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Approval:



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Acting Chief of Police

4.43 ELECTRONIC CONTROL DEVICE:

A. POLICY:

The Taser may be used to control a violent or physically combative subject when Officers have cause to believe that use of a Taser would be objectively reasonable force consistent with the Department's Use of Force Policy 4.30 to protect the subject, other persons or themselves from great bodily harm. The Taser shall not be used against a passively resisting subject.

The Taser should be used to reduce or minimize the chance of injury to the subject, other persons and arresting officer(s). In deciding whether or not to use a Taser, Officers must consider the severity of the crime, if any, whether the subject poses an **immediate threat** to his or her own safety, the safety of officers or other persons, and whether the subject is actively resisting arrest or attempting to evade arrest by flight.

B. DEFINITION:

The Taser M26 and X26 are less lethal hand held electronic control devices that can propel a pair of probes into the skin or clothing of a subject. An electrical current passes through these probes into the body of the subject causing instantaneous muscle spasm and loss of balance. The Taser may also be used in a Drive Stun mode where the Taser comes in direct contact with the subject or a combination of both of these modes where the deployed probes and the drive stun are used in conjunction.

C. PROCEDURES:

1. Operation:

The Taser is a less-lethal control device. The effective maximum range of the Taser when using the probes is dependent on the cartridges used.

2. Restrictions:

No member of this Department is authorized to carry or use the Taser without proper certification.

The Taser shall not be used on individuals who are passively resisting arrest, to escort or prod subjects, or to awaken unconscious or intoxicated subjects.

Generally, the Taser should not be aimed at the head, neck, chest, or genital areas.

Officers should not use a Taser against the following subjects unless its use would be objectively reasonable to protect the subject, others or themselves from great bodily harm.

- a. People in control of vehicles.
- b. Women known to be pregnant.
- c. People known to have diseased or weak hearts.
- d. Obviously debilitated people or elderly people who are known to be at greater risk under all circumstances, especially from medical injuries.
- e. Children under age 12.
- f. People with obvious or known neuromuscular disorders, i.e., Multiple Sclerosis, Muscular Dystrophy, Epilepsy.
- g. People known to be wearing pacemakers or other biomedical devices.
- h. People known to be in danger of falling to their death or being caught in dangerous equipment or machinery.
- i. Persons who are known to be in close proximity to flammable liquids, gases, or any substance or object that could be ignited or exploded by a spark.

3. Carrying the Taser:

- a. The Taser may be carried in an approved holster or secured in the officer's vehicle so that it is readily accessible at all times.
- b. The Taser shall not be carried on the same side as the officer's duty weapon.

4. Medical Treatment:

Any person subjected to immobilization by the use of the Taser device **shall**, as soon as practicable and prior to booking, be transported to a Department approved hospital or, in an emergency, to the nearest hospital emergency room for examination and a medical release to book.

Only medical personnel will remove Taser probes which have or are believed to have penetrated the skin. Officers should disconnect the cartridge and wires from the Taser weapon and secure them in a manner that prevents the probes from being accidentally removed from the person. Officers shall advise medical staff of the number of five-second cycles utilized during the Taser deployment.

Photographs **shall** be taken of the suspect's Taser probe puncture wound(s) as soon as practicable. The photographs should show the location of the wound(s) clearly and should be taken after the wound(s) is cleaned by medical personnel and before any treatment, if applicable. The photographs shall be downloaded in the DIMS (Digital Image Management System).

The expended probes and cartridge shall be sealed in an envelope and placed into evidence.

5. Training:

The Training Bureau shall be responsible for ensuring that only qualified certified instructors provide training to and certification of Officers in the use and care of the

Taser. Taser operators must be recertified bi-yearly.

6. Inspection:

Commanding officers shall be responsible for bi-yearly inspections and audits of all Tasers and cartridges assigned to their respective commands.

7. Reporting:

All discharges of the Taser shall be documented in an Officer's Initial Police Report. Officers shall sufficiently describe the circumstances to explain their reasons for the use of the Taser in their initial police report which must include the following information:

- a. Suspect(s) action prior to deployment.
- b. Consideration(s) for lesser intrusive means than the Taser to control the suspect.
- c. The warning(s) given before deploying the Taser. If no warning was given, explain why not.
- d. Point of impact on the subject.
- e. The number of five-second cycles.
- f. Action taken after discharge.

Any injuries the suspect has incurred as a result of the use of the device.

8. Supervisor Responsibilities:

If a Taser device is utilized, a supervisor shall remove the Taser device from service and complete a data download. The supervisor shall return the Taser device to the assigned officer as soon as practical. Supervisors shall complete a Use of Force Investigation pursuant to 4.30 of this Manual and incorporate the download printout into the report.