

**REPORT OF
THE USE OF FORCE WORKING GROUP OF
ALLEGHENY COUNTY, PENNSYLVANIA**

**CONVENED BY
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ACKNOWLEDGEMENTS

The members of the Working Group wish to acknowledge the commitment of District Attorney Stephen Zappala of Allegheny County, who organized and recruited us. We also wish to thank Assistant District Attorney Nicole Wetherton of Mr. Zappala's staff, who served as the Working Group's coordinator and liaison with Mr. Zappala's office.

The members of the Working Group also wish to acknowledge the many contributions to its work of our first chair, the Honorable Ralph Cappy, whose untimely death occurred during the course of our year together. Chief Justice Cappy's influence can be seen throughout this Report, and all of us thank him for his guidance and tireless work in this process.

Last, we acknowledge and express our gratitude to Professor David A. Harris, the principal author of this report and a tireless and invaluable contributor to the work of the Group.

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PREFACE

The Use of Force Working Group was convened at the request of Allegheny County District Attorney Stephen A. Zappala. The purpose of this independent body was to study police use of “electronic control devices,” commonly called “Tasers™” and to make findings and recommendations to the District Attorney. Chaired by the Honorable Ralph J. Cappy, the late Chief Justice of the Supreme Court of Pennsylvania, the Group was composed of representatives from the public and private sector, including current and former state and federal judges, police chiefs, law professors, practicing lawyers, former prosecutors and the president of the Pittsburgh branch of the NAACP.

Commencing on October 7, 2008 and ending on May 26, 2009, the Working Group conducted five meetings, two of which were public and locally televised. In addition, an open community meeting hosted by Pittsburgh’s NAACP chapter and attended by several Task Force members took place on July 9, 2009. Presenters at the Task Force’s meetings included medical doctors, experts and researchers who study police and the use of force, police officials and industry representatives. Members of the working group were provided with voluminous written material pertaining to law enforcement officers’ use of force and particularly, the use of “electronic control devices” or “Tasers™.” Industry representatives also demonstrated the use of that weapon. The Findings and Recommendations which follow are based upon the meetings and discussions as well as literature on the subject.

FINDINGS AND RECOMMENDATIONS

- § Electronic control devices or ECD’s are less lethal weapons that work by sending an electrical charge through the subject’s body. The electrical charge, typically sent through propelled wires shot into a subject’s body or clothing, sends electricity into the subject’s muscles. It does not “electrocute” the subject; rather, the electrical charge disrupts signals between the brain and the muscles, effectively seizing temporary control of the muscles and shutting down the subject’s ability to control his or her movements. This causes brief paralysis of voluntary motor functions. Available medical evidence indicates it does not disrupt breathing. The most common ECD is the unit manufactured by Taser™ International, Inc.; the company’s devices make up the great majority of all of the ECD’s used in Allegheny County. Therefore, the Working Group will use the term “Taser™” for all such devices throughout the rest of the report.
- § Every authority the Working Group heard, from representatives of Taser™ International to national use of force experts to police reform advocates, and all of the literature the Working Group reviewed, agreed that Tasers™ can be useful and safe weapons for police, as compared to other weapons, but only if they are used within the context of proper and well-developed policy, training, and supervision, and with accountability. The Working Group concludes that without any of these four important ingredients, the use of any weapon or tactic can do unnecessary damage and compromise the safety of the public and police officers.

- § The Working Group learned that policies on Taser™ use are in effect in police departments across the country, including here in Allegheny County. Policies vary across departments, and many include components that are considered best practices in policing. Those best practices can and should be part of any department's Taser™ policy; some best practices are discussed in the body of the report.
- § Departmental policy should ordinarily prohibit use of Tasers™ to counter passive resistance, in which the subject does not comply with orders but is not taking action to prevent custody. Use of Tasers™ against passive resistance amounts to forcing compliance through pain, and is not an appropriate use of the weapon. Departments should give careful consideration to whether Tasers™ should be used against defensive resistance, which is non-compliance accompanied by action designed to prevent lawful custody, such as twisting or holding onto fixed objects.
- § The Working Group recommends that proper Taser™ training must regard the safety of citizens and officers as a top priority. All training must instruct officers in the specifics of the department's own policies.
- § Proper Taser™ policy should incorporate, reference, and form a part of the department's overall policy on the use of force. The department's use of force policy should show clearly how the use of a Taser™ fits into it.
- § The Working Group was convinced by the evidence it heard and reviewed that use of Tasers™ by police officers generally represents an improvement in safety for both the public and police officers as compared to other forms of weapons, *provided* that they are used in the context of proper and well-developed policy, training, supervision and accountability. When properly used, the available medical and scientific evidence indicates that the risk of death or serious injury is low and certainly lower than other force alternatives such as clubs, batons or firearms. Nevertheless, it is important to remember that the evidence shows that, like all other use of weapons by police, the use of Tasers™ is not risk free, and these weapons must be incorporated into the police toolbox with proper forethought and safeguards. All of those safeguards come down to proper policy, training, and supervision, as well as accountability.
- § The evidence the Working Group heard from experts and the literature it surveyed indicated that multiple or prolonged administrations of the Taser™ to an individual may present an increased risk. The standard exposure cycle is five seconds long; according to the evidence, one exposure of five seconds will often, though not always, allow the officer to accomplish his or her objective. Therefore, the Working Group recommends that officers activating a Taser™ should use it once, for one five-second standard cycle, and then pause to evaluate whether further use might be necessary. If subsequent cycles are necessary, agency policy should restrict the number and duration of those cycles to the minimum necessary to place the subject in custody.
- § The evidence presented to the Working Group indicated that certain groups of people may be more vulnerable to risks of injury or death by Taser™: the elderly, the young

(people who are or appear to be pre-teens or younger), pregnant women, and persons with mental or physical illness or distress. Since these conditions are not always apparent to an officer arriving on the scene, these risks highlight potential dangers that police officers should take the utmost care to avoid. Therefore, departmental policies should allow uses against such persons *only in extreme or exigent circumstances*. The evidence also pointed to the fact that particular factual situations present very high risks of danger due to fire, explosion, falls, or other circumstances. Therefore, departmental policies should *prohibit* the use of Tasers™: 1) in the presence of highly combustible or explosive materials (flammable liquids or gases, use in proximity to a methamphetamine lab, etc.), 2) when use of the weapon could cause the subject to experience a fall that would risk serious injury or death, 3) use against the operator of a moving or potentially moving motor vehicle, 4) use against any person in a coercive or punitive manner, and 5) use that would constitute excessive force under the law. A fuller list of vulnerable populations and highly dangerous situations is contained in the body of the report.

- § The Working Group learned that public perceptions of the dangers presented by Taser™ use, and the perceptions of frequency and evenhandedness with which the device is used, vary greatly across our county. Public education on these matters, of which this Report represents the first step, will help address this. For the same reason, the Working Group also recommends (though not unanimously) that law enforcement agencies make their policies on Taser™ use public. In accordance with the evidence the Working Group heard and reviewed, the majority of its members concluded that a transparent and open approach to policy on Taser™ use would help the public understand the benefits of the devices, without putting law enforcement officers at risk.
- § The Working Group found that the Taser™ device includes a mechanism for recording the date and time of each use, the duration of the administration of the Taser™ and a method of tracking the Taser™ dart to the specific weapon which fired it and that these features enhance accountability. The device can also be purchased with an integrated video camera to record the actual use of the Taser™ on a subject. While the Working Group recognizes the value of using a device that includes an integrated camera, we also recognize that the additional costs of video equipment are substantial and may be beyond the means of many police departments.
- § The Working Group believes that the goals of accountability and public education can be served by basic statistical tracking of all Taser™ uses, along with data tracking important contextual factors. Any system of data tracking should make the data available to the public, and should be analyzed by a neutral third party such as a university.
- § The Working Group learned through its community meeting and elsewhere that one area of great concern is the use of Tasers™ in schools against students. During the last twelve months, news reports have described the use of Tasers™ by police officers in school environments, and this has surprised many people. While most Pittsburghers recognize that police officers have a right to use appropriate force wherever they may be, including schools, there is a strong and understandable public sentiment that Tasers™ should not be used in schools. Many parents expressed fear that students would make

easier targets than adults, since their complaints might not be taken as seriously as those coming from adults. The Working Group recommends that Taser™ use in schools be examined by each and every department that deploys them to officers in schools, and that policies be formulated to govern the use of the devices in this special setting. Tasers™, like other weapons, should be used in schools only when absolutely necessary to insure the safety of life or limb.

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Approximately one year ago, Allegheny County District Attorney Stephen A. Zappala, Jr., convened the independent Use of Force Working Group to study police use of electronic control devices (ECDs), commonly called Tasers™ (the trade name of the most commonly used ECD). The Working Group began to study all of the major issues surrounding the use of ECDs in October of 2008. Its work included five meetings, two of which were open to the public and locally televised. In additions, members of the Working Groups attended and participated in a community meeting on ECD use sponsored by the Pittsburgh chapter of the NAACP.

The Working Group had access to all of the major publicly-available reports and studies now in circulation, and heard from a number of local, state, and national experts on the issue of police use of force generally and ECDs particularly. Experts, including the County Medical Examiner and other physician witnesses, also discussed medical and scientific issues raised by these weapons. The Working Group also heard directly from representatives of Taser International, the manufacturer of the most commonly used ECD. Importantly, members of the public also had the opportunity to learn about these weapons along with the Working Group, and to supply the Working Group with their own comments and opinions.

In assembling the Working Group, District Attorney Zappala appointed people from a variety of professional backgrounds. Members came from the NAACP, from law enforcement, from the justice system, and from the legal community. While all members of the Working Group brought different perspectives to the task, the information members received and the experts it heard allowed the Working Group to reach a broad consensus on almost all of the vital questions examined. Members of the Working Group came to this experience knowing that a close, careful review of these issues was vital to the safety of our citizens and our police officers; this Report will help supply answers that will guide our county toward effective and safe use of ECDs.

This Report begins with a brief description of what ECDs are and how they work. In the second section, the Report discusses four centrally important concepts for any use of force by police: policy, training, supervision, and accountability. The third part addresses safety, risks, and the available medical evidence. In the fourth section, the Report addresses the importance of public perception, transparency, accountability, and ECD use in schools.

I. ECDs: WHAT THEY ARE AND HOW THEY WORK

A. Mechanics and Effects of ECDs

ECDs are less lethal weapons. The term “less lethal weapons” means that they are designed not to kill, and when used correctly and according to appropriate policy, in the vast majority of cases they do not. They are called control devices because they effectively give police control of the subject for a short period by making it impossible for the subject to use his or her muscles. During this brief interval, the police officer can step in and secure control of the suspect.

ECDs work by sending an electrical charge through the subject’s body. Typical ECDs allow use in two modes: probe mode and drive stun. Most ECD uses involve probe mode.¹ When used in probe mode, the ECD uses a gas cartridge to fire small metal barbs attached to two wires at the subject. Each wire, tipped with the small barbs, can reach approximately twenty-five feet. Both barbs must hit the subject, some short distance apart from each other, and they must make contact with the subject’s skin or clothing. When the barbs stick properly, the wires, the ECD, and the subject’s body complete an electrical circuit, and an electrical charge travels from the ECD to the subject. The charge carries a high voltage – 50,000 volts – but only a very small amount of electric power. With high voltage but low power, the charge causes all of the subject’s skeletal muscles to contract rapidly. This effectively paralyzes the subject’s body, but generally does no damage. It does not “electrocute” the subject; rather, the electrical charge causes immediate and repeated contractions of the muscles, effectively seizing temporary control of the subject’s ability to control his or her muscles. The effect is a temporary paralysis, during which the subject can do nothing to resist. This allows the officer to move in quickly and assume control of the person.

Available medical evidence indicates the Taser™ does not disrupt breathing. More information on physical and health effects follows in Part III of this Report.

The most common ECDs are manufactured by Taser International, Inc.; the company’s devices make up the great majority of all of the ECDs used in Allegheny County. Therefore, the Working Group will use the term “Taser™” for all such devices throughout the rest of the Report.

¹ In drive stun mode, the ECD does not propel any wires or barbs toward the subject; rather, the weapon itself is held against the subject’s body and activated, causing pain but not the paralysis caused by use in probe mode. The subject is in pain but still able to struggle and perhaps injure the officer. This has obvious tactical and strategic downsides from the point of view of officer safety. Given that the vast majority of ECD activations involve probe mode, use of ECDs in drive stun will not be discussed here further.

B. What It Feels Like

One member of the Working Group, Professor David Harris, volunteered for a Taser™ exposure, in order to generate a first-hand description for this Report.² This test exposure took place at the Allegheny County Police and Fire Training Academy. This is his personal account.

I volunteered for a Taser exposure so that I would have a first-hand idea of what this was like. A deputy from the County Sheriff's Department handled the task, at the Allegheny County Police and Fire Training Academy in Allison Park, PA. He asked beforehand if I wanted to be Tased without being shot with the barb-tipped wires, or at a lower power or for a shorter time than usual. He also asked if I preferred to be exposed in the low-power "drive stun" mode. I declined and asked for a standard administration – a five-second, full power exposure. We went into a training room with two other officers. They put a gym mat down on the floor for me to stand on, and with an officer on both sides of me with an arm hooked under each armpit to keep me from falling, I stood with my back to the deputy in charge. He asked if I was ready, and I said yes.

I heard a rapid ticking sound, then a loud pop, and I felt the barbs strike my back with a sting. Faster than I could think, the sting was replaced with something that felt as if every muscle, from my legs, through my chest, and through my jaw, had suddenly and painfully seized up. It was like the most painful cramp I'd ever had, but giant sized, body-wide, and with a sharpness that is hard to describe. My teeth locked together. All the while, a painful pulse went through me at regular, rapid intervals; it seemed to zap through me, collecting in my chest. I let out an involuntary, grunting sound from somewhere deep in my gut. I remember only one coherent thought in my head while this was occurring: *STOP! STOP! GET THIS OFF ME!* Despite my strong desire to do something, all through the Taser exposure I was completely paralyzed. I could not move at all.

And then, just like that, it stopped. It lasted just five seconds, but it seemed much longer – the longest five seconds of my life. The officers held me up; I never lost consciousness and wasn't aware of any feeling that I could not stand, but since most people do become unable to stand, the officers made sure I didn't fall. They eased me down to one knee and then to a sitting position on the mat, though I insisted that I could stand. All the while, I felt a little hazy, a bit dazed, and I'd say it took a few minutes for my head to fully clear. I was strongly aware of the feeling that I did NOT want another dose of whatever I just had, and that I had just undergone something powerful. After easing me down, the officers

² Professor Harris wishes to emphasize that he did this on his own initiative, without any suggestion and certainly with no pressure from Working Group. Professor Harris wishes to thank Deputy Gary Wolverton of the Allegheny County Sheriff's Office for his help, courtesy, and professionalism. Two other members of the Working Group, Harrison Township Police Chief Michael Klein and Robinson Township Police Chief Dale Vietmeier, underwent Taser™ exposures as part of their Training prior to their service on the Working Group.

asked me to lie on my stomach on the mat, and they removed the barbs from my back – poink, poink, each with some slight pain. They swabbed both wounds with alcohol and bandaged them.

Within approximately five minutes, I felt mostly back to myself. I was aware that I'd had a type of force used on me – that I'd been subjected to something very unpleasant. But I felt no ill effects. I could stand, talk, think, interact with the officers, tell a joke, greet a new officer who had come into the room – just a bit more slowly and cautiously than I normally did. There was a feeling of slight weakness or slowness, but it lifted. Thirty minutes later, I drove home.

My Taser exposure was painful, but not in the way one feels the pain of a bad burn or a cut or an injury like a broken bone. Speaking personally, I can say that I would rather have been shot by a Taser, than hit on the head with a billy club (with enough force and repetition to stop me). I can remember feeling far worse (and much longer lasting) pain after emerging from anesthesia following knee surgery. And with the Taser™ shot, once it was gone, it was gone – except for one lingering thought in my mind: “I don't want any more of THAT. Not for ANY reason.”

II. THE CENTRAL IMPORTANCE OF POLICY, TRAINING, SUPERVISION, AND ACCOUNTABILITY

Throughout all of the Working Group's meetings, from the first time it gathered through the last, one theme arose repeatedly: the absolute and central importance of *policy, training, supervision, and accountability*. The Working Group heard this same advice from every expert it consulted; from every law enforcement person who spoke; and from the representatives of Taser International as well. The consensus in modern law enforcement, especially on questions involving the use of force, is that in order to be both effective and safe for the public and for police officers themselves, any weapon or tactic police use must be subject to policy, training, supervision, and accountability. Given how often, and from how many different sources, the Working Group heard this, the members agree that Tasers™ can be useful and safe weapons for police as compared to other weapons, *but only if* they are used within the context of proper and well-developed policy, training, and supervision, and with accountability. The Working Group concludes that without any of these four important ingredients, the use of any weapon or tactic can do unnecessary damage and compromise the safety of the public and police officers.

The idea that well-considered police department policies should guide police conduct is not new. Most modern departments have policies concerning the entire scope of the police officer's job: from the handling of arrestees and chasing fleeing vehicles, to proper conduct on and off the job. Among the most important of these in any department are policies for the use of force. Under the law in the United States, police have the right to use as much force as is necessary to accomplish their lawful tasks, but they may not use any more force than that. This statement of the law, which is necessarily very general, would not be enough by itself to supply

sufficient guidance for police officers, so nearly all departments have policies which spell out with more specificity how and when officers can use force.

Because of occasional misunderstandings, it is important to state clearly that the use of a Taser™ constitutes a use of force, just as the use of a club or pepper spray does. All uses of force, including those utilizing less lethal weapons, fall along the “continuum of force”: the formal description used in most (though not all) police department policies to state when and in what circumstances police officers should use a particular type or degree of force. The Working Group expects that any department’s policies on the use of force that employ the use of force continuum will identify for its officers where use of a Taser™ fits along the continuum.

Proper Taser™ policy may be part of the department’s overall use of force policy, or it may stand alone. In either case, the department’s policy on Taser™ use should incorporate, reference, and lean heavily on the department’s overall policy on the use of force, including inclusion in the continuum of force (or any similar analytical structure used by the department). Above all else, all such policies must make the safety of citizens and police officers the top priority.

A. Policy: Specifics And Best Practices

The Working Group learned that policies on Taser™ use are in effect in police departments across the country, including here in Allegheny County. Details of these policies vary, and many incorporate certain best practices. Those best practices can and should be part of any department’s Taser™ policy. The following lists the best practices the Working Group would expect to see in any adequate policy on Taser™ use.

When the Working Group learned that many police departments in Allegheny County now have Taser policies in effect, a number of the members made requests for access to those policies in order to study what our own law enforcement agencies were now doing on the issue. Despite these requests, made during both public and private meetings, the Working Group did not receive these policies for review, and therefore is not in a position to pass judgment on them.³ However, the Working Group had the benefit of particularly informative and helpful counsel on policy issues from Dr. Lorie Fridell of the University of South Florida, one of the country’s foremost academic experts in police policy and use of force. Dr. Fridell provided a handout which included various policy options used by agencies around the nation. Dr. Fridell’s list of policy options is attached to this Report as an appendix.⁴

³ Requests for the policies for the purpose of accomplishing our task were made in both public and non-public meetings. Members were told that law enforcement agencies would not disclose these policies, for fear of endangering the safety of police officers. (On this point, see Section III below, which examines the issues of transparency and public confidence.) During the course of one of its non-public meetings, Working Group members received a binder containing copies of selected policies from several area jurisdictions, but were not given time to review them. Members were required to return the binders before leaving the meeting, because police agencies feared disclosure might endanger officer safety. Therefore, the Working Group cannot comment on the individual policy in effect in any jurisdiction in the county, and can only make recommendations about what elements *should appear* in any good policy.

⁴ The Working Group thanks Dr. Fridell for her permission to include her work with our Report.

The Working Group was able to gather policies on Taser™ use and the use of force from many police departments around the country. Members gathered these policies simply by asking for them, or from police departments' publicly-accessible web sites. Thus it is fair to conclude that most police departments around the country routinely make their policies accessible to the public.

The public and all police departments in Allegheny County should also know that organizations concerned with police professionalism have created and published model policies on Taser™ deployment and use. Among these are model policies created by the International Association of Chiefs of Police (IACP) and the Police Executives Research Forum (PERF). Those model policies are attached to this Report as appendices.

The list of best practices below borrows from both IACP and PERF model policies, from Dr. Fridell's work, and from the policies gathered by the Working Group from police departments nationwide. In other words, the following lists the major elements of any good Taser™ policy – a set of “best practices” for Taser™ policies. It does not attempt to cover every aspect of what a Taser™ policy should contain; rather, those listed below are among the most important issues, and should always appear.

1) All policy elements should reflect key ECD objectives

All of the elements of any proper Taser™ policy should reflect several key objectives, which should guide and direct the department's crafting of every aspect of its policy. Those key objectives should include 1) gaining control over the subjects with the least possible injury to officers, subjects, and others present, 2) preventing incidents from escalating to the level at which deadly force is necessary and justified, and 3) displacing deadly force when possible.

2) Taser™ use should be tied to the use of force policy and the Use of Force Continuum (or similar protocol) for the department

Police may use only the amount of force reasonably necessary to accomplish their lawful objectives. Most police departments guide their officers in what amount of force is justifiable in response to any given level of resistance by making a use of force continuum part of departmental policy. Taser™ policy should tie in, directly and explicitly, with the department's use of force policy, and with the department's version of the use of force continuum. For example, the IACP Taser™ policy places ECD use generally on par with the use of pepper spray; other departments make more specific, and limited, use of the weapon.

3) Every policy should ordinarily prohibit use of Tasers™ against passive resistance, and should give careful consideration to whether Tasers™ should be used against defensive resistance

A typical department's use of force policy calibrates the use of force permitted against the amount of resistance by a subject. For example, the use of force continuum used by the Charlotte-Mecklenburg police department, which is fairly typical, adjusts the amount of force officers can use against the following scale of subject resistance: cooperative; nonverbal or verbal non-compliance; passive resistance; defensive resistance; active aggression; aggravated active aggression. In passive resistance, the subject does not cooperate with officer commands, but does not take action to prevent being taken into custody – for example, a protestor who lies down in front of a doorway and must be carried away.⁵ Defensive resistance is when a subject takes action to prevent being taken into custody, such as twisting, pulling, holding onto fixed objects, or fleeing. Active aggression describes actions by the subject which exhibit the intent to injure the officer – punching, kicking, biting, pushing, or the like.

The main issue is whether a department's policy should allow the use of Tasers™ to overcome passive, as opposed to defensive, resistance. In a recent national survey conducted by Dr. Fridell and colleagues,⁶ only twenty percent of officers indicated that their departments would allow the use of a Taser™ as a first response to an incident of passive resistance. The question is whether police should use a Taser™ to produce “pain compliance.” As an article in the Christian Science Monitor of May 28, 2009, explained, “the question is to what extent police may use [a Taser™] against someone who is not actively resisting but who is passively refusing to obey a police command.”⁷ The use of pain compliance, to some, seems to constitute at best an unnecessary intentional infliction of injury, which police should avoid at all costs. At the very least, the public may perceive Taser™ use in response to passive resistance as unreasonable. Regardless of the view one may take on this and of the legalities involved, all departments should prohibit the use of Tasers™ to overcome passive resistance in ordinary circumstances. Use of Tasers™ against passive resistance constitutes pain compliance, and is not an appropriate use of the weapon.

Departments should give careful consideration to whether Tasers™ should be used against defensive resistance, which (as explained above) is non-compliance accompanied by action designed to prevent lawful custody. Broadly stated, the question is whether Taser™ use against defensive resistance constitutes wise policy even if it is legally justified, given the overarching goals of gaining control over the subjects with the least possible injury to all and preventing incidents from escalating, as well as the damage to public perception of police.

⁵ Passive resistance should be understood to include situations in which subjects resist by bracing and tensing. Some police agencies define bracing and tensing as defensive resistance; for those that do, policies should make clear that Tasers™ should not be used against subjects whose resistance consists only of bracing and tensing, even though these actions are characterized as defensive.

⁶ Lorie A. Fridell, Ph. D., *Less Lethal Weapon Deployment, Policy and Training: Results from a National Survey*. Presentation at the Police Use of force: Less-Lethal Weapons and In-Custody Deaths conference sponsored by the Institute for Law Enforcement Administration. Plano, TX, Sept. 29, 2008. The citation for the written report, not yet published, is Fridell, L.A. (n.d.), *Conducted Energy Devices: Results from a National Survey on Deployment, Policy and Training* (unpublished manuscript).

⁷ Warren Richey, *Police Tasers: Excessive Force or Necessary Tool?*, Christian Science Monitor, May 28, 2009, accessed at <http://www.csmonitor.com/2009/0528/p02s05-usju.html>.

4) Displacement of deadly force

Many people believe that Taser™ use should constitute a substitute for the use of deadly force – that is, that the role of the Taser™ should be to replace the use of a firearm in a situation in which police could justifiably use deadly force. But this is not entirely correct. Tasers™ are not designed to replace firearms or other deadly weapons in situations in which police *must* use deadly force to protect themselves or others. Rather, they are designed primarily for situations *that have not yet risen* to the level of deadly force – that is, for contexts in which less than deadly force is the proper response. This reflects the fact that using a Taser™ in a deadly force situation would very likely leave the officer at a disadvantage, exposing the officer and other persons present to life-threatening danger that the Taser™ would not equip him or her to deflect. This could put the safety of the officer and any members of the public who were present at grave risk.

Thus police department policy should explicitly tell officers at least in broad terms when Tasers™ can be used in a situation which presents the threat of deadly force. Policies on this question vary nationally. Some agencies prohibit Taser™ use outright in deadly force situations; their policies say that officers may not use ECDs when deadly force is justified. A second group says that ECDs cannot be used in a deadly force situation “without firearm backup.” A third type varies slightly from the second; this policy, from the State of Utah, states that “the Taser should not be used without a firearm back up in those situations where there is substantial threat towards the officer(s) or others present.” A fourth type, such as the policy of the Colorado Springs, CO, police department, is a prohibition on Taser use where deadly force is appropriate, but states that officers must not place themselves or other innocent parties at substantially increased risk of death or serious injury by employing ECDs “where conditions would otherwise call for immediate use of deadly force.” The importance of a well considered-policy in this area is obvious; its relationship to the imperative of officer and public safety are clear. Therefore, police policy should allow the use of Tasers™ in deadly force situations only when both necessary and appropriate; use of these devices at the deadly force level can be necessary and appropriate only if the safety of the officer and the public is not put at unnecessary risk by doing so. The policy should also state that Tasers™ should not substitute for deadly force options when deadly force must be used to assure officer and public safety.

5) Vulnerable populations; circumstances in which Tasers should never be used

In some circumstances, Taser™ exposure sometimes presents elevated risks. This occurs in two contexts. Most policies consider both contexts – sometimes separately and sometimes together. First, groups of people with certain characteristics may prove more vulnerable to injury or even death from a Taser™ exposure than others. (See Section III of this Report for more information concerning risks of Taser™ use.) Members of these vulnerable populations should not be subjected to Taser™ use unless extreme or exigent circumstances exist. The following persons constitute vulnerable populations:

- § Visibly pregnant women, or women who the officer knows, or should reasonably know, to be pregnant.
- § Elderly persons.

- § Children. (Some policies denote the age as under 7 years old, but others define young for these purposes as anyone 15 years of age or younger. The Working Group recommends that policies on this point specify that this concerns people who are or appear to be pre-teens or younger, because an officer on the scene cannot be expected to know the person's correct age and must make a reasonable judgment based on appearances of the person.)
- § Visibly frail, obviously ill, or severely impaired persons.

Second, certain circumstances exist in which Taser use presents grave dangers no matter how careful the officer or how complete his or her training. In these circumstances, departmental policy should prohibit Taser™ use. Proper Taser™ policy should explicitly enumerate these situations. Among prohibited uses, the following should appear in any policy:

- § Use in the proximity of flammable liquids or gases or other highly combustible materials, or on an individual who has come into contact with combustible materials, such as gasoline.
- § Use in the proximity of a methamphetamine lab.
- § Use after exposure of the individual to alcohol-based OC spray or other flammable chemical agent, because of the potential for combustion.
- § Use if the Taser or its propulsion cartridge is submerged in water.
- § Use on a subject in an environment in which the subject's fall could result in substantial injury or death, or in drowning.
- § Use against persons who are incapacitated or restrained, absent assaultive behavior by the restrained person that cannot be dealt with in any less intrusive way.
- § Use against a person operating a motor vehicle.
- § Use against any person in a coercive or punitive manner.
- § Use in any fashion that would be deemed "excessive force" because it does not fall within the "reasonable officer" standard.

Note that suicidal persons may present difficult issues regarding Taser™ use. No policy can cover every eventuality involved in suicidal threats; most policies do not prohibit the use of Tasers™ against suicidal persons. Policies should not prohibit an officer from using a Taser™ on a suicidal subject. Rather, the officer must consider the entire context, including self-preservation and protection of others when dealing with persons threatening suicide.

6) Number and Length of Taser™ Exposures

Policies on Taser™ use must consider another issue that presents possibly elevated risks: the number and length of Taser™ exposures. The evidence the Working Group received and reviewed indicated that multiple or prolonged administrations of the Taser™ to a person may increase the risk of negative outcomes and possible injuries.

The standard cycle, or *length of exposure*, for a subject to the Taser's electrical charge is five seconds. The standard Taser™ cycle will incapacitate a person and will often, though not always, allow a police officer to accomplish his or her objective. It is possible that a prolonged

exposure may bring on acidosis (a condition in which the muscles, continuously contracted by the Taser's electricity, build up lactic acid, a by-product of muscle metabolism), which could be dangerous because of the risk of exhaustion leading to respiratory failure. The *number of exposures* to any individual may also increase risks.

Beyond the danger to the subject presented by multiple or prolonged exposures, use of the Taser™ in this fashion these may also represent danger to the officer or others present. This is because the need for multiple or prolonged exposures confirms that the weapon has not achieved the officer's objectives. If it had, prolonged or multiple exposures would not likely be necessary. Thus continued use indicates the officer is using an ineffective tactic.

Taser™ policies deal with this issue with conceptual or explicit numerical restrictions on the length of the activation cycle (e.g., allowing only the use of the standard five-second cycle). Other policies numerically restrict the number of Taser™ activations on any individual subject (usually limiting this to three). Other policies restrict both, absent exigent circumstances. For example, the policy of the Longmont, Colorado Police Department states that "no person shall be knowingly exposed to more than three five-second cycles from a (ECD)" and "no person shall be exposed to a single cycle longer than five seconds."

Therefore, the Working Group recommends that officers activating a Taser™ should use it for one standard cycle and then stop to evaluate the situation. (The Working Group does not believe it is appropriate to delineate how long such a pause should be; this will depend on the context, and is appropriately left to the reasonable judgment of the officer on the scene.) If subsequent cycles are necessary, agency policy should restrict the number and duration of those cycles to the minimum activations necessary to place the subject in custody. Agency policy should require that the officer must justify each activation independently in his/her use of force report.

B. Training Issues

If creating and implementing a well-reasoned policy constitutes the first step in making sure that police use Tasers™ as safely and effectively as possible, the second step is training. As discussed above, proper Taser™ training must rely upon and reflect the policy of the jurisdiction. All training must instruct officers in the specifics of the department's own policies, and train them to act in accordance with those policies. Moreover, the Working Group recommends that, as with the setting of policy, proper Taser™ training must regard the safety of citizens and officers as the top priority.

Beyond this, Taser™ training must be guided by issues relating to the use of force generally, and the use of Tasers™ specifically. On the general use of force, best practices in training include, first, an emphasis on *decision making*. Officers must know not only *how* to use force, but *when* – that is, what situations call for what level of force. This is why the use of force continuum has become an expected part of police standards and practices all over the country. Second, officers must receive *integrated* training on the use of force: i.e., trainees must learn which type of force to use. Third, research has shown that the most effective training uses *hands-on methods*, such as computer simulators and role-play exercises.

On the use of Tasers™ in particular, several issues emerge. First, departments need to decide *how much initial training* to give officers who will use the devices. Along with this, departments will set standards for *retraining and recertification* on a periodic basis. According to the national survey conducted by Dr. Fridell and colleagues,⁸ initial Taser training ranges across police departments from two to forty hours, with almost half of all departments training for eight hours, and twenty-nine percent of departments training for four hours. Almost two-thirds of all departments require retraining or recertification on Taser™ every year; seventeen percent require no retraining.

Some police departments require officers in Taser™ training to be shot with a Taser™ themselves. Interestingly, the Working Group learned that while this was a nearly universal requirement in Taser™ training until recently, a growing number of police departments have eliminated this requirement. Now, according to the survey, sixty-four percent of departments require Taser™ trainees to experience a Taser™ shot firsthand (as opposed to seventy-seven percent of departments that require them to be exposed to chemical spray). While one cannot draw any hard conclusions about why this requirement has steadily become less common, perhaps police departments now have a greater appreciation than they used to that an exposure to a Taser,™ even under ideal and highly controlled conditions, is not risk free.

Departments should exercise caution concerning the source of the training. The Working Group received an excellent demonstration and considerable information from representatives of Taser International, the dominant manufacturer of ECDs in the industry. Manufacturers are the most common source of training – conducting “train the trainers” sessions for officers who go back to their own police departments and train others. According to Dr. Fridell, the national use of force expert the Working Group heard from, in years past these training sessions touted the ECD as a “miracle weapon” and encouraged officers to use the devices “early and often.” These train-the-trainer sessions have changed over time and appear to promote more judicious use of the weapon. Departments must see to it that neither new trainees nor officers receiving in-service retraining receive the “early and often” lesson, and that those that have been trained this way in the past are told, explicitly, through more up-to-date and appropriately nuanced training, that the old views were incorrect. The policy of Johnson County, Indiana, includes a section entitled “Taser Restraint” that conveys appropriate messages promoting the judicious use of the Taser. It is attached in an appendix to this Report. Johnson County’s “Taser Restraint” policy properly reminds officers of the possible risks involved in Taser™ use, all of which counsel a cautious approach.

C. Supervision

Proper supervision by sergeants, lieutenants, and other police department managers is critical to assuring that officers using Tasers™ do so only in accordance with policy and training. Without proper supervisory follow up, policies and training may mean nothing. Supervisors must ensure that only officers qualified to use Tasers™ do so, and that when a Taser™ is used, an

⁸ See note 6, *supra*.

appropriate investigation, usually conducted by the supervisor him- or herself, always follows immediately.

Police departments should require that, for each Taser™ use:

- § A supervisor must come to the scene after any Taser™ use.
- § Taser™ use data is obtained from the device (see below under Accountability).
- § A use of force report is made in any situation in which this would be required by the department for the use of any other weapon. The officer should be required to justify each and every 5-second activation independently.
- § In circumstances in which the department's policy requires it (see Section III on Safety and Risks, below), the subject receives appropriate medical treatment, which may or may not (according to policy) include treatment by emergency medical personnel on the scene or transportation to a hospital.

Any use of the Taser™ found by the supervisor to be outside of policy should result in 1) the supervisor counseling the officer, 2) retraining for the officer, 3) a referral of the matter up the chain of command for possible disciplinary action, or some combination of all three, as the facts and departmental policy warrant.

D. Accountability

Accountability is the fourth necessary ingredient, and it must be the direct result of supervision. Accountability in police work means police officers must be accountable in two ways. Each officer must be accountable internally to the department and to his or her immediate supervisor, for following departmental policies and standards. In addition, all officers and the department must be accountable externally, to the public.

Internally, accountability requires that supervisors act in accordance with their responsibilities (see above) to investigate each Taser™ use, and to take appropriate action if the Taser™ use did not conform to departmental policy. These investigations and the effort to hold officers accountable for their Taser™ use can be assisted greatly by some unique features of the Taser.™ The Taser™ model most commonly in use in Allegheny County includes a mechanism that electronically records the date and time of each use, the duration of the electrical pulse by the Taser™ and a method of tracking the Taser™ dart to the specific weapon which fired it. All of these data are stored in the Taser and are easily retrieved through a data port. Also, when discharged, the Taser™ cartridge shoots out bits of paper confetti, called Anti-Felon Identification (AFID) tags. Each AFID tag is imprinted with information that allows the supervisor to identify the cartridge and weapon used. Both the data stored on the Taser and the AFIDs should be collected and analyzed to assure use in conformity with policy. These features enhance accountability.

The Taser™ device can also be purchased in a model with an integrated video camera to record the actual use of the Taser™ on a subject. The Working Group believes that using a device that includes an integrated camera would have tremendous potential both for assuring public accountability and for protecting officers from unfounded claims. But the Working Group

also recognizes that the additional costs of video equipment are substantial and may be beyond the means of many police departments.

The importance of external accountability – accountability to the public – cannot be overstated. We discuss the importance of the public perception of police Taser™ use below (see Section IV), but for present purposes it is important to say that accountability is a first and necessary step to changing negative perceptions about Tasers™ and their use. Among the steps that could be taken to enhance external accountability are these.

- § Police should conduct neighborhood programs to educate residents about ECDs and their use. At these programs, both policies and concerns should be openly discussed.
- § Policies on Taser™ use should be available to the public. (See Section IV, below.)
- § Taser™ training should form part of the curriculum for any citizens’ police training academy.
- § The media should receive briefings on the policies for, and use of, Tasers.™
- § Police departments should collect and maintain comprehensive statistics on police use of Tasers.™ The statistics should be rigorously and independently analyzed, and publicly available. (See Section IV, below.)

III. SAFETY, RISKS AND MEDICAL EVIDENCE

A. Assertions of High Risk of Death: Less Evidence than Meets the Eye

During the course of its work, the Working Group heard from a number of medical experts. Members also reviewed some of the existing medical evidence on Taser™ use, with special attention to the most recent federally-sponsored studies on the topic.

The Working Group learned through studying these opinions and materials that the medical evidence sometimes does not support some of the common conceptions of the dangers of Taser™ use. For example, a widely-circulated 2008 report by Amnesty International stated that 330 people had died in the United States since June of 2001 after receiving a Taser™ exposure. According to Amnesty, coroners or other medical officials identified Taser™ use as a cause of death or a contributing factor in 50 of these 330 cases. Thus, some have claimed that Tasers™ are not, in fact, less lethal weapons, but deadly ones. This has led some to contend that the law should ban Tasers™ altogether.

The Working Group believes that an unacceptable number of people die in police custody, and that this is a serious problem by any measure. But the fact is that when these unfortunate deaths occur, *they occur with or without the involvement of Tasers™*. In-custody deaths may occur in association with cocaine or other drug intoxication, alcohol intoxication, pre-existing heart disease or other health issues, or so-called “excited delirium,” a cluster of

symptoms in which the nervous and other systems are in a kind of overdrive.⁹ Some of these deaths happen after the use of Tasers;TM other do not. In some of the deaths involving TasersTM, the use of another weapon might have resulted in the same outcome. The Working Group believes, given everything it heard, that there is, at best, insufficient evidence to believe that careful and judicious use of these weapons, in accordance with sound policy and following the limits recommended in this Report on the number and duration of exposures to each person, is *causing* the deaths that occur in conjunction with TaserTM use (though in any particular individual case TaserTM use may be a contributing factor). If TasersTM were causing more deaths than other weapons would have, the evidence would show a substantial increase in in-custody deaths associated with TaserTM use once TasersTM became common. Quite simply, no such evidence exists.

What the available evidence does show is that that use of TasersTM by police officers generally represents an improvement in safety for both the public and police officers as compared to other weapons, *provided that they are used in the context of proper and well-developed policy, training, supervision and accountability*. When properly used, the available medical and scientific evidence indicates that the risk of death or serious injury is low and certainly lower than other force alternatives such as clubs, batons or firearms. Representatives of Taser International, among others, told the Working Group that in many cities in which police departments had deployed Tasers,TM in-custody deaths, and injuries to police officers, subjects, and members of the public, had actually decreased, and this has been confirmed by researchers unaffiliated with the company.¹⁰ A more recent study showed that while injuries rose in the first year after a police department deployed TasersTM, they fell after that to a level lower than they had been before TasersTM came into use. Given the evidence it gathered, the Working Group concludes that when properly used in accordance with proper policy, training, supervision, and accountability, TasersTM represent an advance in public safety for both the public and police officers.

Nevertheless, it is important to remember that Tasers are weapons; their use is a use of force, just like the use of a police baton or pepper spray. The evidence shows that, like all other use of weapons by police, the use of TasersTM is not risk free, and these weapons must be used properly, and not overused. They must be incorporated into the police toolbox with proper forethought and safeguards, and used carefully and with appropriate restraint. All of those safeguards come down to proper policy, training, and supervision, as well as accountability, described at length in Section II of this Report. Without those precautions, Tasers may cause unnecessary injuries and deaths, and will put the safety of both the police and the public at risk – just as the use of other weapons without safeguards would.

⁹ For a definition of excited delirium, see Section III B, below.

¹⁰ This very important assertion was made a number of times to the Working Group by Taser International representatives and others, but no studies or data substantiating these claims was produced. Therefore the Working Group was unable to evaluate these claims for itself. But we note that evidence-based work by some of the foremost criminologists in the country has confirmed the fact that the introduction of TasersTM does result in a reduction in officer and subject injuries. Michael R. Smith et al., *A Multi-Method Evaluation of Use of Force Outcomes: Final Report to the National Institute of Justice*, Chapter 6.

B. Medical Evidence

The available medical evidence indicates that the use of Tasers™ presents a low risk (*not no risk*) of serious injury or death. In a 2008 study by Bozeman et al., for the National Institute of Justice, researchers studied 1,201 people who received a Taser exposure.¹¹ Of these persons, three experienced “significant injuries.” Two died, but Taser exposure was not a significant or a causal factor in either death. The study, entitled “Study of Deaths Following Electro Muscular Disruption: Interim Report,” which surveyed all of the current work on the subject, researchers reported that “although exposure to [Taser™] is not risk free, there is no conclusive medical evidence within the state of the current research that indicates a high risk of serious injury or death from the direct effects” of Taser™ exposure, “provided the devices are used in accordance with accepted [policy].” Further, “the potential for moderate or severe injury related to [Taser™] exposure is low.” The study notes that Taser™ exposure can result in “secondary or indirect effects that may result in death,” such as a fall by a person from a high place. But “there is currently no medical evidence that [Tasers]™ pose a significant risk for induced cardiac dysrhythmia when deployed reasonably.” Further, “research shows that human subjects maintain the ability to breathe normally during exposure to [Tasers™].” The study notes the existence of vulnerable populations, as discussed in Section II. The regular margins of safety of Taser™ deployment on normal healthy adults may not apply, the report states, on “small children, those with diseased hearts, the elderly, those who are pregnant, and other at-risk individuals.” The study also notes that the while only very limited studies exist on the effects of extended exposure of humans to Tasers™, many deaths following Taser™ exposure “are associated with continuous or repeated discharge” of the weapons.

The study also takes on the subject of “excited delirium,” a term often use in connection with – and sometimes to explain – in-custody deaths accompanied by Taser™ exposure. The study characterizes excited delirium as “a syndrome characterized by psychosis and agitation” which is frequently associated with combativeness and elevated body temperature. “In some cases, the individual is medically unstable and in a rapidly declining state that has a high risk of mortality in the short term even with medical intervention or in the absence of [Taser™] deployment or other types of subdual.” This condition “carries a high risk of death, regardless of the method of subdual” and Taser™ use “is not a life-threatening stressor” beyond the underlying stress of being subdued. In many cases of excited delirium, the researchers note, “high body temperature is the primary mechanism of death,” and there is no evidence that Taser™ use has any effect on body temperature.

All in all, while much research remains to be done on the effects of Tasers™ on the human body, the evidence now indicates that, when used with restraint, consistent with proper and well-considered policy, training, supervision, and accountability, Tasers™ are not more likely to cause deaths and serious injuries than other police weapons used in comparable situations. They may even be less likely to cause these outcomes. Minor injuries may occur due to the contact of subjects with the barbed probes, especially if that contact involves a sensitive area of the body, such as the eyes or the groin. There is no evidence of elevated risks of cardiac

¹¹ Bozeman et al., National Institute of Justice, Office of Justice Programs, *Study of Deaths Following Electro Muscular Disruption: Interim Report*, June 2008, accessed at <http://www.ncjrs.gov/pdffiles1/nij/222981.pdf>.

malfunction due to Taser™ exposure, and no reason to think that Tasers™ used on subjects experiencing “excited delirium” are any more at risk when subdued with a Taser™ than they would be if subdued through any other appropriate weapons or tactic. The evidence also indicates that caution is appropriate when police use Tasers™ on vulnerable populations, such as pregnant women, the young and the elderly (see Section II A 5 of this Report).

IV. PUBLIC PERCEPTIONS REGARDING TASER USE

One of the most important things the Working Group learned during its year of work on the issue is that public perceptions of the dangers presented by Taser™ use, and the perceptions of frequency and evenhandedness with which police use the device, vary greatly across our county. In some communities in Allegheny County, people strongly believe that Tasers™ are deadly weapons; that they are deployed haphazardly, and without adequate training; and, most importantly, that officers use, or threaten to use, the devices far too often in situations for which these weapons are not appropriate. We have also learned that some members of the public believe that persons of color are much more likely to have a police officer use a Taser™ on them, or to use Tasers™ in their community, than in other communities or on other groups of people. This perception that Tasers™ are not used evenhandedly, and that the likelihood of suffering a Taser™ exposure is different depending on what ethnic or racial group one belongs to, is particularly damaging to the ability of police departments and their officers to develop the kind of relationships with their communities that they need to fight crime and serve the public successfully.

The Working Group emphasizes that these are the *perceptions* of some in the community. We do not have the data to conclude whether these perceptions accurately reflect the facts. As we all know from our daily dealings with people and institutions, some perceptions turn out to be accurate; others do not. But we do not doubt the fact that many people in Allegheny County sincerely *believe* these perceptions to reflect the truth. And whether true or not, perceptions count, because they can harm the ability of the police to obtain support and cooperation from the citizens they serve, and this of course impacts their ability to make our streets safe. Thus perceptions cannot and should not simply be dismissed as unproven, even when that is so; any widely-shared negative perception of the police, their actions or tactics can and should be addressed forthrightly. The Working Group thus endorses four ways of doing this.

A. Public Education

First, public education on the various issues involving Tasers,™ of which this Report represents the first step, will help address this. This Report contains considerable information which should be disseminated to all interested citizens. The Working Group also televised two of its meetings at which experts in police use of Tasers,™ and experts on the medical evidence surrounding Taser™ use, gave presentations and answered questions. That process should not end with the release of this Report. County officials and members of law enforcement organizations should consider creating a continuing body or group with the purpose of addressing as many community forums as possible on these issues.

B. Transparency

During its work, the Working Group learned that while a number of law enforcement agencies in our county have policies governing the use of Tasers,TM these agencies typically do not make these policies available to the public.¹² The Working Group was told that the reason for this was police officer safety. The agencies feared that, should the policy circulate in public, this would give criminals a strategic advantage in some way in future confrontations with officers. The national use of force expert brought in to speak to the Working Group, Dr. Fridell, was asked to comment on this. She indicated that, in her own experience and in the opinion of two other pre-eminent use of force and TaserTM experts she consulted, 1) withholding these policies from the public was highly unusual, and 2) public availability of Taser policies was *extremely unlikely, at best*, to endanger officer safety. Dr. Fridell commented that public availability of policies would likely increase public support for police use of the devices.

The Working Group asked all of the members of law enforcement agencies who appeared before it for examples of how public availability of TaserTM policies might endanger officer safety. None were given.

For these reason and because we believe that officer and public safety will be enhanced through greater public understanding of police activities, the Working Group also recommends (though not unanimously) that law enforcement agencies make their policies on TaserTM use public. In accordance with the evidence the Working Group heard and reviewed, the majority of its members concluded that a transparent and open approach to policy on TaserTM use would help the public understand the benefits of the devices, without putting law enforcement officers at risk.

C. Gathering Data, In Order to Move From Beliefs to Facts

When people in any community hold a strong set of negative beliefs about an institution or its actions, this damages both the institution and its ability to carry out its mission. This is true whether those beliefs are the result of isolated, individual experiences, hearing anecdotes (or even rumors) circulating in the community, or something more substantial.

There is a real benefit to be had from moving from rumors and beliefs to facts on the subject of TaserTM use. Is it true that police officers overuse their Tasers,TM or use them inappropriately? Is it true that they are much more likely to use or threaten to use TasersTM on certain groups of people, as opposed to others, even when controlling for level of threat? Is it true that TaserTM deployment in our County is resulting in an escalating level of injuries, and more uses of force? Whatever the correct answers may actually be to these questions, what is true for certain is that *there no data now in Allegheny County that could provide real answers to these questions*. The Working Group believes that the goals of accountability and public education can be served by basic statistical tracking of all TaserTM uses, along with data tracking

¹² See footnote 2. While it is certainly possible that some law enforcement agencies in Allegheny County do make their Taser policies public, the Working Group was not made aware of any that do so, and the Group did find that all the agencies whose policies it did see, however briefly, kept them from the public.

important contextual factors. All uses of Tasers by any police officer that would constitute a use of force should be tracked, and appropriate data on the situation should be tracked along with it. That data should be gathered systematically, and analyzed rigorously by a neutral third party such as a university or a think tank, to insure public confidence. Further, any system of data tracking should make the data and the analysis available to the public in convenient, widely-available forms, such as on the internet.

D. The Use of Tasers™ in Schools

The Working Group learned through its community meeting and elsewhere that one area of great concern is the use of Tasers™ in schools against students. During the last twelve months, news reports have described the use of Tasers™ by police officers in school environments, and this has surprised many people.

While most individuals in this region recognize that police officers have a right to use appropriate force wherever they may be, including schools, there is a strong and understandable public sentiment that Tasers™ should not be used in schools. Many parents expressed fear that students would make easier targets than adults, since their complaints might not be taken as seriously as those coming from adults.

The Working Group recommends that Taser™ use in schools be examined by each and every department that deploys them to officers in schools, and that policies be formulated to govern the use of the devices in this special setting. Tasers™, like other weapons, should be used in schools only when absolutely necessary to insure the safety of life or limb.

V. CONCLUSION

The Working Group believes that combining all of the steps outlined in this Report will do the most to insure that, within a short time, the people of Allegheny County will have a clear idea of how often and how appropriately this important weapon is being used. That is the first step in assuring public confidence in our police officers when they use Tasers.™ These devices represent a new class of weapons that, as likely as not, are here to stay. This makes it all the more important that Tasers™ be used properly – according to sound policy, and with the appropriate training, supervision, and accountability. Anything less will serve neither the public nor our law enforcement personnel well.

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Police Executive Research Forum, Center on Force & Accountability, *Conducted Energy Device Policy and Training Guidelines for Consideration*, accessed at [http://www.policeforum.org/upload/PERF-CED-Guidelines-Updated-10-25-05\[1\]_715866088_1230200514040.pdf](http://www.policeforum.org/upload/PERF-CED-Guidelines-Updated-10-25-05[1]_715866088_1230200514040.pdf).

Michael R. Smith et al., *A Multi-Method Evaluation of Use of Force Outcomes: Final Report to the National Institute of Justice* (2009).

Warren Richey, *Police Tasers: Excessive Force or Necessary Tool?*, Christian Science Monitor, May 28, 2009, accessed at <http://www.csmonitor.com/2009/0528/p02s05-usju.html>.

Useful Web Sites

The following web sites provide a wealth of useful information on ECDs.

<http://www.less-lethal.org>

Less-Lethal, a service of the International Association of Chiefs of Police that contains information about many types of less than lethal weapons, including ECDs.

<http://www.theiacp.org/About/tabid/57/Default.aspx>

International Association of Chiefs of Police. Contains model policies on ECD use and use of force, which are available for purchase.

APPENDICES

APPENDIX A

Sample Policy with Commentary: Electronic Control Devices (ECDs) or “Tasers,” prepared by Lorie A. Fridell, Ph.D.

APPENDIX B

Police Executives Research Forum, Conducted Energy Devices: Development of Standards for Consistency and Guidance

APPENDIX C

International Association of Chiefs of Police, National Law Enforcement Policy Center, Electronic Control Weapons Model Policy

APPENDIX D

Johnson County, Indiana, Sheriff’s Office, “Taser Restraint”

APPENDIX E

Use of Force Working Group Mission Statement

APPENDIX A

Sample Policy With Commentary
Electronic Control Devices (ECD's) or "Tasers"
Prepared by Lorie A. Fridell, Ph.D.

1.0 Purpose

The purpose of this policy is to establish guidelines for the use of the TASER by members of the police department.

The department has approved the use of the Taser to provide officers with an additional use of force option. This is a less lethal device that falls under Level 3 as set forth in the linear use of force continuum and is to be used to control actively resisting subjects, aggressive non-compliant subjects, violent or potentially violent subjects.

The Taser is not a replacement for the officer's duty firearm. In those incidents where the officer reasonably believes the actions of another constitute an immediate threat of death or serious bodily injury to the officer or a third party, the Taser should not be used without firearm backup.

Horry County PD: The purpose of this policy is: (1) to ensure the safety of officers and the community; (2) to set forth guidelines governing the use of the Taser . . . , (3) to ensure all Taser weapons are properly controlled and accounted for; and (4) to ensure all officers are trained and qualified to carry/operate the Taser weapon.

2.0 Definitions

Taser—A less lethal device used to incapacitate subjects by discharging an electronic current into the subject. The Taser is an Electro-Muscular Disruption (EMD) system and uses propelled wires to conduct energy to a remote target thereby controlling and affecting the central nervous system. The Taser can also be used in touch application without shooting the probes. Upon impact with the body (skin or up to 2 inches of clothing) the electrical pulses of the Taser then override the central nervous system and take direct control of the skeletal muscles.

Discharge—To fire a Taser cartridge, display the arc, or to touch or to attempt to touch a subject with the Taser while the Taser is in the stun mode.

Penetrate—To enter or diffuse through or into (the clothing or skin).

Activate: Depressing the trigger of an ECD causing an ECD to arc or to fire probes. (PERF)

AFIDS: Confetti-like pieces of paper that are expelled from the cartridge when fired. Each anti-felon identification (AFID) tag contains an alpha-numeric identifier unique to the cartridge used. (IACP)

Discharge: Barbs fired at a subject. (PERF)

Drive Stun: To stun a subject with an ECD by making direct contact with the body after an ECD cartridge has been expended or removed for pain compliance. (PERF)

Securing Under Power: Techniques used to secure a subject during the activation cycle.

Standard ECD Cycle: A 5-second electrical discharge occurring when a Taser-ECD trigger is pressed and released. The standard five-second cycle may be shortened by turning the ECD off. (Note: If an ECD is pressed and held beyond five seconds, the ECD will continue to deliver an electrical discharge until the trigger is released.) (PERF)

3.0 Authorization

- 3.1 Only officers who have completed a prescribed course of instruction are authorized to carry the Taser or another make and/or model as approved by the Chief of Police.
 - 3.1.1 All authorized Tasers, either Department issued or privately purchased, shall be registered with the Chief of Police.
- 3.2 All personally owned Tasers will require a memo in an officer's personnel file containing information pertaining to the registered Tasers such as model and serial number of authorized Tasers. Tasers and cartridges approved and authorized by the Chief of Police through written order are the only models that will be carried. The ECDs used by the Department are the M-26 and X-26.
- 3.3 The Taser will only be carried in holsters approved and authorized by the Chief of Police.
- 3.4 The Firearms Training Officer shall ensure that a current list of those officers who are qualified to carry/use the Taser is forwarded to the Chief of Police and each sergeant/OIC each year.

Prince Georges County PD: Only certified [M-26] Advanced Taser instructors will conduct training and/or demonstrations of the equipment.

Johnson County SO: All Taser instructors are required to complete re-training every two years to remain eligible to instruct on the Taser.

PERF on Training:

- Training protocols should emphasize that multiple activations and continuous cycling of an ECD appear to increase the risk of death or serious injury and should be avoided where practical.
- Training should include recognizing the limitations of ECD activation and being prepared to transition to other force options as needed.
- ECD recertification should occur at least annually.
- Supervisors and command staff should receive ECD awareness training so they can make educated decisions about the administrative investigations they review.
- Departments should not solely rely on training curriculum provided by an ECD manufacturer. Agencies should ensure that their ECD curriculum is integrated into their overall use-of-force systems.
- Exposure to ECD activation in training should be voluntary.

Other:

- Officers should receive instruction on securing/cuffing under power.
- See "Taser Restraint" section from Johnson County SO policy; these are good training messages.

4.0 Carrying Procedures

- 4.1 Officers authorized to carry a Taser are responsible for maintaining the device's operational readiness. As such, officers will:
 - 4.1.1 Inspect the Taser for any obvious damage before taking it into the field. This inspection will include a check of the light, laser site, frame, trigger housing, and safety switch for functionality. If a Taser is determined to be functioning

improperly, it should be taken out of service and sent for repair along with a memo explaining the repair needed.

- 4.1.2 Check the Taser's battery strength to ensure adequate battery charge.
 - 4.1.2.1 Officers will remove the cartridge from the Taser prior to checking the battery strength or changing batteries in the unit.
 - 4.1.2.2 Officers may test battery strength by firing an unloaded Taser at the start of their shift in the designated area. This test firing shall be recorded on the officer's Daily Log.
 - 4.1.2.3 In the event that the unit's battery strength is not sufficient and the rechargeable batteries will no longer take a charge, the officer will replace the batteries with batteries specifically approved for use in the Taser.
- 4.1.3 When on duty, carry the Taser in the approved holster, loaded with a cartridge with the safety in the 'on' position and ensure that the stopper is in the data port.
- 4.1.4 Wear the Taser holster on the opposite side of the officer's handgun.
- 4.1.5 Carry at least two cartridges with the Taser.
 - 4.1.5.1 Officers will also check the expiration date and condition of the Taser cartridges. Cartridges should be inspected for damaged or loose doors. Expired and/or damaged cartridges will be replaced.
- 4.1.6 Store the Taser and extra cartridges in the issued holster or case when not in use.
- 4.1.7 Avoid dropping the Taser and exposing it to water.
- 4.1.8 Avoid direct sunlight exposure and static electricity.

5.0 Usage Procedures

- 5.1 A Taser has two modes in which it may be used:
 - 5.1.1 Electro-Muscular Disruption (EMD) or "Probe mode" (greater than 3 feet): delivers a high voltage, low power charge of electricity that is designed to override the central nervous system (CNS) and take control of the skeletal muscles of the body.
 - 5.1.2 Drive stun mode (no probe for less than 3 feet): delivers the electrical current causing localized pain, but does not have a significant effect on the CNS.
- 5.2 Use of the "Drive Stun" is discouraged except in situations where the "Probe" deployment is not possible and the immediate application of the "Drive Stun" will bring the subject displaying active aggression safely under control. "Drive Stuns" are discouraged and must be justified and articulated in the report and on the Use of Force Report form.

Both Taser International and Amnesty International agree that the Drive Stun mode should only be used as a backup to probe mode. (5.2 above and PERF below reflects this; IACP policy provision does not)

PERF: The ECD "Probe Mode" should be the primary setting option, with "Drive Stun Mode" generally used as a secondary option.

IACP: The use of an ECD in drive stun mode is "subject to the same deployment guidelines and restrictions" as use in probe mode.

- 5.3 Multiple application of either mode, particularly continuous cycling, may increase the risk to the subject and should be avoided where practical. If the initial application is

ineffective, the officer will reassess the situation and consider other available force options or disengagement.

Also see 5.10 below.

PERF: When activating an ECD, law enforcement officers should use it for one standard cycle and stop to evaluate the situation. If subsequent cycles are necessary, agency policy should restrict the number and duration of those cycles to the minimum activations necessary to place the subject in custody.

Longmont PD: No person shall be knowingly exposed to more than three (3) five second cycles from a CEW. No person shall be exposed to a single cycle longer than five (5) seconds.

IACP: Upon firing the device, the officer shall energize the subject the least number of times and no longer than necessary to accomplish the legitimate operational objective.

Phoenix PD: Although there is no predetermined limit to the number of cycles that can be administered to a subject, officers should only apply the number of cycles reasonably necessary to safely approach and restrain a subject.

Ann Arbor PD: Some individuals will cease to resist after an initial 5-second deployment. Additional applications should only be used if the officer reasonably believes it necessary to safely take the person into custody. The officer must be able to articulate an independent, justifiable basis for each additional activation of the weapon. The Taser should not routinely be used more than three times on a subject if it does not appear to be effective. If the Taser is not effective, the officer should use an alternative form of force.

Ankeny PD: If the third successful application of power does not appear to effectively incapacitate the person, the use of the ECD will stop and other force options should be considered.

Honolulu PD: No more than one officer should activate an electric gun against a person at a time. [PERF too]

Euclid PD: In situations where multiple applications of the Taser are necessary, the deploying officer shall continuously evaluate the condition and actions of the subject individual. Officers shall not discharge a Taser continuously or for an extended time unless necessary to negate immediate threat of harm.

Other: Officers will not deploy the Taser for an extended cycle beyond five seconds unless exigent circumstances require such an application. If the officer determines that an extended cycle is necessary to control a combative suspect, the circumstances regarding the decision will be explained in the Departmental Report and in the supervisor's use of force report. . . . The application of the Taser is a physically stressful event. Although there is no predetermined limit to the number of cycles that can be administered to a subject, officers should only apply the number of cycles reasonably necessary to allow them to safely approach and restrain a subject.

Other: Officers should only use standard activation cycles (five seconds in length). After each standard activation cycle, the officer should stop to evaluate the situation. If, after the third standard cycle, control of the subject has not been achieved, the officer should transition to another force option unless deadly force is justified.

- 5.4 With the laser sighted Taser, the top probe will follow the sight (red dot) and the bottom probe will drop approximately 8 degrees below that. This is equal to about one foot for every seven feet the probes travel toward the target. Do not tilt the Taser when firing.
- 5.5 Never aim the Taser at sensitive tissue areas such as the eyes, face, or groin. Keep hands away from the front of the weapon at all times unless the safety is activated and the Taser deactivated.
- 5.6 Center mass of the body should be the primary target area, particularly the center mass of the back, as clothing tends to be tighter on this part of the body.
- 5.7 The Taser probes should not be shot at a target closer than three (3) feet as it will not have an effect on the central nervous system from that distance and will be operating only in the “Drive Stun” mode. Maximum distance depends on the probes deployed.
- 5.8 Use cover and as much distance as possible, as well as, sufficient backup officers to ensure officer safety.
- 5.9 Upon Taser activation, officers should attempt to take a subject into custody during the cycle or as soon as it is reasonably safe to do so.

Above directive is important and reflects comments elsewhere regarding “securing under power.”

IACP: The subject should be secured as soon as practical while disabled by ECD power to minimize the number of deployment cycles. In determining the need for additional energy cycles, officers should be aware that an energized subject may not be able to respond to commands during or immediately following exposure.

- 5.10 Officers should be prepared to deliver additional cycles if necessary. If the Taser deployment is not effective, reload and re-deploy or consider an alternative force option.

6.0 Taser Usage Criteria

- 6.1 Discharge of the Taser constitutes physical force under the Pennsylvania Crimes Code, Section 508 (Use of Force in Law Enforcement). The discharge of the Taser is authorized when used in accordance with the Rules & Regulations of the Police Department, in particular, policies on use of force and the use of Taser and applicable laws of the Commonwealth of Pennsylvania and the United States of America, in particular the Constitution of the United States.
- 6.2 ECD force is considered a use of force and shall be employed in a manner consistent with this use-of-force policy. ECD force is a level of force option located at Level 3 on the use of force continuum.

Placement on the linear use of force continuum is a key aspect of a policy—attempting to balance the potential benefits and potential harms.

Key Variation Across Agencies: Whether to authorize use of ECDs against subjects who are exhibiting only “defensive resistance” – physical actions that attempt to prevent officer’s control, but do not involve attempts to harm the officer.

e.g., Charlotte-Mecklenburg: Distinguishes between “defensive resistance” (goal is to escape, not harm the officer) and “active aggression” (the subject is intent on injuring the officer). In CMPD, an ECD can be used in response to active aggression, not defensive resistance.

PERF: ECDs should only be used against persons who are actively resisting or exhibiting active aggression, or to prevent individuals from harming themselves or others. ECDs should not be used against a passive subject. [NOTE: PERF's definition of "actively resisting" includes "bracing and tensing," which is arguably "defensive resistance."]

IACP: The ECD is generally analogous to OC spray on the use-of-force continuum. (Can use on a suspect) who demonstrates an overt intention to use violence or force against the officer or others or resists detention and arrest and other alternatives for controlling them are not reasonable or available under the circumstances. [Appears to allow for use against defensive resistance.]

Amnesty International: "The use of electro-shock weapons against individuals who do not pose an immediate threat of death or serious injury to themselves or others is a disproportionate use of force which can constitute ill-treatment."

- 6.3 Situations in which the use of the Taser may be authorized include, but are not limited, to the following:
- 6.3.1 When presented with a mentally ill individual who is exhibiting behavior that would lead an officer to use the Taser as a reasonable force option.
 - 6.3.2 Warrant service when the individual who is exhibiting behavior that would lead an officer to use the Taser as a reasonable force option.
 - 6.3.3 Persons under the influence of drugs and/or alcohol who are exhibiting behavior that would lead an officer to use the Taser as a reasonable force option.
 - 6.3.4 Persons expressing the intent and having the means to commit suicide and who are exhibiting behavior that would lead an officer to use the Taser as a reasonable force option.
 - 6.3.5 A subject has signaled his/her intention to actively resist the officer's efforts to make the arrest or control him/her.
 - 6.3.6 Use of the Taser is reasonable and necessary given the circumstances.
- 6.4 Under no circumstances shall an officer resort to the use of the Taser where such a use of force is in violation of the general "Use of Force" policy. Nothing in this policy is intended to conflict with or replace the provisions of the "Use of Force" policy.
- 6.5 It is also the policy of this Department that personnel will not necessarily or unreasonably endanger themselves in applying these guidelines. Furthermore, it is policy of this Department that the Taser is not intended to be used as a substitute when the officer is justified in the use of deadly force in accordance with policy.

Agency Variation on Using Tasers when Deadly Force is Justified:

- ✓ No use of ECDs when deadly force (DF) is justified,
- ✓ No use of ECDs when DF is justified "without firearm backup" (see "Purpose" herein).
- ✓ "The Taser should not be used without a firearm back up in those situations where there is a substantial threat towards the officer(s) or others present (State of Utah).
- ✓ "Officers will not intentionally place themselves or other innocent persons at substantially increased risk of death or serious injury by employing conducted energy weapons where conditions would otherwise call for immediate use of deadly force" (Colorado Springs PD).

[This sample policy refers to the issue of using less lethal force when deadly force is justified at three points (Purpose, Section 6.5, and Section 11.2). Arguably, these collective references do not provide clear guidance to officers on whether/when Tasers can be used to displace deadly force.]

7.0 Intentional Taser Discharge

7.1 When reasonable, prior to firing the Taser, the officer discharging the Taser shall loudly announce that the Taser is going to be discharged.

8.0 Responsibilities of Officers After Taser Discharge

8.1 Following the discharge of the Taser, the officer shall secure the subject and the scene ensuring officer safety.

Boca Raton PD: The officer shall immediately notify his/her supervisor that the ECD has been deployed.

8.2 Probes are not to be removed from the subject until the subject has been secured with handcuffs (and other restraints as necessary).

8.3 The subject can be handled even when the Taser is activated but officers should not touch probes or place hands between them while the unit is activated.

8.4 Remove the cartridge from the Taser first, then from the subject.

8.5 When removing the probes, the officer shall place a finger (while wearing latex gloves) on either side of the probe, stretch the skin taut, and pull the probe.

8.6 Should the probes penetrate soft tissue in areas such as the face, neck, or groin, probes are to be removed only by medical (hospital) personnel.

PERF: Officers should not generally remove ECD darts from a subject that have penetrated the skin unless they have been trained to do so. Only medical personnel should remove darts that have penetrated a person's sensitive areas.

Euclid PD: Probes that have struck a female's breast shall only be removed by a female officer trained in probe removal, fire/rescue personnel, or medical personnel.

8.7 Puncture site(s) are to be wiped with a sterile alcohol swab and a bandage applied to the site.

8.8 If the probes penetrate the skin, EMS personnel shall be notified and advised of the circumstances.

8.9 If the officer observes any objective sign indicating that the subject requires *immediate* medical treatment following exposure to the discharge of the Taser, either by contact stun or by probes, an EMS Unit shall be summoned to the scene immediately.

Policy/practice varies regarding whether/when (a) medical personnel are to be called to the scene, (b) subject is to be transported to a hospital.

Sample Policy: See also 12.1.4 and 12.1.5 under Supervisor responsibilities.

PERF:

- ✓ All persons who have been exposed to ECD activation should receive a medical evaluation. Agencies shall consult with local medical personnel to develop appropriate police-medical protocols.
- ✓ All persons who have been subjected to an ECD activation should be monitored regularly while in police custody even if they received medical care.
- ✓ Following ECD activation, officers should use a restraint technique that does not impair respiration.

IACP: Wherever reasonably possible, individuals who have been incapacitated by an ECD should be taken to an emergency medical facility for evaluation. [The IACP Model Policy lists the people who “shall be transported” to a medical facility.]

Ida County SO: Deputies shall call for rescue if needed after deployment and shall offer medical treatment to the suspect.

Minnesota State Patrol: After the Taser has been deployed and the subject is secured, medical attention should be offered to the subject.

Phoenix PD: Paramedics will be requested for the following:

- ✓ Probe penetrates the skin, or if the probes penetrate the clothing and cycle is effective.
- ✓ When multiple drive stun applications are required.

Austin PD:

- ✓ After an ECD use, officers will attempt to ascertain from the subject whether preexisting medical conditions (such as a history of heart problems) would warrant summoning EMS personnel to the scene.
- ✓ Officers will notify jail medical personnel, at the time of booking, that the subject has been struck with ECD probes or received drive stun.

Broward County SO: When the subject is taken to the intake facility, the deputy will advise booking that the subject was exposed to Taser deployment and provide medical clearance documentation from the attending hospital.

Boca Raton PD: Officers that have deployed the ECD must monitor the affected subject for breathing irregularities, level of consciousness and compliance. The officer will call Fire Rescue as soon as possible to respond to the scene and medically assess the subject if: (a) there is any doubt as to the subject’s physical condition, (b) the subject is within the extremes of age, (c) the subject is visibly pregnant, (d) the subject is physically disabled, (e) a subject has been struck with a probe in the face, throat, groin, female breast, or male nipple area. [Another policy provision mandates that all subjects who receive ECD activation be transported to the hospital and medically cleared.]

8.10 Ensure that any discharged cartridges, probes, and a sampling of Anti-Felon Identification (AFID) “microdots” that are discharged with the probes are collected and booked as evidence.

9.0 The Handling of Probes from the Taser

9.1 Probes that have penetrated the body should be treated as bio-hazardous “sharps.”

- 9.2 Probes are to be carefully placed sharp tip first into the spent cartridge wire pockets and secured in place with a strip of tape, i.e., evidence tape.
- 9.3 Probes are to be treated as evidence. Once the probes are secured into the spent cartridge they are to be packaged and sent to the property room.

10.0 Reporting Usage of the Taser

- 10.1 All intentional discharges of the Taser are to be reported by the discharging officer. Any discharge, whether resulting in physical contact with an individual or not, shall be reported on the “Subject Resistance Report Form” along with any other related reports and submitted to the officer’s supervisor for review. Officers will include the serial number of the Taser and Cartridge(s) in their report.

- Each and every activation (probe and/or drive stun) should be documented and justified in the Subject Resistance Report Form.
- Agencies vary with regard to (a) what they designate as “reportable force,” (b) who fills out the report, (c) what information is collected, and (d) who reviews these reports (up the chain of command). Whether the report reviews are “meaningful” also varies by agencies (and can’t necessarily be discerned from written policy). Some agencies include the training unit on the list of entities that receive and review the forms so that training can be used to remedy any field issues.

- 10.2 All unintentional discharges will be reported through a “Department Memo” outlining the specific circumstances of the discharge. This report shall then be forwarded through the shift supervisor, along with any other related reports, to the Chief of Police.
- 10.3 All required reports will be completed and submitted before the end of the affected officer’s tour of duty.
- 10.4 If the discharging officer is not able to make the necessary reports immediately following the usage incident, the shift supervisor will complete and submit all of the required reports prior to the end of the supervisor’s tour of duty.

11.0 Prohibited Usage of the Taser

- 11.1 The Police Department forbids the discharge of the Taser in any way that is deemed “excessive force.” All intentional discharges of the Taser must fall within the “reasonable officer standard.”
- 11.2 While the Taser is a less lethal weapon meant to gain compliance from a subject, it is not a deadly force weapon and therefore should not be used as a substitute for deadly force.
- 11.3 The Taser should not be discharged in the proximity of flammable liquids, gases, or any other highly combustible materials that may be ignited by the device including any individual that may have been exposed to combustible substances or liquids such as gasoline. (Never use in a Meth Lab environment.)
- 11.4 The Taser is not to be discharged if the officer has knowledge that any member of another police department, agency, or a civilian has sprayed the subject with OC Spray or any type of other chemical agent because of the potential for combustion.

PERF: Agencies utilizing both ECDs and OC spray should use a water-based spray. Agencies should partner with adjacent jurisdictions and enter into an MOU to develop joint policies and protocols. This should include addressing non-alcoholic O.C. spray carriers.

- 11.5 The Taser is not to be discharged if it or the air cartridge is submerged in water.
- 11.6 The Taser is not to be used on individuals who have expressed the intent and have the means to commit suicide and any incapacitation resulting from the discharge of the Taser would present a real threat of danger to public safety or a high risk of serious bodily injury to him/herself or another.

Boca Raton PD: Nothing shall prohibit an officer from using the ECD on suicidal subjects. The officer must consider self-preservation and protection of others when dealing with suicidal persons.

- 11.7 Officers should avoid using the Taser on obviously pregnant females and those individuals under the age of 7 or over the age of 70, unless the encounter rises to the level of a deadly force situation. This restriction is based on the potential for these individuals to fall when incapacitated by the Taser.

IACP: As in all uses of force, certain individuals may be more susceptible to injury. Officers should be aware of the greater potential for injury when using an ED against children, the elderly, persons of small stature irrespective of age, or those who the officer has reason to believe are pregnant, equipped with a pacemaker, or in obvious ill health. [More on “vulnerable populations” below.]

- 11.8 The Taser should not be used when the subject is at the extremes of physical disability.
- 11.9 Once a subject is incapacitated and restrained.
- 11.10 When an officer is attempting to overcome “passive resistance.”

“Vulnerable Special Populations”: Agencies generally have one or both of the following lists: (1) The Taser shall *never be used* in the following circumstances , and/or (2) The Taser shall *not be used* in the following circumstances *unless exigent circumstances exist*. (Section 11.7 above is consistent with an “exigent circumstances” listing.)

Example:

The ECD will not be used:

- When the subject has come in contact with flammable liquids or is in a flammable atmosphere
- In areas where compressed oxygen is present, such as Medical Facilities and Emergency Rooms
- Houses where ether or methamphetamine labs are suspected
- When the subject is in a position where a fall may cause substantial injury or death
- When the subject is in water deep enough to cause drowning in the event the

subject falls into it

- Against an individual who has his/her finger on the trigger of a firearm

The ECD should not be used in the following circumstances unless there are compelling reasons to do so which can be clearly articulated:

- When the subject is operating a motor vehicle
- When a prisoner is restrained using handcuffs, flex-cuffs, hobbles, or the prisoner restraint chair
- When the subject is a visibly pregnant woman
- When the subject is elderly or severely impaired
- When the subject appears to be 15 years of age or younger

IACP: It is forbidden to use the device as follows: (see, also, box at 11.7)

- ✚ In a punitive or coercive manner.
- ✚ On a handcuffed or secured prisoner, absent overtly assaultive behavior that cannot be reasonably dealt with in any other less intrusive fashion.
- ✚ In any environment where an officer knows that potentially flammable, volatile, or explosive materials are present.
- ✚ In any environment where the subject's fall could reasonably result in death (such as in water or on an elevated structure).

PERF:

- ❖ ECDs should not generally be used against pregnant women, elderly persons, young children and visibly frail persons unless exigent circumstances exist.
- ❖ ECDs should not be used on handcuffed persons unless they are actively resisting or exhibiting active aggression, and/or to prevent individuals from harming themselves or others.
- ❖ ECDs should not generally be used when a subject is in a location where a fall may cause substantial injury or death.
- ❖ ECDs should not be used against suspects in physical control of a vehicle in motion . . . unless exigent circumstances exist.

PERF on Fleeing Subjects: That a subject is fleeing should not be the sole justification for police use of an ECD. Severity of offense and other circumstances should be considered before officers use an ECD on the fleeing subject.

12.0 Responsibilities of Shift Supervisors

12.1 Shift supervisors are responsible for ensuring that:

- 12.1.1 They respond when a Taser has been used
- 12.1.2 Officers who deploy the Taser are qualified to do so
- 12.1.3 An investigation is conducted as appropriate

El Paso County SO:

- ✓ A supervisor will download data from the data port for each deployment in the field and a copy of the record will be retained as evidence. Probes, cartridges, and a sample of the paper AFID's will also be placed into evidence. The Taser will be secured until a download of data can be accomplished which must be completed

within 24 hours.

- ✓ Photographs will be taken of any injuries, punctures, or skin irritations that occurred as a result of the Taser deployment and will be placed into evidence.

Other: A supervisor should respond to all incident scenes where an ECD was activated and conduct an initial review of the incident. This investigation will include interviews of all persons on the scene, photographs of subject and officer injuries and collection of AFIDS.

More on investigations below

- 12.1.4 Ensure EMS personnel examine the subject as required
- 12.1.5 Ensure the subject is transported to a hospital if necessary
- 12.1.6 Ensure that leads are collected as well as the expended cartridge and several of the numbered confetti
- 12.1.7 Make sure that the probes are stored inverted in the portals they were deployed from to protect handler from the sharp ends
- 12.1.8 When practical, photographs should be taken documenting any injuries, either from the fall or penetration by the probes
- 12.1.9 All incidents involving any discharge of the Taser are appropriately documented and proper procedure is followed
- 12.1.10 All reports of incidents involving the use of the Taser are forwarded to the Chief of Police.

Cincinnati PD: Every three months, supervisors are responsible for downloading the data stored on the X26 Taser chip of their personnel for the previous three-month period (The supervisor should) review each quarterly download for activations that do not appear to be consistent with daily spark tests or previously documented use of force incidents.

PERF on Investigations: Agencies should consider initiating force investigations outside the chain of command when any of the following factors are involved:

- ✓ A subject experiences death or serious injury;
- ✓ A person experiences prolonged ECD activation;
- ✓ The ECD appears to have been used in a punitive or abusive manner;
- ✓ There appears to be a substantial deviation from training; and
- ✓ A person in an at-risk category has been subjected to activation (e.g., young children, persons who are elderly/frail, pregnant women) and any other activation as determined by a supervisor.

Additional Agency Responsibilities:

Make policies regarding force, including use of ECDs, public.

PERF:

- ✓ Conduct neighborhood programs that educate residents about ECDs
- ✓ ECD training should be part of any citizens' training academy program.
- ✓ Brief members of the media on the department's policies and use of ECDs.
- ✓ Maintain statistics to identify ECD trends and deployment concerns. The ECD statistics should be constantly analyzed and made publicly available.

APPENDIX B

PERF Conducted Energy Device Policy and Training Guidelines for Consideration

The following conducted energy device (CED)¹ policy and training guidelines were developed by the Police Executive Research Forum (PERF). They are based on information gathered from police chiefs and other subject-matter experts, two PERF national surveys involving more than 130 law enforcement agencies, reports on CED research findings and agency policies collected for this effort. In addition, a cross section of 80 people—police practitioners of various ranks, authorities on use of force, medical doctors and researchers—vetted these guidelines during a two-day national summit held on October 18-19, 2005, in Houston, Texas, that was supported by the U.S. Department of Justice Office of Community Oriented Policing Services and the Bureau of Justice Assistance.

While every effort was made to consider the majority views of all contributors and the best thinking on the vast amount of information received, the resulting PERF guidelines do not necessarily reflect the individual views of each participating law enforcement agency, nor the views of the U.S. Department of Justice.

1. CEDs should only be used against persons who are actively resisting or exhibiting active aggression, or to prevent individuals from harming themselves or others. CEDs should not be used against a passive suspect.
2. No more than one officer should activate a CED against a person at a time.
3. When activating a CED, law enforcement officers should use it for one standard cycle and stop to evaluate the situation (a standard cycle is five seconds). If subsequent cycles are necessary, agency policy should restrict the number and duration of those cycles to the minimum activations necessary to place the subject in custody.
4. Training protocols should emphasize that multiple activations and continuous cycling of a CED appear to increase the risk of death or serious injury and should be avoided where practical.
5. Training should include recognizing the limitations of CED activation and being prepared to transition to other force options as needed.

¹ CED brand names include Taser,TM StingerTM and Law Enforcement Associates.TM

6. That a subject is fleeing should not be the sole justification for police use of a CED. Severity of offense and other circumstances should be considered before officers' use of a CED on the fleeing subject.
7. CEDs should not generally be used against pregnant women, elderly persons, young children, and visibly frail persons unless exigent circumstances exist.
8. CEDs should not be used on handcuffed persons unless they are actively resisting or exhibiting active aggression, and/or to prevent individuals from harming themselves or others.
9. CEDs should not generally be used when a subject is in a location where a fall may cause substantial injury or death.
10. When a subject is armed with a CED and attacks or threatens to attack a police officer, the officer may defend him- or herself to avoid becoming incapacitated and risking the possibility that the subject could gain control of the officer's firearm. When possible, officers should attempt to move outside the device's range (approximately 21 feet) and seek cover, as well as request back-up officers to mitigate the danger.
11. When possible, emergency medical personnel should be notified when officers respond to calls for service in which it is anticipated that a CED may be activated against a person.
12. Officers should avoid firing darts at a subject's head, neck and genitalia.
13. All persons who have been exposed to a CED activation should receive a medical evaluation. Agencies shall consult with local medical personnel to develop appropriate police-medical protocols.
14. All persons who have been subjected to a CED activation should be monitored regularly while in police custody even if they received medical care.
15. CED darts should be treated as a biohazard. Officers should not generally remove CED darts from a subject that have penetrated the skin unless they have been trained to do so. Agencies should coordinate with medical personnel to develop training for such removal. Only medical personnel should remove darts that have penetrated a person's sensitive areas.
16. Following a CED activation, officers should use a restraint technique that does not impair respiration.

17. CEDs should not be used in the known presence of combustible vapors and liquids or other flammable substances including but not limited to alcohol-based Oleoresin Capsicum (O.C.) Spray carriers. Agencies utilizing both CEDs and O.C. Spray should use a water-based spray.
18. Agencies should create stand-alone policies and training curriculum for CEDs and all less-lethal weapons, and ensure that they are integrated with the department's overall use-of-force policy.
19. Agencies should partner with adjacent jurisdictions and enter into a Memorandum of Understanding to develop joint CED policies and protocols. This should include addressing non-alcoholic O.C. Spray carriers. Agencies should also establish multijurisdictional CED training, collaboration and policy.
20. If officers' privately owned CEDs are permitted to be used on duty, policy should dictate specifications, regulations, qualifications, etc. The devices should be registered with the department.
21. The CED "Probe Mode" should be the primary setting option, with "Drive Stun Mode" generally used as a secondary option.
22. CEDs should be regulated while officers are off duty under rules similar to service firearms (including storage, transportation, use, etc.).
23. CEDs should not be used against suspects in physical control of a vehicle in motion to include automobiles, trucks, motorcycles, ATVs, bicycles and scooters unless exigent circumstances exist.
24. The use of brightly colored CEDs (e.g., yellow) reduces the risk of escalating a force situation because they are plainly visible and thus decrease the possibility that a secondary unit mistakes the CED for a firearm (sympathetic fire). Note that specialized units (e.g., SWAT Units) may want dark-colored CEDs for tactical concealment purposes.
25. CEDs should be maintained in a holster on an officer's weak (support) side to avoid the accidental drawing and/or firing of an officer's sidearm.
26. Officers should be trained that the TASER™ CED's optimum range is 15 feet.²

² Association of Chief Police Officers, 2004. Independent Evaluation of the Operational Trial of TASER.™

27. Auxiliary/Reserve officers can be armed with CEDs provided they receive all mandated training and maintain all requalification requirements. Training and local statutes may dictate policy.
28. A warning should be given to a person prior to activating the CED unless to do so would place any other person at risk.
29. When applicable, an announcement should be made to other officers on the scene that a CED is going to be activated.
30. A supervisor should respond to all incident scenes where a CED was activated.
31. A supervisor should conduct an initial review of a CED activation.
32. Every instance of CED use, including an accidental discharge, should be accounted for in a use-of-force report.
33. Agencies should consider initiating force investigations outside the chain of command when any of the following factors are involved:
 - a. A subject experiences death or serious injury;
 - b. A person experiences prolonged CED activation;
 - c. The CED appears to have been used in a punitive or abusive manner;
 - d. There appears to be a substantial deviation from training; and
 - e. A person in an at-risk category has been subjected to activation (e.g., young children; persons who are elderly/frail, pregnant women, and any other activation as determined by a supervisor).
34. When possible, supervisors and back-up officers should anticipate on-scene officers' use of CEDs by responding to calls for service that have a high propensity for arrest and/or use of a CED.
35. Every substantial investigation (and when possible every preliminary investigation) should include:
 - a. Location and interview of witnesses (including other officers);
 - b. Photographs of subject and officer injuries;

- c. Photographs of cartridges/darts;
 - d. Collection of CED cartridges, darts/prongs, data downloads, car video, confetti ID tags; and
 - e. Copies of the device data download.
 - f. Other information as indicated in guideline #45.
36. Police leaders should be aware that CED download data may be unreliable. Police leaders and investigators should be able to articulate the difference between the actual duration of a CED activation on a person and the total time of discharge registered on a CED device.
 37. CED activations should be tracked in the department's early intervention system (EIS).
 38. The department should periodically conduct random audits of CED data downloads and reconcile use-of-force reports with recorded activations. Departments should take necessary action as appropriate when inconsistencies are detected.
 39. Audits should be conducted to ensure that all officers who carry CEDs have attended initial and recertification training.
 40. Departments should not solely rely on training curriculum provided by a CED manufacturer. Agencies should ensure that manufacturers' training does not contradict their use-of-force policies and values. Agencies should ensure that their CED curriculum is integrated into their overall use-of-force systems.
 41. CED recertification should occur at least annually and consist of physical competency and device retention, changes in agency policy, technology changes, and reviews of local and national trends in CED use.
 42. Exposure to CED activation in training should be voluntary; all officers agreeing to be subjected to a CED activation should be apprised of risks associated with exposure to a CED activation.
 43. Supervisors and command staff should receive CED awareness training so they can make educated decisions about the administrative investigations they review.
 44. Statistics should be maintained to identify CED trends and deployment concerns. Agencies may include display and arcing of weapons to measure prevention/deterrence effectiveness. CED statistics should be constantly analyzed and made publicly available.

45. The following statistical information should be included when collecting information about CED use:
- a. Date, time, location of incident;
 - b. The use of the laser dot or display of the CED that deterred a subject and gained compliance;
 - c. Identifying and descriptive information of the suspect (including membership in an at-risk population), all officers firing CEDs, all officer witnesses, and all other witnesses;
 - d. The type and brand of CED used;
 - e. The number of CED cycles, the duration of each cycle, the duration between cycles and the duration that the subject was actually activated;
 - f. Level of aggression encountered;
 - g. Any weapons possessed by the suspect;
 - h. The type of crime/incident the subject was involved in;
 - i. Determination of whether deadly force would have been justified;
 - j. The type of clothing worn by the subject;
 - k. The range at which the CED was used;
 - l. The type of mode used (probe or drive stun);
 - m. The point of impact of probes on a subject in probe mode;
 - n. The point of impact on a subject in drive stun mode;
 - o. Location of missed probe(s);
 - p. Terrain and weather conditions during CED use;
 - q. Lighting conditions;
 - r. The type of cartridge used;
 - s. Officer suspicion that subject was under the influence of drugs (specify if available);
 - t. Medical care provided to the subject; and
 - u. Any injuries incurred by an officer or subject.
46. Law enforcement agencies should conduct neighborhood programs that focus on CED awareness training. CED training should be part of any citizen's training academy program.
47. The agency's Public Information Officer should receive extensive training on CEDs in order to better inform the media and the public about the devices. Members of the media should be briefed on the department's policies and use of CEDs.

48. CED awareness should extend to law enforcement partners such as local medical personnel, citizen review boards, medical examiners, mental health professionals, judges and local prosecutors.
49. CEDs can be effective against aggressive animals. Policies should indicate whether use against animals is permitted.
50. Officers should be aware that there is a higher risk of sudden death in people under the influence of drugs and/or symptoms associated with excited delirium.
51. CED cartridges with longer barbs may be more effective in extremely cold climates.
52. Agencies should be aware that CED cartridges have experienced firing problems in extremely cold weather.

These guidelines are presented with the understanding that many force situations evolve rapidly and sometimes require law enforcement officers to make quick decisions about force options. It is impossible to anticipate every possible force situation or circumstance that may occur, and in all cases officers need to rely on their training, judgment and instincts. However, it is anticipated that these considerations will help the law enforcement profession to better manage conducted energy devices and police use-of-force situations.

APPENDIX C

Model Policy

		<i>Ef</i>		
		A1		
<i>Subject</i>				
Electronic Control Weapons				
<i>Reference</i>		<i>al Instructions</i>		
<i>Distribution</i>		<i>Reevaluation Date</i>		<i>No. Pages</i>
		August 2010		3

I. PURPOSE

The purpose of this policy is to provide guidance and direction on the use of electronic control weapons (ECWs).

II. POLICY

It is the policy of this agency to use only objectively reasonable force to control or overcome the resistance put forth by individuals who are violent, exhibiting threatening behavior, or physically resisting arrest. ECWs may be used by authorized and trained personnel in accordance with the use-of-force policy and additional guidelines established herein.

III. DEFINITIONS

Electronic control weapon (ECW): A weapon designed to disrupt a subject's nervous system or sensory nervous system by deploying battery-powered electrical energy sufficient to cause muscle contractions and override voluntary motor responses.

AFIDs: Confetti-like pieces of paper that are expelled from the cartridge when fired. Each anti-felon identification (AFID) tag contains an alphanumeric identifier unique to the cartridge used.

Sensitive population groups: Sensitive populations include those who reasonably appear to be, or are known to be, children, elderly, medically infirm, pregnant, or users of a cardiac pace maker.

IV. PROCEDURES

A. Authorized Users

Only those individuals who have satisfactorily completed this agency's approved training course and this agency's approved retraining course shall be authorized to carry an ECW.

B. Weapon Readiness

1. The device shall be carried in an approved holster on the side of the body opposite the service handgun. Officers not assigned to uniformed patrol may utilize other department-approved holsters and carry the weapon consistent with department training.
2. The device shall be carried fully armed with the safety on in preparation for immediate use.
3. Officers shall be issued a minimum of one spare cartridge as a backup in case of cartridge failure or the need for re-deployment. The spare cartridge shall be stored and carried in a manner consistent with training, and the cartridges will be replaced consistent with the manufacturer's expiration requirements.
4. Only manufacturer-approved battery power sources shall be used in the ECW.
5. The ECW shall be subjected to a pre-shift "spark test" as defined in training to ensure that the device is functioning properly.
6. No modifications or repairs shall be performed on the device unless authorized by the department in writing.

C. Deployment

1. The ECW is generally analogous to oleoresin capsicum (OC) spray on the agency use-of-force continuum and justification to use an ECW generally involves the same type of situations. The primary goal of the ECW is to overcome resistance and gain control of the subject. Officers are authorized to use the ECW on persons who demonstrate an overt intention to do any of the following:
 - a. use force against the officer or another person,
 - b. use force to resist arrest or detention,
 - c. flee in order to avoid arrest or detention in circumstances where officers would pursue on foot and physically affect the arrest or detention, or
 - d. engage in self-destructive behavior.
2. The ECW may also be used in certain close-range circumstances in the “touch stun” mode. When the device is used in this manner, it is
 - a. primarily a pain compliance tool,
 - b. less effective than conventional cartridge-type probe spread deployments, and
 - c. subject to the same deployment (use) guidelines and restrictions as those of the ECW in cartridge deployments.
3. An alternative method of close-range deployment is the “cartridge on drive stun” mode, which involves activating the device in the probe mode at an appropriate target as determined in training, then removing the device and reapplying it to an alternate target area to facilitate spread. When the device is used in this manner, it is
 - a. potentially as effective at neuromuscular incapacitation as a conventional cartridge-type probe spread deployment, and
 - b. subject to the same deployment (use) guidelines and restrictions as any other ECW cartridge deployment.
4. The ECW should normally not be used in the following manner:
 - a. On a handcuffed or secured prisoner, absent overtly assaultive, self-destructive, or violently resistive behavior that cannot reasonably be addressed by other readily available means
 - b. In any environment where an officer reasonably believes that a flammable, volatile, or explosive material is present, including, but not limited to, OC spray with volatile propellant, gasoline, natural gas, or propane
 - c. In any environment where the subject would be reasonably likely to fall, resulting in death or serious physical injury
5. Officers shall be aware of the general concerns raised when an ECW is used on a member of a sensitive population group. Officers are not prohibited from using an ECW on such persons, but use is limited to those exceptional circumstances where the need to use the device reasonably outweighs the risks to those involved.
6. Upon activating the device against a person, the officer shall energize the subject for no longer than objectively reasonable to overcome resistance and bring the subject under control.
7. To minimize the number of cycles needed to overcome resistance and bring the subject under control, the subject should be secured as soon as practical while affected by ECW power or immediately thereafter. In determining the need for additional energy cycles, officers should be aware that an energized subject may not be able to respond to commands during or immediately following exposure.

D. Post-Deployment Considerations

1. The ECW darts may be removed from the subject after the subject is restrained following procedures outlined in training. The ECW darts should be treated as a biohazard risk.
2. Officers shall ask all persons if they desire medical attention following exposure to an ECW. Persons shall be transported to a medical facility for examination if any of the following occur:
 - a. they request medical attention,

- b. they are hit in a sensitive area (for example, eyes, face, head, female breasts, genitals),
- c. the officer has difficulty removing the probes,
- d. they do not appear to recover in a reasonable period of time after being exposed, as determined by the officer following training guidelines,
- e. they are part of a sensitive population group as defined in this policy,
- f. they have been energized more than three times,
- g. they have received the effects of more than one ECW during the incident,
- h. they are reasonably believed to have been subjected to a continuous energy cycle of 15 seconds or more, or
- i. they have exhibited signs of “excited delirium,” as outlined and defined in training, prior to and or during ECW exposure.

3. If the probes penetrate the flesh, photographs of the contact area should be taken after they are removed.
4. When the device has been used operationally, the officer should collect the cartridge, wire leads, darts, and AFIDs and secure them as evidence.
5. ECWs that are equipped with audio/video recording shall be downloaded following use and the file reviewed to ensure officer compliance with training and policy.

E. Reporting

1. The deploying officer shall notify his or her supervisor as soon as practical after using the device, and the appropriate use-of-force report shall be completed. When an ECW is used that has audio/video capability, the device will be downloaded following use and the file considered a part of the use-of-force review.
2. Officers shall specify the rationale in their use-of-force report for any instance in which
 - a. an ECW is energized more than three times,
 - b. an energy cycle longer than 15 seconds in duration is used,

- c. more than one ECW is used against a subject in any given incident, or
- d. an ECW is used against an individual designated to be in a sensitive population group as defined in this policy.

F. Auditing

All agency ECWs will be subjected to periodic and random data downloading. The data obtained will be reconciled with existing use-of-force reports to ensure accountability between the cycles recorded and those documented in such reports and occurring in pre-shift testing.

Every effort has been made by the IACP National Law Enforcement Policy Center staff and advisory board to ensure that this model policy incorporates the most current information and contemporary professional judgment on this issue. However, law enforcement administrators should be cautioned that no “model” policy can meet all the needs of any given law enforcement agency. Each law enforcement agency operates in a unique environment of federal court rulings, state laws, local ordinances, regulations, judicial and administrative decisions and collective bargaining agreements that must be considered. In addition, the formulation of specific agency policies must take into account local political and community perspectives and customs, prerogatives and demands; often divergent law enforcement strategies and philosophies; and the impact of varied agency resource

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APPENDIX D

Johnson County 5.0. SOP on Tasers

G. Taser Restraint:

1. While extensive field use data, scientific, and other medical research and evidence supports that taser devices generally do not cause lasting aftereffects or fatalities, it is important to remember that the very nature of a defensive response to aggressive behavior, resistance, use of force, physical control, confrontation or incapacitation involves some degree of risk of serious injury or death due to the subject's individual psychological, emotional, and physiological states and responses, physical exertion and stress, unforeseen circumstances, and the individuals pre-existing medical conditions and susceptibilities (i.e., self-ingested drugs, cardiac disease, pulmonary disease etc). As with any use-of-force tool or technique there can be unforeseen and severe consequences and there will always be risk involved in the use of the taser system.
2. Repeated, prolonged, and/or continuous exposure(s) to the taser electrical charge may cause strong muscular contractions that may impair breathing and respiration, particularly when the probes are placed across the chest or diaphragm. Users should avoid prolonged, extended, uninterrupted discharges or extensive multiple discharges whenever practical in order to minimize the potential for over-exertion of the subject or potential impairment of full ability to breathe over a protracted time period.
3. Particularly when dealing with persons showing symptoms of excited delirium, use of the taser system should be combined with physical restraint techniques to minimize the total duration of the struggle and minimize the total duration of taser system stimulation. Excited delirium is a potentially fatal condition caused by a complex set of physiological conditions including over-exertion of the subject and inability for sufficient respiration to maintain normal blood chemistry. These subjects are at significant and potentially fatal health risks from further prolonged exertion and/or impaired breathing.
4. Subject matter experts believe a first step in providing critical care to these individuals requires expeditious restraint such that medical assistance can be provided. To this end, the taser system may well be among the best force options to assist in expeditious restraint. It is important, however, that the user focus on the taser device induced impairment as a window of opportunity during which physical restraint procedures should be initiated whenever practical.
5. If the subject refuses to comply after multiple taser device applications, the operator should consider whether additional applications are making sufficient progress toward compliance/restraint OR if transition to a different force option is warranted.
6. As with any use of force incident, the operator should be reminded that he/she should be able to justify the rationale for each additional taser system application (or the rationale for extending the duration of an application) and that such justification should be in compliance with the use-of-force policies of this agency.

APPENDIX E

MISSION STATEMENT

The mission of the Use of Force Working Group is to bring the community together to evaluate, in an objective and thorough manner, the use of Conducted Energy Device [CED] technology by police officers. The Use of Force Working Group will:

- Assemble representatives from local law enforcement agencies who are familiar with the use of CED technology;
- Assemble individuals from the medical community that include but are not limited to pathologists, cardiologists, neurologists and internists to explain the effect CED technology on the human body;
- Assemble labor union representatives, individuals from the academic community and other subject matter experts germane to the analysis.

The Use of Force Working Group will create a conclusive report and make recommendations to the following questions:

- Under what circumstances should law enforcement officers use CED technology?
- Under what circumstances should CED technology be deployed?
- What are the best practices in regard to training law enforcement personnel on CED technology?
- What should the policies and procedures be for reporting and accountability after a CED is utilized in the field?
- Should CED's be required as part of a law enforcement officer's annual ACT-120 certification to maintain his or her license in Allegheny County?
- What role, if any, does CED's have in the death of individuals in police custody?
- What is excited delirium and what steps should law enforcement and emergency medical personnel take when confronted with individuals exhibiting signs of such a condition?