**Non-Police Personnel Use of Pepper Spray Policy (Rev. 2021)**

Instructions

The following sample policy is provided to assist you with the preparation and implementation of a non-police personnel use of pepper spray policy. You will need to modify and customize several areas within the policy. Information needed will be indicated by BLUE TEXT and guidance is indicated by highlighted text. Other information may need to be added, modified, or eliminated depending on your organization.

Before finalizing this policy for your City, change blue text to black, remove highlighted text, and delete this page.

**Non-Police Personnel Use of Pepper Spray Policy**

**City of INSERT NAME OF CITY**

**Month Year**

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# PURPOSE

The purpose of this policy is to provide guidance to non-police City employees (if this policy applies only to selected non-police employees, insert their job titles/classifications) regarding the possession and use of oleoresin capsicum, hereafter referred to as pepper spray, in the course of their City employment.

When used in the course of employment with the City by non-police employees (or insert job titles/classifications) pepper spray must be used for self-defense purposes only. Pepper spray may only be used as a last resort when nonviolent alternative methods have failed or would be ineffective to prevent imminent, serious bodily injury.

# POLICY

## Required Approval

Some non-police City employees may desire to carry pepper spray for self-defense purposes in the course of City employment. Although State legislation allows any person to purchase, possess, and use pepper spray without prior authorization or training, the City must ensure any City employee who desires to carry pepper spray in the course of his or her work with the City does so in a safe and responsible manner.

Employees who desire to carry pepper spray must first obtain written approval from the City Manager prior to the employee carrying pepper spray during hours of employment and within City property. The City Manager’s review will consider the nature of the work, alternative self-defense methods available, and the need for protection. The approval will be documented with a form signed by both the employee and the City Manager acknowledging the authorization and the employee’s acceptance of his or her responsibilities related to the use of the approved pepper spray. An example of the form is located in Appendix A. If your entity has its own form, indicate the name of the form, as well as where in the document it can be found.

## Required Training

All non-police employees who desire to and receive approval to carry pepper spray at work must participate in a mandatory safety training course provided by the INSERT NAME OF TRAINING GROUP prior to carrying pepper spray during the execution of their City employment.

INSERT NAME OF TRAINING GROUP will also provide periodic training updates every three years. Any employee who uses pepper spray more than once within a 12-month period will be required to attend another training session within 3 months of the subsequent use incident.

Mandatory training shall be provided by a qualified instructor and include the following elements:

* Things to consider before using pepper spray, such as the subject's age, mental state, observable health, pregnancy, environment, proximity to others, etc.
* Personal safety training that emphasizes risk avoidance, including nonviolent means of defusing confrontational situations
* Other means of self-defense such as de-escalation techniques, e.g., verbal judo, etc.
* Instruction that pepper spray works only under very limited circumstances
* How to correctly and safely administer the spray
* How and where the pepper spray must be stored and secured during non-employment hours
* Steps to take once the spray has been administered
* Warning to employees about the possible adverse consequences of the improper use of pepper spray; disciplinary action, criminal charges (e.g., assault); and civil tort liability for damages

## Authorized Use of Pepper Spray

The use of pepper spray is restricted to the following:

1. To protect oneself from personal injury and/or to stop further physical injury to oneself or others after all other defense procedures have been exhausted
2. At the direct order of a peace officer
3. While coming to the aid or assistance of a peace officer who is not able to give a direct order
4. Only when no other means are available when one must intervene in an act involving physical force

At no time should an employee attempt to physically restrain a person who has been pepper sprayed unless left with no other choice. Employees should back off and await police assistance as only police officers are properly trained in control techniques and legally authorized to initiate restraint measures. However, this policy shall not prohibit an employee from assisting a police officer in restraining a person if necessary and/or requested to do so.

Only the use of City provided pepper spray will be permitted.

## Unauthorized Use of Pepper Spray

Use of pepper spray product EXCEPT in self-defense can be a felony. (California Penal Code Section 22810(g)(1)). The use of City-issued pepper spray for any private matter (non-City business) or in violation of this policy may result in disciplinary action, up to and including termination, and/or loss of the right to carry pepper spray. Modify this section to fit your disciplinary action policy..

## Reporting Use of Pepper Spray

All non-police employees who use pepper spray in the course of City employment must report any use of the spray to the Police Department immediately, so the Police can take any required action. Employees must also document the incident and prepare a report for their supervisor. See sample report form in Appendix B. If your entity has its own form, indicate the name of the form, as well as, where in the document it can be found.

## Inspection, Replacement, and Disposal

1. Pepper spray devices shall be maintained in an operational and charged state by authorized employees or the approved vendors.
2. Employees are responsible for following the manufacturer’s instructions for care and storage of the pepper spray container.
3. Employees are responsible for requesting replacement of a damaged, inoperable, or empty device.
4. Employees are responsible for disposing of damaged, inoperable, or empty devices according to the City Police policy.

**Appendix A**

**Authorization and Acknowledgement Form**

Insert your form or add your entity’s name to the example provided.

**Employee Acknowledgement of the City of INSERT NAME OF CITY’s Non-Police Personnel Use of Pepper Spray Policy and Authorization to Use Pepper Spray**

I hereby acknowledge I have read and understand the preceding policy; I agree to adhere to the requirements of the policy as outlined; and I have voluntarily requested permission to carry pepper spray in the course of my employment with the City of INSERT NAME OF CITY.

Employee Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above noted employee has voluntarily requested to carry pepper spray in the course of his/her employment and has successfully completed the City-mandated pepper spray training. Therefore, this employee is authorized to carry City-issued pepper spray in the course of his/her employment.

City Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix B**

Insert your form or add your entity’s name to the example provided.

**INSERT NAME OF ENTITY Report of Discharge of Pepper Spray**

**Employee to fill out**

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| Employee name: | | | |  | | | | | | | |  | Position: | | | | | |  | | | | | | | | | | | |
| Department: | |  | | | | | | | | | | | | | | | | | | | |  | Intentional discharge: | | | | | | | 🞎 Yes  🞎 No |
| Discharge date: | | | |  | | | | Time: | | |  | | | | | | | a.m.  p.m. | | | Date reported: | | | | |  | | | | |
| Location of accident (be specific): | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Describe events leading up to discharge: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| Describe the entire incident completely (what happened before, during and after, i.e., actions, area, conditions): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Witnesses: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Supervisor to fill out** | | | | |  | | | | |  | | | |  | | | | | |  | | | |  | | | | |  | |
| Supervisor’s investigation and conclusion: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Corrective action: | | | | | | | | | | | | | | | Assigned To | | | | | | | Due Date | | | | | | Completion Date | | |
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| Investigation completed by: | | | | | |  | | | | | | | | | | Title: | | | |  | | | | | | | Date: | |  | |
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| Reviewed by: | | |  | | | | | | | | | | | Title: | | |  | | | | | | | | Date: | | | |  | |

***Continue report on separate pages as needed. Attach statements made by witnesses.***