



MINNEAPOLIS POLICE DEPARTMENT

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Conducted Energy Device

# Training Manual



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## Purpose

The Minneapolis Police Department has instituted the use of conducted energy devices (CED)s to provide an additional use of force option for police officers. The purpose of this manual is to provide a guideline of the training necessary to educate and certify CED users consistent with department policies, standards and procedures. The Basic CED Operator training is scheduled for a six-hour session and includes: verbal instruction including policy overview, active participation, technological fundamentals, current case law considerations, scenario-based exercises, and annual qualification testing. Proper training is an important component of effective CED use; therefore, the Minneapolis Police Department has implemented intensive training sessions so that officers are able to understand the technical components and proper maintenance of the devices in addition to proper application and reporting procedures. Ultimately, the department's goal is to provide CED users with the training necessary so that officers will be able to make sound judgments and properly apply the CED in actual non-lethal situations.

## Department Policy

The Minneapolis Police Department has enacted procedures for the authorized use of force by police officers in accordance with Minnesota State Statutes and with consideration for United States Supreme Court case *Graham vs. Connor* 490 U.S. 386 (1989). These guidelines factor the use of force and reasonableness of force appropriate based on the judgment of the responding officer, which includes considerations such as threat to the officer or others, the severity of the crime, the suspect's behavior, and the officer's ability to make a lawful arrest. Department policy also states procedures for case reporting and supervisor notification related to an officer's use of force and the application of any CED. The Minneapolis Police Department has also established standards for authorized conducted energy device equipment, which can be found in figure 1, as well as policies regarding the use of conducted energy devices. Various safety guidelines, such as flammable substances and holster positions, and post exposure medical assistance procedures are also incorporated in the department's policy manual.

CE D R E Q U I R E M E N T S
TASER ® Authorized Brand
X26 Authorized Model
TASER ® Compressed Air Cartridges Authorized Ammunition

Figure 1

Officers are instructed on the department's conducted energy device and authorized use of force policies during the course of his/her training session. Any department special orders or policy updates are also thoroughly explained and clarified during training sessions. The Minneapolis Police Department Conducted Energy Device and Use of Force Policies which are summarized above: 3-206, 5-302, 5-303, 5-304, 5-305, 5-306, 5-307, 5-312, and 5-314, can be found in Appendix A of this training manual.



**All department personnel who have been issued and authorized to carry a Conducted Energy Device are responsible for understanding the contents of this training manual and for acting in accordance with all training guidelines as set forth within this manual.**

## Proper Use and Mechanical Instruction

A portion of training sessions are dedicated to educating CED users about the safe and proper use of the TASER® X26 model, the department approved CED. The TASER® International Corporation has developed a comprehensive presentation regarding the X26 model which is discussed and made available to officers during training sessions. An outline of the several different proper use and safety topics included in the presentation can be found in Figure 3.



Figure 2

The TASER X26® model does not solely rely on pain to achieve compliance; it also affects the sensory and motor functions of the nervous system. An essential portion of the MPD's CED training session is the manufacturer's guidelines about the proper use of the TASER X26®, including instruction on how to effectively and safely utilize the device. Electrical components are discussed in detail at training sessions, as well as the possible effects of electrical currents on people who have underlying cardiac maladies and individuals who may be under the influence of narcotics. CED probe removal procedure is also taught in accordance with department policy. Officers undergo scenario-based trials to prepare for and to become skilled at tactical operations for use of the CED, including volunteer exposure. Another portion of the TASER® training presentation is dedicated to tactical deployment and proper operation of the X26 CED. Skills such as aiming the device, appropriate deployment, cartridge reloading, drive stun applications, and use with other use of force options are explained thoroughly and emphasized with case studies including video from actual instances of proper CED use in real-life situations. The final portion of the TASER® training presentation involves legal considerations and an overview of in-custody death. It should be noted that training instructors provide additional department-specific material in these areas during training sessions; which is explained and presented in the subsequent sections of this training manual.

**TASER® X26**  
**User Course Topics**

- Technical
- Electrical
- Medical
- Probe Removal
- Voluntary Exposure
- Flammability
- Tactics
- CED Camera Awareness
- Sudden Unexpected Deaths
- Legal Considerations
- Drive Stuns

Figure 3



Volunteer Exposure allows Officers to better understand the effects of Conducted Energy Devices. It provides a hands-on lesson which facilitates confidence for actual deployment, eases future court expertise, prepares users for secondary exposure, and potential self-defense awareness.

## Scenario-Based Training

A fundamental segment to the MPD CED training course is reality-based training scenarios which allow officers to understand, discuss, and practice using CEDs. Several reloading, transition, and firing drills are implemented to prepare users for varying situations involving CEDs. These drills are effective at allowing officers to practice and apply their training to actual situations requiring the use of CEDs. Officers also practice and learn about different non-forceful crowd control management methods and techniques. These exercises provide officers with knowledge about effective, non-forceful techniques which prepare them for potential situations where non-forceful involvement is necessary.

The case-by-case nature of officer involved situations is an important consideration for any use of force option utilized by police officers. As with all uses of force the potential for injury exists and officers must use discretion to minimize the risk of such injury. During training sessions each of the heightened risk factors for



negative reactions to CEDs are discussed so that officers are educated about the consequences and risks that are possibilities in these particular situations. Officers are instructed they must clearly articulate the facts and circumstances that would justify the use of a CED in these situations. A list of heightened CED risk factors can be found in figure 4. It should be noted that the only circumstance which prohibits the use of a CED is if the officer has reasonable knowledge of the presence of flammable

liquids or fumes. Additional justification for deployment of a CED is also necessary for certain groups of people including: the elderly, children, frail subjects, passive resisters under seizure, and handcuffed subjects. Society generally considers these groups to be protected classes and although the use of a CED may eminently be justified, officers using a CED on one of these individuals will be placed under heightened scrutiny and will likely be required to provide additional justification for their use of the device. A further description of the material and guides provided regarding both heightened CED risk factors and societal perceptions of certain groups can be found in Appendix B. Instructors also utilize a department-specific tactical CED presentation which encompasses various CED technical and policy updates, case law discussion, and CED camera procedures; this presentation is available in Appendix C.

## Certification Testing

Following the instruction and scenario-based drill portion of the training session, officers are given the opportunity to review and prepare for the CED certification exam through discussing material with fellow officers and training instructors. Officers are also given the opportunity to ask instructors any questions they may have regarding any of the training material. After officers have been given sufficient time for review, instructors administer the TASER® X26 certification test. The test contains twenty-five practical questions regarding the proper use of CEDs and also a nomenclature portion, where officers are to identify the mechanical parts of the TASER® X26 and define the relative location of each component. When testing is completed, instructors evaluate each exam and provide officers with their test score. Officers are considered competent with the material and are eligible for certification if they receive a score of eighty percent competency or better. If officers are unable to qualify for CED certification based on their practical test score, they may make arrangements with instructors to further review the training material and retake the exam at a later date.

## Advanced Training and Recertification

The Minneapolis Police Department requires that CED equipped officers are recertified annually. The advanced and recertification training sessions consist of CED technical review, a synopsis of MPD CED use of force statistics from the previous year, tactical operation procedure updates, an overview of crowd control management techniques, and a recertification practical exam. Officers are required to pass the recertification exam with a score of eighty percent or better to qualify for recertification. During the advanced training and recertification training sessions, instructors also discuss any department policy revisions and/or updates as well as precinct trends regarding CED usage from the previous year and additional CED camera awareness training. Officers are also given the opportunity to participate in reloading, non-lethal to lethal weapon transitions, reality-based scenarios, and firing drills during the course of the advanced training and recertification training sessions.



Basic CED training is scheduled for a six-hour session and Advanced CED training and recertification is scheduled for a two-hour training session.

## Crisis Intervention Team and Specialty Training

The Minneapolis Police Department has comprised a Crisis Intervention Team (CIT) of volunteer police officers who are specially trained to handle calls for service involving mentally ill persons. CIT officers attend forty hour training sessions in addition to CED training, which consist of information about a variety of mental illnesses and medications, de-escalation techniques, scenario-based drills, department policy, national training standards, and issues regarding mental health. The CIT Specialty training also focuses on Excited-Agitated Delirium and Sudden In-Custody Deaths which are situations that police officers may encounter that have possible legal implications. Officers are trained about risk factors, behavioral cues, pre-disposing factors, physical characteristics, force issues, and action protocol for situations involving these risks. An outline of the training material used regarding Excited-Agitated Delirium and Sudden In-Custody Deaths can be found in Appendix D.

## Training Bulletins

The manufacturer of department approved Conducted Energy Devices, TASER ® International, periodically provides updates regarding medical research on the effect of CEDs. Department personnel who are authorized to carry a Conducted Energy Device are notified of training bulletins issued by TASER ® International and responsible for reading, understanding, and following any guidelines and/or instructions included in the bulletins. Current TASER ® International training bulletins can be found by following the links below.

**Training Bulletin 15.0 Medical Research Update and Revised Warnings**

**Released 10/12/2009**

**Training Bulletin 15.0 Memorandum**

**Released 10/14/2009**

### **3-206 AUTHORIZED EQUIPMENT AND SPECIFICATIONS (12/30/10)**

1. Sworn MPD employees shall carry a CED (if issued) while working in a uniform capacity.
2. The CED shall comply with the following requirements:
  - a. Authorized Brand – TASER®
  - b. Authorized I. Conducted Energy Device (CED) (07/19/07) (12/30/10)

Model – X26

- c. Authorized Ammunition – TASER® Brand compressed air cartridges (Department issued only)

### **5-302 USE OF FORCE DEFINITIONS (10/16/02) (10/01/10)**

**Active Aggression:** Behavior initiated by a subject that may or may not be in response to police efforts to bring the person into custody or control. A subject engages in active aggression when presenting behaviors that constitute an actual or threatened assault, coupled with the apparent ability to cause harm, and the circumstances reasonably indicate that an assault or injury to any person is imminent. (10/01/10)

**Active Resistance:** A response to police efforts to bring a person into custody or control for detainment or arrest. A subject engages in active resistance when engaging in physical actions (*or verbal behavior reflecting an intention*) to make it more difficult for officers to achieve actual physical control, but such actions do not pose an imminent risk of harm to the officer. (10/01/10)

**Deadly Force:** Minn. Stat. §609.066 states that: “Force which the actor uses with the purpose of causing, or which the actor should reasonably know creates a substantial risk of causing death or great bodily harm. The intentional discharge of a firearm other than a firearm loaded with less-lethal munitions and used by a peace officer within the scope of official duties, in the direction of another person, or at a vehicle in which another person is believed to be, constitutes deadly force.” (10/01/10)

**Flight:** Is an effort by the subject to avoid arrest or capture by fleeing without the aid of a motor vehicle. (10/01/10)

**Great Bodily Harm:** Bodily injury which creates a high probability of death, or which causes serious permanent disfigurement, or which causes a permanent or protracted loss or impairment of the function of any bodily member or organ, or other serious bodily harm.

**5-302 USE OF FORCE DEFINITIONS (continued) (10/16/02) (10/01/10)**

**Non-Compliance:** Is a response to police efforts to bring a person into custody or control for detainment or arrest. This includes verbal and/or physical actions including non-movement and refusal to obey commands or directives however such actions do not prevent officers from achieving control. Also known as passive resistance. (10/01/10)

**Non-Deadly Force:** Force that does not have the reasonable likelihood of causing or creating a substantial risk of death or great bodily harm. This includes, but is not limited to, physically subduing, controlling, capturing, restraining or physically managing any person. It also includes the actual use of any less-lethal and non-lethal weapons. (08/17/07)

**Objectively Reasonable Force:** The amount and type of force that would be considered rational and logical to an “objective” officer on the scene, supported by facts and circumstances known to an officer at the time force was used. (08/17/07)

**Use of Force:** Any intentional police contact involving: (08/17/07) (10/01/10)

- The use of any weapon, substance, vehicle, equipment, tool, device or animal that inflicts pain or produces injury to another; or
- Any physical strike to any part of the body of another;
- Any physical contact with a person that inflicts pain or produces injury to another; or
- Any restraint of the physical movement of another that is applied in a manner or under circumstances likely to produce injury.

### **5-303 AUTHORIZED USE OF FORCE (10/16/02) (08/17/07)**

Minn. Stat. §609.06 subd. 1 states, “When authorized...except as otherwise provided in subdivision 2, reasonable force may be used upon or toward the person of another without the other’s consent when the following circumstances exist or the actor reasonably believes them to exist:

When used by a public officer or one assisting a public officer under the public officer’s direction:

- In effecting a lawful arrest; or
- In the execution of legal process; or
- In enforcing an order of the court; or
- In executing any other duty imposed upon the public officer by law.”

In addition to Minn. Stat. §609.06 sub. 1, MPD policies shall utilize the United States Supreme Court decision in *Graham vs Connor* as a guideline for reasonable force.

The *Graham vs Connor* case references that:

“Because the test of reasonableness under the Fourth Amendment is not capable of precise definition or mechanical application, its proper application requires careful attention to the facts and circumstances of each particular case, including:

- The severity of the crime at issue,
- Whether the suspect poses an immediate threat to the safety of the officers or others, and;
- Whether he is actively resisting arrest or attempting to evade arrest by flight.

The "reasonableness" of a particular use of force must be judged from the perspective of *the reasonable officer* on the scene, rather than with the 20/20 vision of hindsight.

The calculus of reasonableness must embody allowance for the fact that police officers are often forced to make split-second judgments - in circumstances that are tense, uncertain, and rapidly evolving - about the amount of force that is necessary in a particular situation.”

Authorized use of force requires careful attention to the facts and circumstances of each case. Sworn MPD employees shall write a detailed, comprehensive report for each instance in which force was used.

**5-304 THREATENING THE USE OF FORCE (10/16/02)**

As an alternative and/or the precursor to the actual use of force, sworn MPD employees may verbally announce their intent to use force. Sworn employees may display an authorized weapon as a threat of force. The threatened use of force shall only occur in situations that a sworn employee reasonably believes may result in the authorized use of force. This policy shall not be construed to authorize unnecessarily harsh language. (08/17/07)

**5-305 AUTHORIZED USE OF DEADLY FORCE (08/17/07)**

Minn. Stat. §609.066 sub. 2 – “The use of deadly force by a peace officer in the line of duty is justified only when necessary:

- To protect the peace officer or another from apparent death or great bodily harm;
- To effect the arrest or capture, or prevent the escape, of a person whom the peace officer knows or has reasonable grounds to believe has committed or attempted to commit a felony involving the use or threatened use of deadly force, or;
- To effect the arrest or capture, or prevent the escape, of a person who the officer knows or has reasonable grounds to believe has committed or attempted to commit a felony if the officer reasonably believes that the person will cause death or great bodily harm if the person’s apprehension is delayed.”

In addition to Minn. Stat. §609.066, MPD policies shall utilize the United States Supreme Court decision in *Tennessee vs Garner* as a guideline for the use of deadly force.

The *Tennessee vs Garner* case references that:

“Apprehension by the use of deadly force is a seizure subject to the Fourth Amendment’s reasonableness requirement.”

“The use of deadly force to prevent the escape of all felony suspects, whatever the circumstances, is constitutionally *unreasonable*.”

Sworn MPD employees shall recognize that:

- For the safety of the public, warning shots shall not be fired.
- The use of a firearm, vehicle, less-lethal or non-lethal weapon, or other improvised weapon may constitute the use of deadly force.
- This policy does not prevent a sworn employee from drawing a firearm, or being prepared to use a firearm in threatening situations.

## **5-306 USE OF FORCE – REPORTING AND POST INCIDENT REQUIREMENTS (08/17/07)**

Any sworn MPD employee that uses force shall comply with the following requirements:

### **Medical Assistance:**

As soon as reasonably practical, determine if anyone was injured and render medical aid consistent with training and request Emergency Medical Service (EMS) if necessary.

### **Supervisor Notification and CAPRS Reporting Requirements**

#### **• No CAPRS Report Required.**

Unless an injury or alleged injury has occurred, the below listed force does not require a CAPRS report or supervisor notification.

- o Escort Holds
- o Joint Manipulations
- o Nerve Pressure Points (Touch Pressure)
- o Handcuffing
- o Gun drawing or pointing

#### **• CAPRS Report Required – No Supervisor Notification required.**

The following listed force requires a CAPRS report, but does not require supervisor notification.

- o Takedown Techniques
- o Chemical Agent Exposures

• **CAPRS Report Required - Supervisor Notification Required.**

All other force, injuries or alleged injury incidents require both a CAPRS report and supervisor notification. The sworn employee shall remain on scene and immediately notify a supervisor by phone or radio of the force that was used.

• A CAPRS report entitled "FORCE" shall be completed as soon as practical, but no later than the end of that shift. A supplement describing the use of force incident in detail shall be completed and entered directly into the CAPRS reporting system (no handwritten force reports). Employees shall ensure that all applicable force portions of the CAPRS report are completed in full.

• Sworn employees shall complete a CAPRS report entitled "PRIORI" for all incidents in which a person has a prior injury, or prior alleged injury, and there is actual physical contact or transportation by the police.

**Transfer of Custody:**

Prior to transferring custody of a subject that force was used upon, sworn MPD employees shall verbally notify the receiving agency or employee of:

The type of force used,

- o Any injuries sustained (real or alleged) and
- o Any medical aid / EMS rendered

**5-307 SUPERVISOR FORCE REVIEW (08/17/07) (12/15/09)**

On-duty Supervisor Responsibilities.

The supervisor who is notified of a Use of Force incident by any sworn MPD employee shall:

1. Instruct the involved employees to have the subject of the use of force remain on-scene until the supervisor arrives, if it is reasonable to do so.
  - a. If the subject of the use of force does not remain on-scene, the supervisor shall go to the subject's location, if necessary, to complete the investigation.
2. Respond to the incident scene and conduct a preliminary investigation of the Use of Force incident.
  - a. Determine if the incident meets the criteria for a Critical Incident.
    - If so, follow Critical Incident Policy, Section 7-810.

- b. Debrief the employee(s) who engaged in the use of force.
  - c. Note any reported injury (actual or alleged) to any individual involved.
  - d. Photograph any visible signs of injury to any individual involved.
  - e. Note any medical aid/EMS rendered to any individual involved.
  - f. Locate and review any evidence related to the force incident (e.g. MVR, security video, private cameras, etc.). (12/15/09)
  - g. Ensure any on-scene evidence is preserved and collected.
  - h. Locate and identify witnesses to the use of force incident. (12/15/09)
  - i. Obtain statements from witnesses to the use of force incident.
  - j. Contact the Internal Affairs Unit Commander immediately by phone if the force used appears to be unreasonable or constitutes possible misconduct.
3. Complete and submit the Supervisor Use of Force Review and Summary in CAPRS as soon as practical, but prior to the end of that shift.
- a. Ensure that all actions taken in the preliminary investigation process and the information obtained from these actions are included in the Summary and that all other relevant information is entered in the appropriate sections of the report. (12/15/09)
  - b. Include in the Summary, a specific statement that indicates based upon the totality of information available at the time of report, whether it is believed that the force used was: (12/15/09)
    - reasonable and within policy; or
    - not reasonable or not within policy
4. Review all sworn employees' CAPRS reports and supplements related to the use of force incident for completeness and accuracy.

### **5-312 CIVIL DISTURBANCES (08/17/07)**

Civil disturbances are unique situations that often require special planning and tactics to best bring an unlawful situation under effective control. The on-scene incident commander shall evaluate the overall situation and determine if it would be a reasonable force option to use less-lethal or non-lethal weapons to best accomplish that objective.

Unless there is an immediate need to protect oneself or another from apparent physical harm, sworn MPD employees shall refrain from deploying any less-lethal or non-lethal weapons upon any individuals involved in a civil disturbance until it has been authorized by the on-scene incident commander.

The riot baton is a less-lethal weapon that shall only be deployed for carry or use during, or in anticipation to, a civil disturbance.

### **5-314 USE OF CONDUCTED ENERGY DEVICES (CED) – DEFINITIONS (08/17/07) (10/01/10)**

**Drive Stun:** When a CED with no cartridge or a spent cartridge is placed in direct contact with the body with no documented effort to attempt three point contact.

**Probe Mode:** When a CED is used to fire darts at a person for the purpose of incapacitation.

**Exigent Circumstances:** Circumstances that would cause a reasonable person to believe that immediate action is necessary to prevent physical harm from occurring to anyone.

**Red Dotting:** Un-holstering and pointing a CED at a person and activating the laser aiming device. In some cases, this may be effective at gaining compliance without having to actually discharge a CED. Also known as “painting” the target.

**Arcing:** Un-holstering the CED and removing the cartridge and activating the CED for purposes of threatening its use prior to actual deployment. In some cases, this may be effective at gaining compliance without having to actually discharge a CED at a subject.

### **5-314.01 USE OF CONDUCTED ENERGY DEVICES (CED) – POLICY (10/01/10)**

The MPD approved CED (Policy and Procedure Manual, Section 3-200 Equipment) is considered a less-lethal weapon. The use of CED's shall be consistent with current MPD training and MPD policies governing the use of force (Policy and Procedure Manual, Section 5-300 Use of Force).

The use of CED's shall only be permitted against subjects under the following circumstances:

- On subjects who are exhibiting active aggression, or;
- For life saving purposes, or;
- On subjects who are exhibiting active resistance in order to gain control of a subject and if lesser attempts at control have been or would likely be ineffective.

CED's shall not be used against subjects who are non-compliant as defined by policy.

The preferred method for use of CED's is in the probe mode. Use of CED's in the drive stun mode shall be limited to defensive applications and/or to gain control of a subject who is exhibiting active aggression or exhibiting active resistance if lesser attempts at control have been ineffective.

When using a CED, personnel should use it for one standard cycle (a standard cycle is five seconds) and pause to evaluate the situation to determine if subsequent cycles are necessary. If subsequent cycles are necessary, officers should restrict the number and duration to only the minimum amount necessary to control and/or place the subject in custody under the existing circumstances. Personnel should constantly reassess the need for further activations after each CED cycle and should consider that exposure to multiple applications of the CED for longer than 15 second may increase the risk of serious injury or death.

**Note:** Officers should be aware that a lack of change in a subject's behavior often indicates that the electrical circuit has not been completed or is intermittent. When this is the case officers should immediately reload and fire another cartridge rather than administering continued ineffective cycles.

Unless exigent circumstances exist as defined by policy, no more than one officer should intentionally activate a CED against a subject at one time.

Officers shall, unless it is not feasible to do so, give verbal warnings and/or announce their intention to use a CED prior to actual discharge. Use of the CED's laser pointer (red dotting) or arcing of the CED may be effective at diffusing a situation prior to actual discharge of the CED.

The CED shall be holstered on the sworn MPD employee's weak (support) side to avoid the accidental drawing or firing of their firearm. (SWAT members in tactical gear are exempt from this holstering requirement.)

### **5-314.02 USE OF CONDUCTED ENERGY DEVICES (CED) – SUBJECT FACTORS (10/01/10)**

Officers must consider the possible heightened risk of injury and adverse societal reaction to the use of CED's upon certain individuals. Officers must be able to articulate a correspondingly heightened justification when using a CED upon:

- Persons with known heart conditions, including pacemakers or those known to be in medical crisis;
- Elderly persons or young children;
- Frail persons or persons with very thin statures (i.e., may have thin chest walls);
- Women known to be pregnant;

Prior to using a CED on a subject in flight the following should be considered:

- The severity of the crime at issue;
- Whether the suspect poses an immediate threat to the safety of the officer or others, and;
- The officer has a reasonable belief that use of the CED would not cause significant harm to the subject fleeing unless use of deadly force would otherwise be permitted.

### **5-314.03 USE OF CONDUCTED ENERGY DEVICES (CED) – SITUATIONAL FACTORS (10/01/10)**

In the following situations, CED's should **not** be used unless the use of deadly force would otherwise be permitted:

- On persons in elevated positions, who might be at a risk of a dangerous fall;
- On persons operating vehicles or machinery;
- On persons who are already restrained in handcuffs unless necessary to prevent them causing serious bodily injury to themselves or others and if lesser attempts of control have been ineffective.

- On persons who might be in danger of drowning;
- In environments in which combustible vapors and liquids or other flammable substances are present;
- In similar situations involving heightened risk of serious injury or death to the subject.

#### **5-314.04 USE OF CONDUCTED ENERGY DEVICES (CED) – DOWNLOADING/REPORTING (10/01/10)**

Officers are required to report all actual **and** threatened use of their CED consistent with Department guidelines by reporting not only the actual discharge of a CED but also successful de-escalation of a situation by threatening its use.

##### CED Downloading guidelines:

- The CED (and camera if equipped) shall be downloaded, when used in probe mode or drive stun mode, prior to the end of the officer's shift.
- The CED (and camera if equipped) shall be downloaded for any incident that is recorded that the officer believes might have evidentiary value.
- If a CED was used during a critical incident, the CED will be property inventoried by the Crime Lab for processing video and firing data evidence.

##### CED Reporting guidelines:

- If a CED is deployed and discharged on a subject the officer shall report its use in CAPRS as well as the officer's CED log.
- If A CED is threatened by means of displaying, red dotting, and/or arcing in situations which normally would require a CAPRS report, the threatened use shall be reported in CAPRS as well as the officer's CED log.
- If a CED is threatened by means of displaying, red dotting, and/or arcing without actually being deployed on a subject and there is no arrest or CAPRS report otherwise required, the officer shall record this threatened use on their CED log.

**5-314.05 USE OF CONDUCTED ENERGY DEVICES (CED) – POST EXPOSURE TREATMENT/MEDICAL AID (10/01/10)**

Post exposure treatment (Medical Aid) for a person that has been exposed to the electricity from the CED shall include the following:

1. Determine if the subject is injured or requires EMS.
2. Render medical aid consistent with training and request EMS response for evaluation at anytime if necessary
3. Request EMS response for probe removal if probes are located in sensitive areas (face, neck, groin or breast areas).
4. Wear protective gloves and remove probes from the person's non-sensitive body areas.
5. Secure the probes (biohazard "sharps") point down into the expended cartridge and seal with a safety cover.
6. When appropriate, visually inspect probe entry sites and/or drive stun locations for signs of injury.
7. When appropriate, photograph probe entry sites and/or drive stun locations.

Sworn employees shall routinely monitor the medical condition of a person who has been exposed to the electricity from a CED until they are released to medical or other law enforcement personnel and inform individuals accepting custody that a CED was used on the person. (10/01/10)



**TASER**

P r o t e c t   L i f e

User Certification Course TASER® X26™ Electronic Control Device

Version 17 Released May 2010

**PRIOR TO BEGINNING THE CLASS, EVERY STUDENT MUST FULLY READ, UNDERSTAND, AND AGREE TO:**

- **THE TASER SAFETY RULES**
- **SIGN THE LIABILITY RELEASE FORM**

# Disclaimer

- TASER does not establish, recommend, or endorse any use of force procedures, policies, or tactics. TASER training materials may include videos or other information from outside sources which are utilized for illustrative purposes only to depict certain concepts or to facilitate discussions.
- TASER does not recommend or endorse any of the procedures, techniques, tactics, or methods depicted or illustrated in these materials and disclaims any liability for any such practices.

# Goal

To provide the theory and practical training necessary to reasonably safely and effectively operate the TASER X26, Electronic Control Device (ECD).

# Safety Rules

- The safety switch of all TASER ECDs will remain in the down (SAFE) position unless the instructor directs students to arm the ECD or when it is appropriate to do so during a training drill or scenario
- TASER ECDs shall not be pointed at any person unless the instructor directs students to do so as part of a training exercise or when it is appropriate to do so during a training scenario

# Safety Rules

- A TASER ECD loaded with a live cartridge must not be pointed at another person except during a scenario exercise when the cartridge is an LS (blue) training cartridge and the subject being aimed at is wearing a protective simulation suit or during voluntary exposures
- LASERs must not be shined into eyes
- Probes will be removed according to proper protocol

# Safety Rules

- **No live firearms will be brought into the training area**
- All activity will stop when any student or instructor calls, “Stop action!”
- Every participant is a safety officer. All unsafe conditions will be immediately brought to the attention of the instructor. If an unsafe condition occurs or is noticed during an exercise, the student or instructor observing the unsafe condition will call, “Stop action!”

# TASER ECDs Are Not Risk Free



At this time, review all current TASER Warnings contained in the instructor manual

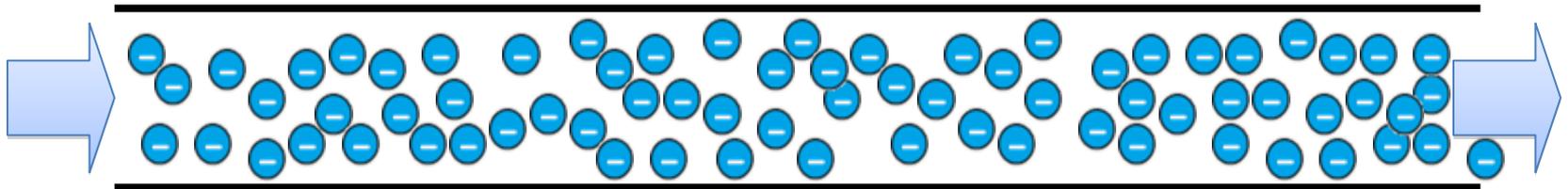
# Share Materials & Research

- Carefully review and research product manual and additional DVD materials
- Recommend all TASER ECD users conduct their own research, analysis and evaluation
- Important to timely review all materials, updates, training bulletins, etc.

Technology

# What is Electricity?

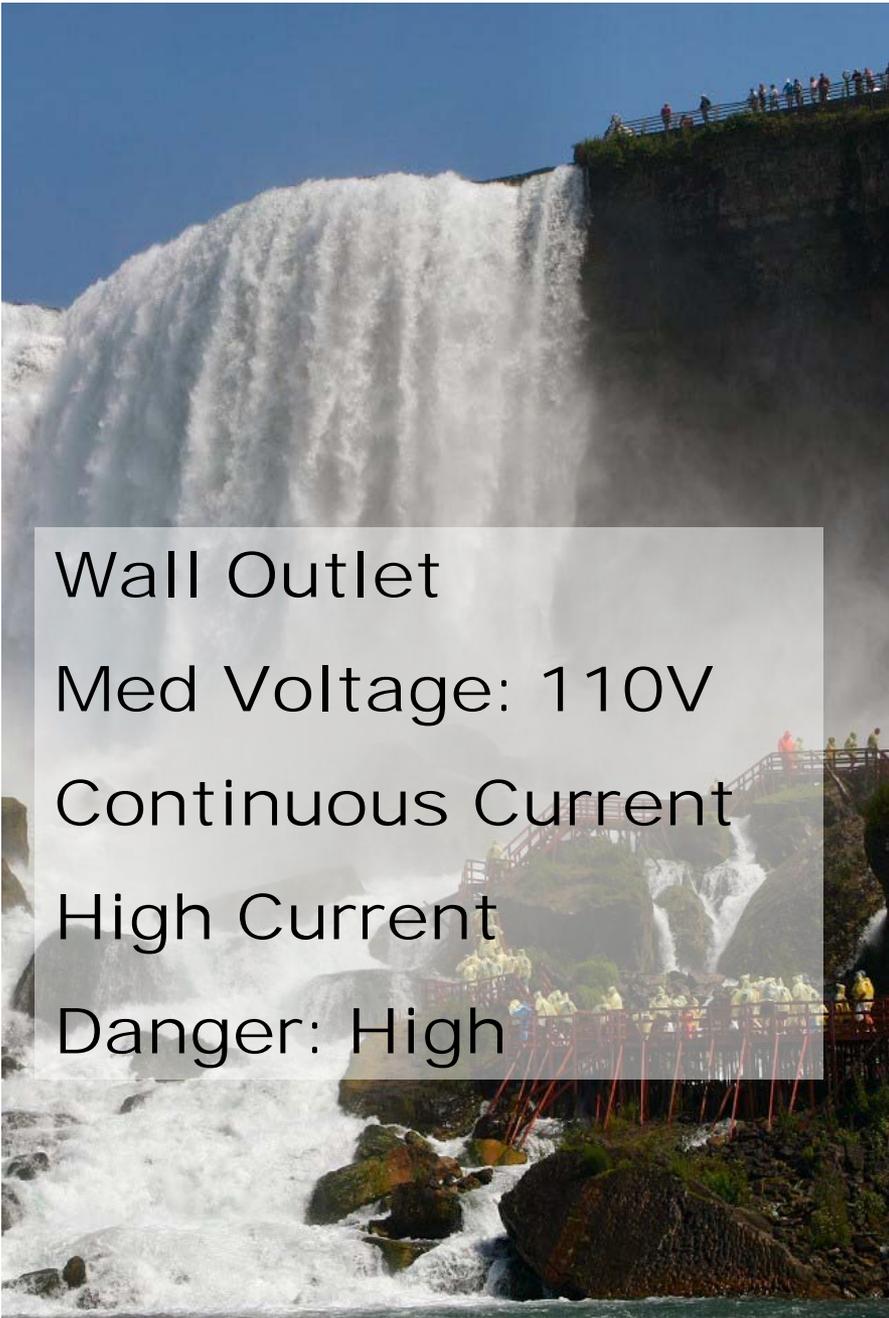
- Electricity is the flow of electrons through a conductor



	Unit	"Water Analogy"	"Water Unit"
Voltage (V)	Volt	Pressure	lbs / in <sup>2</sup>
Current (I)	Ampere	Flow Rate	Gal / Second



HIGH VOLTAGE



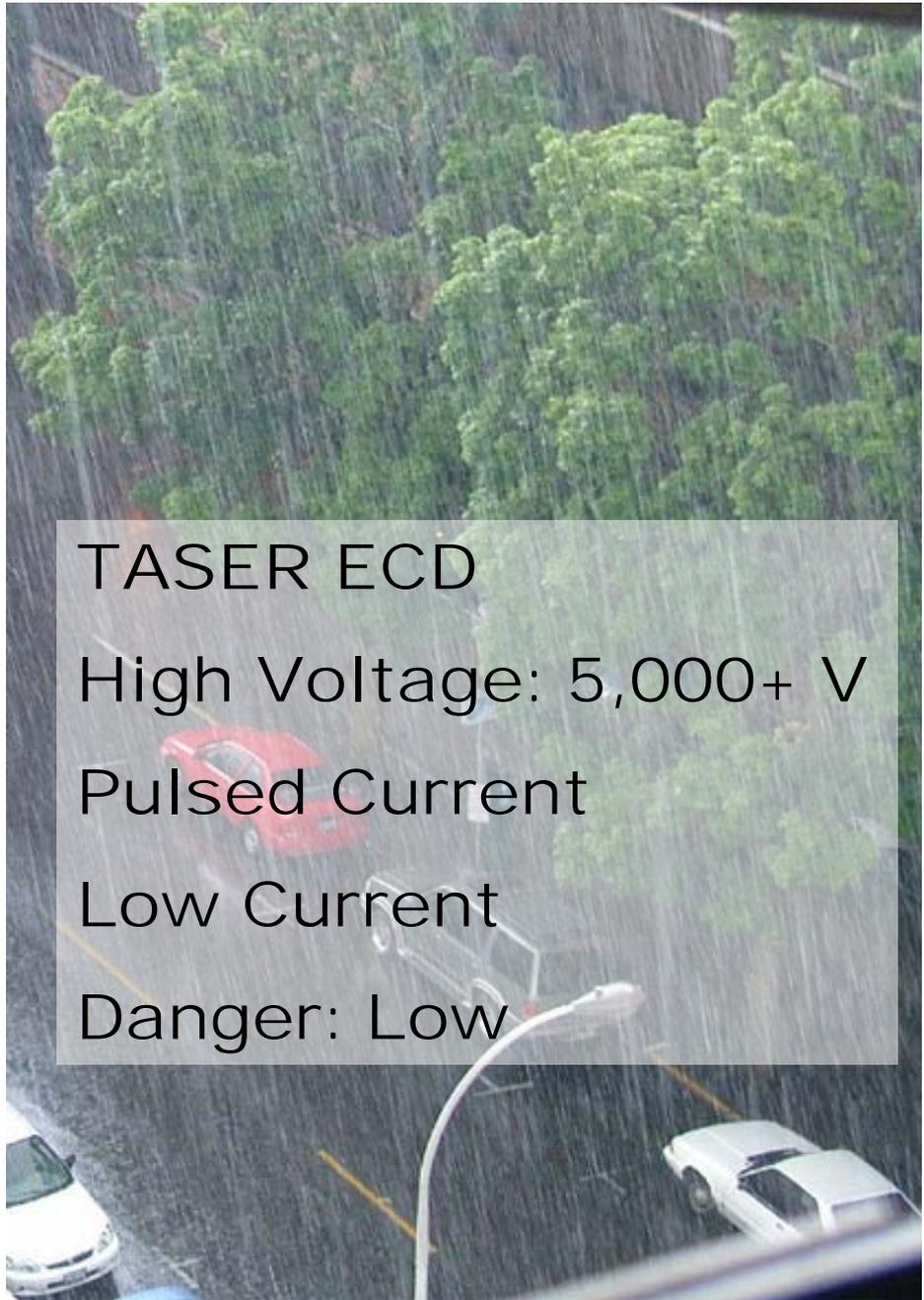
Wall Outlet

Med Voltage: 110V

Continuous Current

High Current

Danger: High



TASER ECD

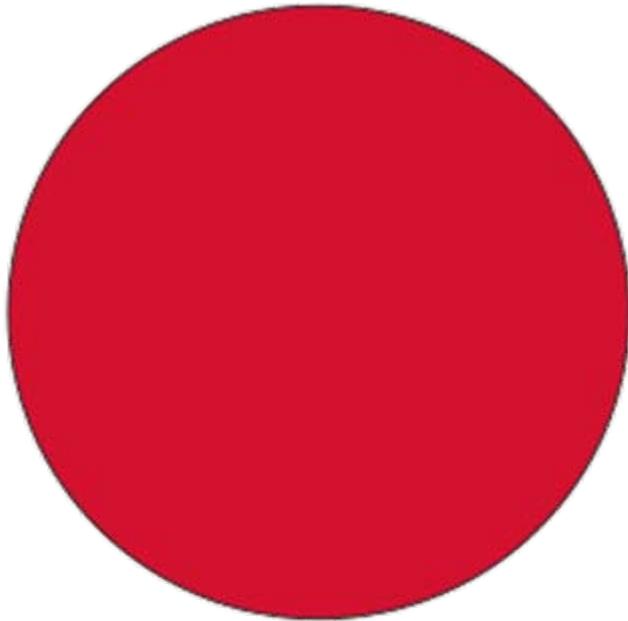
High Voltage: 5,000+ V

Pulsed Current

Low Current

Danger: Low

# TASER: Low Average Current



**110 V Wall  
Outlet:  
16 Amps**

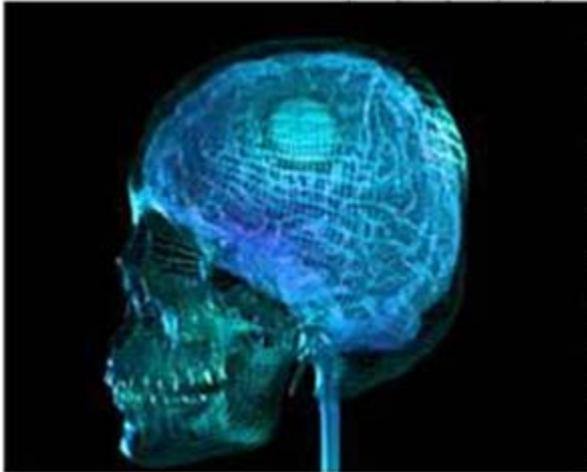


**Christmas  
Tree Bulb:  
1 Amp**



**TASER  
Output:  
0.0036 Amp**

# Technology



## JAMMING THE NERVOUS SYSTEM

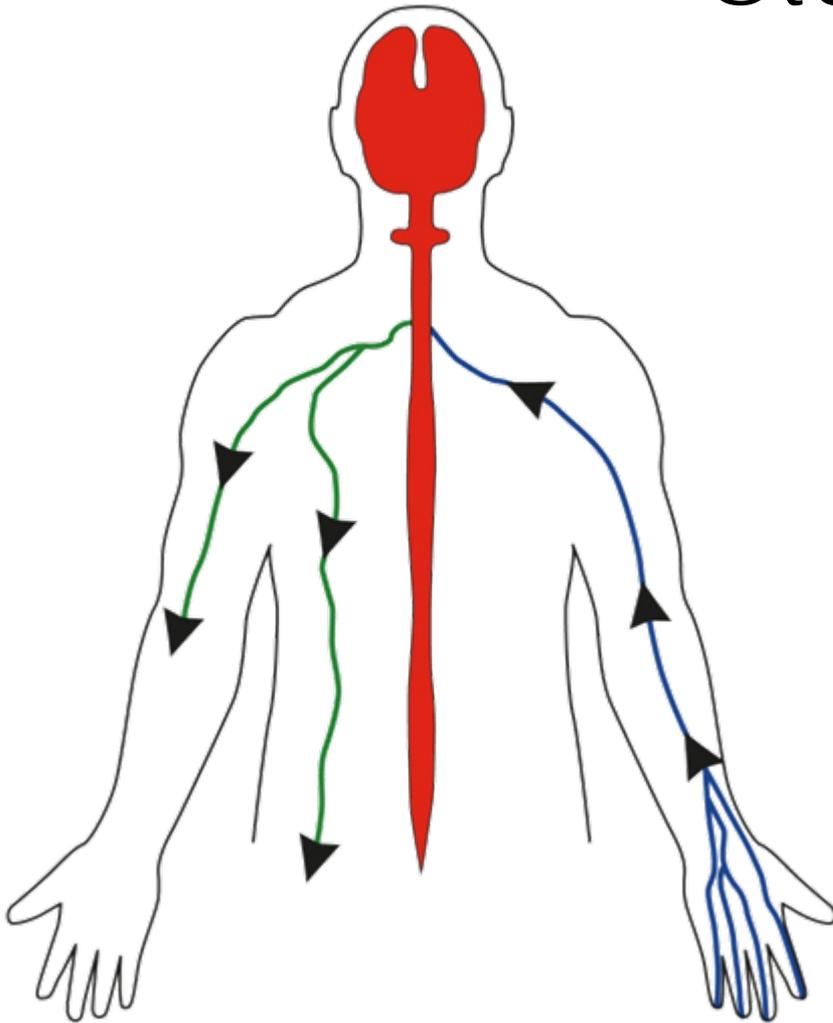


NERVE SIGNAL OR  
"BRAIN WAVE"

TASER WAVE

# Nervous System

## Stun vs. NMI



### Central Nervous System

Command center

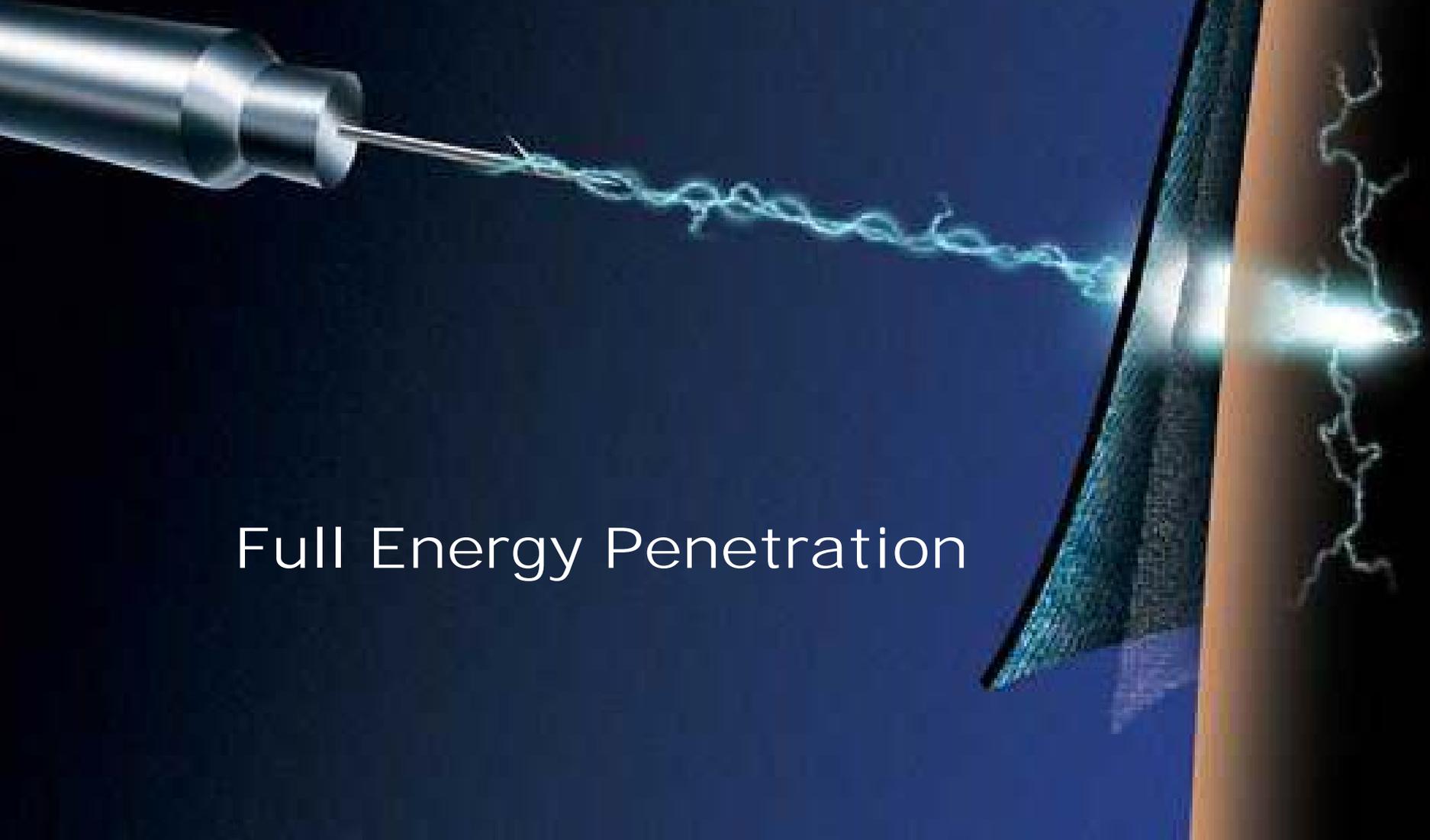
### Sensory Nervous System

Stun systems effect these nerves

### Motor Nervous System

NMI systems affect **BOTH** the sensory and motor nerves

# Shaped Pulse™



Full Energy Penetration

# Medical and Safety

# Cardiac

- Risk of an ECD application having a negative effect on a person's heart rate and/or rhythm is not zero
- The risk of an ECD causing cardiac arrest in humans from ventricular fibrillation is sufficiently remote that making accurate estimates is very difficult. Current estimates of the risk are on the order of 1 in 100,000 applications

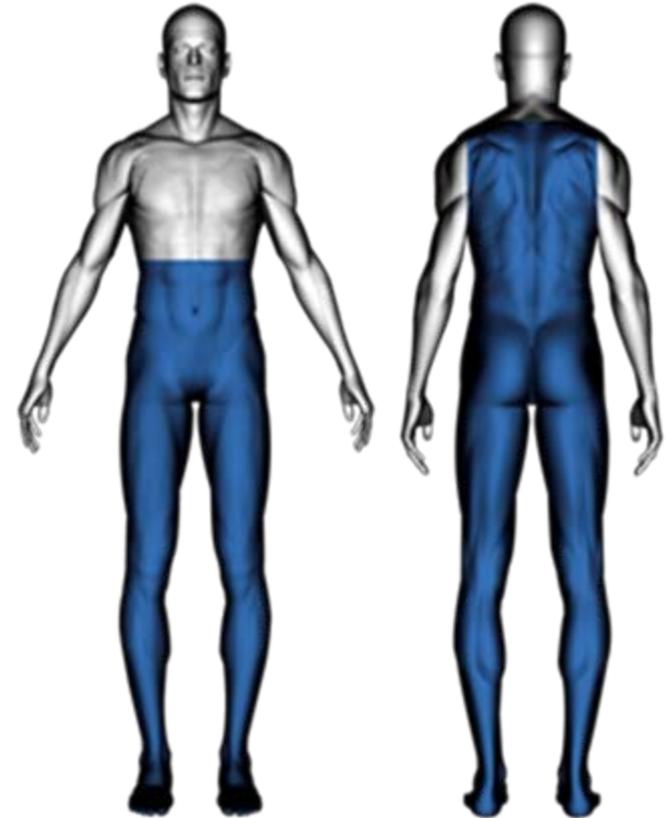
# Cardiac

- Experts have identified heart to dart distance as being a key determining factor in whether an ECD can affect the heart.
- The further an ECD dart is away from the heart, the lower the risk of affecting the heart.

# Cardiac

- When possible, avoiding chest shots with ECDs reduces the risk of affecting the heart and avoids the controversy about whether ECDs do or do not affect the human heart.

Preferred Target Areas in Blue



# Breathing

- Over 13 research analysis on effects on breathing have been conducted
- The available human data directly contradicts animal studies and does not reveal evidence of breathing impairment or respiratory acidosis

# Physiologic or Metabolic Effects

- The ECD can produce physiologic or metabolic effects (see notes)
- Reasonable effort should be made to minimize the number of ECD exposures and resulting physiologic and metabolic effects

# Physiologic or Metabolic Effects

Studies show ECD effects are comparable or less than from:

- Struggling
- Resisting
- Fighting
- Fleeing
- Some other force tools or techniques

# Higher Risk Populations

- ECD use has not been scientifically tested on:
  - Pregnant women
  - The infirm
  - The elderly
  - Small children
  - Low body-mass index (BMI) persons
- ECD use on these individuals could increase the risk of death or serious injury.

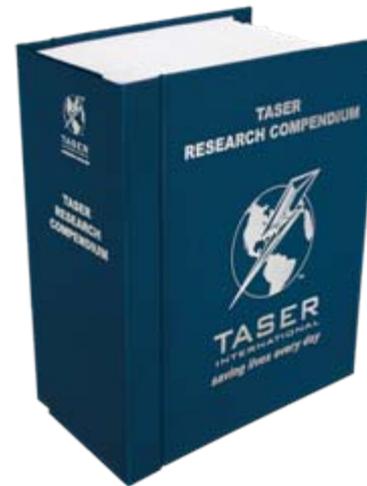
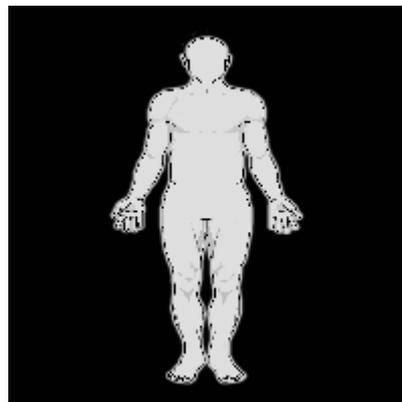
# Physiologically or Metabolically Compromised Persons

- Law enforcement personnel are called upon to deal with individuals in crises that are often physiologically or metabolically compromised and may be susceptible to arrest-related death (“ARD”)
- The subject may already be at risk of death or serious injury as a result of pre-existing conditions, individual susceptibility, or other factors
- Any physiologic or metabolic change may cause or contribute to death or serious injury
- Follow your agency’s Guidance when dealing with physiologically or metabolically compromised persons.

# Independent Conclusions

Some of the latest TASER ECD Research can be viewed at

- <http://www.taser.com/RESEARCH>  
H





# Considerations for Handling Used Probes (Field Deployments)

*Each agency will establish its own procedure for probe collection, retention, and disposal*

Factors to be considered include:

- Unanticipated probe-related injury
- Probe in sensitive area
- Deeper embedment of probe due to movement, body position, or pressure on probe
- Evidence collection, proper storage, and retention\*



# Considerations for Handling Used Probes (Field Deployments & Training)

*Each agency will establish its own procedure for probe collection, retention, and disposal*

- Treat probes that have penetrated the body as contaminated needles (use gloves)
- Grab probe firmly and quickly pull (pluck) straight out (consistent with agency policy)
- Carefully place used probes sharp-tip first into either a sharps container or into the cartridge side wire pocket container, secure in place, and place in a secure location where no one will accidentally touch probes

Legal

# *Beaver v. City of Federal Way,*

## **1. The use of an ECD involves the application of force.**

(Each use of force on a person that is a seizure is the application of force and must be objectively reasonable.)

## **2. Each ECD application involves an additional use of force.**

(This is true of any use of force.)

## *Beaver v. City of Federal Way,*

**3. Multiple ECD applications cannot be justified solely on the grounds that a suspect fails to comply with a command,**

absent other indications that the suspect is an ***immediate threat or about to flee.***

This is particularly true when more than one officer is present to assist in controlling a situation.

*Beaver v. City of Federal Way,*

- 4. Any decision to apply multiple ECD applications must take into consideration whether a suspect is capable of complying with officers' commands.**

# Considerations to Avoid ECD Excessive Force Liability

- Make sure that ECD use is within Agency Policy and Training
- Use ECD only to accomplish lawful law enforcement objectives
- Do not use an ECD for punishment
- Use window of opportunity to restrain

# Considerations to Avoid ECD Excessive Force Liability

- Justify/document every trigger pull/5 sec. discharge—articulate/document threat/behavior
- Avoid multiple, repeated, prolonged, or continuous exposures unless necessary to counter reasonably perceived threat(s) and is justifiable—document your justification
- Avoid intentionally targeting sensitive areas when possible

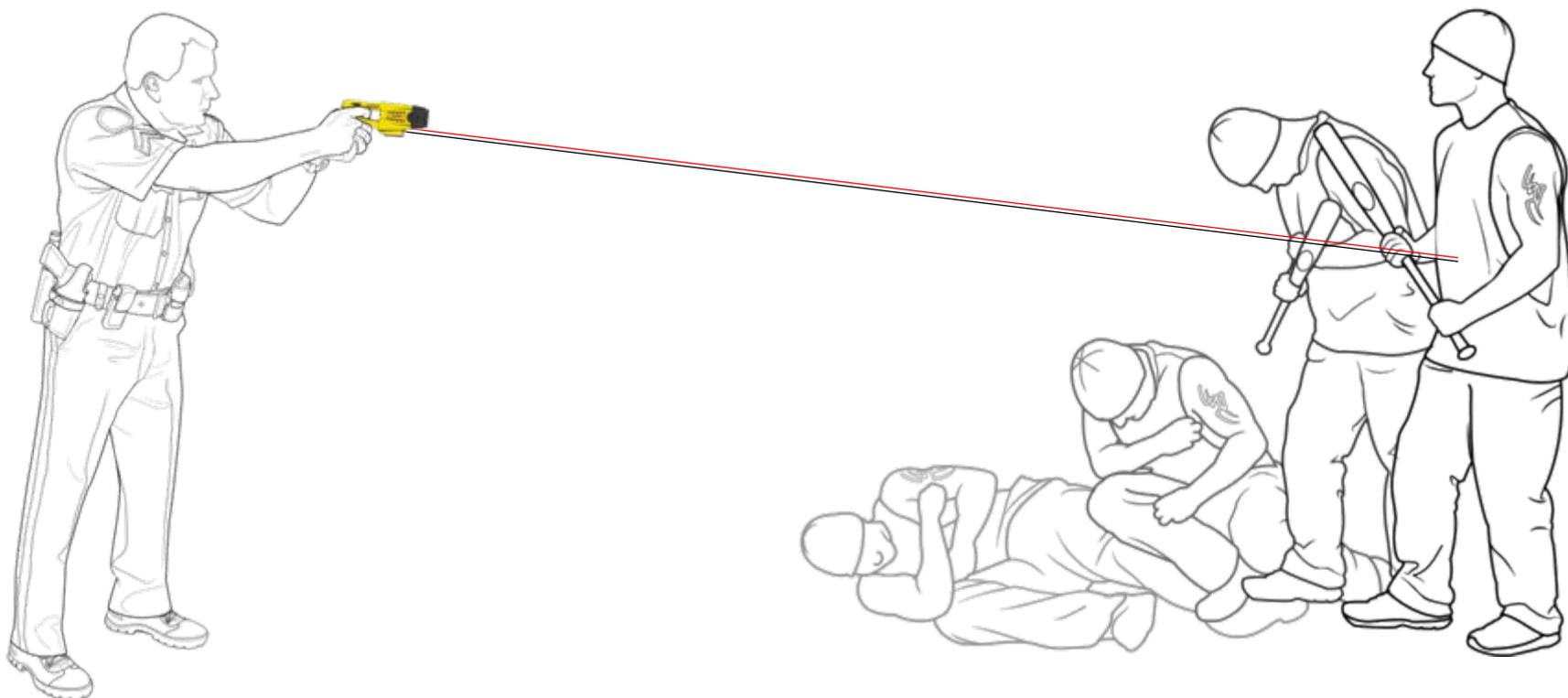
# Considerations to Avoid ECD Excessive Force Liability

- Know your objectives for using force
- Do not use pain compliance if circumstances dictate that pain is ineffective
- Increase the likelihood of NMI & minimize skin damage by using probes

# Considerations to Avoid ECD Excessive Force Liability

- Using force for compliance (when feasible):
  - Give a warning
  - Give adequate time for volitional compliance
  - Verify person is capable of complying
- Prepare clear, complete, unambiguous reports

**X26 ECD**



Electronic Control Devices (ECD's) are designed to use propelled wires or direct contact to conduct energy to affect the sensory and/or motor functions of the nervous system.

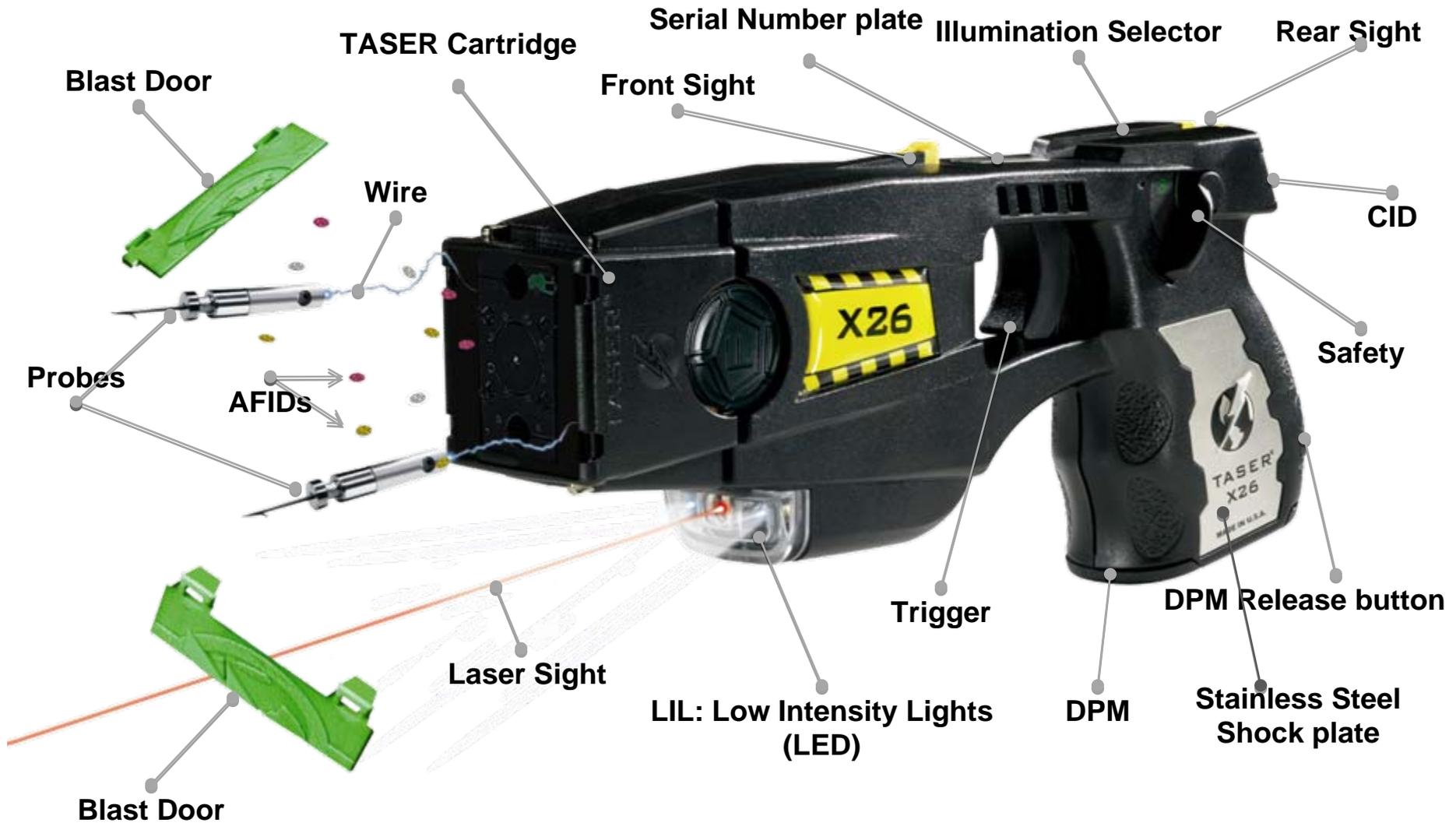
The X26 is a software upgradable, ECD manufactured by TASER International, Inc.

# Electrical

- Peak arcing voltage: 50,000 V
  - **M26 peak voltage across the body– 5000 V**
  - **X26 Peak voltage across the body– 1200 V**
- Low average current: M26 & X26 < 0.004 A
- Energy stored in device per pulse:  
M26 = 1.76 joules                      X26 = 0.36 joules
- Energy delivered per pulse:  
M26 = 0.5 joules                      X26 = 0.07 joules
  - External cardiac defibrillators typically deliver 150-400 joules per pulse

# TASER X26

Constructed of impact resistant sonic welded polymer. Mass = 7 ounces.



# Trigger Operation

- Single trigger pull and release discharges an electrical charge for a 5-second cycle
- Shift the Safety Switch down (SAFE) to stop a discharge (e.g., if accidentally discharged)
- Holding the trigger continuously beyond the 5-second cycle will continue the electrical discharge until the trigger is released. (The discharge will cease once the trigger is released after the initial 5-second cycle.)

# Digital Pulse Controller (DPC)

- Digitally controls pulse rate
- Consistent performance
  - 4°F to +122°F
  - 20 C to +50 C
- 5-second burst
- 19 Pulses per second



# Ambidextrous Safety

- Safety Switch Down
  - (SAFE)
- Safety Switch Up
  - (ARMED)
  - Activates CID and selected illumination



# Ambidextrous Safety

- The ambidextrous safety switches do not operate independently of each other
- Do not block the safety switch on one side of the X26 ECD while attempting to move it on the other side.
  - This can break the safety switch and disable the ECD

# CID display

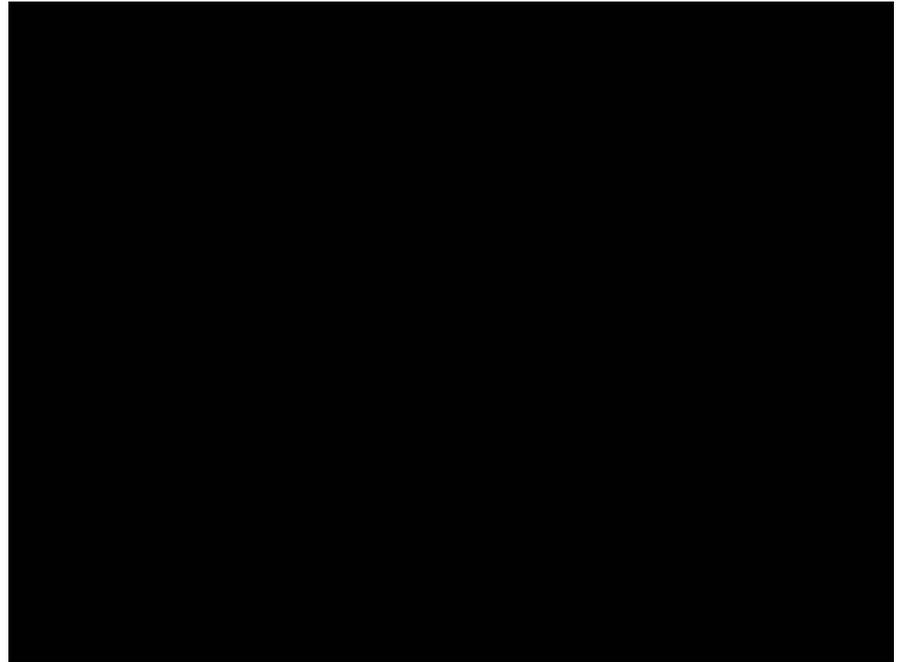
- 06..10..04--00..01..27..01..14--26—20
- (First 3 numbers) Warranty expiration  
yr-mo-day (As of May 11, 2009 warranty expiration does not show on CID and will display as three sets of “00”)
- -- (separator)
- (Next 5 numbers) Yr-Mo-Day-24hr-Mn (GMT)
- -- (separator)
- (9<sup>th</sup> number) Temp in Celsius
- -- (separator)
- (last number) Software revision
  
- Unit will display battery percentage for approximately five seconds when in fire mode, then will display two illuminated dots.



[Click video to start](#)

# CID Countdown

- Counts down the cycle
- 05,04,03,02,III,00  
(with software version 20 or higher)



[Click video to start](#)

# Illumination Button

- With the safety switch in the down (safe) position, use finger to hold the illumination button down for approximately two seconds to bring up display **(Do not use objects like pens, paper clips or knives as this can result in switch breakage or the switch could get stuck)**
- LO- Laser Only Mode
- OF- Flashlight Only Mode
- LF-Laser/Flashlight Mode
- OO- Stealth Mode (no light/no laser and CID is dim)

**Illumination Display**



# Batteries: DPM/XDPM

- 2 x 3 volt lithium energy cells
- Provides up to 195 5-second cycles at room temperature
- Digital memory (% life remaining)



# DPM Digital Memory

- Digital memory stored in DPM contains calculated percentage value of remaining battery life
- X26 ECD interprets and displays this value on the CID



# DPM Replacement / Upgrading

- Replace DPM when % remaining is  $< 20\%$
- Use for training until 1% remaining
- Dispose at 1%
  - Caution: Continued use at 1% or lower could cause damage to the X26 ECD



# DPM Cautions

- X26 ECD must be stored with DPM/XDPM inserted at all times
  - Failure to do so may result in loss of time and date settings, software corruption, and/or X26 ECD failure
  - This also applies to sending in an X26 ECD to TASER for repairs or replacement
- If DPM/XDPM is left out for an extended period of time...
  - Software configurations in the X26 ECD may be corrupted and date/time will be reset
    - Refer to online troubleshooting guide

# DPM Upgrading

- **Caution:** When a DPM/XDPM is replaced with a DPM/XDPM that contains a newer software version, a programming upgrade will occur
- A “P” is displayed in the CID during the upgrade process
  - Process takes approximately 45 seconds for V-20 or older. V-21 programming takes 10-12 seconds, V22 (released March, 2009) takes 6-8 seconds to upgrade.
  - During this time the X26 ECD must not be activated!

# DPM Upgrading

- After programming has completed, the X26 ECD will start boot up sequence
- **Caution:** Removal of DPM/XDPM during "P" state in the initial boot-up WILL corrupt the X26 ECD software
  - CID will display a code of "E", "H" or will be blank and the X26 ECD must be returned to the factory

# DPM/XDPM & TASER Cam Gaskets

- Keeps debris out
- Must be inserted firmly
  - Failure to do so can result in disconnect



# X26 ECD: Important Tips

- **System date & time is always GMT**
  - When you insert a DPM for system boot up, it will display GMT time and date
  - X26 ECD download software will compensate based on computer time zone settings
- **System “sleeps” after being armed for 20 minutes**
  - Helps avoid accidental battery depletion
  - CID screen will go blank and will not fire.
  - Re-arm by flipping safety switch down and then flipping back up.
  - This includes an x26 ECD with TASER Cam installed
    - The TASER Cam will stop recording when the X26 ECD goes into “SLEEP” mode (20 minutes)
    - It will start recording when the X26 ECD is reactivated
- **X26 ECD MUST BE STORED WITH DPM INSTALLED!**

# Spark Test

- A daily spark test should be conducted once every 24 hours or prior to the start of your shift for individually issued X26 ECDs.
- One spark (1/19<sup>th</sup> of a second) is adequate. However, this is not a practical duration. As long as the officer sees a visible spark between the electrodes, it is not necessary to extend the duration. In most cases, less than one second.
- The reason for the spark test is:
  - To check that the ECD is sparking.
  - To check the battery's performance.
  - There are components in the high voltage section of some older X26 ECDs that are more reliable when energized ("conditioned") on a regular basis.

# Spark Test

- When conducting a spark test:
  - Follow agency protocol
  - Remove the cartridge
  - Point in a safe direction
  - Put safety switch in the up (ARMED) position
  - Pull the trigger
  - Visually inspect the arc
  - Put safety switch in the down (SAFE) position
  - Load the ECD before taking into the field

# X26 ECD Dataport

Connection Kits Sold Separately



- X26 ECD USB Dataport
  - Time, date, duration, temp, battery status of each firing (last 2,000)
  - Connection protected inside DPM slot
  - Encrypted data files
  - Date range downloads
  - USB plug & play

# Download

TASER X26 Download ✕

## X26 DATAPORT DOWNLOAD

Serial Number of X26  Model #

Date of Download

Local Times Calculated for

Date Range Downloaded

Current PC Time (Local)

Current X26 Time (Local)

Time Difference

### RECORDED FIRING DATA

SEQ#	GMT Time	Local Time	Duration [Secs]	Temperature [deg. C]	Battery [%]
0003	11/30/99 00:01:11	11/29/99 17:01:11	1	21	99
0006	07/06/06 16:47:59	07/06/06 09:47:59	1	21	98

### TIME CHANGE RECORD

SEQ#	GMT TIME	Local Time	Change Type
0001	05/22/06 20:41:45	05/22/06 13:41:45	FROM
0002	05/22/06 20:41:44	05/22/06 13:41:44	TO

# X26 ECD Download

using EVIDENCE.COM

- Must use EVIDENCE SYNC through EVIDENCE.COM to download the X26 ECD



# X26 ECD Download Maintenance

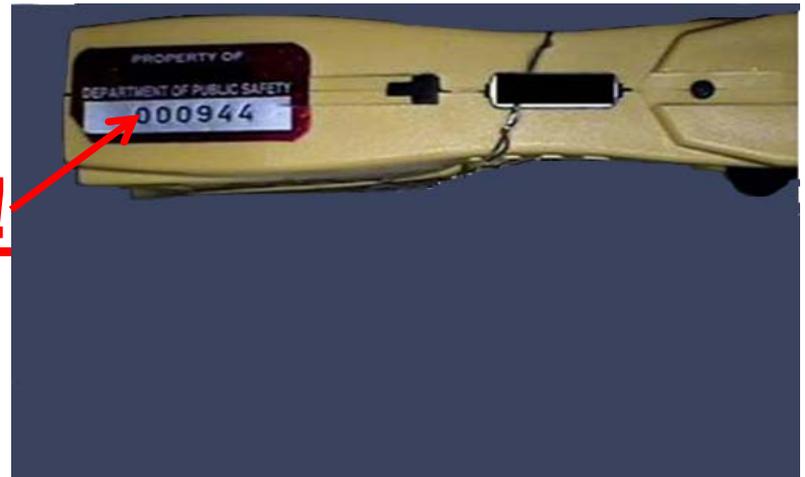
- Recommend conducting a quarterly download and clock reset

# Attaching Serial Numbers to ECDs

- Do not use metal tags, they are conductive and could cause the energy to be redirected back to the user or ECD
- Do not use a vibrating etching machine. This could compromise the integrity of the plastic and introduce foreign material into the ECD's internal components.;
- Recommend: Apply paper or plastic labels with the serial number or write the serial number on the TASER ECD in permanent ink
- Contact customer service at TASER for custom engraving



**NO!**



# ECD Radio Interference

- Interference from other electronic transmission devices in close proximity to the TASER ECD could interfere with the proper operation of the TASER ECD
- Place the TASER ECD several inches away from other electronic devices
- The safety switch on a TASER ECD should be placed in the down (SAFE) position whenever it is immediately adjacent to other electronic equipment

# X/M26 ECD Maintenance & Care

*Agency will establish agency maintenance SOP*

- Avoid dropping - sensitive, electronic device -- similar care of a cell phone
- Check DPM regularly
- Always store X26 ECD with DPM inserted
- TASER cartridges expire five years from date of manufacture
- Secure in protective holster, when not in use
  - Do not store in pockets without holster
- When an X26 ECD needs to be returned to TASER, download the data for that unit and preserve for evidence for any concerns from a past event prior to returning. Also mark the RMA form indicating the files are evidence.
- Avoid exposing X26 ECD to excessive moisture

# Dropped or Wet X/M26 ECD

- If completely submerged, return to TASER

For all others:

- Safety switch down (SAFE)
- Point in safe direction and remove cartridge
- Remove DPM
- Dry X26 ECD thoroughly (at least 24 hours)
- Reinstall DPM
- Safety switch up (ARMED)
  - If discharges without pulling the trigger, remove DPM and return to TASER
- Spark test 3 full 5-second cycles
- If X26 ECD does not function properly, return to TASER
- If spark test is normal, return to service

# TASER Cartridge

# Cartridges

- TASER Cartridges are used in the X26, M26 and SHOCKWAVE ECDs
  - Available in 15, 21, 25 and 35 ft
- All TASER Cartridges have a 5 year expiration from date of manufacture



15 ft.

(4.6 meters)

Yellow Blast Doors

Live Cartridge

Regular Probe



21 ft.

(6.4 meters)

Silver Blast Doors

Live Cartridge

Regular Probe



XP 25 ft.  
(7.6 meters)  
Green Blast Doors  
Live Cartridge  
XP Probe



LS 21 ft.  
(6.4 meters)  
Blue Cartridge/Blue Blast Doors  
Short Probe

# LS Cartridge Improvement

White wedges



Nonconductive electrodes



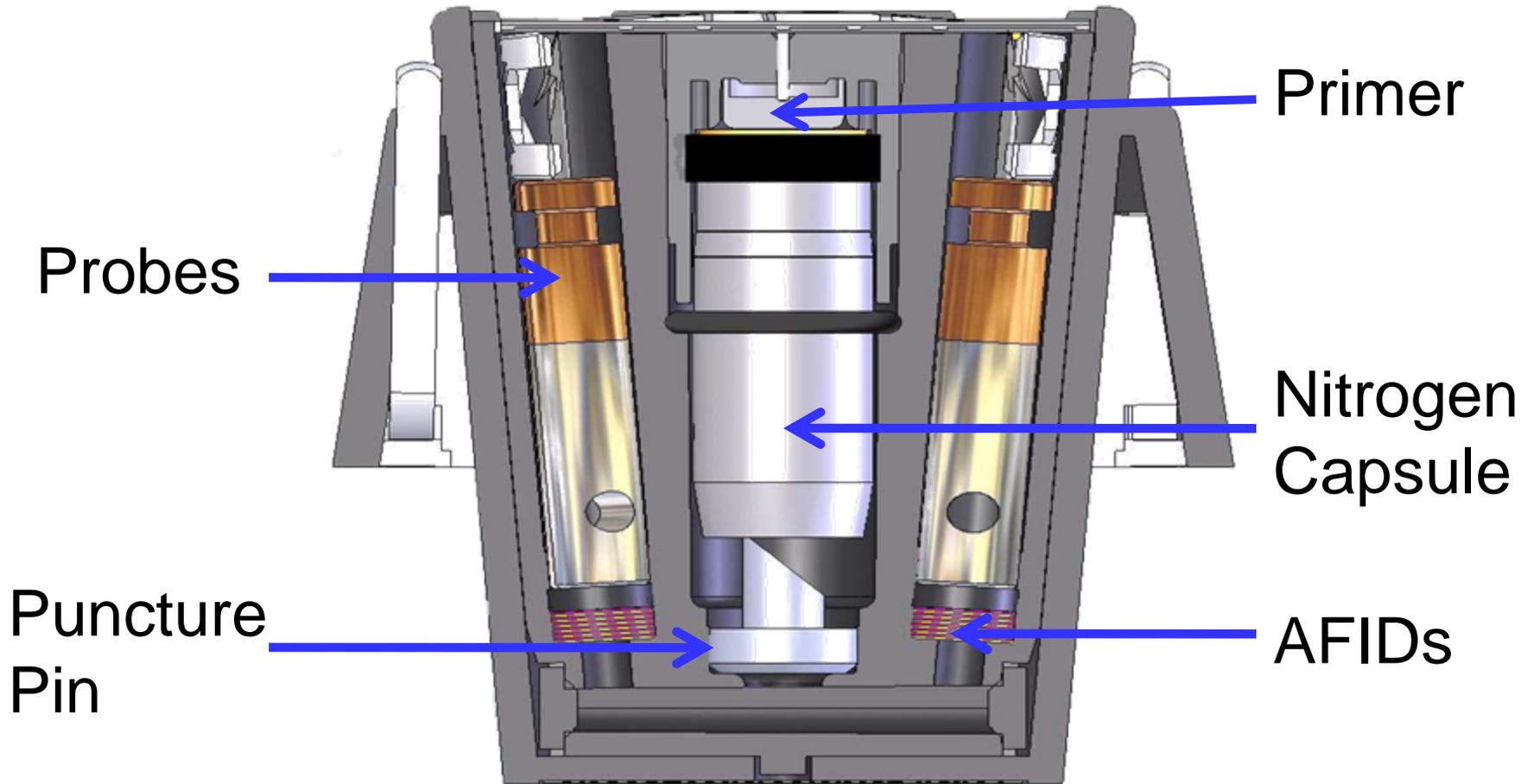
Released June 2006

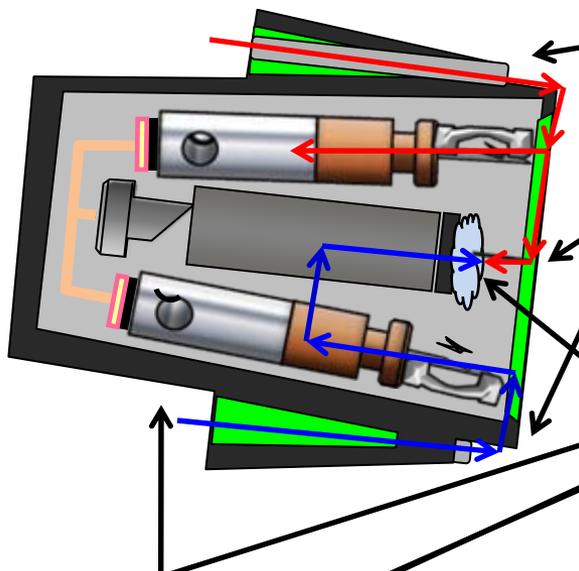
LS cartridge has nonconductive electrodes to allow firing the cartridge and allowing drive stuns during simulation training. They are recognizable by the blue plastic electrodes and white wedges

# Cartridge Inspection

- Blast doors attached
- No cracks
- Locking tabs are not compressed
- Expiration date

# TASER Cartridge





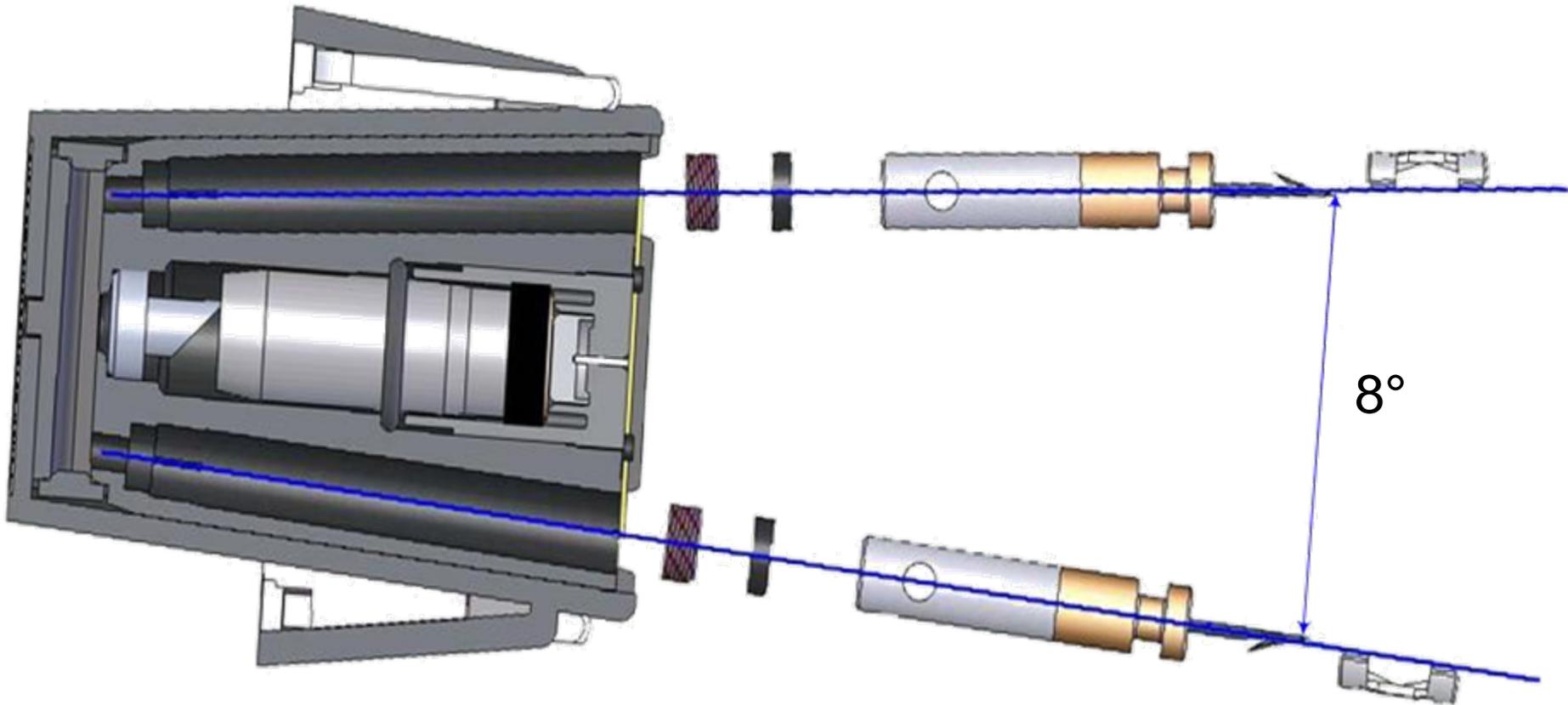
Electricity is conducted down the metal contacts and energizes ignition pin.

The electricity fires a small primer that forces the nitrogen capsule rearward into a hollow puncture pin that releases the compressed nitrogen into the probe chambers, which forces the probes out of the bores.

The blast doors, probes, probe wires, foam poron pads, ejectors and AFIDs are then propelled forward.

# 15, 21, LS & XP25 TASER Cartridges

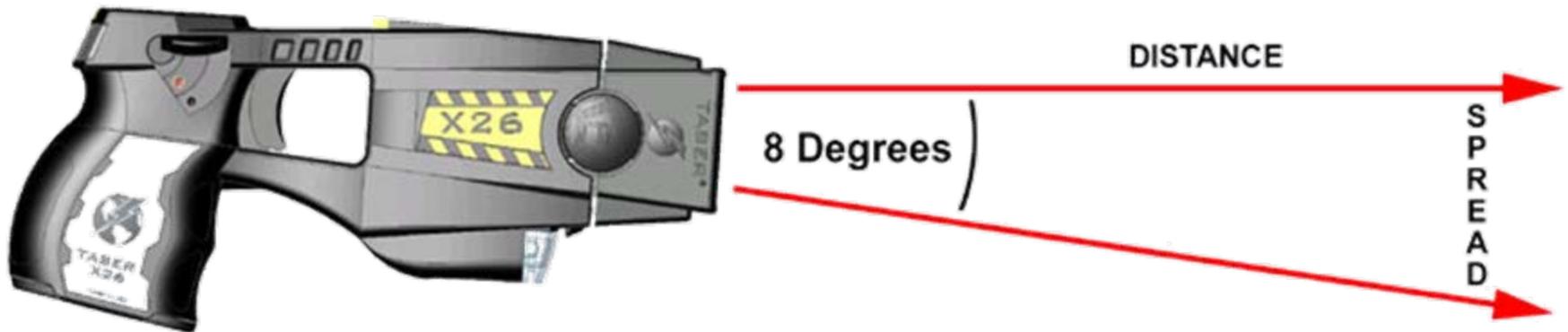
The top probe is “horizontal” relative to ECD



Bottom probe 8-degrees down

# TASER Cartridge Probe Spread For 15, 21 & 25 Foot Cartridges

- Rule of thumb: ~1 foot (.3 m) spread for every 7 feet (2.1 m) of travel



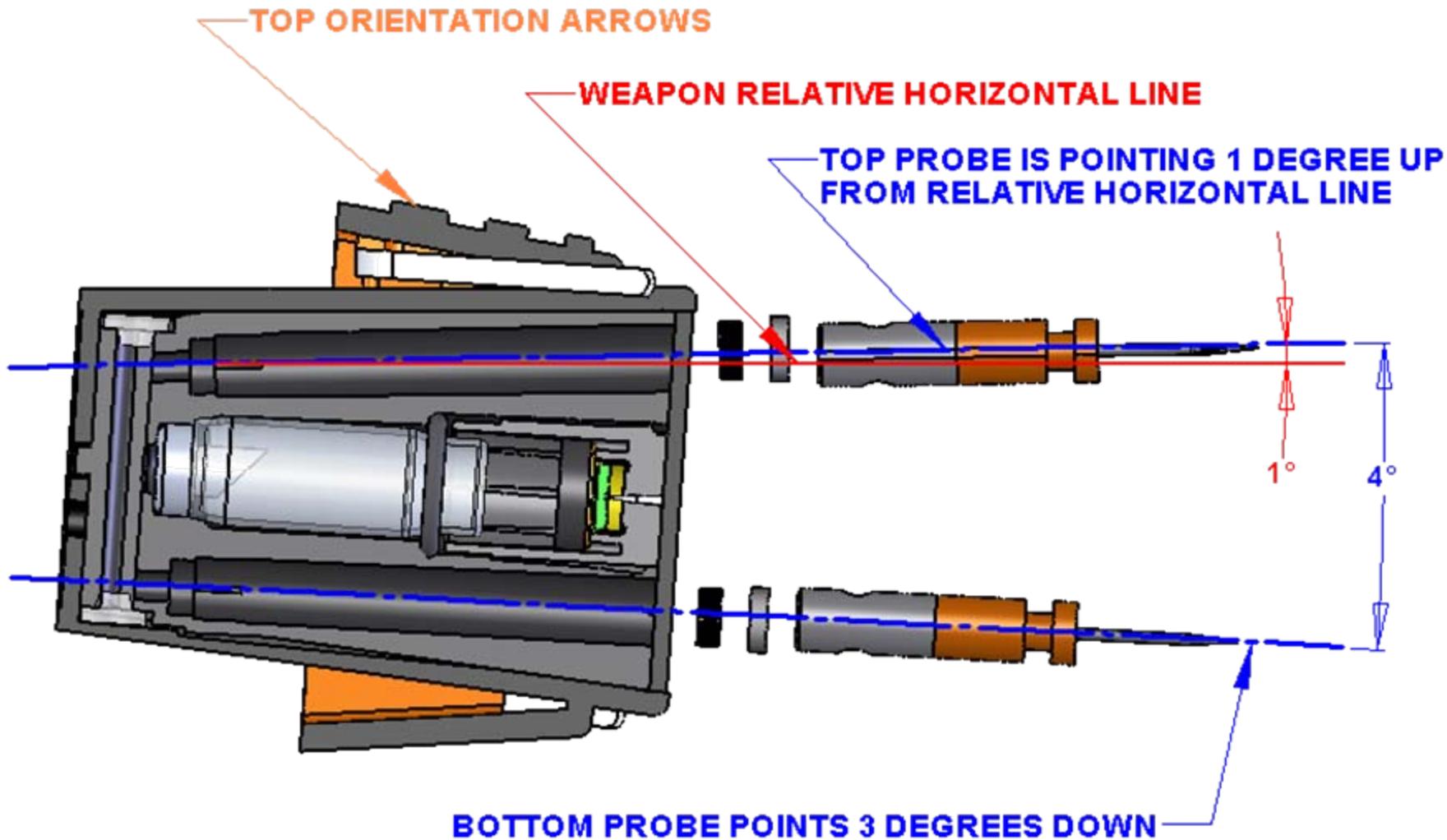
	(m)	.6m	1.5m	2.1m	3m	4.5m	6.4m
<b>7.6m</b>							
<b>Target Distance (ft)</b>		2'	5'	7'	10'	15'	21'
<b>25'</b>							
<b>Spread (in)</b>		4"	9"	13"	18"	26"	36"
<b>38"</b>							
	(cm)	10cm	23cm	33cm	46cm	66cm	91cm

# XP 35 ft

Special Duty  
(10.67 meters)  
Orange Door  
Live Cartridge XP  
Probe



# XP35 TASER Cartridge



# Probe Trajectory

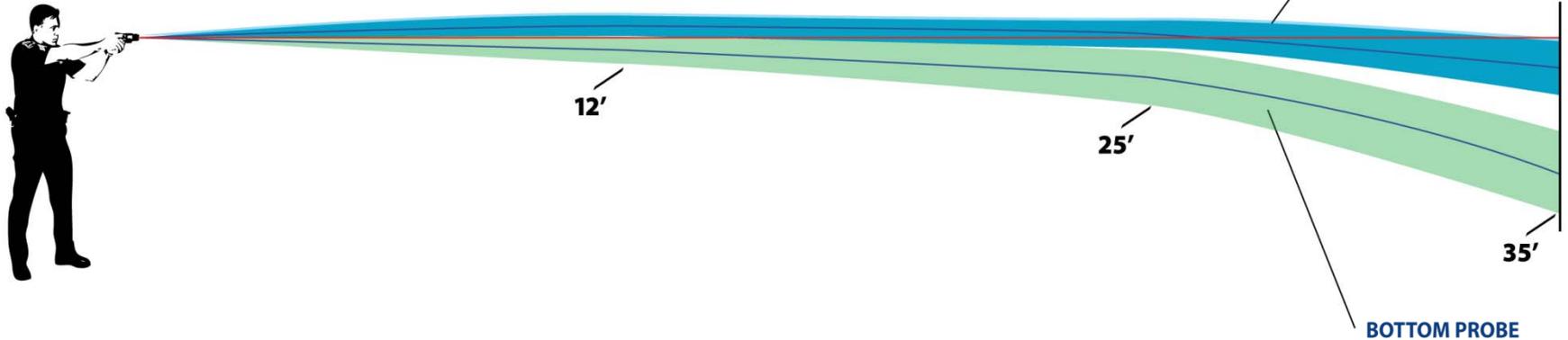
## For XP35 Special Duty Cartridge

### CARTRIDGE TRAJECTORY: 35' CARTRIDGE

**WARNING:**

At distances less than 25', the top probe travels above the laser sight point up to a maximum of approximately 4" at a distance of 12'. Adjust your aim accordingly at these distances to avoid hitting sensitive body areas.

See graphic representation below.



AVERAGE DART TRAJECTORY IN CORRELATION TO A LASER SIGHT LINE

DEPLOYMENT	12' (3.66 m)	25' (7.62 m)	35' (10.67 m)
TOP PROBE AVERAGE	+ 4.0" (10.16 cm)	+ 0.7" (1.78 cm)	- 8.0" (-20.32 cm)
BOTTOM PROBE AVERAGE	- 3.0" (7.62 cm)	- 16.0" (-40.64 cm)	- 34.0" (-86.36 cm)

— Average Probe Trajectory

— Laser Sight Line

■ Top Probe (97% of probes fall within this area)

■ Bottom Probe (97% of probes fall within this area)

Cannot  
Discharge

May Discharge  
(but not reliably)



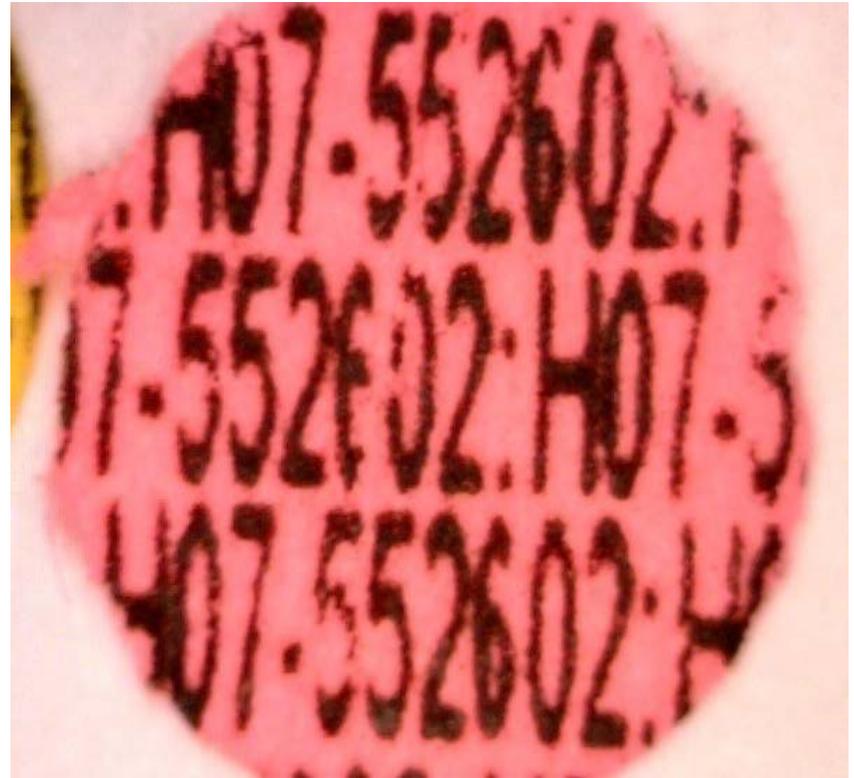
# Wires

- Steel with insulated coating
- Can break easily if stepped on or pulled
- Inadvertent contact with wires or the probe during discharge can result in electrical shock

# Wires

- TASER operator should advise officers to avoid wires during restraint
- Avoid crossing wires when multiple TASER ECDs are deployed

# AFIDs



# Loading TASER Cartridges

- Hold the TASER cartridge by the sides while keeping all body parts away from the front



# Loading TASER Cartridges

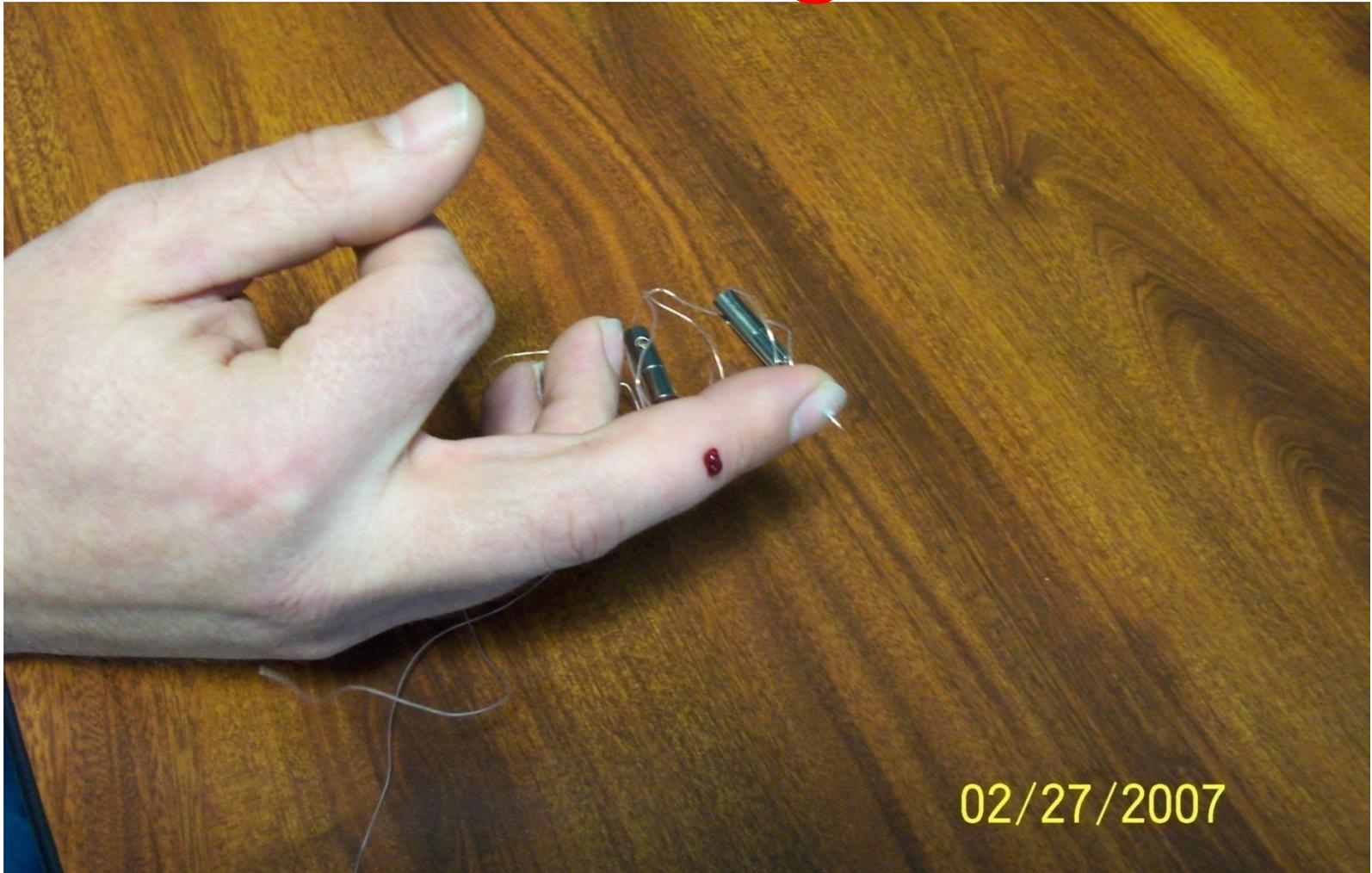
- Ensure the Safety Switch is in the down (SAFE) position
- Point the X26 ECD in a safe direction
- Insert the TASER cartridge into the deployment bay until it is seated



# Cartridge Safety

- Deployed by electrical discharge
- Can be discharged by static electricity (TASER Cartridge only)
- Keep hands away from the front of cartridges
- Do not inadvertently point cartridges at yourself or at anyone else

# Hand In Front of TASER Cartridge



02/27/2007

# Hand In Front of TASER Cartridge



# **Tactical Considerations**

# Flammability

TASER ECD can ignite explosive materials, liquids, fumes, gases, vapors, or other flammable substances and materials

Gasoline, sewer gases, meth labs, flammable personal defense sprays, hair gels, butane lighters, etc.

# Flammability

- Personal Defense Sprays
  - Some propulsion agents (carriers) are flammable
  - Some carriers are alcohol and oil based

# Probe Placement

# Line Up The ECD With The Target

- Keep ECD in line with target
- Get both probes on target
- May need to angle so bottom probe hits leg
- May need to turn ECD sideways if subject is laying down

# Warning

- Avoid intentionally targeting the ECD on sensitive areas of the body such as the head, throat, chest/breast, or known pre-existing injury areas without legal justification.
- The preferred target areas are the lower center mass (below chest) for front shots and below the neck area for back shots.



# Preferred Target Zone Front

Lower torso (blue zone)

- More effective
  - Split hemisphere
  - Larger Muscles
- Reduces risk of hitting sensitive body areas – Refer to warnings
- Increases dart-to-heart safety margin distance
- Do not intentionally target genitals



# Preferred Target Zone Rear

- Below neck (blue zone)
  - Large muscles
  - Avoid head



# Probe Placement

- Deploy per department SOP
- Greater probe spread generally increases effectiveness
  - If practical, minimum four-inch spread
  - Narrow probe spreads typically are more effective if one probe is above the belt and the other probe is below the belt

# Probe Placement

- If practicable, deploy probes at suspect's back:
  - Clothing fits tighter
  - Surprise factor
  - Stronger muscles – usually even more overwhelming
- Aim at preferred target zones
- Avoid sensitive areas of the body

# Probe Placement

Video learning points:

- Aimed at open front of unzipped jacket
- Utilized physical cover and cover officers
- Custody plan in place prior to deployment
- Suspect taken into custody during the TASER ECD cycle

# Probe Placement

- Try to aim where clothing fits more tightly like the back or rear
- XP cartridges are effective in reducing clothing disconnects

# Probe Placement

Electrical arc can penetrate SOME soft body armor and may jump up through clothing up to approximately 2 inches total or approximately 1 inch per probe

# Arcing Distance

Factors that may reduce the arcing (jumping) distance:

- 25 foot & 35 foot cartridges

- Thinner wire insulation

- Longer wires = more resistance

- Wires touch

- Wires fall on conductive surface such as concrete or wet grass

# Causes of Limited Effectiveness

- Miss or single dart hit
- Loose or thick clothing
- Low nerve or muscle mass
- Limited probe spread
- Wires break
- Operator error

# “Silence is Golden”

- No change in subject behavior + loud arc = bad connection or TASER ECD use is ineffective
- Reload (M/X26 ECD) or advance to the next cartridge (X3 ECD) and target different area or 3-point drive stun follow up with cartridge still attached

# Tactical Considerations

- If practical, attempt to gain compliance using verbal commands
- Verbal commands, display of TASER ECD, turning on the LASER, or arc display may gain compliance

# Injuries From Falls

- NMI frequently causes people to fall
- Falls, even from ground level, can cause serious injuries
- Consider the environment and the likelihood of a fall related injury

# Increased Deployment Risk Examples

- Subject running or in an elevated position
- Operating vehicle or machinery
- Flammable or explosive environment

# Increased Deployment Risk Examples

- Obviously pregnant
- In water (drowning risk)
- Sensitive target areas
- Obviously frail or infirm

# Tactical Considerations

- Avoid “TASER ECD over-dependence”
- Consider having lethal cover or other reasonable and appropriate force options available when practical
- Consider cover and distance tactics
- When practical, have at least one back-up officer present to control/cuff under power

# Contingencies

- No weapon system will operate or be effective all of the time
- An ECD or cartridge may not fire or be effective
- Be prepared to transition to other options

# Contingencies

- Deploy with 2<sup>nd</sup> TASER cartridge if available, or have a 2<sup>nd</sup> TASER ECD nearby (M/X26)
- If TASER cartridge is a “dud,” keep ECD aimed at target while placing the ECD on SAFE
- Reload with a new cartridge and re-engage target
- Do not attempt to reuse a dud

# Probe Placement

(Does not apply to 35 ft cartridges)

- Deployment range from point blank to 15, 21, or 25 feet depending on cartridge
- Preferred range = 7 to 15 feet from target for probe spread, officer safety, and accuracy

# Deployment Distance Considerations

Deployments from 0-7 feet (0-2 meters):

- Higher hit probability
- Limited probe spread = low amount of muscle mass affected
- Short reactionary distance
- Consider targeting the waist area to “split the hemispheres”



# Deployment Distance Considerations

Deployments from 7-15 feet(2-4.5 meters):

- Higher hit probability
- Good probe spread = good amount of muscle affected
- Slack in wires (with 21 or 25 foot cartridges)
- Good reactionary distance

# Deployment Distance Considerations

Deployments from 15-25 feet(4.5 – 7.6m):

- May be out of range of 15/21' cartridges
- Fair hit probability with both probes
- Large probe spread = large amount of muscle affected
- Less slack in wires
- Larger reactionary distance

# Controlling/Cuffing Under Power

- You can go hands on with the subject during the 5-second cycle without feeling the effects of the NMI
  - Electricity follows the path of least resistance
  - Do not place hands on or between probes

# Controlling/Cuffing Under Power

- Move in and control the subject while the TASER ECD is cycling and the subject is incapacitated
- EDPs, focused, intoxicated, excited delirium individuals, etc may not comply with verbal commands

# Controlling/Cuffing Under Power

- Use each TASER ECD cycle as a “window of opportunity” to attempt to establish control or cuff while the subject is affected by the TASER ECD cycle
- The need for multiple cycles may be avoided by controlling/cuffing under power if contact officers are available

## Avoid Extended, Repeated or Prolonged TASER ECD Applications Where Practicable

- Avoid extended, repeated, or prolonged ECD applications where practical
- The application of the ECD is a physically stressful event
- Attempt to minimize the physical and psychological stress to the subject

## Avoid Extended, Repeated or Prolonged TASER ECD Applications Where Practicable

- Only apply the number of cycles reasonably necessary to capture, control or restrain the subject
- Human studies have shown that ECD applications do not impair normal breathing patterns
- If circumstances require extended duration or repeated discharges, the operator should carefully observe the subject and provide breaks in the ECD stimulation when practicable

# Tactical Considerations

- Keep sufficient slack in the wires
- Move with the subject if they start to roll
- If only one probe hits or low probe spread, consider drive stun follow-up with cartridge still in place

# Look for a Change in Behavior

- Look AND listen when evaluating the effectiveness of an ECD deployment
- Watch the subject's reaction and look for a change in their behavior
- Listen to the sound of the ECD
- Quiet pulsing typically indicates a good connection

# Look for a Change in Behavior

- Loud arcing sound typically indicates NO connection
- Intermittent arcing typically indicates a poor connection such as a clothing disconnect

# If No Change in Behavior

- Reload new cartridge or advance to next cartridge (X3) and re-engage
- Keep expended cartridge in place and apply a drive-stun follow up
- Employ other force options, other alternatives, or disengage

# Selective Targeting

- The ECD may be a good option for enclosed environments and close quarters such as houses, courts, jail cells, emergency rooms, crowd control, etc.
- Target specific

# Suicidal Subjects

- Follow your agency basic officer safety rules/training when dealing with suicidal subjects
- Establish deadly-force cover as needed, available, necessary
- ECDs can be an effective way to deal with suicidal subjects
- The ECD is NOT a substitute for deadly force

# Suicidal Subject Video

- Woman holding a knife to her abdomen
- Moving toward bathroom (barricade)
- Officer waits until she clears the wall to reduce likelihood of falling on the knife
- Immediately drops the knife
- Good communication
- Cuffing under power

# Subject Chemical or Mental Influences

- The ECD can be effective on subjects affected by chemical or mental influences because it is not dependent on pain for effectiveness
- It achieves incapacitation by affecting the sensory and motor functions of the nervous system
- Once the subject is controlled/cuffed, evaluate the need for medical attention

Drive Stun

# Drive-Stun Backup

- Probe deployments are usually more desirable/effective than drive stuns (that are not three-point deployments)
- NMI vs. pain compliance
- Can be applied from a safer distance
- Usually require fewer cycles

# Drive Stun with Live Cartridge

- Can be effective, but the probes may deploy into the subject
- Close probe spread may not achieve NMI
- Leave deployed cartridge in place and apply (three-point) drive stun away from probe impact sites
- This tactic could result in significant injury if applied to a subject's head or neck area

# One Probe Hit With (three-point) Drive-Stun Follow up

- If only one probe impacts the subject, a drive stun with the cartridge still attached can act as the second probe and complete the circuit, thus may cause NMI

# Drive-Stun Backup

- To use the drive stun without firing the probes, remove the live cartridge (X26 ECD), or depress the ARC button (X3 ECD)
- The drive stun will typically not cause NMI, only pain compliance
- If not effective, evaluate the location of the drive stun, consider an additional cycle to a different pressure point or consider an alternative force option

# Drive-Stun Backup

- Do not hold on to a live cartridge while applying a drive stun
- If cartridge gets within 2 inches of the ECD, it may deploy

# Drive-Stun Mode

- For maximum effectiveness, drive the ECD into certain pressure points
- Use care when applying the drive stun to the neck or groin
- Stay away from the trachea and back of the neck



# Drive-Stun Marks (M26)



Animals

# Effects on Animals

- 92% success in 165 reported incidents as of 6/07
- If animals are stunned, consider having animal control stand by to apply a restraint during the cycle

# Animal Use Video

- Not a good environment for a firearm
- Successful deployment on running and charging dogs
- Pit bull video was captured on TASER Cam

# Police/Military K-9 Caution

- If K-9 bites probe or between probes during ECD deployment, the dog may receive a shock
- Develop procedures and train K-9 handlers and ECD operators on this issue

# Additional Information

# Consumer TASER ECD's

X26<sup>c</sup>



M26<sup>c</sup>



C2



# Law Enforcement Pricing

- Sworn law enforcement officers receive a 10% discount on all consumer models

Policy Considerations \*

# Holster: Pros & Cons

Support Side Carry	Dominant Side Carry
+ Lower Risk of Drawing Wrong Weapon Under Stress	+ Weapon Retention
+ Hip crossdraw = Faster Engagement on Target	
+ Easier ID as an ECD By Other Officers	- <b>Higher risk of weapon confusion</b>
- <b>Weapon retention issues, depending on DT training</b>	- <b>Known incidents of shootings by mistaken weapon</b>
<i>Refer to your department's tactical experts to make your own policy on how to carry, holster, and deploy the TASER ECD</i>	

# Agency Policy Considerations for Use of Force

- Each agency is responsible for creating their own use-of-force policy and determining how TASER ECDs fit into their policy and training based on legal and community standards
- Use-of-force policy should address ECD use and be communicated to all officers
- The TASER ECD is NOT a substitute for deadly force

# TASER Courses

Go to [www.TASER.com](http://www.TASER.com) for more information on these courses and the current schedule of course dates and locations.

# Non-Firing Drills

Reloading Drills

# Firing Drills

# Scenarios

Elevated Suspect—officers to verbally engage subject without firing CED while elevated.

# Scenarios

Deadly vs. Less-Lethal Force—Officers encounter subject and need to decide on Deadly Force vs. Less-Lethal Force

# Conclusion and Test

Questions?



# TASER

## TRAINING ACADEMY

17800 N 85<sup>th</sup> St., \* Scottsdale, AZ 85255 \* USA \* 800-978-2737 \* Fax 480-905-2034  
[www.TASER.com](http://www.TASER.com)

VERSION 17

### TASER<sup>®</sup> X26 Electronic Control Device (ECD) User Certification Test

PRINT LEGIBLY AND CLEARLY PLEASE!

Name: \_\_\_\_\_ Dept. / Company: \_\_\_\_\_

Rank: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Training Date: \_\_\_\_\_ Location: \_\_\_\_\_

1. In deploying an ECD, the law enforcement officer should:
  - a) Use the least number of ECD discharges to accomplish lawful objectives
  - b) Keep pulling the trigger until the subject submits
  - c) Hold the trigger back (continuous ECD discharge) as long as it takes until the person submits to the officer's commands
  - d) Use the ECD as a torture device to gain the subject's complete compliance
  
2. Officers using an ECD are expected to know, understand, and adhere to:
  - a) The current law in the officer's jurisdiction
  - b) The officer's department policies on use of force and ECDs
  - c) TASER's current training program
  - d) TASER's current ECD warnings, instructions, and information
  - e) All of the above
  
3. When deploying an ECD, sensitive ECD target areas of the body to be avoided when practicable include:
  - a) Head
  - b) Throat
  - c) Chest/breast
  - d) Known pre-existing injury areas
  - e) All of the above

4. The preferred target areas for ECD deployment are:
  - a) Lower center mass (below chest) and legs for front shots
  - b) Below the neck area for back shots
  - c) Anywhere on the subject's body
  - d) a and b
  
5. An ECD application on a subject can cause physiologic or metabolic effects, including, but not limited to, changes in:
  - a) Acidosis
  - b) Heart rate and rhythm
  - c) pH
  - d) Respiration
  - e) Stress hormones or other biochemical neuromodulators (e.g., catecholamines).
  - f) All of the above
  
6. The risk (or probability) of an ECD causing or contributing to a subject's cardiac arrest is:
  - a) Zero
  - b) Very high
  - c) High
  - d) Higher than the risk of death or serious injury from a firearm
  - e) Very low
  
7. As with any use of force tool or technique used by an officer:
  - a) Any use of force has a risk of death or serious body harm
  - b) The lower the number of force applications to accomplish lawful objectives the better
  - c) Nothing works 100 percent of the time and contingencies should be considered.
  - d) The use of force must be in compliance with appropriate legal and policy standards and requirements
  - e) All of the above
  
8. What do the green blast doors indicate on a TASER cartridge?
  - a) 21 ft of wire, extended probe needle
  - b) 25 ft of wire, regular probe needle
  - c) 25 ft of wire, extended probe needle
  - d) 21 ft of wire, regular probe needle
  
9. Electricity generally follows;
  - a) The path of most resistance
  - b) From top to bottom following gravity
  - c) The path of least resistance between the probes
  - d) Or flows to any metal in contact
  
10. If you see a "P" on the CID of a TASER X26 ECD;
  - a) Immediately pull the DPM out
  - b) Turn on the ECD and spark test it
  - c) Pull DPM out during boot up sequence
  - d) Leave it alone until after it has finished the boot up sequence

11. The proper term to describe TASER ECDs is:
- Propelled Energy Device
  - Conducted Energy Weapon
  - Electronic Control Device
  - Extended Stun Device
12. Firing the probes into the subject, even at close or point blank range, is often a better option than a drive stun with the cartridge removed because;
- It allows the person deploying the ECD to disengage and still deliver the effects of the ECD
  - It allows the person deploying the ECD to drive stun away from the probes with the cartridge still attached and increase the effects if needed
  - A drive stun with a cartridge removed will usually result in more significant "signature" marks than a probe deployment
  - All of the above
13. A drive stun is sometimes not very effective because:
- It is usually difficult to maintain contact with a combative suspect
  - The spread of the contact points on the suspect is generally not large enough to cause NMI
  - A pressure point application on a combative subject may be difficult to achieve
  - All of the above
14. The human nervous system has three main components that work together as a system. Which of the three components is affected by stun systems?
- Central nervous system
  - Motor nervous system
  - Sensory nervous system
  - Century nervous system
15. The term used for describing the incapacitating effects of a TASER ECD is;
- Electro-muscular disruption (EMD)
  - Electro-muscular incapacitation (EMI)
  - Neuro-muscular disruption (NMD)
  - Neuro-muscular incapacitation (NMI)
16. Which part of the human nervous system functions as the Command Center?
- Nerve Expressway
  - Motor nervous system
  - Sensory nervous system
  - Brain and Spinal cord (central nervous system)
17. The TASER X26 ECD operates at a peak open gap voltage of 50,000 volts. A typical electrical wall outlet in the USA operates at about 110 volts.. The typical electrical wall outlet can be dangerous to a human. What is the main reason the electrical output of the TASER ECD is safer than the household electrical wall outlet?
- Because the average delivered amperages of the ECD is very low
  - Because the amperes are extremely high
  - Because the wall outlet is pulsed energy
  - Because the joule output of the ECD is 300 times greater

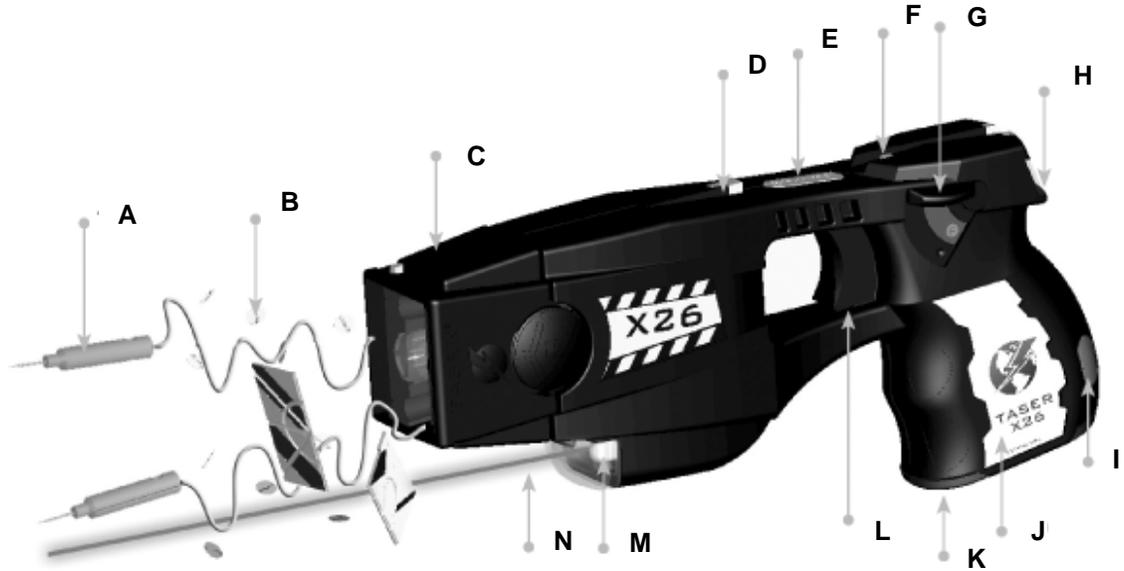
18. When a violent subject is incapacitated by the effects of the TASER ECD and it is reasonably safe to do so, cover officer(s) should attempt to control/cuff the subject under power. Doing so may;
- Reduce the need for additional cycles
  - Reduce the likelihood the subject will roll during the cycle
  - Reduce the potential of injury to the officer(s) while the subject is incapacitated only during the cycle
  - All of the above
19. During TASER ECD voluntary exposures which of the following are required safety rules?
- Always use two spotters when volunteer is standing
  - Spotters must hold volunteers under the armpit to stabilize the shoulder and upper arm and avoid twisting their shoulder
  - The volunteer may be held up or carefully lowered to the ground
  - All of the above
20. Why is a cartridge deployment, even at close range, more desirable than a drive stun?
- Both probes make contact for the full 5 seconds.
  - Less chance of multiple "signature marks" on the suspect.
  - NMI can be achieved if a drive stun is applied over 4" from the darts.
  - All of the above
21. The TASER X26 ECD is designed to effect the:
- Motor nervous system only
  - Sensory nervous system only
  - Sensory and motor nervous systems
  - Cardiac system
22. The "TASER-Wave" electronic signals of the TASER X26 ECD can be effective:
- Through up to approximately two inches of clothing
  - Through some types soft body armor
  - Through lightweight clothing
  - All of the above
23. When using the TASER X26 ECD with chemical sprays, the following must be considered
- Type of propellant and base of chemical or pepper spray (for flammability)
  - If the threat has been sprayed in the eyes
  - Whether the chemical spray was O.C. or C.S.
  - All of the above
24. The TASER X26 ECD will store what information for each trigger pull?
- Time, Date, Cartridge Number
  - Time, Date, Duration, Body Temperature
  - Date, Duration, Body Temperature, Temperature
  - Time, Date, Duration, Battery Life, Temperature

25. The 21 foot standard TASER cartridge has:
- Yellow blast doors
  - Silver blast doors
  - Green blast doors
  - Orange blast doors
26. When deploying probes to the front of the body, the TASER ECD should generally be aimed:
- At the face
  - So as to split the hemispheres (the beltline)
  - At the throat
  - At the head
27. The standard cycle for the TASER X26 ECD if the trigger is pulled and released is:
- 10 seconds
  - 5 seconds
  - 4 seconds
  - The cycle always stops as soon as the trigger is released
28. A daily spark test on the TASER X26 ECD is recommended to:
- Ensure the ECD is sparking
  - Create muscle memory
  - Practice drawing and holstering the ECD
  - Teach proper ECD safety
29. When using spent TASER cartridges for drills, it is important to:
- Visually inspect each cartridge to verify there are no probes in it
  - Visually inspect each cartridge to verify there are no wires in it
  - Load the cartridge, point in a safe direction and discharge one cycle to ensure it is empty
  - All of the above
30. The two-piece full body conductive training targets offered by TASER are beneficial because:
- Students can become accustomed to the preferred target zones
  - The auditory feedback for hits and misses is consistent with field performance
  - Students can target the legs
  - All of the above
31. According to the TASER training program, how long before presenting a user course should a TASER instructor check the TASER website to ensure he/she is using the most current version of the training material:
- 6 months
  - 1 month
  - 1 week
  - 72 hours

32. If an ADVANCED TASER M26 ECD or a TASER X26 ECD is completely submerged, you should:
- a) Let it sit for 24 hours and return to duty
  - b) Destroy it
  - c) Pull the trigger and see if it works
  - d) Return the ECD to TASER
33. TASER ECDs can ignite:
- a) Gasoline vapors
  - b) Butane
  - c) Some personal defense sprays
  - d) All of the above
34. Targeting the back is usually preferable because:
- a) The back of the body has larger muscles
  - b) Reduced risk of hitting a sensitive body part
  - c) Surprise factor
  - d) All of the above
35. Examples of subjects who are at an elevated risk from an ECD exposure include:
- a) Running subjects
  - b) Subjects in elevated positions
  - c) Subjects in a flammable environment
  - d) All of the above
36. Which of the following is a warning sign that a subject might be at risk for an arrest related death:
- a) Bizarre or violent behavior
  - b) Disrobing
  - c) Unusual strength and/or endurance
  - d) All of the above

## TASER® X26 ECD NOMENCLATURE

Identify the parts of the TASER X26 ECD



- |                                       |       |
|---------------------------------------|-------|
| 37. Trigger                           | _____ |
| 38. Digital Power Magazine (DPM)      | _____ |
| 39. TASER Cartridge                   | _____ |
| 40. Front Sight                       | _____ |
| 41. Safety Switch                     | _____ |
| 42. DPM Release Button                | _____ |
| 43. Stainless Steel Shock Plate       | _____ |
| 44. Built-in LASER (pointing to beam) | _____ |
| 45. Central Information Display (CID) | _____ |
| 46. Probes                            | _____ |
| 47. Low Intensity Lights              | _____ |
| 48. Serial Number Plate               | _____ |
| 49. Illumination Selector Switch      | _____ |
| 50. AFID Tags                         | _____ |

**Version 17  
TASER® X26 User  
Answer Key**

- |       |       |
|-------|-------|
| 1. A  | 20. D |
| 2. E  | 21. C |
| 3. E  | 22. D |
| 4. D  | 23. A |
| 5. F  | 24. D |
| 6. E  | 25. B |
| 7. E  | 26. B |
| 8. C  | 27. B |
| 9. C  | 28. A |
| 10. D | 29. D |
| 11. C | 30. D |
| 12. D | 31. D |
| 13. D | 32. D |
| 14. C | 33. D |
| 15. D | 34. D |
| 16. D | 35. D |
| 17. A | 36. D |
| 18. D |       |
| 19. D |       |

**X26 Nomenclature**

- 37. L
- 38. K
- 39. C
- 40. D
- 41. G
- 42. I
- 43. J
- 44. N
- 45. H
- 46. A
- 47. M
- 48. E
- 49. F
- 50. B



# MPD CED LEGAL CASE AWARENESS 2009

## *Basic Force Overview*

### ***Basic Fourth Amendment –Key “Graham Factors”***

- *the severity of the crime at issue*
- *whether the suspect poses an immediate threat to the safety of the officers or others*
- *whether suspect is actively resisting arrest or attempting to evade arrest by flight*
- *split-second judgments in circumstances that are tense, uncertain, and rapidly evolving about amount of force necessary in particular situation*

### ***Additional force factors considered by the Courts;***

- *Court may also consider “the availability of alternative methods of capturing or subduing a suspect.” (Smith v. City of Hemet, 394 F.3d 689, 701 (9th Cir.2005))*
- *Court may also consider what officers knew about the suspect's health, mental condition, or other relevant frailties. (Deorle v. Rutherford, 272 F.3d 1272, 1282-83 (9th Cir. 2001); Franklin v. Foxworth, 31 F.3d 873, 876 (9th Cir.1994))*

### ***Clarifying the Graham Factors: (Immediate threat to safety of officers or others)***

- ***“[A] simple statement by an officer that he fears for his safety or the safety of others is not enough; there must be objective factors to justify such a concern.”***  
*(Deorle v. Rutherford, 272 F.3d 1272, 1281 (9th Cir. 2001))*
- *Beaver – “possibly” had a weapon under him*
- *Brooks – could have fled in car*
- *Brown – beer “tankards” used as weapons*

### ***Graham’s “immediate” vs. “possible” threat***

- *“Releford – 2 friends, confusing commands, questioned arrest (delaying tactic? – no evidence)*
  - *weighed against the minimal need for force, the simultaneous double-tasing of plaintiff was clearly excessive. Once plaintiff fell to the ground and rolled onto his stomach, the need for force diminished even more and hence, the second doubletasing was also clearly excessive.*
- *Fact that Releford stopped and raised his hands over his head, asked legitimate questions about why he was being arrested, and was likely confused by the officers’ conflicting commands to turn around – the Court cannot term plaintiff’s behavior “active resistance.” Indeed, his behavior suggests at least a partial willingness to comply.*

### **Clarifying the Graham Factors:** (*Seriousness of the Offense*)

- *Buckley – failed to sign speeding ticket*
- *Brooks – failed to sign speeding ticket*
- *Bryan – traffic ticket*
- *Brown – open intoxicant M/V passenger*
- *Casey – took court file to parking lot*
- *Releford – not suspected of having just committed a crime (warrant arrest)*
- *Beaver – fleeing residential burglar*

### **Clarifying the Graham Factors:** (*Pacing – Tense, Uncertain, Rapidly Evolving*)

- *Brooks – slow pacing*
- *Brown – 4 officers present, husband in handcuffs in back of patrol car*
- *Buckley (dissent) – should have waited for backup*

### **Less Intrusive Alternative Methods?**

- *Releford:*
  - *Officers did not explain why options less intrusive than ECDs could not have been used.*
  - *Officers did not state that they even considered less intrusive options.*
- *Brooks:*
  - *Alternative methods (to get her out of car)*
- *Buckley (dissent):*
  - *Alternative methods (waiting for backup)*

### **ECD Force Must be Justified**

*Federal Way--Beaver Case:*

- *ECD use involves the application of force.*
- *each ECD application involves an additional use of force.*

### **ECD Force that Must be Justified**

#### **Multiple ECD Applications:**

- *Is suspect an immediate threat?*
- *Is suspect about to flee?*
- *Suspect fails to comply with command?*
  - ***Multiple ECD applications cannot be justified solely on the grounds suspect fails to comply with command, absent other indications: about to flee or poses immediate threat to officer***
    - *particularly true when more than one officer present to assist in controlling situation.*
- *Is the suspect capable of complying with command?*
  - ***any decision to apply multiple ECD applications must consider whether suspect is capable of complying with commands.***
    - *Physically? (Beaver)*
    - *Mentally (intoxication, schizophrenic, etc.)?*
    - *Emotionally? (Buckley, Brown)*
    - *Conflicting commands? (Beaver, Releford)*

## **Officer's Force Decision & Report?**

*(Especially where person is not active threat or attempting to flee)*

- *Graham factors – as modified by Chew*
- *Justification(s) for each use of force*
  - *Beware “possible” vs. “immediate” threat*
  - *Each application of force justified*
- *Presence or absence of other officer(s)*
- *Any factor used to justify escalated force must be explained*
  - *Releford – 2 persons (not explained why threat concern)*
- *Consideration of suspect's ability to comply with commands*
  - *Conflicting commands*
  - *Ability to comprehend commands*
  - *Physically able to comply with commands*
  - *Emotionally able to comply with commands*
  - *Mentally able to comply with commands*
  - *Inability to comply due to trauma*
- *Absence of conflicting commands*
- *Availability of alternative methods of capturing or subduing suspect.*
  - *Consideration of alternatives*
- *What officers knew about the suspect's:*
  - *Health,*
  - *mental condition, or –**other relevant frailties.*
- *Warning of force to gain compliance*
  - *Giving warning(s) before force is used*
  - *Consider whether warning will be comprehended*
  - *Time between force applications to give time for voluntary compliance (tolerance factors)*
    - *Concern of too short a time between applications*
- ***If pain is going to be used to gain compliance***
  - *consideration whether person will perceive the pain and be able to comply with command(s)*
  - *Option – use of ECD as discomfort/pain to cause distraction to attempt to capture, control, restrain, and/or other lawful force objective*
    - *E.g. Lomax v. Las Vegas Metro Police Department*

## **Where some Courts are going:**

*Releford Case:*

- *Brooks and Bryan suggest that where, as here (in Releford), where there is no immediate threat to anyone's safety, clearly-established law prohibits the use of an ECD to gain compliance.*

*This is contrary to numerous other court cases – including some ECD use while restrained cases.*

1. ***Known risk factors*** (*Richman v. Sheaham, 512 F.3d 876 (7th Cir.(IL) Jan. 7, 2008)* - 489 lb man – “a reasonably trained police officer would know that compressing the lungs of a morbidly obese person can kill the person”

2. **Necessity of haste** – (*Id.*) So the deputies had to use care in removing him from the courtroom, unless there was some compelling need for haste. But there was not. Court was over for the day. From the effort of the first 2 deputies to seize Richman to his death, only 7 minutes elapsed.

There was no reason to endanger his life in order to remove him with such haste. A reasonable jury could find that the deputies used excessive force.

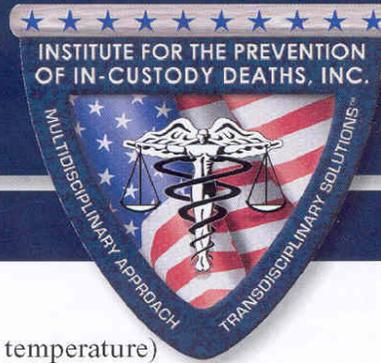
## Case Law

- (*Cert. denied 05/18/09*) *Buckley v. Haddock*, 292 Fed.Appx. 791 (11th Cir.(Fla.) Sep 09, 2008)
  - *Sobbing speeder failed to sign speeding ticket*
- *Beaver v. City of Federal Way*, 507 F.Supp.2d 1137 (W.D.Wash. 2007); (*qualified immunity upheld by 2008 WL 5065620 (Nov. 25, 2008 C.A.9 (Wash.))*)
- *Casey v. City of Federal Heights*, 509 F.3d 1278 (10th Cir.(Colo.) Dec. 10, 2007)
  - *Convicted speeder bringing court file back into courthouse*
  - *Fleeing residential burglar (5 ECD uses, first 3 ok)*
- *Brooks v. City of Seattle*, 2008 WL 2433717 (W.D. Wash. 2008)
  - *Pregnant speeder who refused to sign ticket or get out of the car.*
- *Bryan v. McPherson*, 2008 WL 904906 (S.D. Cal. 2008, April 03, 2008)
- *Brown v. City of Golden Valley*, 534 F.Supp.2d 984 (D.Minn. Feb 14, 2008)
  - *Female car passenger, beer tankards at feet, husband (driver) arrested for OMVWI.*
- *Releford v. City of Tukwila*, CASE NO. C07-2009-RSM (W.D.Wash. 2008)
  - *6'5", 280 pounds, simultaneous ECD discharge, and simultaneous ECD discharge while on ground. Arrested on warrant, not on recently committed crime.*
  - *Traffic ticket, failed to comply, clenched fists, profanities at officer.*
- *Buckley v. Haddock*, 292 Fed.Appx. 791 2008 WL 4140297 (11th Cir.(Fla.) Sep 09, 2008) (US Supreme Court *Cert. denied* on May 18, 2009) Raised the question of multiple CED cycles: Are Officers are supposed to know if force is ok?
  - District Court (unpublished decision) – not objectively reasonable, no officer would, no qualified immunity (QI)
  - Circuit Court (unpublished decision):
    - Chief Judge: Objectively reasonable (OR) plus QI
    - Appellate Judge – 2 uses OR, 3rd use not OR, QI
    - District Judge – not OR, no officer would, no QI
- *Scott vs. Harris* 550 U.S. 372 (2008) While these are the most common considerations, they are not “a magical on/off switch that triggers rigid preconditions” to determine whether an officer’s conduct constituted excessive force. (at 383)
  - “Thus, in judging whether [officer’s] actions were reasonable, ***we must consider the risk of bodily harm that [officer’s] actions posed to [suspect]*** in light of the threat to the public that [officer] was trying to eliminate.” (at 383)

# Excited-Agitated Delirium & Sudden In-Custody Death

Excited Delirium (ED) • Agitated Delirium (AD)

## IPICD Roll Call Mini-Poster™



In 1849, symptoms of what is labeled *agitated or excited delirium* were described in the United States by Dr. Luther Bell. The term *excited delirium* is found in an 1881 U.S. medical treatise. It was popularized in the 1980s by Dr. D. Fishbain and Dr. C. Wetli when they described a category of symptoms seen in some people after they had ingested stimulants (usually cocaine): delirium, bizarre behavior, violent struggle, often followed by death. Causes of excited delirium include *metabolic* (e.g., low blood sugar), *pharmacologic* (e.g., cocaine), *infectious* (e.g., meningitis), and *psychological* (e.g., underlying mental illness). [See *Pre-Disposing Factors*.]

### Sudden In-Custody Death

The United States' *Death in Custody Reporting Act* defines an in-custody death as: the death of any person who is in the process of arrest, is en route to be incarcerated, or is incarcerated at a municipal or county jail, State prison, or other local or State correctional facility (including juvenile facility).

### Four Phases of Excited Delirium

- Hyperthermia (may not always be present).
- Delirium with agitation (acute onset).
- Respiratory arrest (distress often during/after struggle).
- Cardiac arrest (often during/after restraint).

### Who Is At Risk?

- 91%-99% male
- 31-45 years of age (generally)
- Person usually involved in a struggle
- Geographic location not a factor
- Death usually follows bizarre behavior episode, and/or use of illegal drugs or prescription medications

### Behavioral Cues

Typically these visible behaviors and physical manifestations are guided by a hidden stimulus (e.g., cocaine, methamphetamine, Ecstasy, hypoglycemia, mental illness, etc.), either consciously or unconsciously.

### Sudden Death: Pre-Disposing Factors

Studies show most of these factors will remain *invisible and unknown* until medical intervention and/or autopsy.

- Under the influence of alcohol or withdrawal
- Past use or under the influence of illicit drugs (i.e. cocaine, methamphetamine, Ecstasy, PCP, LSD)
- Failure to take prescription drugs (or took too much)
- Dehydration
- Hypoglycemic (low blood sugar)
- Epilepsy
- Head injury (prior or current)
- Underlying psychiatric disease (e.g., paranoid schizophrenia)
- Cardiomegaly (enlarged heart)
- Small vessel wall thickening
- Coronary atherosclerosis
- Fibrotic scar tissue

### Excited-Agitated Delirium: Physical Characteristics

- Dilated pupils
- Profuse sweating (possible sign of high body temperature)
- Hyperthermia (in most cases, but not always)
- High core body temperature (103° F to 110° F; 39.44° C to 43.33° C)
- Skin discoloration (e.g., flushing)
- Large belly (may indicate alcoholism)
- Foaming at mouth (rare, but could be visible)
- Uncontrollable shaking, shivering (e.g., substance withdrawal)
- Respiratory distress (difficulty in breathing)

### Excited-Agitated Delirium: Person's Behavioral Cues (based upon case studies)

In the presence of behavioral cues, struggling or resistance can indicate an immediate **MEDICAL EMERGENCY**, which takes precedent over criminal prosecution.

### Psychological Behaviors

- Demonstrates intense paranoia (e.g., fearful; hiding)
- Demonstrates extreme agitation
- Rapid emotional changes (e.g., laughing, crying, sadness, anger, panic, etc.)
- Disoriented about place, time, purpose
- Disoriented about self (visions of grandeur)
- Hallucinations (e.g., hears voices, talks to invisible people and/or inanimate objects)
- Delusional
- Scattered ideas about things
- Easily distracted (cannot follow commands)
- Psychotic in appearance
- Described as "just snapped" or "flipped out"
- Makes people feel uncomfortable (including officers)

### Communication Behaviors

- Screaming for no apparent reason
- Pressured, loud, incoherent speech (mumbling)
- Grunting; guttural sounds
- Talks to invisible people
- Irrational speech

### Physical Behaviors

- Demonstrates violent behavior (e.g., toward others or objects)
- Demonstrates bizarre behavior
- Demonstrates aggression toward inanimate objects (e.g., glass, mirrors, shiny objects and materials, rotator lights)
- Running into traffic (e.g., at parked or oncoming cars)

## Excited-Agitated Delirium & Sudden In-Custody Death (Continued)

- Running for no apparent reason
- Running wildly
- Naked (trying to get cool)
- Stripping off clothing (trying to get cool)
- Apparent superhuman strength
- Seemingly unlimited endurance (fails to get tired)
- Resists violently during capture, control and restraint
- Resists violently after being restrained
- Muscle rigidity (e.g., stiff arm may not be resistance)
- Diminished sense of pain (e.g., OC may not work)
- Insensitivity to pain (e.g., baton strike(s) ineffective)
- Self-induced injuries (e.g., cuts self with sharp objects)
- Says “I can’t breathe” (indicative of respiratory distress, escalating into respiratory arrest spiral—exhaustive mania)

These behavioral cues only help identify the person as an elevated-risk candidate for a sudden death, but are not a clinical diagnosis. In most situations, **only 1 cue** is needed to request EMS, back-up officers, etc.

### A MEDICAL CRISIS™ Mnemonic

(Developed and © by John G. Peters, Jr., Ph.D., CLS, IPICD, Inc.)

- A** cute onset (rapid; person “just snapped; “flipped out”)
- M** ental health issues (e.g., schizophrenia)
- E** xcited, **E** xtreme agitation, **E** motional changes
- D** elusional, **D** isoriented, **D** istracted
- I** nsensitive to pain; **I** nvisible people
- C** all EMS, back-up officers, and supervisor to scene
- A** ggression toward objects (especially glass, mirrors)
- L** arge belly; **L** oud, incoherent speech, screaming
- C** onfused, disoriented about self
- R** esists violently, before, during, after restraint
- I** can’t breathe (may indicate respiratory issues)
- S** trips off clothing, naked; **S** weating profusely
- I** ntense paranoia
- S** uperhuman strength; **S** eemingly unstoppable; **S** truggles

### Action Steps

The person experiencing the downward spiral toward sudden death cannot be medically treated until (s)he is captured, controlled, and/or restrained. Assistance is often not requested until the person has reached a critical (life-threatening) point.

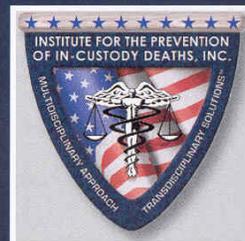
- **Dispatcher Role:** Identify possible behavioral cues and related information from caller, dispatch officers, EMS, supervisor, and begin incident documentation (for detailed reports).
- **Assess scene:** Identify immediate safety concerns. If safe and reasonable, conduct a visual scan of the area, looking for cover, for concealment, and for others who may be experiencing a medical crisis.
- **Plan:** If safe and reasonable, discuss the following steps with other officers and EMS providers who should be at the scene.

- **Capture the person:** Do this safely and quickly to minimize stress to the person and others at the scene. Capturing tools include, but are not limited to: electronic control devices (ECDs) (e.g., TASER® M/X 26), pepper spray, multiple officer tactics. To minimize injury to all parties, TASER ECDs have been shown to be the most effective for quickly capturing this category of individual.
- **Control the person:** Quickly and safely control the person, even if (s)he is *under power* of ECDs.
- **Restrain the person:** Quickly and safely restrain the person, even if (s)he is *under power* of ECDs. Restraints may include metallic, plastic, or nylon devices. Do not permit the person to remain in the prone position (roll onto the side, or sit upright, if safe and reasonable).
- **Chemically sedate the person:** Chemical sedation should reduce the person’s stress and exertions, and also the stress of others who are involved in the capture, control, and/or restraint process. Only paramedics who are authorized can chemically sedate the person. Emergency Department medical doctors may restrict such chemical sedation until the person arrives at the hospital.
- **Transport the person:** Quickly and safely transport the person in an ambulance to a hospital. If no ambulance is available, transport immediately to the hospital in a patrol vehicle, with a second officer who will monitor the individual. Make sure the person is seat-belted inside the vehicle, and is not lying prone and is constantly monitored.
- **Investigation/Psychological Autopsy:** Conduct an in-depth forensic investigation to include the chronic, long-term, past, and current illicit substances and prescription medication(s) used by the person. A Psychological Autopsy includes a reconstruction of the person’s life for a pre-determined timeframe, and includes a complete mental health and/or mental illness history and assessment.

### Force Issues

When attempting to *capture*, *control*, and *restrain* a person who is suspected of being in an excited-agitated delirium state, remember that each situation is unique, tense, rapidly evolving and uncertain, even though there are commonalities that have been identified through medical, psychological, and statistical research. There are also many unknowns about these subjects.

The force used to seize a free person must be objectively reasonable based upon the totality of the circumstances reasonably perceived by the officer at the moment the seizure occurs, unless state law is more restrictive.



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