

Chapter 12:

Police Use of Taser

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Chapter 12

Police Use of Taser

Introduction

- 12.1 The purpose of this Chapter is to outline the Police Service of Northern Ireland's (PSNI) Guidelines on the use of the Taser as a less lethal option by Specialist Firearms Officers and AFOs. The guidance reflects National ACPO Guidelines and takes cognisance of the provisions of the Human Rights Act 1998, the UN Code of Conduct for Law Enforcement Officials and the UN Convention on the Rights of the Child. Article 3 of the Convention on the Rights of the Child requires the best interests of children to be a primary consideration in all actions concerning children. This document should be read in conjunction with the PSNI Code of Ethics and Chapter 9 – Police Use of Firearms.
- 12.2 Taser technology has been subject to rigorous assessment and testing by the HOSDB to determine how well it meets the operational requirement.
- 12.3 In addition, The Defence Science and Technology Laboratory (DSTL) have undertaken a thorough programme of medical assessment.
- 12.4 The results of these assessments have been considered by an independent body, the Defence Scientific Advisory Council's Sub-Committee on the Medical Implications of 'less lethal' technologies (DOMILL), who have issued medical statements. These statements can be accessed on the CMDU Intranet page.

Authority for the issue and use of Taser

- 12.5 An officer of substantive Assistant Chief Constable (ACC) rank or above, or an officer who has been appointed as Acting ACC, may provide a standing authority to issue Taser to suitably trained police officers for use as a less lethal option in firearms and non-public order situations.
- 12.6 In circumstances where police officers have been deployed to a situation, the authorisation to utilise their firearm will also include the authority to use any other less lethal option or technology with which they have been issued including, where appropriate, Taser. In these situations it would be inappropriate for Commanders of supervisory police officers to attempt to restrict police officers to a particular less lethal technology or use of force option.
- 12.7 In cases of extreme emergency where the life of any person is in immediate danger, a police officer issued with Taser may self authorise deployment to counter that threat. Confirmation of this authority should be sought as soon as practicable.

Monitoring the use of Taser

- 12.8 The operational use of Taser will be monitored by the ACPO, HOSDB (now CAST), DSTL and DOMILL (now SACMILL).
- 12.9 Operational usage will be reviewed at regular intervals to ensure that emerging issues are properly reflected in training and operational guidance. Representatives of CAST, DSTL and SACMILL will be invited to contribute to the process.
- 12.10 Taser Evaluation Forms (TAS1 available on PoliceNet) will be completed on every occasion where Taser is used in a policing operation.

Command Structure

- 12.11 The Command structure will be in accordance with current service instructions based on the Gold, Silver, Bronze system. It is recognised that incidents requiring a less lethal response may be spontaneous, therefore, it may be the case that the role of both Gold and Silver Commander will be performed by the FIM, UCMC initially.

Post Incident Evidence recovery

- 12.12 Below is the minimum standard **where possible** of post incident evidence recovery.

Cartridge	Including wires and probes to show complete and range used at. Not to be spooled.
AFIDs	Two or three to confirm serial number. These are spread randomly and will not show trajectory.
Photographs	Incident detail to show: scene, weapons involved/ available to suspect, AFID/officer location, suspect locations, injuries to police/suspect, barbs location. Intention to tell as much of the incident in photographic detail as possible.
FMO Report	Persons Tasered should be examined by FMO.
Taser Evaluation Form	Required for national records, forward to ACPO
Use of Force Report	Required for local and national records.
Data-port Download	Print out of Taser use record.

- 12.13 Further guidance on post-incident procedures can be found in PSNI Policy Directive 03/06, Post Incident Procedures Deployment of Post-Incident Managers – Discharge of Firearms.

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- 12.14 Managing conflict and responding to violence are core police functions. Police action is underpinned by respect for human rights. The right to life is a fundamental human right, and the availability of Taser, with appropriate safeguards, can facilitate the PSNI in complying with its obligations in this respect.
- 12.15 This guidance is intended to inform the operational use of Taser. The use referred to in this document will be by police officers who are Authorised Firearms Officers (ie Officers who are fully trained in its use, currently authorised and have an understanding of Firearms Tactics). This guidance will be subject to continued monitoring and regular review.
- 12.16 The use of the Taser will be informed by reference to the ACPO National Decision Model (NDM), which is the threat based decision making process which enables selection of the most appropriate, lawful action in each circumstance. Taser is intended to provide Firearms Officers with an additional means of dealing with violence or threats of violence of such severity that it is likely that they will need to use force in order to protect the public, themselves and/or the subject(s). **The availability or deployment of the Taser should not be considered as a replacement for conventional firearms where the criteria for the issue of firearms are met.**
- 12.17 Authorised Firearms Officers are, in accordance with ACPO APP – Armed Policing, issued with firearms – *where the authorising officer has reason to suppose that they, in the course of their duty, may have to protect themselves or others from a person who is*
- in possession of a firearm, or
 - has immediate access to a firearm, or
 - is otherwise so dangerous that the officer’s use of a firearm may be necessary.
- 12.18 The issue and deployment of the Taser will conform to the well-established guidance already laid down in ACPO APP – Armed Policing. The following issues are therefore relevant:
- The authorisation to deploy firearms will include the full range of conventional firearms and personal safety tactical options available to those officers.
 - The post incident procedures set out in ACPO APP – Armed Policing are specific to the use of conventional weapons.

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- In situations where conventional firearms are not discharged, appropriate post incident procedures following the use of the Taser will be implemented depending on the nature of the injury or harm occasioned.
- The test for the use of Taser is to be as follows: The use of Taser will be justified where the officer honestly and reasonably believes that it is necessary in order to prevent a risk of death or serious injury.

12.19 This guidance will be subject to regular review.

Background

12.20 The purpose of this guidance is to inform and support decision making in relation to training, deployment and use of the Taser. It is designed to give clear and precise instructions to police officers in order to ensure that its use by PSNI complies with all of our legal obligations.

12.21 The PSNI has decided to introduce Taser, in the circumstances set out in this guidance, due to an honestly-held belief that it can reduce the likelihood of recourse to lethal force. This belief is based on the available evidence, including the experience of use of Taser by other police services throughout the United Kingdom, where it has facilitated the use of the minimum degree of force possible, and reduced recourse to lethal force by police officers.

12.22 The risk of life-threatening or serious injury resulting from the use of Taser has been assessed as “very low”, (DOMILL statement of December 2002 concerning M26 Taser). In view of the research carried out into its use and the effects on persons, it cannot sensibly be considered to be the equivalent of conventional firearms, which are known to involve a very high risk of death. However, there are concerns that Taser can have a heightened likelihood of such injuries if used in relation to certain categories of persons. This is dealt with in more detail below. In the absence of definitive medical evidence that it does not cause death, Taser is assessed as being potentially lethal equipment. This stands in stark contrast to firearms, which are classed as lethal.

12.23 The intention is to provide Chief Officers, operational commanders and firearms officers with written guidance on the use of the equipment.

12.24 Detailed instructions on the characteristics, operation and use of the Taser will be covered in the training and documentation provided to officers to be accredited in its use.

Description of equipment

12.25 The Taser is a single shot weapon designed to temporarily incapacitate a subject through the use of an electrical current, which temporarily interferes with the body’s neuromuscular system. It is a potentially lethal weapon and may, in certain circumstances, provide the police with an alternative to lethal force. Accordingly, it

can assist the police in complying with legal and human rights obligations, which require that any force used be kept to a minimum.

- 12.26 The Taser is laser-sighted and uses cartridges attached to the end of the cartridge bay. The cartridges project a pair of barbs or darts attached to insulated wires. The maximum range of the device is currently 21 feet (6.4 metres); this being the length of the wires that carry the current and attach the barbs to the weapon. It may also be used in stun mode.
- 12.27 The device delivers a sequence of very high voltage pulses of very short duration through the wires.
- 12.28 The normal reaction of a person exposed to the discharge of the Taser is the loss of some voluntary muscle control resulting in the subject falling to the ground or 'freezing' on the spot. The device relies on physiological effects other than pain alone to achieve its objective, although pain is the main factor when it is used in 'drive stun' mode.

Modes of operation

- 12.29 The Taser may be operated with or without the cartridge that fires the wires and contact barbs. The electric charge can therefore be delivered to a subject either by:
- Means of two barbs, attached to the weapon by fine insulated wires, fired into the subject or their clothing, or
 - Direct contact with the device in 'drive stun' mode. This method of delivery can be achieved with either no cartridge fitted or when a discharged cartridge is still attached. To achieve a greater area of incapacitation, at close quarters, discharging a cartridge and drive stunning at an alternative body site spreads the area of contact; this is referred to as 'Angled Drive Stun'.
- 12.30 To be effective, the Taser power source must be sufficiently charged, the wires connecting the barbs to the Taser must be unbroken and both darts (or in 'drive stun' mode both electrodes) must attach to the subject's body or clothing.

Effects of the Taser

- 12.31 In either mode the Taser delivers its electrical charge in a five-second cycle (which can be stopped, extended or repeated), but once the cycle ends or is broken, the direct incapacitation effect ceases.
- 12.32 In most cases this application will be sufficient to render a subject incapable of continuing an attack or other conduct which justified the use of Taser, and is likely to result in the subject collapsing to the ground. The effect is not intended (nor is it likely) to render the subject into a state of unconsciousness.

- 12.33 Provided both barbs attach correctly, with sufficient spread, the effects are likely to be instantaneous. It should, however, be remembered that no incapacitating device, including firearms capable of discharging conventional ammunition, is universally effective, and there may be individuals on whom the Taser may not be effective at all or only partially so.
- 12.34 The direct incapacitating effect is only likely to last for as long as the electrical charge is being delivered. The subject may recover immediately afterwards and could continue with their previous behaviour. It is therefore important that an incapacitated subject is approached and restrained quickly and effectively.
- 12.35 Whilst the 5 second cycle electrical charge can be repeated if the incapacitation effect does not occur, there may be technical or physiological reasons why the device is not working as expected on a particular individual. It should be noted that medical evidence indicates that repeated application of electrical charges to a person can increase the likelihood of serious medical consequences resulting. Consequently, repeated applications should be avoided, if possible.
- 12.36 **Medical evidence indicates that certain categories of persons may be at heightened risk from negative health effects resulting from Taser. While there is no definitive list of such categories, pregnant women, juveniles and children, persons of low body weight, persons under the influence of certain illegal drugs (including amphetamines and cocaine), persons suffering from mental illness and persons with pre-existing heart conditions are generally considered to be more vulnerable to serious medical consequences as a result of Taser use. Current guidance relating to Taser states that: “until more research is undertaken to clarify the vulnerability of children to Taser currents, children and persons of small stature should be considered at possible greater risk than adults and this should be stated in the Guidance and training modules” (DSTL/BSC/27/01/07 dated 30 may 2007 DSAC Sub-committee on the Medical Implications of Less-lethal Weapons (DOMILL).)**
- 12.37 In addition to the guidance provided, an Equality Impact Assessment (EQIA) carried out by the PSNI has highlighted the potential for adverse or differential impact on the following groups:
- Children and Young People.
 - Women and Pregnant Women.
 - Men.
 - People from Minority Ethnic Groups.
 - People with Disabilities.
- 12.38 In order to minimise the potential for any adverse or differential impacts on the above-mentioned groups, the following guidance will be adhered to. (see also paragraph 12.70 – 12.74 **Training**)

- 12.39 **Children and Young Persons** – The Bronze Firearms Commander will make a dynamic risk assessment at the scene on the use of Taser if the subject appears to be a child, and will ensure that the reason for the use of Taser involving a child is clearly documented.
- 12.40 **Women** - The Bronze Firearms Commander will make a dynamic risk assessment at the scene on the use of Taser if the subject appears to be a woman, and will ensure that the reason for the use of Taser involving a woman is clearly documented.
- 12.41 **Pregnant Women** – The Bronze Firearms Commander should dynamically risk assess the requirement to use Taser on a woman whom they know or have reasonable cause to believe is pregnant, taking into account the unique circumstances of each incident.
- 12.42 **Men** – Officers will receive training, which will include information on the DOMILL statement DSTL/BSC/27/01/07 on the implications of the use of Taser on persons of smaller stature.
- 12.43 **People from Minority Ethnic Groups** - Officers should receive training specifically on the impact of Taser on persons who may have different needs and/or expectations due to their ethnicity. (This should include young persons from minority ethnic groups). If it is identified that a subject cannot or would not be able to understand instructions from police due to a language barrier, then where possible the services of an interpreter via radio or mobile telephone should be considered.
- 12.44 **People with Mental health or Neurological Conditions** - Officers should be trained in dealing with persons who have mental health problems or neurological conditions, including where possible provision of training from an independent outside organisation.
- 12.45 **People who are wearing Pace-Makers or who have heart problems** - Firearms teams who are deployed with availability of Taser should have at least one officer who is trained to an appropriately high level in dealing with persons with such a medical condition and appropriate medical equipment should be available to that officer commensurate with the high level of training. This level of training will be directed by the Chief Medical Adviser, Occupational Health & Welfare.
- 12.46 **People with Epilepsy** - Firearms teams who are deployed with availability of Taser should have at least one officer who is trained to an appropriately high level in dealing with persons with such a medical condition and appropriate medical equipment should be available to that officer commensurate with the high level of training. This level of training will be directed by the Chief Medical Adviser, Occupational Health & Welfare.
- 12.47 **People with a Hearing Loss** - Officers should be trained in dealing with persons who have hearing loss including where possible professional training from an independent outside organisation.

- 12.48 All Taser uses will be subject to thorough review and additional mitigating actions for all groups will be applied if identified. Anyone subjected to Taser discharge should be examined by a medical practitioner at the earliest practical opportunity and agreed protocols with the Police Ombudsman adhered to.

Issue and Possession of Taser

- 12.49 The Taser will only be issued to Authorised Firearms Officers who have successfully completed approved ACPO sponsored training in the use of the device. The authority for the issue of Taser will therefore be in line with PSNI procedures for the issue of conventional firearms and other less lethal weapons. The carriage of Taser does not, in itself, constitute a use of force, but when the Taser is used, the officer in possession will be both legally and organisationally accountable.
- 12.50 Electrical Incapacitation Devices are classified as 'prohibited weapons' by virtue of Art. 45 Firearms (NI) Order 2004. Police officers, whilst acting in their capacity as such, are exempt from the requirements of the legislation and do not need any additional legal authority to possess the Taser.
- 12.51 The Taser should not be regarded as a replacement for other issued "work equipment", or for firearms capable of discharging conventional ammunition, but rather one of a number of personal safety tactical options. An officer may also need to resort to another option if the device does not have the effect intended or if they do not consider that it is the most appropriate course of action in the circumstances.
- 12.52 In circumstances where Authorised Firearms Officers have been deployed to a situation, the authorisation to utilise their firearm will also include the authority to use any other less lethal option or technology with which they have been issued including, where appropriate, the Taser.
- 12.53 It would be inappropriate for commanders or supervisory officers to attempt to restrict the deployment of an authorised firearms officer to a particular less lethal technology or personal safety tactical option.
- 12.54 The limited range and single shot capability of the Taser are constraining factors.
- 12.55 The Taser normally causes immediate incapacitation and its effect may also cause muscles to contract. This may result in immediate and involuntary clenching of the fingers and/or the arms rising uncontrollably. This potential reaction requires to be factored into any decision to utilise the Taser against a subject actually holding what is believed to be a firearm, as the application of the Taser may cause the subject to unintentionally and indiscriminately discharge the firearm. Additionally, it has been shown that it is possible, in certain circumstances, for some individuals to maintain enough control to aim and fire a weapon while under the effects of Taser.
- 12.56 However, if the weapon is merely close to hand the Taser may be useful in preventing the subject gaining access to the weapon.

Possession outside Force Area

- 12.57 Firearms officers are on occasions deployed outside of their immediate Force area. Chief Officers will agree a protocol with relevant Forces that enables officers equipped with the Taser to utilise the device should they be required to respond in another Force area. Individual Chief Officers will remain vicariously liable in civil law for their own officers' actions. Guidance for the use of the Taser, whether within or outside the Force area, is set out below.

Specific Risk Factors

- 12.58 DOMILL statement reference DSTL/BSC/27/01/07 dated 30 May 2007 identifies that children and adults of smaller stature as being at potentially greater risk from the cardiac effects of Taser currents than normal adults of average or large stature. DOMILL recommends that officers should be particularly vigilant for any Taser-induced adverse responses in this subset of the population.
- 12.59 Occasions will arise where it is necessary to use the Taser on a person who is exhibiting violent behaviour and who is also suffering from a mental disorder or illness. Where it is possible to discuss options with mental health professionals, this should be considered.
- 12.60 In pre-planned joint activities, such discussions could form part of any briefing for the event. Consultation with friends, relatives etc. who are likely to know the person well may also assist in deciding on the most appropriate use of force response. Consultation with Health Authorities and Social Services in this respect will form part of the implementation plan. Such consultation should be sought, if this is feasible in the circumstances. The final decision to use the Taser in these circumstances will rest with the officer concerned.
- 12.61 Similarly where it becomes apparent that the subject has an existing medical condition or is under the influence of drugs, assessment of these additional risk factors should be made in determining the appropriate option.
- 12.62 Research by HOSDB has demonstrated that there is a risk of flammability if someone has already been sprayed with an incapacitant containing a flammable solvent. This is the case with CS Spray and PAVA. Clearly, there is also a risk of flammability where the subjects' clothing is doused with other flammable liquids. These might include, but are not limited to, lighter fuel, petrol and strong alcoholic spirits.
- 12.63 This heightened risk must be factored in when assessing the 'appropriateness' and 'necessity' of using a Taser. It is however recognised that there are circumstances where the only alternative may be the use of a potentially lethal firearm capable of discharging conventional ammunition, or where the officer honestly and reasonably believes that the activation of the Taser irrespective of the additional risk is necessary in order to prevent a risk of death or serious injury.

- 12.64 Further risk has been identified from use of Taser in proximity to a number of explosive formulations, which are sensitive to electrical discharge. One such group is the 'organic peroxide explosives' such as HMTD and TATP. Items that produce an electrical discharge (such as Taser) will set off peroxide explosives and other sensitive explosives. Other explosive materials may also be sensitive to electrical discharge, depending on how the material is packaged, its age, storage conditions and other factors. The heightened risk, in relation to subjects who may be holding or in close proximity to an improvised explosive device, must also be factored in when assessing the 'appropriateness' and 'necessity' of using a Taser. The potential threat of the subject being able to initiate the improvised explosive device, should the use of the Taser be ineffective, must also be taken into account.
- 12.65 The Taser should not be utilised in an environment where, due to the presence of a flammable substance in the atmosphere or escaping gas, its use is likely to result in an even more hazardous situation.
- 12.66 The normal reaction of a person exposed to the discharge of a Taser is the loss of some voluntary muscle control resulting in the subject falling to the ground or 'freezing' on the spot. For this reason there is clearly a possibility of some secondary injury to the tasered subject, caused by falling and striking a hard surface. In this regard the risk of concussive brain injury as a result of the head hitting a rigid surface is considered especially pertinent. Particular attention should therefore be paid to the immediate environment and to assessing any additional risk factors. This issue will be particularly relevant where the subject is located at some height above the ground where there is increased risk from a fall.
- 12.67 Repeated, prolonged and/or continuous exposure to the Taser electrical discharge may cause strong muscle contractions that may impair breathing and respiration, particularly when the probes are placed across the chest or diaphragm. Users should avoid prolonged, extended, uninterrupted discharges or extensive multiple discharges whenever practicable in order to minimise the potential for over-exertion of the subject or potential impairment of full ability to breathe over a prolonged time period.
- 12.68 There is a specific risk of injury to the eye through penetration of a barb. Barb penetration in the neck or head may also increase the level of injury. For this reason the Taser should not be aimed so as to strike the head or neck of a subject unless this is wholly unavoidable. The laser sight should not intentionally be aimed at the eyes of the subject.
- 12.69 The Taser X26 emits 19 very short pulses every second. The power of 19 pulses per second equates to approximately 7 watts. Dual or multiple discharges of Taser will result in a double or multiple level of pulses per second and corresponding increases in power (7 watts per Taser) applied to the subject of the Taser.

Training

- 12.70 The aims and objectives of training in the use of the Taser are contained in the Taser Training Modules.

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- 12.71 Tactical training in the use of the Taser should emphasise precautions in relation to the specific risk factors contained in this guidance and will include information on the DOMILL statement DSTL/BSC/27/01/07 on the implications of the use of Taser on persons of smaller stature.
- 12.72 Training will also be provided as outlined in paragraphs 12.39 – 12.48 in order to minimise the potential for any adverse or differential impacts on the groups identified.
- 12.73 Authorised Firearms Officers are trained in conflict management and must be aware of the dangers associated with the conditions known as ‘positional asphyxia’ and ‘acute behavioural disorder’. Appendix ‘E’ of this manual refers.
- 12.74 It is important that officers have an appreciation of the physical and psychological effects of conducted energy devices.

Legal Basis

- 12.75 A use of Taser against a person constitutes a use of force. As such, it is regulated by the law. Taser is generally considered to be a potentially lethal weapon. This means that it is less likely to cause death than conventional firearms. Police officers must receive clear and precise instructions as to when and in what circumstances they are entitled to use force. This is in order to allow members of the public to assess with some degree of certainty the likely consequences of their actions. It also serves to facilitate accountability and to enable police officers to know their rights and responsibilities in the discharge of their onerous functions.
- 12.76 The police use of force is governed by:
- Section 3 Criminal Law Act (Northern Ireland) 1967.
 - Common Law.
 - Article 88 Police and Criminal Evidence (Northern Ireland) Order 1989.
 - The Human Rights Act 1998.
 - The PSNI Code of Ethics.
- 12.77 Chapter 9 of this manual sets out in detail the legal position regarding the use of firearms in general and reference should be made to this chapter as appropriate.
- 12.78 This guidance sets out the legal position regarding the use of Taser.
- 12.79 The test for Taser is as follows:
- “The use of Taser will be justified where the officer honestly and reasonably believes that it is necessary in order to prevent a risk of death or serious injury.”**

- 12.80 This test is set at a slightly lower threshold than that for the use of lethal force, which requires an honest belief that such use is absolutely necessary to prevent death or serious injury. It is intended to cover a situation where an officer honestly believes that a situation is in immediate danger of escalating to a point where the use of lethal force will be required (It is recognised that this test is novel in that it predicates the use of Taser upon a potential or actual justification for the use of firearms. In effect, an officer must consider whether s/he is imminently likely to be forced to use lethal force and assess the lawfulness of any use of Taser by reference to this.). Taser must never be used to punish or inflict pain upon a person. It must never be used to ensure compliance with a police instruction, except where justified under the test set out above. For example, Taser should not be used against an uncooperative person whose conduct is not such that it would render the use of Taser immediately necessary to prevent or reduce the need to use lethal force. The improper use of Taser could potentially result in death, in violation of Article 2 of the European Convention on Human Rights, (incorporated into United Kingdom law by the Human Rights Act 1998), and may result in a finding that a person has been subjected to torture or inhuman and degrading treatment or punishment, prohibited by Article 3 of the European Convention on Human Rights. This could lead to criminal consequences for the officer concerned and/or the PSNI.
- 12.81 Article 2 of the UN Basic Principles on the use of Force and Firearms states that:
- ‘Governments and law enforcement agencies should develop a range of means as broad as possible and equip law enforcement officials with various types of weapons and ammunition that would allow for a differentiated use of force and firearms.’
- 12.82 This principle is reinforced by the decision of the European Court of Human Rights in the case of *Simsek v. Turkey* (judgment of 26 July 2005), where it was held that it is unacceptable that a police service was not equipped with a range of alternatives to conventional firearms, as this increased the likelihood of recourse to lethal force. Consequently, the use of Taser in accordance with this guidance and with training provided to officers can assist the PSNI in protecting life by reducing recourse to lethal force.
- 12.83 Cognisance should also be taken of the United Nations Convention on the Rights of the Child, Article 3 of which requires the best interests of children to be a primary consideration in all actions concerning children.
- 12.84 Whilst the use of Taser represents an option, which is a less lethal alternative to conventional firearms, every effort should be made to ensure that children or members of other vulnerable groups are not placed at risk by its use.
- 12.85 The level of belief required by a police officer for the use of Taser is an honest belief. A belief can be honest, even if it is subsequently shown to have been incorrect for some reason.

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- 12.86 Article 4 of the PSNI Code of Ethics incorporates applicable national and international standards. It states (amongst other things):
- Police officers responsible for the planning and control of operations where the use of force is a possibility shall so far as possible plan and control them to minimise recourse to the use of force, in particular, potentially lethal force (which includes Taser).
 - Police officers, who are required to resort to the use of force to exercise restraint, must act in proportion to the seriousness of the offence, minimise injury, respect and preserve human life and ensure that assistance and medical aid are secured to any injured person at the earliest opportunity.
- 12.87 Medical evidence indicates that certain categories of person may be at heightened risk of injury from the use of Taser. These groups are detailed at paragraphs 12.39 – 12.47 above.
- 12.88 Consideration should be given in all police operations involving the deployment of Tasers to identification of 'heightened risk groups' and records in respect of associated decision-making should be maintained.

Use

- 12.89 Use of the Taser is one of a number of tactical options available to an officer who is faced with violence or the threat of violence, which may escalate to the point where the use of lethal force would be justified. Its purpose is to temporarily incapacitate an individual in order to control and neutralise the threat that they pose. It must not be used to inflict severe pain or suffering on another in the performance or purported performance of official duties. To do so would constitute a violation of the criminal law (for example, the offence of torture created by s. 134(1) of the Criminal Justice Act 1988 s.134) and may also expose the officer concerned and the PSNI to civil and disciplinary liability.
- 12.90 The duration of the initial discharge and any subsequent discharge must be in accordance with the test set out at paragraph 12.80 above. It must be done solely for a lawful purpose. The decision to use the Taser is an individual one for which the officer will be accountable. The National Decision Model should assist officers in making such judgements. The decision as to any use of force is one that must be taken in accordance with the circumstances of the incident concerned, the law, relevant procedures and guidance, training and the professional judgment of the officer concerned. No improper considerations may be taken into account.
- 12.91 Officers will carry out appropriate functions checks in accordance with their training whenever the weapon is issued. At this time only one spark test should be performed unless there is an apparent function problem with the device.
- 12.92 When the Taser is discharged at a subject, a separation of the two barbs greater than 8" (200mm) is desirable in order to provide maximum incapacitation. This separation is achieved at a range of 5 feet (1.5 metres) or by use of angled 'drive

stun'. The separation of the barbs increases with range. It is also important that the barbs penetrate the subjects' skin or at least attach onto their clothing, otherwise the circuit cannot be completed.

- 12.93 The Taser is sighted so that the top barb will strike in the area of the projected laser sight. It is acknowledged that there will be diminished accuracy and a fall off in trajectory at ranges in excess of 15 feet (4.6 metres). Ordinarily the Taser should be aimed to strike the body mass below the neck. Because of the specific risks previously highlighted (paragraph 12.68) the Taser should not be aimed so as to strike the head or neck of a subject unless this is wholly unavoidable. The laser sight should not intentionally be aimed at the eyes of the subject.
- 12.94 In stun mode the Taser should be pressed directly to the subject's body. Stun mode should not be used unless specific circumstances require it. Unless absolutely necessary in order to protect life the Taser should not, due to increased risk factors, be applied directly to the subjects' neck or head.
- 12.95 The risk of an officer receiving an electric shock whilst handling a subject who is being Tasered is low provided that the officer does not place any part of their body directly between the points of contact of the barbs on the subjects' body.
- 12.96 The term 'use of the Taser' will include any of the following actions carried out in an operational setting:
- Drawing of a Taser in circumstances where any person perceives the action as a use of force.
 - Sparking of the Taser commonly known as 'arcing'.
 - Aiming of the Taser or placing the laser sight red dot onto a subject.
 - Firing of a Taser so that the barbs are discharged at a subject.
 - Application and discharge of a Taser in 'drive stun' and 'angled drive stun' modes to a subject.
 - Discharged in any other operational circumstances, including an unintentional discharge.
- 12.97 An evaluation form TAS1 (Available on PoliceNet) is to be completed for every operation where Taser is used.
- 12.98 The Taser Liaison Officer should receive all PSNI Taser Deployment forms (TAS1) prior to them being submitted centrally for evaluation. This individual will then be the conduit between the PSNI and the representative from the relevant ACPO Police Secretariat in terms of clarifying any information on the form.

Oral and Visual warnings

- 12.99 Where circumstances permit, officers should give a clear warning of their intent to use the Taser, giving sufficient time for the warnings to be observed, unless to do so would unduly place any person at risk, or would be clearly inappropriate or pointless in the circumstances of the incident.
- 12.100 It may in certain circumstances be appropriate to provide a visual display of the sparking effect of the unloaded Taser in order to induce compliance, thus avoiding the need to actually discharge the Taser at the subject.
- 12.101 The visual effect of the laser sight being directed at an individual may also have a deterrent effect. Officers should be aware that the pointing of a Taser at an individual represents a use of force and may in certain circumstances constitute an assault.
- 12.102 Police officers shall give the clear verbal warning 'Taser, Taser' indicating to all persons in the vicinity that Taser is being discharged.

Aftercare

- 12.103 Recovery from the direct effects of the Taser should be almost instantaneous, once the current has been turned off. After application of the Taser and once the subject has been properly restrained it is important that the officer provides verbal reassurance as to the temporary effects of the Taser and instructs the subject to breathe normally. This will aid recovery and mitigate against hyperventilation.
- 12.104 Article 4.3(c) of the PSNI Code of Ethics states that whenever it is necessary for a police officer to resort to the use of force or firearms they ensure that assistance and medical aid are secured to any injured person at the earliest possible opportunity.
- 12.105 The barbs are designed to penetrate either the clothing or the skin. Injuries caused by Taser barbs penetrating the skin are normally minor.
- 12.106 Barbs which have penetrated the skin should normally be removed by a medical professional either at the scene, at a hospital or in the custody suite. This is principally because of the requirement for infection control, the potential for additional trauma to the skin and superficial tissues of the subject, and the risk of self injury. In the event of an operational necessity or in the best interest and well-being of the subject, police officers trained in barb removal, minimum standards of forensic recovery, and the associated risks, may carry out this procedure. Needles/barbs in particularly vulnerable areas, such as the eyes, should always be removed by medical staff only.
- 12.107 Where it is evident that the barbs are attached to clothing (with no penetration of the skin) they may be removed by gently pulling on the barbs. Care should be taken not to unnecessarily further damage the clothing.

- 12.108 Once the barbs are removed, it is the responsibility of the officer removing or witnessing the removal of the barbs to preserve and secure evidence and record the locations from which the barbs have been removed and any resulting injury or damage noted. Barbs removed from the body should be considered as biohazards. It is important that suitable evidential containers are readily available. Once removed, the barbs must be examined to ensure that they are complete. (See also Paragraph 12.121).
- 12.109 Where officers are informed or come to believe that a person to whom the Taser had been applied has a cardiac pacemaker or other implanted device in place, immediate referral should be made to a hospital. Similarly, if the subject is found to have any other pre-existing medical condition that might lead to increased medical risk, immediate referral to a hospital should be considered.
- 12.110 On arrival at a custody suite, all arrested persons who have been subjected to the discharge of a Taser must be examined by a Forensic Medical Officer (FMO) as soon as practicable. In instances where the detained person has sustained a head injury as a result of the secondary effect of the Taser discharge, the FMO should use his or her clinical judgement, based on the degree of injury incurred, to decide whether hospital referral is warranted. Particular attention should be given to detained persons who are known to have, or are suspected to be suffering from, diabetes, asthma, heart disease, epilepsy or any other condition (including alcohol and/or illicit drug intoxication) which may influence the individual's fitness to be detained and which, in some cases, may warrant transfer to hospital. (Where an individual is detained under Article 130 of the Mental Health (NI) Order 1986, or for any other reason conveyed direct to a hospital, this guidance must be brought to the attention of the doctor in charge of the Mental Health Unit, A&E or other relevant department.)
- 12.111 Close monitoring of a subject throughout the period following application of the Taser is of utmost importance. If the person is detained in a cell they should be subject to the same cell supervision provided for persons who have consumed alcohol or drugs, until assessed by the FMO. If there are any signs of adverse or unusual reactions then medical attention should be provided immediately and if necessary this must be given precedence over conveying the subject to the police station.
- 12.112 Experience from the use of Tasers in other countries, which is supported by medical assessment in the UK, has shown that the persons most likely to be at greatest risk from any harmful effects of the Taser device are those also suffering from the effects of drugs or who have been struggling violently. There are cases where such persons exposed to the effects of Taser have died some time after being exposed although the cause is unlikely to have been Taser itself. For this reason, such persons should be very closely monitored following exposure to the effects of the Taser. In addition, and as highlighted in other guidance, if there is any suspicion at all that the violent behaviour of any subject is being caused by Acute Behavioural Disorder, they should be treated as a medical emergency and conveyed directly to hospital.

12.113 At the earliest opportunity, any person who has been subjected to a Taser discharge should be given an information leaflet (TAS2) by either the custody sergeant (if conveyed to a custody suite) or the arresting/detaining officer (if conveyed elsewhere). The contents of TAS2, which describe the effects of Taser, should be fully explained by the issuing officer. The Taser information leaflet TAS3 (for clinicians etc) should also be provided to any person(s) in to whose care the person who has been subjected to Taser is delivered. Forms TAS2 and TAS3 are available on PoliceNet. A written record of the provision of these forms should be kept in the custody record or the arresting officers notebook.

Post Incident Procedures

- 12.114 ACPO APP – Armed Policing and Chapter 9 of this guidance sets out guidance to be followed where conventional police firearms are discharged. These principles will be extended to take account of situations where Taser has been used in other conflict management situations. Further guidance in relation to post incident procedures can be found in PSNI Policy Directive 03/06 – Post Incident Procedures, Deployment of Post Incident Managers – Discharge of Firearms.
- 12.115 In situations where the Taser is discharged, appropriate post incident procedures will be implemented depending on the nature of the injury or harm occasioned. An investigation will be undertaken by an Initial Investigating Officer.
- 12.116 The police use of Taser will be referred to the Police Ombudsman (PONI) under the following circumstances.
- 12.117 All instances mentioned under paragraph 12.96 points 1-3 should be notified to the PONI on-call SIO. The notification should include the PSNI Command and Control reference number and the serial number of the Taser. PONI will record these details for collation purposes only. No further investigation will take place unless a complaint has been made or is subsequently received.
- 12.118 The PONI on-call SIO will attend to investigate all instances referred to at points 4 and 6 of paragraph 12.96.
- 12.119 The Police Ombudsman will retain a Taser for the following periods and reasons:
- Temporary, until the download of information, pertaining to the use of Taser (as outlined below) has been completed.
 - Temporary, until PONI has initially established the basic facts of what has taken place. (The facts provided should be restricted to a brief outline of the incident. These details can be gleaned in consultation with the PIM as outlined in PSNI Policy Directive 03/06 Post Incident Procedure Deployment of Post Incident Managers – Discharge of Firearms).
 - Retained where the Taser did not deliver the intended electrical charge.

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- 12.120 Once bullet points 1 and 2 above have been complied with, PONI should return the Taser.
- 12.121 In the event of the Taser being used operationally, the device will be placed in a tamper evident bag as soon as possible, once there is no operational requirement and should not be removed until it is about to be downloaded. Only those members, who have been trained in the download procedure, will carry out any requests by PONI to download information pertaining to its use. No other persons are permitted to do this.
- 12.122 Prior to the authorised officer fulfilling the Police Ombudsman's request for a download of information, they will perform an integrity test on another Taser, not involved in any incident under investigation, in order to test systems and procedures before complying with the Police Ombudsman's request.
- 12.123 This does not preclude referring discharges in other circumstances if considered appropriate. This might include, for example, where Tasers are used outside policy guidelines.
- 12.124 In the event of an unintentional discharge where there has been no danger to the public, this will be subject to an internal investigation.
- 12.125 In addition to the data logging system when a Taser cartridge is discharged, a number of identification (AFID) tags are expelled. These contain information, which identifies the specific cartridge fired and therefore facilitates any investigation. This provides an additional means of auditing the weapon.
- 12.126 Following an operational discharge, the data should be downloaded as soon as possible. This procedure should be undertaken by a suitably qualified officer, as directed by the Initial Investigation Officer.
- 12.127 The data record, cartridge, AFID tags and barbs will be secured and retained as evidence. With the approval of the investigating officer, the Taser may be returned to operational use.
- 12.128 The welfare of principal officers must be considered when undertaking any investigation following a critical incident, even where little or no injury has been caused.

Battery Maintenance

- 12.129 Function checks of the X26 should include checking the battery percentage left on the device. Battery (Digital Power Magazine - DPM) should be removed from operational use at 10%.

Dataport Auditing

- 12.130 An internal data logging system within the X26 Taser records the details of the previous 1500 activations. This shows the exact time and date that the current was discharged. The length of the discharge, temperature and battery condition is also shown on the X26. Details of activations can be downloaded via the dataport on to a computer.
- 12.131 Taser data should be downloaded on a monthly basis. This information will be retained to provide an audit trail of the activation of each Taser.
- 12.132 Officers are reminded to comply with the manufacturer's instructions and PSNI Taser training in relation to battery maintenance and dataport auditing.

Storage and Health & Safety

- 12.133 Health and Safety Legislation, in particular the Health and Safety at Work (Northern Ireland) Order 1978 and the Management of the Health and Safety at Work Regulations (Northern Ireland) 2000, and the legislation that extends this to the Police Service, the Police (Health and Safety) (Northern Ireland) Order 1997 and Police (Health and Safety) Regulations (Northern Ireland) 2000 puts an onus on the employer (The PSNI) to carry out risk assessments and develop safe systems of work as part of an overall process to manage Health and Safety, both for the staff and members of the public, where a duty of care is owed.
- 12.134 A generic risk assessment covering the use of the Taser is available on PoliceNet. This should be considered a base document that can be expanded on to reflect the circumstances in which Taser is to be used. Subjects that need to be considered for a specific risk assessment are likely to include storage and carriage arrangements and if there are any implications, with, for instance, existing equipment (e.g. Body Armour) and vehicles that the introduction of the Taser may affect.
- 12.135 One specific risk worth drawing attention to here is that electrical devices should not be stored alongside pyrotechnics, ammunition, specialist munitions or flammable products. However, this does not refer to when Taser is being carried in a police vehicle.
- 12.136 In addition, the manufacturer's guidelines for storage of the Taser should be considered.
- 12.137 A comprehensive list of Health and Safety legislation that should be considered in developing safe systems of work is provided at Appendix 'M'.