City of Stevenson  
Use of Force on Threatening Animal Policy

I. Purpose

The purpose of this Standard Operating Policy is to provide guidance on the use of physical force and to ensure our employees use only the force reasonably necessary in response to threatening animals encountered during the course and scope of city work.

II. Policy

If an employee is under the threat or actual attack by a threatening animal, the employee may use such force or defense as reasonably necessary to protect themselves. Employees shall exert only the amount of force necessary to reduce the level of resistance or aggression presented to the employee in their official capacity while on duty. Use of such force applies to any equipment issued by the City of Stevenson, as well as any other items which could be used to protect the employee.

III. Procedure

A. The use of physical, non-deadly force is authorized in circumstances when:
   1. An escalation of force is reasonably justified due to the actions of an animal while working in the course and scope of the City.
   2. In self-defense of a third party or if circumstances warrant the immediate use of force.

B. When use of physical force results in injury to the employee, it shall be reported appropriately and the injury treated.

C. Only equipment issued or approved by the City of Stevenson may be carried by employees. Employees shall not use non-issued equipment to respond to threatening animals.

D. Any instance of any use of force against a threatening animal shall be reported to their supervisor within 24 hours of any such encounter. If an animal is actually injured while the employee is defending his/herself, the employee shall attempt to inform the homeowner. This obligation does not require the employee to place his/herself in harm’s way. If such notice cannot be made onsite, the employee shall report to his/her supervisor all efforts made to inform the occupant of the home of the incident.
IV. Approved Equipment

A. O/C Spray/Pepper spray

1. Employees are authorized to carry O/C spray as long as it is provided by the City of Stevenson.

2. O/C spray should be only discharged at a distance of three (3) to ten (10) feet from the intended animal.

3. O/C spray should be discharged in two (2) one second bursts directed towards the eyes of the intended animal. Employees will utilize the least amount of force by the application of O/C spray or other means to gain compliance and or gain sufficient distance to evade the animal.

4. Medical treatment: Animals are not required to be transported to a veterinarian unless the animal is in need of medical treatment. This obligation does not require the employee to place his/herself in harm’s way. If such transportation cannot be made, the employee shall contact the veterinarian. Individuals who have been exposed to O/C spray, in other than a controlled training environment, shall be provided an opportunity to clean up and decontaminate or be allowed transportation to the hospital or closest medical treatment facility for treatment as soon as possible after exposure.

B. Stun Gun

1. Employees will be issued a City owned Stun Gun after they have reviewed and signed acknowledgement of the dangerous animal policy and have received training on its use.

2. Use of Stun Gun on Animals

   a) Employees will use the lowest level of force necessary to protect the public or themselves from animals that may be aggressive or vicious. A Stun Gun device should never be pointed at an animal unless there is justification for its anticipated use.

   b) Employees should avoid directly aiming at the head or face of an animal. Doing so may cause significant damage to the eye if impacted directly.

   c) Whenever the Stun Gun is used, Employees will notify a supervisor as soon as possible. Use of Force incidents will be documented on the form in Exhibit A describing the incident in detail. Reports shall be completed by the end of the employee’s shift.
d) Stun Guns are to be utilized for smaller animals and are not intended for use against animals weighing over 200 to 300 pounds.

I have read and understand this policy and will abide by its provisions.

Signed: ____________________________________________________
Employee Name: ______________________________________________
Date: ______________

Rev 4/18
### REPORT OF ACCIDENT/INCIDENT

_____  Safety Incident  
_____  Accident Not Requiring Medical Attention  
_____  Accident Requiring Medical Attention

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title:</td>
<td>Department:</td>
</tr>
<tr>
<td>Date &amp; Time of Accident/Incident:</td>
<td>/</td>
</tr>
<tr>
<td>Date of Report:</td>
<td>Report To:</td>
</tr>
<tr>
<td>Location:</td>
<td></td>
</tr>
<tr>
<td>Other Employees Involved/Witness:</td>
<td></td>
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</tbody>
</table>

**Describe Injury:**

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**Describe Incident and Cause:**

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**Action Taken:**

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