

## Emergency Response Team

### 1804.1 PRECAUTIONS AGAINST BLOOD BORNE PATHOGENS AND INFECTIOUS MATERIALS

An Emergency Response Team (ERT) is appropriate in situations likely to result in harm to staff or inmates, such as major disturbances, riots, and cell extractions. A coordinated effort utilizing specialized equipment and training is most likely to resolve the situation in a way that reduces the likelihood of injury to staff and inmates and minimizes liability for the Department. Specialized equipment and training will be available to ERT members in order for them to respond safely and efficiently. The use of force and less lethal systems will be consistent with the [OCSD Policy Manual \(Lexipol\) Section 300 - Use of Force](#) and [Section 384 - Less Lethal](#). An ERT will only be used at the direction of a Sergeant or above, with notification to the Watch Commander.

- (a) Deputies assigned to an ERT will limit their exposure to blood and bodily fluids by employing the following universal precautions:
  - 1. Use either the riot helmet face shield or the personal protective mask to cover your face.
  - 2. Wear protective gloves.
  - 3. At the conclusion of the call out, remove the gloves and wash your hands.
  - 4. Sanitize or replace any contaminated equipment.
- (b) Staff who are exposed to bodily fluids or other potentially infectious materials will follow the procedures listed in the [OCSD Policy Manual \(Lexipol\) Section 1016 – Bloodborne Pathogens Exposure Control Plan](#).

### 1804.2 SUPERVISION

- (a) The incident commander, with notification to the facility Watch Commander, will supervise the ERT.
- (b) If an ERT Sergeant is present, they will directly supervise the team at the direction of the incident commander.

### 1804.3 TEAM COMPOSITION

- (a) The team will consist of qualified Deputies assigned by the ERT Sergeant or team leader. The assigned Deputies will be notified during each shift's briefing. Each Deputy will have an assigned position and task during an ERT deployment. Some examples of the ERT positions are as follows:
  - 1. ERT Sergeant
  - 2. Team Leader
  - 3. Assistant Team Leader
  - 4. Shield Deputy (Capture or Deflection)

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5. 2-4 Arrest/Control Deputies
  6. 40mm Launcher Deputy
  7. Sting Ball Grenade Deputy
  8. Pepper Ball Gun Deputy
  9. Taser Deputy
- (b) Two additional staff members will be assigned, one as a scribe and one to operate the video camera. Staff members assigned to these positions are dedicated to documenting the events and will not directly participate. These positions may be filled by a CSA, SSO, or a Deputy.
- (c) All team leaders will be selected based on their qualifications, experience, Department knowledge, and the ERT supervisor's approval.

#### **1804.4 EQUIPMENT**

- (a) A variety of equipment is available for ERT use. The ERT Sergeant or team leader will instruct the team members which equipment will be utilized during a call out. Some examples of equipment available for ERT use are:
1. Riot Helmet with full face shield
  2. Protective mask with filter
  3. Ballistic/Stab resistant vest
  4. Elbow and knee pads, leg guards
  5. Capture and deflection shields
  6. Batons
  7. Chemical agents
  8. Less lethal systems
    - i. 40 mm multiple shot launcher
    - ii. .30 cal. Sting Ball device
    - iii. Pepper ball system
    - iv. Taser
- (b) The Watch Commander or above may approve the use of additional equipment for specific situations.

#### **1804.5 TRAINING**

- (a) All team members, including team leaders, shall train a minimum of twelve hours each year, covered in bi-weekly ERT training, and complete all Department mandated classes in less lethal systems. Training exercises will consist of, but not be limited to, ERT briefings, classes, walk-through demonstrations, video presentations, Power Point presentations, handouts, and practical application scenarios.

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- (b) Team leader training consists of ERT Team Leader courses, handouts, Power Point presentations, practical application scenarios, armorer's training for less lethal weapon systems, and other relevant training.
- (c) Training staff will ensure that each team member is capable of effectively functioning in every position on the team, with the exception of the team leader's position.

#### **1804.6 CELL EXTRACTIONS**

- (a) Emergency extractions occur when the behavior of the inmate(s) constitutes an immediate and serious threat to the safety of that inmate, staff, visitors, other inmates (e.g., assaults and suicide attempts), or to jail security (e.g., controlling disturbances and stopping the massive destruction of property). The incident commander, with notification to the facility Watch Commander as soon as practical, may authorize staff to conduct an immediate extraction.
- (b) Calculated extractions occur in situations where an inmate is in an area that can be isolated or controlled. It does not normally involve the immediate threat to life, substantial loss of property, or institutional security (e.g., removal for court appearance, housing relocation, contraband recovery, etc.). The incident commander, with prior notification to the facility Watch Commander, may authorize staff to conduct a calculated extraction.
  - 1. Staff shall utilize all reasonable efforts and resources to gain an inmate's compliance prior to using an extraction team. If the purpose of the extraction is to recover contraband, potential weapons, or other material, and this can be achieved without using force or creating a security risk, the proposed extraction should not be initiated.
  - 2. If practical, staff will consult with medical staff prior to deployment to determine if the inmate has any medical issues requiring specific precautions, such as allergies, severe asthma, heart condition, pregnancy, etc. The incident commander will request medical staff to respond to the location. Medical staff will stand by in a designated safe area to provide medical care if necessary.

#### **1804.7 INVOLUNTARY MEDICATION**

- (a) The incident commander, with prior notification to the facility Watch Commander, may authorize an ERT response to assist Correctional Health Services (CHS) with the administration of medication. The area Sergeant will coordinate with CHS and the ERT to form a safe and effective plan to medicate the inmate. Deputies may use reasonable force to control the inmate while CHS administers the medication.

#### **1804.8 DOCUMENTATION**

- [REDACTED]
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