



TRAINING BULLETIN

Los Angeles Police Department

Michel R. Moore, Chief of Police

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ENCOUNTERS WITH SUICIDAL OR SELF-MUTILATING SUBJECTS

The purpose of this Bulletin is to explain the concepts officers should consider when they encounter or respond to calls involving a suicidal or self-mutilating subject.

The Department is guided by the principle of reverence for human life in all investigative, enforcement, and other contacts between officers and members of the public. Situations involving suicidal/self-mutilating individuals are tense, uncertain, rapidly changing, and dangerous. Officers shall attempt to control an incident by using time, distance, cover, communication, and available resources to de-escalate the situation, whenever it is safe, feasible, and reasonable to do so. Officers must be cognizant of the distinction between a suspect wanted for a criminal act, and an individual who has not committed a crime but merely expressed the desire to commit suicide/self-mutilation. Officers may only use a level of force that they reasonably believe is proportional to the seriousness of the suspected offense or the reasonably perceived level of actual or threatened resistance. It is not a criminal act to express suicidal ideations, or even attempt to commit suicide or self-mutilation in the State of California.

It is important to understand the challenges and limitations when responding to these types of calls, as well as the operation environment such as an elevated position, open area, or the interior of a home. When responding to calls for service that involve suicidal/self-mutilating subjects, officers should plan a coordinated effort based on initial information and/or any credible third-party statements regarding the person's mental health history (pertaining to Welfare and Institutions Code (WIC) 5150.05.) Officers should attempt to identify the manner or means used to carry out a suicidal threat or self-mutilation (e.g., edged weapon, firearm, etc.). The dynamic nature of most incidents will require tactical plans to be flexible and adaptable as more information or additional factors become known to the officer(s). Officers should be prepared to address other potential incidents with suicidal/self-mutilating individuals, including, but not limited to, suicide-by-cop scenarios or subjects who have barricaded themselves.

Some situations may require an immediate response, while others allow the opportunity to engage the subject verbally to potentially de-escalate the situation, determine subject's state of mind, and develop tactical plans that minimizes risks to Department personnel, the public, and the subject. Recognizing that these situations are driven by intense emotions, officers should attempt to project calm confidence through the use of clear communication and active listening skills to de-escalate the situation.

When feasible, notification should be made to the Mental Evaluation Unit (MEU) as soon as practical, if not already in route or available. If the subject is armed or on an elevated platform, the Crisis Negotiations Team (CNT) within Special Weapons and Tactics (SWAT) may be able to assist. These two Department entities may provide specialized expertise, personnel, and tools to control and/or contain these emotionally-charged incidents.

PROCEDURES

A suicidal subject is an individual who is actively contemplating or engaged in the act of taking one's own life voluntarily and intentionally. A self-mutilating subject is someone who is actively contemplating or engaged in the act of inflicting injury or disfigurement to one's own body and has the present ability to commit said act. Both types of subjects present numerous challenges and risks if armed with some type of weapon or on an elevated platform and may suddenly shift their focus to first responders. Officers should be aware that their mere presence may provoke the subject and distance and cover should be utilized whenever possible.

Officers shall attempt to control an incident by using time, distance, cover, communication, and available resources to de-escalate the situation, whenever it is safe, feasible, and reasonable to do so. Officers should avoid immediately approaching the subject, effecting a detention, or deploying less-lethal devices without cover. These actions could precipitate an adverse reaction by the subject, such as charging officers or inflicting greater bodily harm. Initiating enforcement action is recommended when the subject's condition deteriorates to a point that officers reasonably believe the subject is no longer a threat to officers or others.

In situations where a subject is only causing harm to themselves, and there is no threat to the officers or community, first responders should immediately attempt to contain the scene, coordinate law enforcement efforts and responses, and communicate with the subject, if possible, from behind cover. A rescue ambulance should be summoned to the scene, but not introduced until the subject is physically in custody or no longer presents a threat.

Initiating enforcement action is recommended when the subject's condition deteriorates to a point that officers reasonably believe the subject is no longer a threat to officers or others. Prematurely rushing into a residence, charging a volatile subject, going hands-on without proper planning or support, or unnecessarily utilizing approved less-lethal devices may escalate the situation resulting in a higher level of force, including lethal force.

Although it is difficult to watch a subject harm themselves while not being able to take immediate action, officers must realize that self-mutilating incidents are not criminal acts and taking certain proactive tactical steps to resolve these situations (i.e., utilizing force) may exacerbate the situation by putting the subject and officer(s) in greater danger. By exercising tactical patience, officers are not "doing nothing," they are waiting for the

most appropriate time to safely approach the subject. Once officers have determined the subject is no longer a threat, they can take the subject into custody. Once officers have determined the subject is no longer a threat, they can take the subject into custody. Once in custody, officers shall render medical aid until LAFD can assume responsibility for medical treatment of the subject.

If a subject is contemplating suicide and has placed themselves in an elevated position (roof of building or edge of cliff) officers shall stand by and continue to verbalize with the subject. Officers may consult with the on-duty SWAT lieutenant to see if the tactical situation warrants a CNT response.

If during the incident the subject’s actions present a risk to officer safety or threat to the surrounding community, officers should rely on appropriate tactics, and utilize distance and cover to mitigate the threat and attempt to take the person into custody.

Note: Tactical de-escalation does not require that an officer compromise his or her safety or increase the risk of physical harm to the public. De-escalation techniques should only be used when it is safe and prudent to do so.

When warranted, Department personnel may use objectively reasonable force to carry out their duties. Officers may only use a level of force that they reasonably believe is proportional to the seriousness of the suspected offense or the reasonably perceived level of actual or threatened resistance.

TACTICAL CONSIDERATIONS

All tactical situations vary in some degree and every situation will be handled differently based on the totality of the circumstances. The following are some tactical considerations when encountering a self-mutilating/suicidal individual:

- Implement PATROL and the Tactical 4 C’s.

<i>PATROL</i>	<i>Tactical Four C’s</i>
<ul style="list-style-type: none"> • <u>P</u>lanning, • <u>A</u>ssessment, • <u>T</u>ime, • <u>R</u>edeployment and/or Containment, • <u>O</u>ther Resources, and • <u>L</u>ines of Communication 	<ul style="list-style-type: none"> • <u>C</u>ontrol • <u>C</u>ommunicate • <u>C</u>oordinate • <u>C</u>ontain
<i>Use of Force-Tactics Directive No. 16, Tactical De-escalation Techniques</i>	<i>Use of Force-Tactics Directive No. 3.2, Foot Pursuit Concepts</i>

- Designate contact/cover officer(s).
- Designate lethal and redundant less-lethal force options should the subject present a threat.

- Maintain distance and cover by utilizing available obstacles/barriers (consider the use of Ballistic Shields, if available).
- Establish contact with the individual (build rapport and/or open lines of communication) if safe to do so.
- Consider evacuating the surrounding area to prevent potential harm to others and avoid potential hostage situations, if it will not escalate the situation or result in evacuees becoming involved.
- Request additional resources, when necessary or needed, to include: Air Unit, MEU, SWAT, Rescue Ambulance (RA), Department of Transportation.
- Designate an arrest team to take the individual into custody.
- Officers will render aid until paramedics can assume medical treatment of the subject.
- Secure/preserve any weapon(s).

Note: This list is not comprehensive and applicability to the situation may vary.

The use of distance and cover may provide officers with additional time (Distance + Cover = Time and Time = Options) to assess, communicate, and plan while waiting for the arrival of additional resources. Officers should leverage the tactical environment and utilize available barriers and obstacles if it is safe to do so. This strategy may slow and hinder a potential attack or sudden advancement by the self-mutilating/suicidal individual.

TACTICAL DISENGAGEMENT

As part of an officer's continuous assessment of the situation and de-escalation efforts, tactical disengagement may be an option. Tactical disengagement is the tactical decision to leave, delay contact, delay custody, or plan to make contact at a different time and under different circumstances (refer to Tactical Disengagement Training Bulletin, Volume XLVIII, Issue 5, July 2019).

INCIDENT RESOLUTION

In situations involving self-mutilating/suicidal individuals, prompt medical treatment may be an essential life-saving component. As previously stated, officers should consider requesting an LAFD RA to stand-by on scene before any tactical plan or resolution is implemented. Having an RA unit on scene can minimize response time in the event an individual needs emergency medical treatment. If an RA unit is unavailable and the requirement to render aid is present, officers shall be guided by existing Department policy delineated in Use of Force-Tactics Directive, No. 1.2, Use of Force Policy, October 2020, which in part states:

After any use of force, officers shall immediately request a rescue ambulance for any person injured. In addition, officers shall promptly provide basic and emergency medical assistance to all members of the community, including victims, witnesses, subjects, suspects, persons in custody, subjects of a use of force, and fellow officers:

- *To the extent of the officer's training and experience in first aid/CPR/AED; and*
- *To the level of equipment available to an officer at the time assistance is needed.*

CONCLUSION

All tactical situations vary and there is no single solution to resolving every incident. Because every situation is fluid and unique, tactical planning, ongoing communication, flexibility, and coordination between officers is critically important to respond effectively. Officers are encouraged to familiarize themselves with existing Department concepts and policies, discuss tactical scenarios with their partners beforehand, and consider all available options and resources when responding to tactical situations involving suicidal or self-mutilating subjects.

Field Training Services Unit
Police Training and Education

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Attachments: Situation Chart

Situation Chart

Situation	Description	Recommended Actions
Suicidal Ideations	Thoughts/ideations of committing suicide, expressed only, no actions to carry out ideations.	<ul style="list-style-type: none"> • Meet with Subject, or Person Reporting, if possible. • Assess the situation. Determine if there is probable cause for a 5150/5585 WIC detention. • If there is probable cause for a 5150 WIC detention, transport to the hospital for treatment. • If Subject is agitated, utilize de-escalation techniques. Tactical disengagement may be an option, in collaboration with MEU.
Self-Mutilating/Suicidal; No Threat to Officers or Community	<p>Actively contemplating self-mutilation/suicide (i.e., holding knife to throat, dousing self with flammable materials, standing on the ledge of an elevated platform).</p> <p>Self-mutilation/suicide: actively inflicting injury or disfigurement to one's own body or in attempt to commit suicide. Methods include, cutting oneself, causing serious injury, burning or hitting oneself, ingesting large amounts of medication, or jumping/threatening to jump from an elevated position.</p>	<ul style="list-style-type: none"> • Identify Subject and establish containment. • Assess the situation. • If Subject remains threat to self only, slow down, contain the area, follow PATROL acronym. • In case the Subject becomes a threat to the officers or the community, take steps to be prepared. Identify Primary Contact Officer/Assign officers to less-lethal and lethal responsibilities. Verbalize with the subject from a safe position in an attempt to dissuade him/her from causing further harm and/or to de-escalate the situation. <p>NOTE: Utilizing force to stop the subject from harming themselves, (including the use of less lethal munitions) could cause the subject to harm themselves further, or cause significant additional injury to the subject. Additionally, the UOF could provoke a subject, causing them to charge the officers or the community where they otherwise would not have been a threat. The results of the initial UOF could result in an escalation of force, including a possible officer-involved shooting.</p> <ul style="list-style-type: none"> • Request MEU and/or SWAT-CNT if armed or on an elevated position. • Maintain Command and Control by ensuring on-scene personnel are in a position of cover/but can redeploy if possible, to facilitate de-escalation efforts and avoid independent actions. • Request LAFD paramedic personnel. • Administer medical aid, if needed, as soon as the subject no longer presents a threat, is armed, and has been taken into custody.
Threat to Officers or Community	Subject's actions threaten the safety of officers or the community	<ul style="list-style-type: none"> • Assess the situation. • Take appropriate tactical action consistent with the Department's Use of Force Policy, including force necessary to stop the subject's violent/aggressive behavior/actions toward the officers or community.