2022; 12/17/2019; 12/7/2018; Supersedes: 310.03 <i>Oleoresin Capsicum Aerosol Spray</i> of 2/6/2017; 2/10/2016; 1/21/2015; 11/15/2013; Supersedes: G.O #17 Series 2005; G.O. #24 Series 2002	
REFERENCE		RE-EVALUATION DATE	
CALEA 4.1.4, 4.1.5, 4.3.1a, 4.3.2, 4.3.3		12/17/2027	
SUBJECT AREA		DISTRIBUTION	
Law Enforcement Operations		All Sworn Personnel	

PURPOSE

The purpose of this policy is to provide sworn officers with guidelines and procedures pertaining to the use of Oleoresin Capsicum Sprays (OC).

POLICY

The Providence Police Department trains and certifies all sworn officers in the use of, and then issues to them, OC as a less-lethal force option.

This less-lethal weapon shall only be utilized in order to assist officers in bringing certain situations under control while protecting the safety of the officers and others, and only when deemed reasonable according to Department policy and training.

Under no circumstances shall this weapon, or any use of force option, be used as a means of interrogation, coercion, or punishment.

DISCUSSION

Sworn officers must be cognizant of the following medical conditions that may account for Oleoresin Capsicum custody-related deaths:

Positional Asphyxia – occurs when a restrained suspect’s body position involving either the active or passive application of pressure upon the abdomen interferes with his/her respiration, and is often complicated by combative individuals under the influence of

alcohol and/or drugs or who suffer from pre-existing medical conditions, such as obesity/distended abdominal region, asthma, or heart disease. Restraints in which suspects are seated up-right should be practiced; however, suspects must be closely and continuously monitored during situations when restraining, securing, or transporting them in a prone position is necessary.

Cocaine Toxicity – occurs as the result of cocaine use in which the blood vessels constrict while the heart rate, blood pressure and temperature are elevated.

Narcotic-Induced Excited Delirium – an acute mental disorder characterized by impaired thinking, disorientation, visual hallucinations and illusions. Excited delirium may be part of the spectrum of manic-depressive psychosis, chronic schizophrenia and/or acute drug intoxication. Members should be cognizant of any one or combination of the following symptoms:

1. Bizarre and/or aggressive behavior.
2. Shouting.
3. Paranoia.
4. Panic.
5. Violence towards others.
6. Unexpected physical strength.
7. Sudden tranquility.

Neuroleptic Malignant Syndrome – A condition that generally occurs in psychiatric patients and presents similar characteristics to excited delirium. Symptoms may include hypothermia, fluctuating levels of consciousness, and hypotonicity (limpness) of skeletal muscles.

For the purpose of this General Order, the following definitions shall apply:

Oleoresin Capsicum Aerosol Spray (OCA): An organically-based, aerosol spray compound that disperses particulate into the air and which is designed to restrain and control a hostile subject with a minimum of physical contact between the suspect and the officer.

Oleoresin Capsicum Gel Spray (OCG): An organically-based, non-aerosol, gel compound that disperses in a semi-solid spray/stream and which is designed to restrain and control a hostile subject with a minimum of physical contact between the suspect and the officer.

This directive is an adjunct to General Order 300.01 *Use of Force*; and as such, it shall be considered within the context of that general order.

PROCEDURE

I. TRAINING

- A. Certified OC instructors within the Department shall provide initial training to newly sworn officers prior to those officers being authorized to deploy or discharge Department-issued OC.

- B. In-service training covering OC usage/proficiency, and a thorough review of the Department's Use of Force and OC policies, shall be conducted by certified OC instructors within the Department and successfully completed biennially in order for an officer to maintain Department-authorized status.
 1. Training records shall be well documented, providing the date of attendance, persons in attendance, identity of instructor(s), pass/fail scores of all OC Officers, and a copy of the lesson plan.
 2. Officers who fail to meet the training requirements will be prohibited from carrying OC unless and until a remedial training course is successfully completed.
 3. Training records shall be maintained by the Weapons Bureau, and shall be made available to the Chief of Police, his designee(s), and the Accreditation Unit.

- C. Training will include, but is not limited to, the following:
 1. The primary target areas for OC delivery.
 2. The effects of OC exposure.
 3. The recommended duration of an OC burst.
 4. Using OC against attackers.
 5. Using OC during vehicle extractions.
 6. Using OC for the purposes of fight intervention.
 7. Using OC for riot control purposes.
 8. Demonstrating how officers can maintain their composure and effectiveness when accidentally exposed to OC.
 9. Discussing the medical conditions that may account for Oleoresin Capsicum custody-related deaths.

- D. The Weapons Bureau Commanding Officer (WBCO) is responsible for ensuring that all officers meet all stipulated requirements in order to carry, deploy, and/or use OC.

II. OC EQUIPMENT, DISTRIBUTION, AND REPLENISHMENT

- A. Officers may deploy/discharge only OC that has been authorized and distributed by the Department Weapons Bureau Commanding Officer and the Chief of Police.
 - 1. No other chemical-based weapons shall be deployed/discharged.
 - 2. Only water-based OC of a strength equivalent to at least 2 million Scoville Heat Units (SHUs) shall be authorized for use.
- B. Uniformed officers shall deploy OC on their duty belt in a Department-issued holder.
- C. All OC shall be replenished by the Weapons Bureau only.
 - 1. A Use of Force report via Blue Team must be completed and submitted to the Weapons Bureau along with the empty OC canister.

III. OC USAGE PARAMETERS

- A. OC may be dispensed in situations such as, but not limited to, the following:
 - 1. When verbal direction and hands-on techniques/control holds by the officer(s) have failed or are likely to fail.
 - 2. When the officer could reasonably use an impact weapon as a striking tool.
 - 3. When OC may be used to effect the removal of a person or persons who voluntarily lock themselves in a vehicle and refuse to exit when lawfully commanded to do so by an officer.
 - 4. When OC would be an effective, safe, and quick form to de-escalate resistance.
 - 5. When OC would terminate violent behavior, or the threat of violent behavior, that could result in injury to the officer, others, or the suspect.
 - 6. When dispersing a riotous or unruly crowd.

- a. Unless exigent circumstances exist, the decision to discharge OC in such situations is reserved for the Officer-in-Charge (OIC) of the Patrol Bureau.
 - b. An officer shall not use OC as a dispersal agent:
 - i. Against passively resistant persons.
 - ii. In order to encourage the movement of non-threatening persons from an area.
- B. When tactically feasible, an officer will give a verbal warning to the suspect(s) prior to discharging OC.
- C. Unless exigent circumstances exist which outweigh the possible ancillary effects of its use, officers should avoid using OC when:
- 1. The use could reasonably and foreseeably cause a panic, (e.g. spraying OC in a darkened movie theater or school).
 - 2. The use could increase the risk of unreasonable injury to the suspect/subject (e.g. walking off a roof, bridge, etc.).
 - 3. Located within any enclosed areas, including but not limited to hospital emergency rooms, or other areas with enclosed ventilation systems.

NOTE: This caveat applies more to the use of OCA than it does to OCG. Due to its non-aerosol, semi-solid properties, the judicious use of OCG within an enclosed area may be considered an acceptable force option contingent upon the circumstances encountered.
 - 4. Located within the immediate vicinity of an infant.

IV. DELIVERY OF OC SPRAY

- A. OC spray is to be dispensed onto the subject's facial/upper chest area, concentrating on the eyes whenever possible.
- B. Officers should maintain a minimum safe distance from the suspect of at least three (3) feet during the dispensing of OC, whenever possible.
 - 1. Consideration must be given to subsequently apprehending the suspect as soon as possible after his/her exposure to OC, so as to prevent the suspect from placing him/herself in a dangerous situation.

- C. OC should be dispensed in one (1)-second to two (2)-second bursts. Combative subjects may require additional and/or longer bursts.
- D. Personnel shall re- evaluate the suspect's level of resistance after each dispensing of OC and subsequently maintain, escalate or de-escalate the use of force in relation to the subject's resistance, as appropriate.

V. POST-APPREHENSION PROTOCOLS

- A. After OC has been dispensed, the suspect will be handcuffed, placed in a well-ventilated area, and a search of that person conducted for weapons, whenever feasible.
- B. Officers should instruct suspects to comply with police commands, and also reassure them that the effects of OC are not permanent.
- C. The suspect will be promptly removed from the contaminated area, and his/ her physical condition will be monitored by the arresting officer.
- D. If the subject is wet with OC spray, allow a few minutes for the OC to dry before transporting, if possible.
- E. Allow the subject to wash with cool water upon arrival at a physically secure prisoner processing area. Failure to do so may result in the unintentional exposure of OC to personnel and other detainees.
 - 1. Cellblock attendants shall perform enhanced monitoring of suspects who have been exposed to OC.
- F. Symptoms of irritation for the suspect should abate within forty-five (45) minutes from the time of spraying. Such symptoms may include:
 - 1. Dilation to the capillaries of the eyes causing immediate, temporary closing of the eyes.
 - 2. Swelling of the mucous membranes of the respiratory system and induces temporary uncontrolled coughing, gasping, gagging.
 - 3. Temporary nausea.
 - 4. Temporary loss of muscular strength and coordination.
 - 5. Watery, irritated eyes.
 - 6. Runny nose.
 - 7. Irritated throat.

8. Respiratory distress.
 9. An intense sensation of skin burning that may persist thirty (30) to ninety (90) minutes after exposure to OC.
- G. If significant symptoms persist longer than forty-five (45) minutes, especially those affecting the eyes or the respiratory system, prompt medical attention shall be sought.

VI. POST-INCIDENT REPORTING REQUIREMENTS

- A. Documentation and further investigative actions shall be completed in accordance with the following written directives:
1. General Order 300.01 *Use of Force*.
 2. General Order 310.02 *Investigations of Serious Use of Force Incidents*.

APPROVED:



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