

SUMMARY OF CONSULTATION RESPONSES

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Organisation	Issue	PSNI Response
Amnesty International	Proposal raises questions around a number of domestic and international human rights standards.	1. It is the aim of the Police Service of Northern Ireland to uphold and protect the human dignity and human rights of all persons as enshrined in the European Convention of Human Rights (ECHR) and other relevant international instruments. The Operational Procedure and Guidance which was drafted for the pilot of Taser to Special Operations Branch has been confirmed by the Human Rights Advisors to the Northern Ireland Policing Board as being in compliance with the Human Rights Act 1998 and in compliance with their advice to the Northern Ireland Policing Board of May 2007. Further to this, it is considered that rather than breaching Human Rights, the availability of Taser enhances the ability of PSNI and individual officers to protect the right to life as required under Article 2 of the ECHR and enshrined in Section 6 of the Human Rights Act 1998. It is not accepted that Taser is in contravention of Article 3 of the ECHR as it is only the inappropriate use of Taser that could result in a breach of Article 3. The strict training, operational procedure and guidance for use of Taser and accountability mechanisms are in place to minimise the possibility of a breach of Article 3 occurring. The Taser Operational Procedure and Guidance also 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.
	Concerned that Tasers are being proposed for use by the PSNI before the results of rigorous, independent and comprehensive testing of their safety and potential health risks particularly the effects of Tasers on vulnerable groups including young children, the elderly, individuals with underlying heart conditions, or individuals with concurrent drug use.	2. PSNI has a statutory obligation under the Human Rights Act 1998 to protect the right to life which places an onerous responsibility on the PSNI to take steps to protect life. Taser as a less lethal option would enhance the availability of PSNI to protect life and therefore it would not be appropriate to further delay the introduction of Taser to allow for the collation of further research data given the high threshold test for use of Taser which is: <i>“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.”</i> Taser Service Procedure (10.3) (See Appendix 3)

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	<p>AI has collected data on more than 290 cases of individuals in the United States and Canada who since 2001 have died after being struck by police Tasers and has identified at least 20 cases where coroners have found the Taser served as a causal or contributory factor in the death and other cases where the Taser was cited as a possible factor in autopsy reports.</p>	<p>3. Taser has been used in GB since April 2003 with no fatalities attributed to Taser use there since then. The threshold test for use of Taser by PSNI officers which is: “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.” should ensure that it’s use is strictly controlled. The strict safeguards in place in UK policing, including the Human Rights based approach, training, operational procedure and guidance, deployment, accountability and post incident management are not replicated in North America, therefore the comparison with the United States and Canada is not accepted.</p>
	<p>Serious questions about whether Taser shocks, together with positional stress, may exacerbate breathing or other difficulties caused by drug intoxication and exertion, as has been found to be the case by some medical examiners. A related concern is that many of those who died were subjected to multiple and/or prolonged shocks.</p>	<p>4. This has been considered in the PSNI guidelines on the Police Operational Use of Taser at Section (8.10), (8.12) and (13.1). (See Appendix 3) In addition, having carefully considered the findings of the EQIA consultation, the PSNI has adopted the following recommendation and placed it into the Taser Service Procedure at (5.18) ‘All persons who have been subjected to Taser discharge should be examined by a medical practitioner at the earliest practical opportunity.’</p>
	<p>Many of the deaths have also involved the application of mechanical or other physical restraint and/or pepper spray. Believe that an inquiry must also examine the potential health risks from electro-shocks when used in combination with other restraints, particularly those which could impair breathing.</p>	<p>5. This has been considered in the PSNI guidelines on the Police Operational Use of Taser at Section (8.5),(8.6), (8.7), (8.8),(8.10) (13.1) and (13.2). (See Appendix 3) In addition, having carefully considered the findings of the EQIA consultation, the PSNI has adopted the following recommendation and placed it into the Taser Service Procedure at (5.18): ‘All persons who have been subjected to Taser discharge should be examined by a medical practitioner at the earliest practical opportunity.’</p>

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	<p>AI's research has pointed to the need for further study in a number of areas, including: the possible effect from Tasers on metabolic acidosis and on the condition described as "excited delirium"; heightened risk of cardiac arrest resulting from ventricular fibrillation, and a greater risk of injury from the penetrative effects of darts, and notes also the limited research on risks of Taser on women during pregnancy.</p>	<p>6. PSNI has a statutory obligation under the Human Rights Act 1998 to protect the right to life which places an onerous responsibility on the PSNI to take steps to protect life. Taser as a less lethal option would enhance the availability of PSNI to protect life and therefore it would not be appropriate to further delay the introduction of Taser to allow for the collation of further research data given the high threshold test for use of Taser which is: "<i>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.</i>" Taser Service Procedure (10.3) (See Appendix 3)</p> <p>Having carefully considered the findings of the EQIA consultation, the PSNI have adopted the following recommendation in relation to the use of Tasers on 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.' These have been included in the PSNI Guidelines on the Operational Use of Taser at Section (5.7) to Section (5.18) (See Appendix 3). Training on the use of Taser has also been amended to include these changes. See Appendix 4 Glossary for an explanation of the terms 'bronze firearms commander' and 'dynamic risk assessment'.</p>
	<p>It has been shown that measures such as stricter controls and training on the use of force and firearms, and in dealing with the mentally disturbed, have been effective in reducing unnecessary deaths and injuries from any type of force.</p>	<p>7. This has been considered in the PSNI guidelines on the Police Operational Use of Taser at Section (8.2), (8.3) and (10.1). (See Appendix 3)</p> <p>In addition, having carefully considered the findings of the EQIA consultation, the PSNI has adopted the following recommendation in relation to People with Mental Health or Neurological Problems '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.' Taser Service Procedure (5.14) and the following has been inserted into the PSNI guidelines on the Police Operational Use of Taser at (5.18): 'All persons who have been subjected to Taser discharge should be examined by a medical practitioner at the earliest practical opportunity.'</p>

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	<p>Acknowledges there may be specific situations where Tasers in dart-firing mode can effectively be used as “stand-off” defensive weapons as an alternative to firearms to save lives, where no lesser alternatives are available. However, the potential to use Tasers in drive-stun mode – where it is designed primarily as a pain-compliance tool – and the capacity to inflict multiple and prolonged shocks makes the weapons inherently open to abuse.</p>	<p>8. This has been considered in the PSNI guidelines on the Police Operational Use of Taser at Section (8.10) (10.1), (10.3) (See Appendix 3)</p> <p>In addition, having carefully considered the findings of the EQIA consultation, the PSNI will adopt the following recommendation: ‘The protocols for referral to the Police Ombudsman for Northern Ireland that were agreed for the pilot of Taser to Specialist Operations Branch will become normal procedure.’</p>
	<p>Calls on PSNI not to adopt Tasers or similar devices, pending the results of thorough studies into their use and effects, or to limit their use to situations where officers would otherwise be justified in resorting to firearms where no lesser alternatives are available.</p>	<p>9. PSNI has a statutory obligation under the Human Rights Act 1998 to protect the right to life which places an onerous responsibility on the PSNI to take steps to protect life. Taser as a less lethal option would enhance the availability of PSNI to protect life and therefore it would not be appropriate to further delay the introduction of Taser to allow for the collation of further research data. The PSNI guidelines on the Police Operational Use of Taser states the following in relation to the test for the use of Taser at (10.3)“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.” This is a higher test than the one recommended in Association of Chief Police Officers (ACPO) guidance on Taser.</p>
	<p>Concern that the PSNI Guidelines on the Operational Use of Taser have not been consulted on in line with the PSNI’s statutory obligations under Section 75 of the Northern Ireland Act 1998.</p>	<p>10. A full and comprehensive Equality Screening process was carried out prior to the operational procedure and guidance for the pilot of Taser being drafted. The Operational Procedure and Guidance has been re-visited and amended as a result of the findings of the EQIA. (See Appendix 3) Training on the use of Taser has also been amended to include these changes. As part of the PSNI’s ongoing commitment to the EQIA process, there will a system of monitoring in place to assess the impacts of any use of Taser on Section 75 groups.</p>

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<p>Armagh City and District Council</p>	<p>Would have welcomed an overview of how the PSNI examined alternative approaches to conflict management including identifying and selecting less lethal technologies. It would have been helpful to have produced in the EQIA documentation an assessment of the non-lethal equipment options for use in public order policing as outlined under recommendation 69 of the Report of the Independent Commission on Policing in Northern Ireland.</p>	<p>11. The UK Less Lethal Weapons Steering Group is responsible for identifying less lethal technologies. The PSNI has membership of this group. The fifth report of the steering group can be found at http://www.nio.gov.uk/less-lethal-weaponry-steering-group-phase-5-report.pdf. Any less lethal technology that the PSNI would consider for use must be approved nationally for use by police by the Home Office Scientific Development Branch (HOSDB). See EQIA Final report Section 2.13 for further details.</p>
	<p>The term '<i>specialist and authorised firearms officers</i>' should be fully explained and details provided of the exact numbers of officers to be trained and their DCU location.</p>	<p>12. Authorised Firearms Officer (AFO) An Authorised Firearms Officer is a police officer attached to Specialist Operations Branch or an Armed Response Vehicle (ARV) Unit who has been selected and trained in the use of firearms in policing operations. The officer will have reached the required level of competency in weapon handling, tactical knowledge, shooting skills and judgement as required by the Chief Constable</p> <p>Specialist Firearms Officer (SFO) A Specialist Firearms Officer is an Authorised Firearms Officer attached to Specialist Operations Branch. In addition to the requirements outlined above, SFOs will receive additional training in the use of firearms in pre planned policing operations and specialist entry and search techniques. See Appendix 4 Glossary for a more detailed explanation of the training undertaken by AFO's and SFO's.</p> <p>At present, officers from Specialist Operations Branch are deployed with Taser in pre-planned operations and to support officers in difficult and dangerous situations. Authorised Firearms Officers will be deployed in Armed Response Vehicle Units (ARV's) and it is anticipated that a total of three units will be based across Northern Ireland in Belfast, Portadown and Londonderry.</p>

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	<p>Would wish the PSNI to commit to the <i>‘Principle of Minimum Force’</i> and Taser should only be used as a last resort weapon. Acknowledges that the safety of Police Officers faced with a critical incident is also paramount and that an ‘instant’ decision may well arise for Officers. In order to assess the usage of Taser and ensure compliance against guidelines, it may be helpful if a report on each usage was prepared by a Chief Inspector from outside the respective District Command Unit for the Policing Board.</p>	<p>13. The PSNI guidelines on the Police Operational Use of Taser states the following in relation to the test for the use of Taser at Section (10.3): (See Appendix 3) “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.” An evaluation form is to be completed for every operation where Taser is used and forwarded to the ACPO Police Use of Firearms Secretariat. The PSNI Taser Liaison Officer (Chief Inspector Conflict Management Development Unit, Police Headquarters) will receive and review all PSNI Taser Deployment forms 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. Operational usage will be reviewed at regular intervals to ensure that emerging issues are properly reflected in training and operational guidance. Every discharge of Taser will be subject to an investigation by the Police Ombudsman for Northern Ireland.</p>
	<p>Due to the fact that “<i>the biophysical and physiological basis of their effectiveness (Taser) and safety does not appear to be well understood</i>”) the Council believes that the device should not be deployed.</p>	<p>14. The introduction of Taser is based on PSNI’s legislative obligations and identified need. The overarching legal obligation placed on the PSNI as a whole and individually on all police officers is the requirement under Article 2 of the European Convention on Human Rights to protect life. This requirement is a positive obligation that protects the right to life of police officers, the subject of use of force by police and the right to life of the wider community. The PSNI also has a statutory obligation under Section 32(1)(a) of the Police Northern Ireland Act 2000 to protect life. Taser technology provides police with a less lethal option for deployment at firearms incidents that would enhance the ability to protect life. If an incident where a fatality involving police using conventional weapons occurred and Taser may have been a viable alternative to the use of conventional firearms in the circumstances, then PSNI and the individual police officer could have breached Article 2 (Right to Life) of the person who died. As such there would be a capability gap in the PSNI response to firearms incidents if Taser was not available as a tactical option. The European Court of Human Rights, in its decision in <i>Simsek v. Turkey</i>, held that it is unacceptable for police services not to have a range of less lethal options, as this failure can make the likelihood of recourse to lethal force more likely.</p>

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	In the event of an individual dying as a result of the use of Taser; counselling support should be made available for police officers involved in such an incident.	15. The PSNI guidelines on the Police Operational Use of Taser states the following at (14.14) (See Appendix 3): ‘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.’
Armagh District Policing Partnership	Disappointed that the DPP was not directly consulted on this matter.	16. The PSNI recognises that District Policing Partnership’s(DPP’s) were not directly consulted in the EQIA process. DPP’s will be included in future consultations.
	A breakdown of how many officers to be trained and deployed with Tasers by district would be useful	17. At present, officers from Specialist Operations Branch are deployed with Taser in pre-planned operations and to support officers in difficult and dangerous situations. Authorised Firearms Officers will be deployed in Armed Response Vehicle Units (ARV’s) and it is anticipated that a total of three units will be based across Northern Ireland in Belfast, Portadown and Londonderry. Taser will be issued to just under 3% of PSNI officers and will not be on routine issue to operational officers.
	Concerned about the use of Taser on children and pregnant women and about the effects of Taser when used on those with mental health problems or who appear to be under the influence of drugs or alcohol.	18. This has been considered in the PSNI guidelines on the Police Operational Use of Taser at Section (5.6) (See Appendix 3). In addition, having carefully considered the findings of the EQIA and consultation, the PSNI have identified actions to mitigate the potential adverse impacts on Section 75 groups and as a result the PSNI guidelines on the Police Operational Use of Taser have been amended at Section (5.7) to Section (5.18). Training on the use of Taser has also been amended to include these changes.
British Irish Rights Watch	Record severe criticism of the PSNI for failing to carry out an EQIA before deploying these potentially lethal weapons.	19. A full and comprehensive Equality Screening process had already been carried out prior to the pilot commencing. The Taser Pilot was conducted in tandem with the running of the EQIA process. This in no way negates any consultation which has taken place. The decision made by PSNI was only to conduct a pilot of Taser and no decision was taken on the future permanent deployment of Taser prior to the EQIA process.
	Fundamentally opposed to the introduction of Tasers. Consider Tasers to be lethal weapons. Wide use of Taser in America and Canada underlines our concerns - since 2004, the number of deaths in the USA and Canada since 2001 has risen to 270.	20. Taser has been used in GB since April 2003 with no fatalities attributed to Taser use there since then. The comparison with United States and Canada is not accepted, as any use of Taser by PSNI would exceed the stringent instructions and training for use of same already in place in the rest of the United Kingdom. The threshold test for use of Taser by PSNI officers which is: “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.” should ensure that its use is strictly controlled. The strict safeguards in place in UK policing, including the Human Rights based approach, training, operational procedure and guidance, deployment, accountability and post incident management are not replicated in North America.

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	<p>Use of Tasers would have an adverse impact on all those categories of persons designated in s. 75 of the Northern Ireland Act 1998.</p>	<p>21. The EQIA process has identified the potential for adverse or differential impact on the following groups: people from black and minority ethnic groups; children and young people; men; women; pregnant women; people with poor mental health; people with heart problems or who wear a pacemaker; people with epilepsy; and people with hearing loss. These findings have been afforded due consideration by PSNI in making a decision in relation to the policy.</p> <p>It is accepted that there is potential for the use of Taser to have an adverse or differential impact on the groups outlined in Section 3.5 of the EQIA, based on concerns raised in the consultation process and also from the previous Section 75 Screening Process carried out by PSNI. Table 5A of the EQIA final report outlines the proposed mitigation in respect of any potential adverse or differential impacts on the groups which have been identified.</p>
	<p>With Tasers the infliction of pain is the means of incapacitating people, rather than a side effect of their use.</p>	<p>22. Taser achieves the required outcome through incapacitation brought about by involuntary muscle contraction. This is outlined more fully at Section 3 of the PSNI Guidelines on the Operational Use of Taser service procedure. (See Appendix Three)</p>
	<p>Consider the use of Tasers to be a violation of Article 3 of the ECHR.</p>	<p>23. It is considered that rather than breaching Human Rights, the availability of Taser enhances the ability of PSNI and individual officers to protect the right to life as required under Article 2 of the European Convention on Human Rights (ECHR) and enshrined in Section 6 of the Human Rights Act 1998. It is not accepted that Taser is in contravention of Article 3 of the ECHR as it is only the inappropriate use of Taser that could result in a breach of Article 3. The strict training, operational procedure and guidance for use of Taser and accountability mechanisms are in place to minimise the possibility of a breach of Article 3 occurring.</p>
	<p>Tasers manufacturers recommend that they not be fired on anyone with a dysfunctional heart, pregnant women, or small children and this requirement renders them impractical. Police officers cannot know by looking at someone whether they have a dysfunctional heart, or wear a pacemaker and it is not always possible to tell that a woman is pregnant. There is also scope for accidental injury to such persons and to children.</p>	<p>24. This has been considered in the PSNI guidelines on the Police Operational Use of Taser at Section (5.6) (See Appendix Three). In addition, having carefully considered the findings of the EQIA consultation, the PSNI have identified actions to mitigate the potential adverse impacts on Section 75 groups and as a result the PSNI Guidelines on the Operational Use of Taser have been amended at Section (5.7) to Section (5.18). Training on the use of Taser has also been amended to include these changes.</p>

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	<p>Concerned that the administration of powerful electric shocks to deranged persons is a barbaric response which may add to the persons mental problems</p>	<p>25. It is not accepted that this is a barbaric response, particularly given the high threshold test for use of Taser which is: “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.” This has been considered in the PSNI guidelines on the Police Operational Use of Taser at Section (8.2). In addition having carefully considered the findings of the EQIA consultation, the PSNI has adopted the following recommendation and placed it in the PSNI Guidelines on the Operational Use of Taser at Section (5.14)(See Appendix 3): ‘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.’</p>
	<p>Concerned that DOMILL appear to confirm that there remains a dearth of information on the potentially adverse effects of exposure to Tasers on people who may have a predisposition to cardiac arrhythmias arising from drug use, pre-existing heart disease or genetic factors; that previously non-existent research on isolated beating hearts is yet to be completed; that there is no information about the effects of Tasers on cochlear implants and nerve stimulators; and that intentional viewing or deliberate exposure to the laser sight used with Tasers “<i>is to be avoided</i>”.</p>	<p>26. PSNI has a statutory obligation under the Human Rights Act 1998 to protect the right to life, which places an onerous responsibility on the PSNI to take steps to protect life. Taser as a less lethal option would enhance the availability of PSNI to protect life and therefore it would not be appropriate to further delay the introduction of Taser to allow for the collation of further research data.</p>
	<p>Welcome the Chief Constable’s decision not to use Tasers as a means of riot control “<i>in situations of widespread public disorder</i>”. They should not be used in any sort of riot situation.</p>	<p>27. Taser will not be used in public order situations and only Authorised Firearms Officers and Specialist Firearms Officers, properly trained to national standards will carry Tasers and they will only be used as a “less than lethal” alternative in potential life threatening situations. Taser will be issued to fewer than 3% of PSNI officers and will not be on routine issue to operational officers.</p>

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	<p>Concerned to note that <i>“Throughout PSDB’s evaluation of Taser devices, including the handling trials, a number of problems became evident with some of the models tested. These problems included incompatibility of cartridges and Taser units, faulty cartridges, sights and batteries, and unreliable Taser units.”</i></p>	<p>28. PSNI will use the Taser X26 model, which has proved to be more reliable than the previous M26 in most circumstances when used by police services in GB.</p>
	<p>How can a police officer tell that someone has heart disease or is under the influence of certain drugs and are excited and intoxicated individuals not the very people against whom a Taser is most likely to be used?</p>	<p>29. This has been considered in the PSNI guidelines on the Police Operational Use of Taser at Section (5.6)(See Appendix 3). In addition, having carefully considered the findings of the EQIA consultation, the PSNI have identified actions to mitigate the potential adverse impacts on Section 75 groups and as a result the PSNI Guidelines on the Operational Use of Taser have been amended at Section (5.7) to Section (5.18). Training on the use of Taser has also been amended to include these changes.</p>
	<p>At a loss to understand how <i>“DOMILL does not consider it essential [their emphasis] from a medical perspective that these studies are completed before approval is considered for the M26 Advanced Taser trial under the terms of the ACPO Guidance.”</i> and wonder what the significance is of their emphasis on the word <i>“essential”</i>. Note that this advice remained unaltered in DOMILL’s second statement on Tasers.</p>	<p>30. The PSNI are not able to comment on this on behalf of DOMILL.</p>

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	<p>The operational guidance on the use of Tasers suggest that Taser barbs may become attached to sensitive areas such as the face, eyes, neck or genitals, in which case they must be removed by qualified medical personnel, almost certainly at a hospital. Barbs removed from the skin have to be regarded as biohazards. A person hit by a Taser who has a cardiac pacemaker fitted must go straight to hospital, and consideration should be given to sending others who have a medical condition which might increase the risk of using a Taser to hospital but these conditions were not listed in the guidance.</p>	<p>31. It was considered inadvisable to be too prescriptive in the operational guidance in listing other medical conditions, which might increase the risk of using a Taser. It was felt that this should be risk assessed at the scene. In addition, having carefully considered the findings of the EQIA consultation, the PSNI will adopt the following recommendation: ‘All persons who have been subjected to Taser discharge should be examined by a medical practitioner at the earliest practical opportunity.’</p>
	<p>The M26 Advanced Taser is a “high-power” weapon which had only been in operational use for two years at the time of the trial. It is three times as powerful as the “low-power” Tasers which have been in use for over 20 years. There is less experimental evidence of the medical effects of high-power Tasers, and of the M26 in particular. It is not obvious why it was decided to carry out operational trials with a high-power Taser rather than a low-power model and wonder how much research has been carried out on the X26?</p>	<p>32. The UK Less Lethal Weapons Steering Group is responsible for identifying less lethal technologies. The PSNI has membership of this group. The fifth report of the steering group can be found at http://www.nio.gov.uk/less lethal weaponry steering group phase 5 report.pdf. Any less lethal technology that the PSNI would consider for use must be approved nationally for use by police by the Home Office Scientific Development Branch (HOSDB).</p>

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	<p>Conjecture that Tasers will be employed only very infrequently in Northern Ireland raising questions about whether Authorised Firearms Officers will be able to remember their training should an occasion arise for the use of Tasers and about the expenditure of public money.</p>	<p>33. All PSNI Taser refresher training is in line with National ACPO Guidance regarding the frequency of the refresher training. See Appendix 4 Glossary for a more detailed explanation of the training undergone by AFO's and SFO's.</p>
	<p>The EQIA was carried out tardily and effectively under duress, and the consultation paper reflects the PSNI's determination to deploy Tasers, come what may. The consultation exercise speaks throughout of "<i>proposals</i>" when in fact the PSNI has already made the decision to deploy Tasers</p>	<p>34. The PSNI do not accept this point. The Taser Pilot was conducted in tandem with the running of the EQIA process. This in no way negates any consultation that has taken place. The decision made by PSNI was only to conduct a pilot of Taser and no decision was taken on the future permanent deployment of Taser prior to the completion of the EQIA consultation process.</p>
	<p>The use of Tasers violates the right to life and the right to freedom from torture and their compatibility with Section 75 of the Northern Ireland Act 1998 is therefore largely irrelevant. However, when Tasers are considered in the light of Section 75, they clearly are also capable of severe adverse impact on several vulnerable groups: children, pregnant women, those with heart conditions, those with cochlear and other implants, the mentally ill or impaired, and those under the influence of drugs or alcohol.</p>	<p>35. It is considered that rather than breaching Human Rights, the availability of Taser enhances the ability of PSNI and individual officers to protect the right to life as required under Article 2 of the European Convention on Human Rights and enshrined in Section 6 of the Human Rights Act 1998. It is not accepted that Taser is in contravention of Article 3 of the European Convention on Human Rights as it is only the inappropriate use of Taser that could result in a breach of Article 3. The strict training, operational procedure and guidance for use of Taser and accountability mechanisms are in place to minimise the possibility of a breach of Article 3 occurring. In addition, having carefully considered the findings of the EQIA consultation, the PSNI have identified actions to mitigate the potential adverse impacts on Section 75 groups and as a result the PSNI Guidelines on the Operational Use of Taser have been amended at Section (5.7) to Section (5.18) (See Appendix 3). Training on the use of Taser has also been amended to include these changes.</p>

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CAJ	Concern about the potential impact Tasers may have on certain vulnerable groups such as children and young people or pregnant women.	36. Having carefully considered the findings of the EQIA consultation, the PSNI have adopted the following recommendations, in relation to children and young people: ‘ The Bronze Firearms Commander will make a dynamic risk assessment at the scene on use of Taser if the subject appears to be a child, and must ensure that the reason for use of Taser involving a child is clearly documented.’ And in relation to the use of Tasers on 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.’ These have been included in the PSNI Guidelines on the Operational Use of Taser at Section (5.7) to Section (5.18) (See Appendix 3). Training on the use of Taser has also been amended to include these changes. See Appendix 4 Glossary for an explanation of the terms ‘bronze firearms commander ‘and ‘dynamic risk assessment’.
	Register concern that the EQIA has taken place after the decision to procure a number of Taser units has gone ahead and training in the use of the weapon has taken place. The EQIA appears to provide more of an ex post facto justification for a decision that was in fact taken at least as far back as August 2007.	37. The Taser Pilot was conducted in tandem with the running of the EQIA process. This in no way negates any consultation that has taken place. The decision made by PSNI was only to conduct a pilot of Taser and no decision was taken on the future permanent deployment of Taser prior to the completion of the EQIA consultation process.
	Largely endorse the document produced jointly by the Children’s Law Centre and Save the Children (see below).	38. The PSNI response to the Children’s Law Centre and Save the Children can be found at Sections 40-76.

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	<p>Reiterate concern about the lack of independent data contained in the draft EQIA. Not convinced that the EQIA as currently formulated offers a realistic assessment of the potential adverse consequences that may arise from the use of the weapon and recommend that the PSNI “<i>go back to the drawing board</i>” with respect to this EQIA and examine full range of data about the potential impacts of Tasers.</p>	<p>39. There has already been considerable consultation and provision of a considerable amount of data in both the Section 75 Screening Process carried out by PSNI and for this EQIA process. It is not considered that the research into and analysis of further data would add any value to the process. This is particularly the case when taking into account the length of time that Taser has been on issue to Police Services in GB (since April 2003) and the fact that no deaths have been attributed to the use of Taser there. PSNI has a statutory obligation under the Human Rights Act 1998 to protect the right to life, which places an onerous responsibility on the PSNI to take steps to protect life. Taser as a less lethal option would enhance the availability of PSNI to protect life and therefore it would not be appropriate to further delay the introduction of Taser to allow for the collation of further research data given the high threshold test for use of Taser which is: “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.”</p>
<p>Children’s Law Centre /Save the Children</p>	<p>Reiterate firm belief that Tasers are not in compliance with domestic and international human rights and children’s rights standards, nor are they compliant with the UN Basic Principles on Use of Force and Firearms or the Police (NI) Act 2000.</p>	<p>40. It is the aim of the Police Service of Northern Ireland to uphold and protect the human dignity and human rights of all persons as enshrined in the European Convention of Human Rights(ECHR) and other relevant international instruments. The Operational Procedure and Guidance which was drafted for the pilot of Taser to Special Operations Branch has been confirmed by the Human Rights Advisors to the Northern Ireland Policing Board as being in compliance with the Human Rights Act 1998 and in compliance with their advice to the Northern Ireland Policing Board of May 2007. Further to this, it is considered that rather than breaching Human Rights, the availability of Taser enhances the ability of PSNI and individual officers to protect the right to life as required under Article 2 of the ECHR and enshrined in Section 6 of the Human Rights Act 1998. It is not accepted that Taser is in contravention of Article 3 of the ECHR as it is only the inappropriate use of Taser that could result in a breach of Article 3. The strict training, operational procedure and guidance for use of Taser and accountability mechanisms are in place to minimise the possibility of a breach of Article 3 occurring. The Taser Operational Procedure and guidance also 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.</p>

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	<p>Tasers should never be used on children in Northern Ireland.</p>	<p>41. Having carefully considered the findings of the EQIA consultation, the PSNI have adopted the following recommendation in relation to children and young people: ‘The Bronze Firearms Commander will make a dynamic risk assessment at the scene on use of Taser if the subject appears to be a child, and must ensure that the reason for use of Taser involving a child is clearly documented.’ This has been included in the PSNI Guidelines on the Operational Use of Taser at Section (5.9) (See Appendix 3). Training on the use of Taser has also been amended to include these changes. See Appendix 4 Glossary for an explanation of the terms ‘bronze firearms commander’ and ‘dynamic risk assessment’.</p>
	<p>The introduction of Tasers for use by the PSNI, which would include their use against children, represents a grave breach of a number of domestic and international human rights standards as they apply to children.</p>	<p>42. It is the aim of the Police Service of Northern Ireland to uphold and protect the human dignity and human rights of all persons as enshrined in the European Convention of Human Rights(ECHR) and other relevant international instruments. The Operational Procedure and Guidance which was drafted for the pilot of Taser to Special Operations Branch has been confirmed by the Human Rights Advisors to the Northern Ireland Policing Board as being in compliance with the Human Rights Act 1998 and in compliance with their advice to the Northern Ireland Policing Board of May 2007. Further to this, it is considered that rather than breaching Human Rights, the availability of Taser enhances the ability of PSNI and individual officers to protect the right to life as required under Article 2 of the ECHR and enshrined in Section 6 of the Human Rights Act 1998. It is not accepted that Taser is in contravention of Article 3 of the ECHR as it is only the inappropriate use of Taser that could result in a breach of Article 3. The strict training, operational procedure and guidance for use of Taser and accountability mechanisms are in place to minimise the possibility of a breach of Article 3 occurring. The Taser Operational Procedure and guidance also 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. The guidance states the following: 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. Whilst the use of Taser represents an option, which is a less lethal alternative to conventional firearms, every effort will be made to ensure that children or members of other vulnerable groups are not placed at risk by its use.</p>

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	<p>Tasers rely on achieving compliance through use of pain, rather than pain being a side effect of their use. This amounts to torture and is in contravention of the European Convention on Human Rights as incorporated by the Human Rights Act 1998 and the United Nations Convention Against Torture.</p>	<p>43. Taser achieves the required outcome through incapacitation brought about by involuntary muscle contraction. This is outlined more fully at Section 3 of the PSNI Guidelines on the Operational Use of Taser service procedure (See Appendix 3). It is not accepted that Taser is in contravention of Article 3 of the European Convention on Human Rights as it is only the inappropriate use of Taser that could result in a breach of Article 3. The strict training, operational procedure and guidance for use of Taser and accountability mechanisms are in place to minimise the possibility of a breach of Article 3 occurring. In addition, having carefully considered the findings of the EQIA consultation, the PSNI have adopted the following recommendation: ‘The protocols for referral to the Police Ombudsman for Northern Ireland that were agreed for the pilot of Taser to Specialist operations Branch will become normal procedure.’</p>
	<p>It is a fundamental pre-requisite to determining the human rights compliance of the use of Tasers that the PSNI has access to reliable comprehensive independent medical evidence in considering the proposal to introduce Tasers to the PSNI in Northern Ireland, including the possible long term effects of being shot by a Taser and their impact on children and vulnerable groups such as children living with disabilities.</p>	<p>44. PSNI has access to the medical evidence provided by the Defence Advisory Counsel on the Medical Implications of Less Lethal options (DOMILL) which <u>is</u> independent medical evidence that is provided nationally.</p>
	<p>Note the numerous references to Tasers in the EQIA document as a ‘less lethal’ weapon and the reference to no fatalities of any persons in Great Britain having been attributed to Taser. Note the death of Brian Loan a 47 year old man from County Durham who died in October 2006, after being ‘Tasered’ in his home and the case of Robert Dziekanski who died after being hit by police with a Taser at a Canadian airport in October 2007.</p>	<p>45. Taser has been used in GB since April 2003 with no fatalities attributed to Taser use there since then. The threshold test for use of Taser by PSNI officers which is: “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.” should ensure that it’s use is strictly controlled. The strict safeguards in place in UK policing, including the Human Rights based approach, training, operational procedure and guidance, deployment, accountability and post incident management are not replicated in North America and therefore the comparison with United States and Canada is not accepted.</p>

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	<p>PSNI have failed to produce any independent medical evidence to determine what the likely impact of discharging a Taser will be on vulnerable groups such as children and young people.</p>	<p>46. PSNI has access to the medical evidence provided by the Defence Advisory Counsel on the Medical Implications of Less Lethal options (DOMILL), which <u>is</u> independent medical evidence that is provided nationally.</p>
	<p>PSNI acknowledge that Article 3 of the ECHR requires that the use of force by the police must be the minimum necessary to achieve a lawful objective. If there is no independent medical evidence to prove the impact of the use of force through use of a Taser, the PSNI cannot claim that Tasers meet this standard when they have no conclusive proof in relation to the impact of force on vulnerable members of society.</p>	<p>47. PSNI has access to the medical evidence provided by the Defence Advisory Counsel on the Medical Implications of Less Lethal options (DOMILL), which <u>is</u> independent medical evidence that is provided nationally.</p>
	<p>Question PSNI's assertion that Tasers will only be used as an alternative to conventional firearms, particularly considering the numerous cases worldwide where this has not been the case.</p>	<p>48. The threshold test for use of Taser by PSNI officers is: "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." All uses of Taser will be subject to an investigation by the Office of the Police Ombudsman for Northern Ireland. (OPONI)</p>

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	<p>Taser obviously not in compliance with the UN Basic Principles on Use of Force and Firearms, which place an obligation on the PSNI to develop “<i>non-lethal</i>” weapons, in that the use of Tasers have caused death on numerous occasions worldwide.</p>	<p>49. The introduction of Taser is based on PSNI’s legislative obligations and identified need. The overarching legal obligation placed on the PSNI as a whole and individually on all police officers is the requirement under Article 2 of the European Convention on Human Rights to protect life. This requirement is a positive obligation that protects the right to life of police officers, the subject of use of force by police and the right to life of the wider community. The PSNI also has a statutory obligation under Section 32(1)(a) of the Police Northern Ireland Act 2000 to protect life. Taser technology provides police with a less lethal option for deployment at firearms incidents that would enhance the ability to protect life. If an incident where a fatality involving police using conventional weapons occurred and Taser may have been a viable alternative to the use of conventional firearms in the circumstances, then PSNI and the individual police officer could have breached Article 2 (Right to Life) of the person who died. As such there would be a capability gap in the PSNI response to firearms incidents if Taser was not available as a less lethal tactical option.</p>
	<p>The NIPB’s Independent Human Rights Advisers expressed concerns in relation to the ACPO Guidance which contains a Policy and Guidance on the use of Tasers. They felt that these may not be clear enough and may result in Tasers being used in situations which do not satisfy the legal test for their use. The advisers also stated that in order to be in compliance with the Human Rights Act 1998, the Policy and Guidance needed to be amended or new policy and Guidance drawn up to ensure that Tasers are only used in situations where the proper legal test for their use is satisfied.</p>	<p>50. The Operational Procedure and Guidance that was drafted for the pilot of Taser to PSNI Special Operations Branch has been confirmed by the Human Rights Advisors to the Northern Ireland Policing Board as being in compliance with the Human Rights Act 1998 and in compliance with their advice to the Northern Ireland Policing Board of May 2007. The threshold test for use of Taser by PSNI officers is: “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.” See Taser Service Procedure (10.3) (See Appendix 3)</p>

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	<p>Wish to see a comprehensive screening exercise and Equality Impact Assessment taking place as a matter of urgency on the Guidelines on the Operational Use of Taser to ensure compliance with section 75 of the Northern Ireland Act 1998.</p>	<p>51. A full and very comprehensive Equality Screening process was carried out prior to the operational procedure and guidance for the pilot of Taser being drafted. The Operational Procedure and Guidance has been re-visited and amended as a result of the findings of the EQIA (See Appendix 3). As part of the PSNI 's ongoing commitment to the EQIA process, there will be a system of monitoring in place to assess the impacts of any use of Taser on Section 75 groups.</p>
	<p>The NIPB's Independent Human Rights Advisers also highlighted the need for Training to be developed in line with the Human Rights Act 1998. The two day training received by the PSNI's falls short of the four day minimum training recommended by Taser International.</p>	<p>52. The Human Rights Advisors to the Northern Ireland Policing Board have also confirmed that the PSNI training in the use of Taser complies with the Human Rights Act 1998. In addition, PSNI Taser training is in line with National ACPO Guidance. See Appendix 4 Glossary for a more detailed explanation of the training undergone by AFO's and SFO's</p>
	<p>The Police Ombudsman has not identified a need for the introduction of Tasers in Northern Ireland further weakening the case for the introduction of Tasers to the PSNI, particularly given the potentially fatal consequences of the use of Tasers. Further the PSNI have failed to produce the verifiable proof of the need for Tasers.</p>	<p>53. The introduction of Taser is based on PSNI's legislative obligations and identified need. The overarching legal obligation placed on the PSNI as a whole and individually on all police officers is the requirement under Article 2 of the European Convention on Human Rights to protect life. This requirement is a positive obligation that protects the right to life of police officers, the subject of use of force by police and the right to life of the wider community. The PSNI also has a statutory obligation under Section 32(1)(a) of the Police Northern Ireland Act 2000 to protect life. Taser technology provides police with a less lethal option for deployment at firearms incidents that would enhance the ability to protect life. If an incident where a fatality involving police using conventional weapons occurred and Taser may have been a viable alternative to the use of conventional firearms in the circumstances, then PSNI and the individual police officer could have breached Article 2 (Right to Life) of the person who died. As such there would be a capability gap in the PSNI response to firearms incidents if Taser was not available as a less lethal tactical option. PSNI identified a capability gap which necessitated the issue of Taser. Evidence on this capability gap was provided to the Human Rights Advisers to the NIPB who accepted that a capability gap had been demonstrated.</p>
	<p>The PSNI did not comply with advice that it would be inappropriate to introduce Tasers until the EQIA was completed.</p>	<p>54. The Taser Pilot was conducted in tandem with the running of the EQIA process. This in no way negates any consultation that has taken place. The decision made by PSNI was only to conduct a pilot of Taser and no decision was taken on the future permanent deployment of Taser prior to the completion of the EQIA consultation process.</p>

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	<p>The proposal to introduce Tasers in Northern Ireland is a policy decision and is the responsibility of the NIPB.</p>	<p>55. PSNI has obtained legal advice which has advised that the introduction of Taser is an operational decision which is the responsibility of the Chief Constable.</p>
	<p>At the NIPB meeting October 2007, the Board took a majority 'without prejudice' view that Tasers should not be deployed prior to the completion of an EQIA and reinforced this view at the meeting in December 2007.</p>	<p>56. The Taser Pilot was conducted in tandem with the running of the EQIA process. This in no way negates any consultation that has taken place. The decision made by PSNI was only to conduct a pilot of Taser and no decision was taken on the future permanent deployment of Taser prior to the EQIA process.</p>
	<p>Concerned to have to request information again on the level of consultation which has taken place with children and young people on the proposal to introduce Tasers in Northern Ireland. This is particularly important given the PSNI's recognition that children are one of the groups most likely to be impacted on through the introduction of Tasers.</p>	<p>57. The PSNI have conducted extensive consultation with organisations representing children and young people and publicly advertised the consultation in local media and on the PSNI website. In respect of any future consultation processes for the purpose of any EQIA, PSNI will give consideration to direct consultation with children and young persons.</p>
	<p>Any failure to consult directly with those directly affected by the policy, i.e. children and young people, will amount to a breach of the PSNI's approved Equality Scheme and urge the PSNI to carry out direct consultation with children and young people as a matter of urgency if this has not already taken place.</p>	<p>58. The PSNI have conducted extensive consultation with organisations representing children and young people and publicly advertised the consultation in local media and on the PSNI website. In respect of any future consultation processes for the purpose of any EQIA, PSNI will give consideration to direct consultation with children and young persons.</p>

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	<p>In addition to the PSNI's apparent breach of its Policy Directive on Policing with Children and Young People, the proposal to introduce Tasers in Northern Ireland also appears to be in conflict also with its Child Protection Policy as the proposed introduction of Tasers to the PSNI in Northern Ireland with the potential for the use of these lethal weapons against children and young people does not have the welfare of the child as paramount, nor does it seek to safeguard and protect children and is therefore a breach of both the PSNI's statutory duty to protect children and the PSNI's child protection policy.</p>	<p>59. The welfare of children and young people has been considered in the PSNI guidelines on the Police Operational Use of Taser at Section (10.7) and (10.8). (See Appendix 3). In addition, having carefully considered the findings of the EQIA consultation, the PSNI have adopted the following recommendation in relation to children and young people and placed it in the PSNI Guidelines on the Operational Use of Taser at Section (5.9) ' The Bronze Firearms Commander will make a dynamic risk assessment at the scene on use of Taser if the subject appears to be a child, and must ensure that the reason for use of Taser involving a child is clearly documented.' See Appendix 4 Glossary for an explanation of the terms 'bronze firearms commander 'and 'dynamic risk assessment'.</p>
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	<p>Have previously requested information on the system of analysis which the PSNI intended to use for responses to the consultation exercise which was not received. Again would request details of the system to be used to analyse responses to this consultation process including the degree of weight which will be attributed to both individual and organisational responses. This is a vital element to drawing conclusions from responses and progressing with identified areas for immediate action. For this reason, we would appreciate information both on the system itself and on its operation for the purposes of analysis. Given its inextricable link with the consultation exercise it is reasonable to presume that such a system was developed contemporaneously with the consultation document consequently we would request this information by return</p>	<p>60. The content of each consultation response was reviewed, summarised and considered in detail as this summary reflects. In considering the consultation feedback, PSNI have been mindful of the need to accord “considerable weight” to the findings of the draft EQIA and the consultation and have done so. This appendix details the PSNI response to the views of consultees and details any action taken.</p>
	<p>Appears that none of the children’s rights issues or other concerns which we raised both in correspondence with the PSNI and in our response to the PSNI’s Pre-Screening consultation exercise have been taken into account and given due and proper consideration. Appears that the PSNI has failed to make appropriate changes of any substance to the proposal to introduce Tasers in Northern Ireland.</p>	<p>61. The PSNI gave careful consideration and considerable weight to all correspondence received. Having carefully considered the findings of the EQIA consultation, the PSNI have adopted the following recommendation in relation to children and placed it in the PSNI Guidelines on the Operational Use of Taser at Section (5.9) (See Appendix 3): ‘The Bronze Firearms Commander will make a dynamic risk assessment at the scene on use of Taser if the subject appears to be a child, and must ensure that the reason for use of Taser involving a child is clearly documented.’ See Appendix 4 Glossary for an explanation of the terms ‘bronze firearms commander ‘and ‘dynamic risk assessment’.</p>

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	<p>The consultation document does not present any independent medical evidence on the impact of the use of Tasers on children and young people of different ages, young males, children and young people of different racial and community background and children and young people with disabilities and/or mental health conditions.</p>	<p>62. PSNI has access to the medical evidence provided by the Defence Advisory Counsel on the Medical Implications of Less Lethal options (DOMILL), which <u>is</u> independent medical evidence that is provided nationally.</p>
	<p>PSNI, while acknowledging the potential for adverse impact on members of these groups, has failed entirely to assuage any of our concerns. PSNI has already introduced Tasers in Northern Ireland, while fully aware both of the potential for adverse impact on some of the most vulnerable members of society and the fact that this is clearly in breach of their statutory obligations under section 75 of the Northern Ireland Act 1998.</p>	<p>63. It is the view of the PSNI that the introduction of Taser on a pilot basis does not conflict with our discharge of our Section 75 obligations particularly since a full and very comprehensive equality screening exercise was carried out prior to commencement of the pilot of Taser.</p>

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<p>Disagree with the PSNI's conclusion when applying the question, "Are there any groups that might be expected to benefit from the intended outcomes but do not?" Despite finding substantial evidence of potential for adverse impact on a number of vulnerable section 75 groups, the PSNI have answered this question by stating that it is not expected that there are any groups expected to benefit (from the introduction of Tasers) which will not. Due to the well recognised severely higher risk of injury and death to children and young people as a result of being 'Tasered' there can be no assumption that they will benefit from their introduction. We can only assume from the above conclusion that the PSNI do not expect or intend that children and young people will benefit as a result of the introduction of Tasers. If this is indeed the case, it points to a complete failure on behalf of the PSNI to have, "due regard for the need to promote equality of opportunity" among members of the nine section 75 categories, in particular children and young people. This goes to the core of section 75 of the Northern Ireland Act 1998 and further undermines any stated commitment made by the PSNI to equality of opportunity.</p>	<p>64. The EQIA process has identified the potential for adverse or differential impact on the following groups: people from black and minority ethnic groups; children and young people; men; women; pregnant women; people with poor mental health; people with heart problems or who wear a pacemaker; people with epilepsy; and people with hearing loss. These findings have been taken onto consideration and afforded due consideration by PSNI in making a decision in relation to the policy.</p> <p>In addition, having carefully considered the findings of the EQIA consultation, the PSNI have identified actions to mitigate the potential adverse impacts on Section 75 groups and as a result the PSNI Guidelines on the Operational Use of Taser have been amended at Section (5.7) to Section (5.18) (See Appendix 3). Training on the use of Taser has also been amended to include these changes.</p> <p>.</p>
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	<p>Concerned to note the only sources of data relied on by the PSNI in carrying out this EQIA include data from DOMILL, the Home Office, the Northern Ireland Office, ACPO and the Police Scientific Development Branch. None of this evidence presented is independent medical evidence and despite the PSNI being fully aware of the existence of a huge range of research and data on the impact of Tasers, their consideration of data and research section is totally inadequate.</p>	<p>65. The PSNI has access to the medical evidence provided by the Defence Advisory Counsel on the Medical Implications of Less Lethal options (DOMILL), which <u>is</u> independent medical evidence that is provided nationally.</p>
	<p>It would appear to consultees that most of the data relied upon in the EQIA has been chosen in order to corroborate the PSNI's decision to introduce Tasers in Northern Ireland.</p>	<p>66. This point is not accepted, as there has already been considerable consultation and provision of a considerable amount of data in both the Section 75 Screening Process carried out by PSNI and for this EQIA process.</p>

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	<p>In relation to the Data by Equality Grouping presented in the EQIA, there are huge gaps in the information available. Despite the lack of available data by category and the fact that the data is not comparable due to the ad hoc way in which it has been recorded, the PSNI states in the EQIA that the information and research to inform the EQIA is regarded as good with the five categories where there has been any collation of data at all. We firmly disagree with this assertion and believe that the failure by the PSNI to collate data as they are required to do has undermined the entire process to date.</p>	<p>67. The EQIA has considered relevant data to inform an assessment of impacts on Section 75 groups. It is not accepted that the process has been undermined. The EQIA has concluded that there are potential adverse impacts arising from the policy on a range of Section 75 groups and this is largely consistent with the feedback received from consultees.</p>
	<p>Huge potential for adverse impact on children and young people of different ages, young males, children and young people of different racial and community background and children and young people with disabilities and/or mental health conditions. As a result, we would have expected the outcome of this EQIA to conclude that Tasers should never be used on children and young people.</p>	<p>68. The EQIA process has identified the potential for adverse or differential impact on the following groups: people from black and minority ethnic groups; children and young people; men; women; pregnant women; people with poor mental health; people with heart problems or who wear a pacemaker; people with epilepsy; and people with hearing loss. These findings have been taken onto consideration and afforded due consideration by PSNI in making a decision in relation to the policy. Having carefully considered the findings of the EQIA consultation, the PSNI have identified actions to mitigate the potential adverse impacts on Section 75 groups and as a result the PSNI Guidelines on the Operational Use of Taser have been amended at Section (5.7) to Section (5.18) (See Appendix 3). Training on the use of Taser has also been amended to include these changes.</p>

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<p>PSNI Final EQIA</p>	<p>Disagree with the PSNI’s assertion that because Tasers will be used in those situations in which more lethal options (such as live weapons) would be considered, the impact on the nine equality categories could be largely positive. Firstly, the PSNI’s pre-screening document detailed a number of scenarios where the PSNI believes that it would be appropriate to deploy Tasers and while the PSNI did state that only in cases where a firearm would be deployed would it be appropriate to use a Taser, the examples provided of scenarios where use of a Taser would be appropriate included a situation where a firearm would not be deployed. Secondly, without independent medical evidence, collected in a controlled and safe scientific environment with the necessary level of expertise to ensure adequate rigorous testing in order to determine the impact that Tasers will have on individuals, including the possible long term effects of being shot by a Taser and their impact on children and vulnerable groups such as children living with disabilities and/or mental health problems, it is impossible to conclude that using Tasers on children will have a positive impact or be any less lethal than conventional firearms. In addition, the PSNI Guidelines on the Operational Use of Taser state that the test to determine whether a Taser should be discharged is not the same as that for the discharge of conventional firearms, indicating that Tasers will be used before conventional firearms, but rather before conventional firearms would be used.</p>	<p>69. The introduction of Taser is based on PSNI’s legislative obligations and identified need. The overarching legal obligation placed on the PSNI as a whole and individually on all police officers is the requirement under Article 2 of the European Convention on Human Rights to protect life. This requirement is a positive obligation that protects the right to life of police officers, the subject of use of force by police and the right to life of the wider community. The PSNI also has a statutory obligation under Section 32(1)(a) of the Police Northern Ireland Act 2000 to protect life. Taser technology provides police with a less lethal option for deployment at firearms incidents that would enhance the ability to protect life. If an incident where a fatality involving police using conventional weapons occurred and Taser may have been a viable alternative to the use of conventional firearms in the circumstances, then PSNI and the individual police officer could have breached Article 2 (Right to Life) of the person who died. As such there would be a capability gap in the PSNI response to firearms incidents if Taser was not available as a less lethal tactical option.</p> <p>The PSNI guidelines on the Police Operational Use of Taser states the following in relation to the test for the use of Taser at Section (10.3) (See Appendix 3):“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.”</p> <p>All uses of Taser will be subject to an investigation by PONI.</p>
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	<p>The Guidelines also worryingly detail the impact of discharging a Taser on an individual which seems to give a clear indication that Tasers are not fit for the purpose for which the PSNI intends them to be used. The potential reaction requires to be factored onto 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”. In such a scenario, even if the PSNI were able to prove that Tasers are safer than conventional firearms, which we contend they cannot, the possible outcome of discharging a Taser will be causing a suspect to discharge a conventional firearm “unintentionally and indiscriminately” which places PSNI officers and members of the public at greater risk of death or serious injury, rather than serving to protect life as the PSNI aims to.</p>	<p>70. It should be noted that in the last four years since its introduction to police services in Great Britain Taser has been used fired 834¹ times. In each case, the use of the Taser has brought a serious incident to a safe conclusion with no death or serious injury to the police officers involved or members of the public.</p>
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¹ Source Home Office Scientific Development Branch All uses of Taser in England and Wales up until May 2008.

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<p>Where potential for adverse impact has been identified by a public body, a fundamental part of the EQIA process is the consideration of alternatives and the mitigation of impacts. With regard to the PSNI's Mitigation of Impacts in the EQIA the PSNI has concluded that while potential for adverse impact has been identified on the grounds of race, age, gender and disability they do not believe that non-introduction of the proposal to introduce Taser in Northern Ireland is an appropriate alternative. In addition, the only mitigation of impacts offered in the EQIA is to carry out training with the PSNI and the production of the Guidelines on the Operational use of Tasers. Given the fact that the two day training received by the PSNI's falls short of the four day minimum training recommended by Taser International and the lack of clarity in the Guidelines about how to deal with specific risk factors and the likelihood of causing death, serious injury or long term injury, we do not believe that these amount to mitigating factors.</p>	<p>71. It is considered that the impact of the introduction of Taser on equality of opportunity is low as it involves the introduction of an alternative method of dealing with certain situations e.g. firearms situations which none the less require resolution. It could not in itself give rise to any new situations that could have an impact on equality of opportunity. It is the view of the PSNI that any differential impacts can be sufficiently mitigated through specific training, operational guidance, strict adherence to National ACPO standards and a review of the impact of Taser post implementation. PSNI training and refresher training in the use of Taser follows National ACPO guidelines.</p> <p>The EQIA process has identified the potential for adverse or differential impact on the following groups: people from black and minority ethnic groups; children and young people; men; women; pregnant women; people with poor mental health; people with heart problems or who wear a pacemaker; people with epilepsy; and people with hearing loss. These findings have been afforded due consideration by PSNI in making a decision in relation to the policy.</p> <p>Having carefully considered the findings of the EQIA consultation, the PSNI have identified actions to mitigate the potential adverse impacts on Section 75 groups and as a result the PSNI Guidelines on the Operational Use of Taser have been amended at Section (5.7) to Section (5.18) (See Appendix 3). Training on the use of Taser has also been amended to include these changes. See also the EQIA final report Section 2.10 on Taser training.</p>
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	<p>The Guidelines on the Operational Use of Tasers state that a heightened risk must be considered when assessing the appropriateness and necessity of using a Taser. As no clearer guidance has been provided and there are obvious issues around recognition of specific risk factors, such as heart and mental health problems, pregnancy and whether someone is under the age of eighteen, we have serious concerns that mitigation of the impacts of a Taser being discharged on vulnerable groups, such as children and young people, has not been carried out. Suggest the PSNI carry out research into the <i>“development of non-lethal incapacitating weapons for use in appropriate situations, with a view to increasingly restraining the application of means capable of causing death or injury to person”</i> as required by the UN Basic Principles on Use of Force and Firearms.</p>	<p>72. It is considered that the impact of the introduction of Taser on equality of opportunity is low as it involves the introduction of an alternative method of dealing with certain situations e.g. firearms situations which none the less require resolution. It could not in itself give rise to any new situations that could have an impact on equality of opportunity. It is the view of the PSNI that any differential impacts can be sufficiently mitigated through specific training, operational guidance, strict adherence to National ACPO standards and a review of the impact of Taser post implementation. The UK Less Lethal Weapons Steering Group is responsible for identifying less lethal technologies. The PSNI has membership of this group and attends meetings on a regular basis. . The fifth report of the steering group can be found at http://www.nio.gov.uk/less lethal weaponry steering group phase 5 report.pdf</p> <p>See also the EQIA final report Section 2.13 re Less lethal options.</p>
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	<p>Wish to see an unequivocal commitment by the PSNI following this EQIA that Tasers will never be used on children; an alternative to the proposal to use Tasers on children and real mitigation of the impacts of the use of Tasers on children and young people.</p>	<p>73. Having carefully considered the findings of the EQIA consultation, the PSNI will adopt the following recommendation in relation to children and young people and place it in the PSNI Guidelines on the Operational Use of Taser at Section (5.9) (See Appendix 3): ‘ The Bronze Firearms Commander will make a dynamic risk assessment at the scene on use of Taser if the subject appears to be a child, and must ensure that the reason for use of Taser involving a child is clearly documented.’ See Appendix 4 Glossary for an explanation of the terms ‘bronze firearms commander ‘and ‘dynamic risk assessment’.</p> <p>Additional mitigating actions for all groups has been agreed –</p> <ol style="list-style-type: none"> 1. The use of Taser by PSNI officers should be monitored and reviewed regularly: Taser Guidance Section (5.18) 2. All persons who have been subjected to Taser discharge should be examined by a medical practitioner at the earliest practical opportunity. Taser Guidance Section (5.18) 3. The protocols for referral to the Police Ombudsman for Northern Ireland that were agreed for the pilot of Taser to Specialist Operations Branch will become normal procedure.
	<p>Have concerns about the commitment and ability of the PSNI to carry out monitoring and review of Taser use, given the failure of the PSNI to present any consistent data on members of the nine equality groups in this consultation exercise. In addition to the PSNI’s obligations to collect data under section 75 of the Northern Ireland Act 1998, the UNCRC also places obligations on public bodies to collect data on children’s rights.</p>	<p>74. An evaluation form is to be completed for every operation where Taser is used and forwarded to the ACPO Police Use of Firearms Secretariat. The Taser Liaison Officer will receive all PSNI Taser Deployment forms and will review them 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. Operational usage will be reviewed at regular intervals to ensure that emerging issues are properly reflected in training and operational guidance. All Taser discharges will automatically be referred to the PONI for investigation. As part of the PSNI ‘s ongoing commitment to the EQIA process, there will be a system of monitoring in place to assess the impacts of any use of Taser on Section 75 groups.</p>

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<p>Believe that Tasers are not in compliance with domestic and international human rights and children’s rights standards, nor with the UN Basic Principles on Use of Force and Firearms or the Police (NI) Act 2000. It is fundamental to this discussion that reliable independent medical evidence on the use of Tasers on vulnerable members of society is obtained as a matter of immediate urgency and most definitely before Tasers are discharged on any individual in this jurisdiction, with specific reference to the impact of Tasers on children and young people of different ages, young males, children and young people of different racial and community background and children and young people with disabilities and/or mental health conditions.</p>	<p>75. The overarching legal obligation placed on the PSNI as a whole and individually on all police officers is the requirement under Article 2 of the European Convention on Human Rights to protect life. This requirement is a positive obligation that protects the right to life of police officers, the subject of use of force by police and the right to life of the wider community. The PSNI also has a statutory obligation under Section 32(1)(a) of the Police Northern Ireland Act 2000 to protect life. Taser technology provides police with a less lethal option for deployment at firearms incidents that would enhance the ability to protect life. If an incident where a fatality involving police using conventional weapons occurred and Taser may have been a viable alternative to the use of conventional firearms in the circumstances, then PSNI and the individual police officer could have breached Article 2 (Right to Life) of the person who died. The PSNI has access to the medical evidence provided by the Defence Advisory Counsel on the Medical Implications of Less Lethal options (DOMILL), which <u>is</u> independent medical evidence that is provided nationally. In the last four years since its introduction to police services in Great Britain Taser has been used fired 834² times. In each case, the use of the Taser has brought a serious incident to a safe conclusion with no death or serious injury to the police officers involved or members of the public. The Taser Operational Procedure and guidance also 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. The guidance states the following: 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. Whilst the use of Taser represents an option, which is a less lethal alternative to conventional firearms, every effort will be made to ensure that children or members of other vulnerable groups are not placed at risk by its use.</p>
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² Source Home Office Scientific Development Branch All uses of Taser in England and Wales up until May 2008

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	<p>We wish to see the issues we have outlined addressed and would be happy to meet with an appropriate representative from the PSNI to discuss the issues raised in this response and to ensure that children and young people are protected from the use of these weapons which will violate their human rights and cause serious threats to their most basic right of all, the right to life.</p>	<p>76. A meeting has taken place between the PSNI Section 75 manager and representatives of the Children’s Law Centre on the 4th June 2008 with a view to improving PSNI’s engagement with children and young people.</p>
<p>Democratic Unionist Party</p>	<p>Support the introduction of Taser. Accept that criticisms have been identified but believe it has been used quite successfully in USA Europe and other UK forces and ensured that lives have been saved rather than lost.</p>	<p>77. The PSNI notes this comment.</p>
<p>Disability Action</p>	<p>Believes that the introduction of Taser is contrary to both domestic and international human rights standards.</p>	<p>78. It is the aim of the Police Service of Northern Ireland to uphold and protect the human dignity and human rights of all persons as enshrined in the European Convention of Human Rights and other relevant international instruments. The Operational Procedure and Guidance which was drafted for the pilot of Taser to Special Operations Branch has been confirmed by the Human Rights Advisors to the Northern Ireland Policing Board as being in compliance with the Human Rights Act 1998 and in compliance with their advice to the Northern Ireland Policing Board of May 2007. Further to this, it is considered that rather than breaching Human Rights, the availability of Taser enhances the ability of PSNI and individual officers to protect the right to life as required under Article 2 of the European Convention on Human Rights and enshrined in Section 6 of the Human Rights Act 1998. It is not accepted that Taser is in contravention of Article 3 of the European Convention on Human Rights as it is only the inappropriate use of Taser that could result in a breach of Article 3. The strict training, operational procedure and guidance for use of Taser and accountability mechanisms are in place to minimise the possibility of a breach of Article 3 occurring. The Taser Operational Procedure and guidance also 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.</p>

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	<p>Request details of: direct consultation which has or will take place with people with disabilities; longitudinal studies relating to the impact of Taser against people with information on the potential impact of Tasers on people with a range of disabilities including sensory, physical, learning, mental health and hidden disabilities and details of the type of training that will be provided, including the scope of disability awareness training.</p>	<p>79. Prior to the written stage of the consultation process for the EQIA, PSNI invited representatives of 11 organisations for formal meetings to discuss the proposals including organisations representing people with disabilities and children and young people.</p> <p>Having carefully considered the findings of the EQIA consultation, the PSNI have identified actions to mitigate the potential adverse impacts on Section 75 groups and as a result the PSNI Guidelines on the Operational Use of Taser have been amended at Section (5.7) to Section (5.18) (See Appendix 3). Training on the use of Taser has also been amended to include these changes. See also the EQIA final report Section 2.10 re Taser Training.</p>
	<p>Concerned at the statement “<i>The effect [of Taser] is not intended or likely to render the subject into a state of unconsciousness</i>” The expression of doubt that exists is indicative of the lack of reliable, comprehensive and independent medical evidence outlining the full range of potential adverse effects.</p>	<p>80. The PSNI has access to the medical evidence provided by the Defence Advisory Counsel on the Medical Implications of Less Lethal options (DOMILL), which <u>is</u> independent medical evidence that is provided nationally.</p>
	<p>Police officers will not always be in a position to assess whether the use of Taser will produce adverse consequences regardless of the care taken by officers.</p>	<p>81. In the last four years since its introduction to police services in Great Britain Taser has been used fired 834³ times. In each case, the use of the Taser has brought a serious incident to a safe conclusion with no death or serious injury to the police officers involved or members of the public.</p>
	<p>In many cases, it will not be immediately clear or apparent whether someone has a disability.</p>	<p>82. It is fair to say that it will not always be immediately clear or apparent whether someone has a disability however officers issued with a Taser will be highly trained and will conduct a risk assessment at the scene of any incident. See also the EQIA final report Section 2.10 re Taser Training.</p>

³ Source Home Office Scientific Development Branch All uses of Taser in England and Wales up until May 2008

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	<p>Does evidence exist to indicate that the use of Tasers will not impact differently on people with certain neurological conditions?</p>	<p>83. This has been considered in the PSNI guidelines on the Police Operational Use of Taser at Section (5.6). (See Appendix 3). In addition having carefully considered the findings of the EQIA consultation, the PSNI has adopted the following in relation to People with Mental Health Problems or Neurological Problems and included it in the PSNI Guidelines on the Operational Use of Taser at Section (5.14) ‘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.’</p>
	<p>Disappointed at the lack of detailed analysis and at the assertion that the quality of data, information and research available to assess the impact of Taser on people with disabilities is ‘good’. Information provided in this section is scant and does not reflect the diversity of disability as outlined above. Nor is the information that is provided independent.</p>	<p>84. The PSNI has access to the medical evidence provided by the Defence Advisory Counsel on the Medical Implications of Less Lethal options (DOMILL), which <u>is</u> independent medical evidence that is provided nationally.</p>
	<p>The argument that research carried out on the impact of Taser on people with disabilities is inclusive of people who are under the influence of alcohol and drugs is highly misleading and inappropriate. Addiction to or dependency on alcohol or any other substance (unless the addiction resulted from the substance being medically prescribed) does not constitute a disability under the terms of the Disability Discrimination Act (1995).</p>	<p>85. This point is accepted.</p>

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	<p>Disappointed that the PSNI has chosen to group ‘<i>people of small stature</i>’ alongside children and young people perpetuating the negative ‘childlike’ stigma that is often attached to people with restricted growth.</p>	<p>86. PSNI have used this phrase as this is the wording used in the latest Defence Advisory Counsel on the Medical Implications of Less Lethal options (DOMILL) statement.</p>
	<p>Urges PSNI to consider, in much greater detail, the potential and actual impact of Taser on people with disabilities.</p>	<p>87. It is considered that the impact of the introduction of Taser on equality of opportunity is low as it involves the introduction of an alternative method of dealing with certain situations e.g. firearms situations which none the less require resolution. It could not in itself give rise to any new situations that could have an impact on equality of opportunity. It is the view of the PSNI that any differential impacts can be sufficiently mitigated through specific training, operational guidance, strict adherence to National ACPO standards and a review of the impact of Taser post implementation. In addition having carefully considered the findings of the EQIA consultation, the PSNI have adopted the following into the PSNI Guidelines on the Operational Use of Taser at Sections (5.14, 5.15 and 5.16) (See Appendix 3) and into their training.</p> <p>People with Mental Health Problems or Neurological Problems: 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.</p> <p>People who are wearing Pace-Makers or who have Heart Problems and (iii) 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 level of training. This level of training is to be directed by the PSNI Chief Medical Adviser who is Head of PSNI Occupational Health and Welfare Branch.</p>

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	<p>Concerned at the suggestion that “<i>the non-introduction of Taser is not felt to be an appropriate alternative policy</i>” which appears to be contrary to the spirit of the Section 75 duty since it appears that the decision to introduce Tasers has already been taken.</p>	<p>88. The Taser Pilot was conducted in tandem with the running of the EQIA process. This in no way negates any consultation that has taken place. The decision made by PSNI was only to conduct a pilot of Taser and no decision was taken on the future permanent deployment of Taser prior to the completion of the EQIA consultation process.</p>
	<p>Strongly believes that, in the absence of reliable, comprehensive, conclusive and independent evidence and advice from medically qualified sources that they will not impact negatively and disproportionately on people with disabilities, the introduction of Tasers is inappropriate.</p>	<p>89. It is considered that the impact of the introduction of Taser on equality of opportunity is low as it involves the introduction of an alternative method of dealing with certain situations e.g. firearms situations which none the less require resolution. It could not in itself give rise to any new situations that could have an impact on equality of opportunity. It is the view of the PSNI that any differential impacts can be mitigated through specific training, operational guidance, strict adherence to National ACPO standards and a review of the impact of Taser post implementation. The PSNI has access to the medical evidence provided by the Defence Advisory Counsel on the Medical Implications of Less Lethal options (DOMILL), which <u>is</u> independent medical evidence that is provided nationally.</p>

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<p>Down District Council</p>	<p>Concern that people more at risk from use of Taser include people with mental difficulties, people on medication, people with heart conditions especially those who had a pacemaker fitted and people who may suffer from epilepsy.</p>	<p>90. Having carefully considered the findings of the EQIA consultation, the PSNI have included the following into the PSNI Guidelines on the Operational Use of Taser at Sections (5.14, 5.15 and 5.16) (See Appendix 3) and into their training.</p> <p>People with Mental Health Problems or Neurological Problems: 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.</p> <p>People who are wearing Pace-Makers or who have Heart Problems and (iii) 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 level of training. This level of training is to be directed by the PSNI Chief Medical Adviser who is Head of PSNI Occupational Health and Welfare Branch.</p> <p>Additional mitigating actions for all groups have been agreed:</p> <ol style="list-style-type: none"> 1. The use of Taser by PSNI officers should be monitored and reviewed regularly: Taser Guidance Section (5.18) 2. All persons who have been subjected to Taser discharge should be examined by a medical practitioner at the earliest practical opportunity. Taser Guidance Section (5.18) 3. The protocols for referral to the Police Ombudsman for Northern Ireland that were agreed for the pilot of Taser to Specialist operations Branch will become normal procedure.
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	<p>There is a need for further research concerning the use of Tasers on vulnerable groups, due to the absence of specific threshold information in young children, the elderly, individuals with underlying heart conditions, or individuals with concurrent drug use, and the fact it is not known whether there are sensitive individuals in these groups that could experience ventricular fibrillation as a result of being exposed to a Taser.</p>	<p>91. The PSNI has access to the medical evidence provided by the Defence Advisory Counsel on the Medical Implications of Less Lethal options (DOMILL), which <u>is</u> independent medical evidence that is provided nationally. In addition the PSNI will adopt the following recommendation: ‘All persons who have been subjected to Taser discharge should be examined by a medical practitioner at the earliest practical opportunity.’ Taser Guidance Section (5.18) (See Appendix 3)</p>
	<p>Feel that in practice it is more likely for Tasers to be used in situations where deadly force would never be justified, as is the case in the USA.</p>	<p>92. The PSNI guidelines on the Police Operational Use of Taser states the following in relation to the test for the use of Taser at Section (10.3) which will be strictly adhered to: “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.” All uses of Taser will be subject to an investigation by PONI.</p>
	<p>Further detailed research is required on the possible impact of Tasers on the vulnerable groups identified in the EQIA and those which had not been identified, namely those on medication or suffering from a medical condition. Until this research is carried out the conclusion of the draft cannot be supported and it would be premature and unsafe to proceed with the introduction and use of Tasers.</p>	<p>93. PSNI has a statutory obligation under the Human Rights Act 1998 to protect the right to life, which places an onerous responsibility on the PSNI to take steps to protect life. Taser as a less lethal option would enhance the availability of PSNI to protect life and therefore it would not be appropriate to further delay the introduction of Taser to allow for the collation of further research data given the high threshold test for use of Taser which is: “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.” The EQIA process has identified the potential for adverse or differential impact on the following groups: people from black and minority ethnic groups; children and young people; men; women; pregnant women; people with poor mental health; people with heart problems or who wear a pacemaker; people with epilepsy; and people with hearing loss. These findings have afforded due consideration by PSNI in making a decision in relation to the policy. Having carefully considered the findings of the EQIA consultation, the PSNI have identified actions to mitigate the potential adverse impacts on Section 75 groups and as a result the PSNI Guidelines on the Operational Use of Taser have been amended at Section (5.7) to Section (5.18) (See Appendix 3). Training on the use of Taser has also been amended to include these changes.</p>

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<p>Equality Commission for Northern Ireland</p>	<p>Note the fact that the Commission strongly expressed advice that the procurement and deployment of Taser units, whether for a pilot or otherwise, should have been deferred until the outcome of this EQIA had been taken into account.</p>	<p>94. This advice was responded to by the Chief Constable in his letter to the Equality Commission dated 16/10/07.</p>
	<p>Aware of a number of other sources of crucial data which are not cited in the EQIA.</p>	<p>95. There has already been considerable consultation and provision of a considerable amount of data in both the Section 75 Screening Process carried out by PSNI and for this EQIA process.</p>
	<p>Recommends that the PSNI canvass as wide a range of independent evidence as possible to inform the EQIA.</p>	<p>96. The PSNI is committed to conducting a full and meaningful Equality Impact Assessment process and has conducted extensive consultation to gather evidence to inform the EQIA.</p>
	<p>Inconsistencies in the tabulated data concerning 515 violent and security related incidents cited in Section 5 which is then used to inform an assessment of impact on the categories are not explained. I.e. the total number of affected individuals for each equality category table does not tally with the total 527 individuals cited in paragraph 5.2.1. It is also not clear from the EQIA why data for the months of October 2005 and November 2006 is analysed.</p>	<p>97. Table 5B at Page 25 reflects the number of violent and security incidents (515) as opposed to the total number of individuals involved in the offences (527). The months chosen for the detailed analysis were selected at random.</p>
	<p>Recommends that the PSNI institute a system of information gathering across all nine equality categories, and if necessary commission new data to redress identified information gaps.</p>	<p>98. A system of monitoring and information gathering will be put in place and reviewed regularly to assess the impact on an ongoing basis on Section 75 groups.</p>

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	<p>It is not clear from the EQIA how the key issues raised by consultees in the pre-consultation exercises will be addressed.</p>	<p>99. The pre-consultation was used to gain an opportunity to understand the initial views of consultees and identify data and research for inclusion in the EQIA. The views expressed through the pre-consultation have been considered by PSNI in reaching decisions on whether or not to introduce Taser.</p>
	<p>In relation to the consideration of alternative policies which might better achieve the promotion of equality of opportunity the PSNI has only considered the policy of not to introduce Taser. It would have been helpful to consultees to indicate whether other options had been considered when the decision to choose Taser was made and whether such options are still open to consideration.</p>	<p>100. This point is noted. The introduction of Taser is based on PSNI's legislative obligations and identified need. The overarching legal obligation placed on the PSNI as a whole and individually on all police officers is the requirement under Article 2 of the European Convention on Human Rights to protect life. This requirement is a positive obligation that protects the right to life of police officers, the subject of use of force by police and the right to life of the wider community. The PSNI also has a statutory obligation under Section 32(1)(a) of the Police Northern Ireland Act 2000 to protect life. Taser technology provides police with a less lethal option for deployment at firearms incidents that would enhance the ability to protect life. If an incident where a fatality involving police using conventional weapons occurred and Taser may have been a viable alternative to the use of conventional firearms in the circumstances, then PSNI and the individual police officer could have breached Article 2 (Right to Life) of the person who died. As such there would be a capability gap in the PSNI response to firearms incidents if Taser was not available as a tactical option. The European Court of Human Rights, in its decision in Simsek v. Turkey, held that it is unacceptable for police services not to have a range of less lethal options, as this failure can make the likelihood of recourse to lethal force more likely.</p>

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	<p>As no further information is provided in the EQIA on the actual content of the Operational Guidance and training, it is difficult for the Commission to ascertain how the potential adverse impacts that have been identified in respect of these categories will be mitigated in practice i.e. the likely outcomes and impacts. Furthermore, the EQIA does not provide any detail of how the effectiveness of the training or compliance with the Guidance will be monitored.</p>	<p>101. The Operational Procedure and Guidance that was drafted for the pilot of Taser to Special Operations Branch has been confirmed by the Human Rights Advisors to the Northern Ireland Policing Board as being in compliance with the Human Rights Act 1998 and in compliance with their advice to the Northern Ireland Policing Board of May 2007. In addition the Human Rights Advisors to the Northern Ireland Policing Board have also confirmed that, the PSNI training in the use of Taser complies with the Human Rights Act 1998. The operational procedure and guidance on the Use of Taser has been re-visited in light of the EQIA process and the actions to mitigate any potential adverse or differential impact has been incorporated into the guidance and will be reflected in the training of officers. An evaluation form is to be completed for every operation where Taser is used and forwarded to the ACPO Police Use of Firearms Secretariat. The Taser Liaison Officer will receive and review all PSNI Taser Deployment forms 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. Operational usage will be reviewed at regular intervals to ensure that emerging issues are properly reflected in training and operational guidance. All Taser discharges will automatically be referred to the PONI for investigation. The revised Taser Service Procedure can be found at Appendix 3.</p>
	<p>Although the EQIA has identified potential adverse impact for people of different racial groups the EQIA has not addressed the implications that this has for the good relations duty.</p>	<p>102. PSNI has considered the implication of these proposals for good relations duty and believe that by providing a less lethal alternative, the introduction of Taser should not negatively affect good relations between PSNI and people of different religious belief, political opinion and racial groups.</p>
	<p>The Commission notes that the UN Committee on the Rights of the Child has recommended the collection of disaggregated data on all persons under 18 years of age in respect of areas covered by the Convention of the Rights of the Child so that this can be used to assess policies and progress.</p>	<p>103. An evaluation form is to be completed for every operation where Taser is used and forwarded to the ACPO Police Use of Firearms Secretariat. The Taser Liaison Officer will receive and review all PSNI Taser Deployment forms 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. Operational usage will be reviewed at regular intervals to ensure that emerging issues are properly reflected in training and operational guidance. All Taser discharges will automatically be referred to the PONI for investigation.</p>

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	<p>There is no reference in the EQIA as to whether the PSNI has systems in place to ensure that this information is available in such accessible formats in a timely fashion.</p>	<p>104. PSNI does have systems in place to provide information in accessible formats in a timely fashion.</p>
	<p>The EQIA does not provide any information regarding whether specific consideration has been given to how best to communicate this information to young people and those with learning disabilities. There is no indication as to whether direct consultation with children and young people will take place.</p>	<p>105. Prior to the written stage of the consultation process for the EQIA, PSNI invited representatives of 11 organisations for formal meetings to discuss the proposals including organisations representing people with disabilities and children and young people.</p> <p>Consideration was given to how best to communicate information to all groups including children and young people and people with disabilities through the development of a plain English summary consultation document. In future EQIA consultations PSNI will give consideration to consulting with children and young persons.</p>
	<p>There is no specific reference in the EQIA as to whether consultees could request face to face meetings, small group meetings or focus groups. In addition, the EQIA does not provide specific evidence that the necessary resources have been devoted to the consultation exercise such as PSNI providing travel or child care expenses.</p>	<p>106. This point is noted and will be explicitly addressed in future consultations.</p>

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	<p>The EQIA outlines that the ‘<i>PSNI would be happy to receive requests for further informationand will endeavour to meet such requests where practical</i>’. However one of the Guiding Principles on Consultation states ‘information should be made available to ensure meaningful consultation. This should include relevant quantitative and qualitative data and other documentation such as consultants’ reports’.</p>	<p>107. The PSNI is committed to conducting a full and meaningful Equality Impact Assessment process. A considerable amount of information was provided to consultees, however this line was included to bring our willingness to provide further information, where available.</p>
	<p>The PSNI must establish a system to monitor the impact of the policy in order to find out its effect on the relevant groups. And the results of such monitoring must be reviewed on an annual basis. The PSNI is required to publish the results of this monitoring and include these in the PSNI annual review on progress to the Commission. It is essential that monitoring is carried out in a systematic manner and that the results are widely and openly published.</p>	<p>108. An evaluation form is to be completed for every operation where Taser is used and forwarded to the ACPO Police Use of Firearms Secretariat. The Taser Liaison Officer will receive and review all PSNI Taser Deployment forms 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. Operational usage will be reviewed at regular intervals to ensure that emerging issues are properly reflected in training and operational guidance. All Taser discharges will automatically be referred to the PONI for investigation. In addition, a monitoring system will be developed to collate information on Taser use and the impact on Section 75 groups and the results of such monitoring published on an annual basis.</p>
	<p>In making any decision with respect to a policy adopted or proposed to be adopted by it, [PSNI] shall take into account any Equality Impact Assessment and consultation carried out in relation to the policy. The PSNI has also made a commitment to this effect in its Equality Scheme and it is essential that the PSNI fully complies with this.</p>	<p>109. The PSNI is committed to conducting a full and meaningful Equality Impact Assessment process. All expectations or impacts on equality of opportunity identified in the EQIA, which have not already been identified in the Equality screening process, were taken into account by the Chief Constable prior to making a policy decision on the future issue of Taser in the PSNI.</p>

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<p>NICCY</p>	<p>Recommend the proposals be reviewed against the following relevant Articles within the UNCRC and incorporate them in the policy as underlying principles, to ensure that the rights, best interests of children and young people are upheld and protected: Article 2: Children shall not be discriminated against and shall have equal access to protection.; Article 3: All decisions taken which affect children's lives should be taken in the child's best interests; and Article 6: All children have the right to life and to the fullest level of development.</p>	<p>110. It is the aim of the Police Service of Northern Ireland to uphold and protect the human dignity and human rights of all persons as enshrined in the European Convention of Human Rights and other relevant international instruments. The Operational Procedure and Guidance which was drafted for the pilot of Taser to Special Operations Branch has been confirmed by the Human Rights Advisors to the Northern Ireland Policing Board as being in compliance with the Human Rights Act 1998 and in compliance with their advice to the Northern Ireland Policing Board of May 2007. Further to this, it is considered that rather than breaching Human Rights, the availability of Taser enhances the ability of PSNI and individual officers to protect the right to life as required under Article 2 of the European Convention on Human Rights and enshrined in Section 6 of the Human Rights Act 1998. It is not accepted that Taser is in contravention of Article 3 of the European Convention on Human Rights as it is only the inappropriate use of Taser that could result in a breach of Article 3. The strict training, operational procedure and guidance for use of Taser and accountability mechanisms are in place to minimise the possibility of a breach of Article 3 occurring. The Taser Operational Procedure and guidance also 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.</p>
	<p>Believes that the deployment of Taser does not comply with these articles of the UNCRC and is concerned that it will have an adverse impact on children and young people. Article 12: Children have the right to have their voices heard in all matters concerning them. Article 9: Protection from all forms of violence and Article 37: Prohibits the use of torture or other cruel or degrading treatment are also relevant and require special consideration and reference.</p>	<p>111. The EQIA process has identified the potential for adverse or differential impact on the following groups: people from black and minority ethnic groups; children and young people; men; women; pregnant women; people with poor mental health; people with heart problems or who wear a pacemaker; people with epilepsy; and people with hearing loss. These findings have been taken into consideration and afforded due consideration by PSNI in making a decision in relation to the policy.</p> <p>Having carefully considered the findings of the EQIA consultation, the PSNI have identified actions to mitigate the potential adverse impacts on Section 75 groups and as a result the PSNI Guidelines on the Operational Use of Taser have been amended at Section (5.7) to Section (5.18) (See Appendix 3). Training on the use of Taser has also been amended to include these changes</p>

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	<p>NICCY does not support the PSNI position that the introduction of Taser provides a less lethal alternative.</p>	<p>112. The introduction of Taser is based on PSNI’s legislative obligations and identified need. The overarching legal obligation placed on the PSNI as a whole and individually on all police officers is the requirement under Article 2 of the European Convention on Human Rights to protect life. This requirement is a positive obligation that protects the right to life of police officers, the subject of use of force by police and the right to life of the wider community. The PSNI also has a statutory obligation under Section 32(1)(a) of the Police Northern Ireland Act 2000 to protect life. Taser technology provides police with a less lethal option for deployment at firearms incidents that would enhance the ability to protect life. If an incident where a fatality involving police using conventional weapons occurred and Taser may have been a viable alternative to the use of conventional firearms in the circumstances, then PSNI and the individual police officer could have breached Article 2 (Right to Life) of the person who died. As such there would be a capability gap in the PSNI response to firearms incidents if Taser was not available as a tactical option. The European Court of Human Rights, in its decision in <i>Simsek v. Turkey</i>, held that it is unacceptable for police services not to have a range of less lethal options, as this failure can make the likelihood of recourse to lethal force more likely.</p>
	<p>Both the UN Human Rights Committee and the UN Committee against Torture have made observations about the use of Taser when considering the reports submitted to them by individual countries on a periodic basis. The UN Human Rights Committee Report on the USA, September 2006, considers that Taser should only be used in situations where “<i>greater or lethal force would otherwise have been justified</i>” and never used against “<i>vulnerable persons</i>”.</p>	<p>113. The PSNI test for the use of Taser is as follows and will be strictly adhered to: “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.”</p>

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	<p>The introduction of Taser for use by the PSNI, which would include their use against children, would represent a grave breach of a number of domestic and international human rights standards as they apply to children.</p>	<p>114. It is the aim of the Police Service of Northern Ireland to uphold and protect the human dignity and human rights of all persons as enshrined in the European Convention of Human Rights and other relevant international instruments. The Operational Procedure and Guidance which was drafted for the pilot of Taser to Special Operations Branch has been confirmed by the Human Rights Advisors to the Northern Ireland Policing Board as being in compliance with the Human Rights Act 1998 and in compliance with their advice to the Northern Ireland Policing Board of May 2007. Further to this, it is considered that rather than breaching Human Rights, the availability of Taser enhances the ability of PSNI and individual officers to protect the right to life as required under Article 2 of the European Convention on Human Rights and enshrined in Section 6 of the Human Rights Act 1998. It is not accepted that Taser is in contravention of Article 3 of the European Convention on Human Rights as it is only the inappropriate use of Taser that could result in a breach of Article 3. The strict training, operational procedure and guidance for use of Taser and accountability mechanisms are in place to minimise the possibility of a breach of Article 3 occurring. The Taser Operational Procedure and guidance also 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.</p>
	<p>In the absence of evidence and in the context in which the vulnerability of children is unknown, NICCY does not accept the statement <i>“that the PSNI believe that the proposed policy is consistent with the ECHR, in particular the obligation under Article 2 to protect the Right to Life”</i>.</p>	<p>115. The Operational Procedure and Guidance that was drafted for the pilot of Taser to Specialist Operations Branch has been confirmed by the Human Rights Advisors to the Northern Ireland Policing Board as being in compliance with the Human Rights Act 1998 and in compliance with their advice to the Northern Ireland Policing Board of May 2007. Further to this, it is considered that rather than breaching Human Rights, the availability of Taser enhances the ability of PSNI and individual officers to protect the right to life as required under Article 2 of the European Convention on Human Rights and enshrined in Section 6 of the Human Rights Act 1998.</p>

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	<p>Article 3 of the ECHR requires that the use of force by police officers be the minimum necessary to achieve a lawful objective. In the absence of independent medical evidence and assessment to demonstrate the impact of this use of force through use of a Taser, it is not possible to maintain that the Article 3 standard has been met.</p>	<p>116. It is considered that rather than breaching Human Rights, the availability of Taser enhances the ability of PSNI and individual officers to protect the right to life as required under Article 2 of the European Convention on Human Rights and enshrined in Section 6 of the Human Rights Act 1998. It is not accepted that Taser is in contravention of Article 3 of the European Convention on Human Rights as it is only the inappropriate use of Taser that could result in a breach of Article 3. The strict training, operational procedure and guidance for use of Taser and accountability mechanisms are in place to prevent a breach of Article 3 occurring.</p>
	<p>Concern that Section 75 is not being adequately enforced in respect of the age criterion and that public authorities are consistently failing in their duty to meaningfully consult with children and young people on issues that have direct relevance to their lives. Would like further information on how the PSNI has sought the views of children and young people at this stage of the consultation.</p>	<p>117. Prior to the written stage of the consultation process for the EQIA, PSNI invited representatives of 11 organisations for formal meetings to discuss the proposals including organisations representing people with disabilities and children and young people. In respect of any future EQIA consultations PSNI will give consideration to consulting with children and young persons.</p>
	<p>Concerned that they were not formally directly advised by the PSNI that the EQIA taking place and were not included on the list of consultees.</p>	<p>118. PSNI apologises for this oversight and will ensure that NICCY are included in all future equality consultations.</p>
	<p>The EQIA is fundamentally flawed as Taser is not a less lethal technology; it is potentially lethal and should be recognised by the PSNI as such.</p>	<p>119. The PSNI believe that Taser is a less lethal option. In the last four years since its introduction to police services in Great Britain, Taser has been used fired 834⁴ times. In each case, the use of the Taser has brought a serious incident to a safe conclusion with no death or serious injury to the police officers involved or members of the public.</p>

⁴ Source Home Office Scientific Development Branch All uses of Taser in England and Wales up until May 2008

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	<p>Concerned that the proposal has not taken into account the fact that the effects of Taser on children have not been fully explored, and that the research in this area is in its infancy. The risk of death from the use of Taser in relation to children and young people is, in truth, unknown.</p>	<p>120. In the last four years since its introduction to police services in Great Britain, Taser has been used fired 834 times. In each case, the use of the Taser has brought a serious incident to a safe conclusion with no death or serious injury to the police officers involved or members of the public. It is considered that the impact of the introduction of Taser on equality of opportunity is low as it involves the introduction of an alternative method of dealing with certain situations e.g. firearms situations which none the less require resolution. It could not in itself give rise to any new situations that could have an impact on equality of opportunity. It is the view of the PSNI that any differential impacts can be sufficiently mitigated through specific training, operational guidance, strict adherence to National ACPO standards and a review of the impact of Taser post implementation. In addition, having carefully considered the findings of the EQIA consultation, the PSNI has adopted the following in relation to children and placed it in the PSNI Guidelines on the Operational Use of Taser at Section (5.9) (See Appendix 3)</p> <p>‘The Bronze Firearms Commander will make a dynamic risk assessment at the scene on use of Taser if the subject appears to be a child, and must ensure that the reason for use of Taser involving a child is clearly documented.’ See Appendix 4 Glossary for an explanation of the terms ‘bronze firearms commander’ and ‘dynamic risk assessment’.</p> <p>Additional mitigating actions for all groups has been agreed –</p> <ol style="list-style-type: none"> 1. The use of Taser by PSNI officers should be monitored and reviewed regularly: Taser Guidance Section (5.18) 2. All persons who have been subjected to Taser discharge should be examined by a medical practitioner at the earliest practical opportunity. Taser Guidance Section (5.18) 3. The protocols for referral to the Police Ombudsman for Northern Ireland that were agreed for the pilot of Taser to Specialist Operations Branch will become normal procedure
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	<p>NICCY does not believe that “safeguards” detailed within the EQIA consultation document are sufficient for the PSNI to feel satisfied that the adverse impact on children and young people will be minimised.</p>	<p>121. In the last four years since its introduction to police services in Great Britain, Taser has been used fired 834 times. In each case, the use of the Taser has brought a serious incident to a safe conclusion with no death or serious injury to the police officers involved or members of the public. It is considered that the impact of the introduction of Taser on equality of opportunity is low as it involves the introduction of an alternative method of dealing with certain situations e.g. firearms situations which none the less require resolution. It could not in itself give rise to any new situations that could have an impact on equality of opportunity. It is the view of the PSNI that any differential impacts can be sufficiently mitigated through specific training, operational guidance, strict adherence to National ACPO standards and a review of the impact of Taser post implementation. In addition, having carefully considered the findings of the EQIA consultation, the PSNI has adopted the following in relation to children and placed it in the PSNI Guidelines on the Operational Use of Taser at Section (5.9):</p> <p>‘The Bronze Firearms Commander will make a dynamic risk assessment at the scene on use of Taser if the subject appears to be a child, and must ensure that the reason for use of Taser involving a child is clearly documented.’ See Appendix 4 Glossary for an explanation of the terms ‘bronze firearms commander’ and ‘dynamic risk assessment’.</p> <p>Additional mitigating actions for all groups has been agreed –</p> <ol style="list-style-type: none"> 1. The use of Taser by PSNI officers should be monitored and reviewed regularly: Taser Guidance Section (5.18) 2. All persons who have been subjected to Taser discharge should be examined by a medical practitioner at the earliest practical opportunity. Taser Guidance Section (5.18) 3. The protocols for referral to the Police Ombudsman for Northern Ireland that were agreed for the pilot of Taser to Specialist Operations Branch will become normal procedure
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	<p>Concerned that there is no, or insufficient, evidence that the PSNI has properly and fully addressed the legal and human rights framework within which Taser would be used and, in particular, that it has devised clear and robust policy, guidance and training to ensure that any use of Taser in Northern Ireland fully complies with the requirements of the ECHR and the Human Rights Act 1998 and with particular regard to children and young people.</p>	<p>122. It is the aim of the Police Service of Northern Ireland to uphold and protect the human dignity and human rights of all persons as enshrined in the European Convention of Human Rights and other relevant international instruments. The Operational Procedure and Guidance which was drafted for the pilot of Taser to Special Operations Branch has been confirmed by the Human Rights Advisors to the Northern Ireland Policing Board as being in compliance with the Human Rights Act 1998 and in compliance with their advice to the Northern Ireland Policing Board of May 2007. Further to this, it is considered that rather than breaching Human Rights, the availability of Taser enhances the ability of PSNI and individual officers to protect the right to life as required under Article 2 of the European Convention on Human Rights and enshrined in Section 6 of the Human Rights Act 1998. It is not accepted that Taser is in contravention of Article 3 of the European Convention on Human Rights as it is only the inappropriate use of Taser that could result in a breach of Article 3. The strict training, operational procedure and guidance for use of Taser and accountability mechanisms are in place to minimise the possibility of a breach of Article 3 occurring. The Taser Operational Procedure and guidance also 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.</p>
	<p>Recommend that Taser should be formally described as potentially lethal police technology, the PSNI should cease the pilot use of Taser and withdraw their use as a matter of urgency and PSNI should ensure that all consultation and EQIA's on policies that potentially impact on children and young people are sent to NICCY as part of the consultation process.</p>	<p>123. The PSNI believe that Taser is a less lethal option. In the last four years since its introduction to police services in Great Britain, Taser has been used fired 834 times. In each case, the use of the Taser has brought a serious incident to a safe conclusion with no death or serious injury to the police officers involved or members of the public. The EQIA process has identified the potential for adverse or differential impact on the following groups: people from black and minority ethnic groups; children and young people; men; women; pregnant women; people with poor mental health; people with heart problems or who wear a pacemaker; people with epilepsy; and people with hearing loss. These findings have been afforded due consideration by PSNI in making a decision in relation to the policy. Having carefully considered the findings of the EQIA and consultation, the PSNI have identified actions to mitigate the potential adverse impacts on Section 75 groups. These are detailed in Section 5 of the EQIA final report.</p>
<p>Northern Ireland Human Rights Commission</p>	<p>Has consistently expressed grave concern that the decision to acquire and introduce Taser was made prior to this consultation exercise.</p>	<p>124. The Taser Pilot was conducted in tandem with the running of the EQIA process. This in no way negates any consultation that has taken place. The decision made by PSNI was only to conduct a pilot of Taser and no decision was taken on the future permanent deployment of Taser prior to the completion of the EQIA consultation process.</p>

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	<p>Draws particular attention to the following human rights standards: The European Convention on Human Rights (ECHR) Article 2 (right to life) and Article 3 (freedom from torture and cruel, inhuman or degrading treatment). The Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) in particular, Article 1 (meaning of torture), Article 2 (measures to prevent torture and ill-treatment) and Article 16 (prevention of cruel, inhuman or degrading treatment). General Comment Number 2 of the Committee Against Torture on the implementation of Article 2, CAT. The UN Convention on the Rights of the Child (CRC) in particular, Article 3 (the ‘best interests’ principle), Article 6 (right to life), and Article 37 (a) (prohibition of torture and cruel, inhuman, or degrading treatment).</p>	<p>125. It is the aim of the Police Service of Northern Ireland to uphold and protect the human dignity and human rights of all persons as enshrined in the European Convention of Human Rights and other relevant international instruments. The Operational Procedure and Guidance which was drafted for the pilot of Taser to Special Operations Branch has been confirmed by the Human Rights Advisors to the Northern Ireland Policing Board as being in compliance with the Human Rights Act 1998 and in compliance with their advice to the Northern Ireland Policing Board of May 2007. Further to this, it is considered that rather than breaching Human Rights, the availability of Taser enhances the ability of PSNI and individual officers to protect the right to life as required under Article 2 of the European Convention on Human Rights and enshrined in Section 6 of the Human Rights Act 1998. It is not accepted that Taser is in contravention of Article 3 of the European Convention on Human Rights as it is only the inappropriate use of Taser that could result in a breach of Article 3. The strict training, operational procedure and guidance for use of Taser and accountability mechanisms are in place to minimise the possibility of a breach of Article 3 occurring. The Taser Operational Procedure and guidance also 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.</p>
	<p>A UN Treaty body has expressed concern that Taser X26 could constitute inhuman and degrading treatment in violation of Article 16, CAT and that in extreme cases, it may amount to torture in violation of Article 1, CAT.</p>	<p>126. The PSNI assumes this to refer to paragraph 14 of the UN Committee Against Torture's Consideration of the Periodic Report submitted by Portugal dated 19 February 2008. PSNI considers that the recommendation refers to the position in Portugal, and that it does not have any direct implications for the adoption of Taser by the PSNI. In conclusion, PSNI is confident that the adoption of Taser by it is in full compliance with its legal obligations.</p>

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	<p>Recognises that the PSNI should be equipped with alternatives to firearms and the need to protect the lives and safety of police officers when faced with incidents where there is a threat to life or security of the person but is concerned that proposals to introduce Taser in Northern Ireland are not in accordance with international human rights obligations nor sufficient to ensure that Taser is used only as an alternative to more lethal force.</p>	<p>127. The Operational Procedure and Guidance which was drafted for the pilot of Taser to Specialist Operations Branch has been confirmed by the Human Rights Advisors to the Northern Ireland Policing Board as being in compliance with the Human Rights Act 1998 and in compliance with their advice to the Northern Ireland Policing Board of May 2007. Further to this it is considered that rather than breaching Human Rights, the availability of Taser enhances the ability of PSNI and individual officers to protect the right to life as required under Article 2 of the European Convention on Human Rights (ECHR) and enshrined in Section 6 of the Human Rights Act 1998. It is not accepted that Taser is in contravention of Article 3 of the ECHR as it is only the inappropriate use of Taser that could result in a breach of Article 3. The guidance also 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. The PSNI test for the use of Taser which will be strictly adhered to is:” 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.”</p>
	<p>Refers to General Comment Number 2 of the Committee Against Torture on the implementation of Article 2, CAT. In particular, the Commission urges, in light of the Committee’s 2007 observations, an assessment of whether or not proposals to introduce Taser are compatible with paragraph 4, which states that, “State Parties are obligated to eliminate any legal or other obstacles that impede the eradication of torture and ill-treatment; and to take positive effective measures to ensure that such conduct and any recurrences thereof are effectively prevented”.</p>	<p>128. The Operational Procedure and Guidance which was drafted for the pilot of Taser to Special Operations Branch has been confirmed by the Human Rights Advisors to the Northern Ireland Policing Board as being in compliance with the Human Rights Act 1998 and in compliance with their advice to the Northern Ireland Policing Board of May 2007. Further to this it is considered that rather than breaching Human Rights, the availability of Taser enhances the ability of PSNI and individual officers to protect the right to life as required under Article 2 of the European Convention on Human Rights and enshrined in Section 6 of the Human Rights Act 1998. It is not accepted that Taser is in contravention of Article 3 of the European Convention on Human Rights (ECHR) as it is only the inappropriate use of Taser that could result in a breach of Article 3. The guidance also 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. The PSNI test for the use of Taser which will be strictly adhered to is: “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.” All uses of Taser will be referred to PONI for investigation. PSNI considers that the Operational Guidance on the Use of Taser, and the legal and accountability framework within which it operates, will ensure that the concerns raised by the NIHRC in this regard are fully satisfied.</p>

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	<p>Does not disagree in principle at least with a proposal to use a less lethal weapon in circumstances where a more lethal weapon would be used. However, it is not clear from the proposals for Taser that this is what is envisaged.</p>	<p>129. The PSNI test for the use of Taser which will be strictly adhered to is: “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.”</p>
	<p>Welcomes the statement that Taser will not be used as a compliance tool or in public order situation but remains unclear about the types of situations for which Taser is intended.</p>	<p>130. Taser will not be used in public order situations and only Authorised Firearms Officers and Specialist Firearms Officers, properly trained to national standards will carry Tasers and they will only be used as a “less than lethal” alternative in potential life threatening situations. Taser will be issued to fewer than 3% of PSNI officers and will not be on routine issue to operational officers.</p>
	<p>Not convinced that statistics on the number of recorded violent and security related incidents help to clarify when Taser will be used. It would be helpful to determine the proportion of these incidents where officers considered it necessary to use lethal or potentially lethal force (whether or not such force was actually used). It would also be useful to include the numbers and the types of incidents where live arms have been used by PSNI at present.</p>	<p>131. The Human Rights Advisers to the Northern Ireland Policing Board confirmed that PSNI had demonstrated evidence of a capability gap that existed, in relation to the requirement for Taser.</p>

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	<p>The data used in Section 5 of the document to assess the likely impact of Taser on Section 75 groups has been drawn almost exclusively from official sources. Concerned that the draft EQIA is not informed by a comprehensive review of relevant data and that the data reviewed is at times dated or not conclusive enough to form a full opinion on the impact of Taser in Northern Ireland.</p>	<p>132. There has already been considerable consultation and provision of a considerable amount of data in both the Section 75 Screening Process carried out by PSNI and for this EQIA process. It is not considered that the research into and analysis of further data would add any value to the process. This is particularly the case when taking into account the length of time that Taser has been on issue to Police Services in GB (since April 2003) and the fact that no deaths have been attributed to the use of Taser there. PSNI has a statutory obligation under the Human Rights Act 1998 to protect the right to life, which places an onerous responsibility on the PSNI to take steps to protect life. Taser as a less lethal option would enhance the availability of PSNI to protect life and therefore it would not be appropriate to further delay the introduction of Taser to allow for the collation of further research data.</p>
	<p>EQIA should include a review of deaths where Taser is not the primary cause but is a related or contributory factor. There is no indication within the EQIA on whether or not, and to what extent, deaths have been associated with the high power Taser device.</p>	<p>133. The PSNI believe that Taser is a less lethal option. In the last four years since its introduction to police services in Great Britain, Taser has been used fired 834⁵ times. In each case, the use of the Taser has brought a serious incident to a safe conclusion with no death or serious injury to the police officers involved or members of the public. An evaluation form will be completed for every operation where Taser is used and forwarded to the ACPO Police Use of Firearms Secretariat. The Taser Liaison Officer will receive and review all PSNI Taser Deployment forms 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. Operational usage will be reviewed at regular intervals to ensure that emerging issues are properly reflected in training and operational guidance. All Taser discharges will automatically be referred to the PONI for investigation.</p>
	<p>Question the significance of the public opinion survey completed by PricewaterhouseCoopers in England and the extent to which the results from the public opinion survey are transferable to Northern Ireland</p>	<p>134. PSNI notes this comment.</p>

⁵ Source Home Office Scientific Development Branch All uses of Taser in England and Wales up until May 2008

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	<p>Concerned that a number of the data sources relied upon reveal very troubling findings about Taser use. Even if PSNI rely on further data, there may not be enough information available to permit a conclusive judgment about the impact of Taser.</p>	<p>135. In the last four years since its introduction to police services in Great Britain, Taser has been used fired 834 times. In each case, the use of the Taser has brought a serious incident to a safe conclusion with no death or serious injury to the police officers involved or members of the public. It is considered that the impact of the introduction of Taser on equality of opportunity is low as it involves the introduction of an alternative method of dealing with certain situations e.g. firearms situations which none the less require resolution. It could not in itself give rise to any new situations that could have an impact on equality of opportunity. It is the view of the PSNI that the potential adverse or differential impacts can be sufficiently mitigated through specific training, operational guidance, and a review of the impact of Taser post implementation. All the mitigating actions identified through the EQIA process have been incorporated into the operational procedure and guidance which was drafted for the pilot of Taser, and has been reflected in training. (See Appendix 3)</p>
	<p>It is clear, even with limited data, that there is potential for a differential adverse impact across a number of equality groups. This includes the finding that in England people whose racial group is Black / Black British are significantly more likely to be subject to Taser than their proportion in the population, that children and persons of small stature are at greater risk from the cardiac effects of Taser currents, that there is a lack of knowledge about the effects of Taser on fetuses, and that there is potential for negative effects on persons with existing physical and mental ill-health, and for people on medication or under the influence of alcohol or drugs.</p>	<p>136. In the last four years since its introduction to police services in Great Britain, Taser has been used fired 834 times. In each case, the use of the Taser has brought a serious incident to a safe conclusion with no death or serious injury to the police officers involved or members of the public. It is considered that the impact of the introduction of Taser on equality of opportunity is low as it involves the introduction of an alternative method of dealing with certain situations e.g. firearms situations which none the less require resolution. It could not in itself give rise to any new situations that could have an impact on equality of opportunity. It is the view of the PSNI that any differential impacts can be sufficiently mitigated through specific training, operational guidance, strict adherence to National ACPO standards and a review of the impact of Taser post implementation. The EQIA process has identified the potential for adverse or differential impact on the following groups: people from black and minority ethnic groups; children and young people; men; women; pregnant women; people with poor mental health; people with heart problems or who wear a pacemaker; people with epilepsy; and people with hearing loss. These findings have been afforded due consideration by PSNI in making a decision in relation to the policy. Having carefully considered the findings of the EQIA consultation, the PSNI have identified actions to mitigate the potential adverse impacts on Section 75 groups and as a result the PSNI Guidelines on the Operational Use of Taser have been amended at Section (5.7) to Section (5.18) (See Appendix 3). Training on the use of Taser has also been amended to include these changes</p>

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	<p>Concerned that at this stage the level of information available to assess the full impact of Taser is limited in relation to each of the equality groups.</p>	<p>137. There has already been considerable consultation and provision of a considerable amount of data in both the Section 75 Screening Process carried out by PSNI and for this EQIA process. It is not considered that the research into and analysis of further data would add any value to the process. This is particularly the case when taking into account the length of time that Taser has been on issue to Police Services in GB (since April 2003) and the fact that no deaths have been attributed to the use of Taser there.</p>
	<p>It would be helpful to set out the prevalence and types of medication and drug use in Northern Ireland. This should be considered alongside data on the types of substances that are most likely to increase the risk of heart complications during or following Taser use. Following on from this, research should assess these findings against the prevalence and types of medication and / or drugs consumed by persons involved in serious violent and security related incidents dealt with by PSNI.</p>	<p>138. PSNI has a statutory obligation under the Human Rights Act 1998 to protect the right to life, which places an onerous responsibility on the PSNI to take steps to protect life. Taser as a less lethal option would enhance the availability of PSNI to protect life and therefore it would not be appropriate to further delay the introduction of Taser to allow for the collation of further research data. An evaluation form will be completed for every operation where Taser is used and forwarded to the ACPO Police Use of Firearms Secretariat. The Taser Liaison Officer will receive and review all PSNI Taser Deployment forms 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. Operational usage will be reviewed at regular intervals to ensure that emerging issues are properly reflected in training and operational guidance.</p>
	<p>The EQIA does not include any information about whether or not there is potential for psychological trauma for persons and witnesses during or following Taser use.</p>	<p>139. It is considered there would be less potential for trauma for persons and witnesses from the use of a Taser as there would be from the use of a firearm.</p>
	<p>Disappointed that the proposals do not prohibit Taser use against children and young people.</p>	<p>140. Having carefully considered the findings of the EQIA consultation, the PSNI have adopted the following recommendation in relation to children and young people and placed it in the PSNI Guidelines on the Operational Use of Taser at Section (5.9) (See Appendix 3) ‘ The Bronze Firearms Commander will make a dynamic risk assessment at the scene on use of Taser if the subject appears to be a child, and must ensure that the reason for use of Taser involving a child is clearly documented.’ See Appendix 4 Glossary for an explanation of the terms ‘bronze firearms commander’ and ‘dynamic risk assessment’.</p>

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	<p>Short of a ban on Taser use on vulnerable persons, such as those with physical or mental ill health, older persons, pregnant women, people under the influence of alcohol or those who have taken medication or other substances, it is difficult to understand how operational training and guidance can mitigate the potential for damage for these vulnerable groups.</p>	<p>141. It is considered that the impact of the introduction of Taser on equality of opportunity is low as it involves the introduction of an alternative method of dealing with certain situations e.g. firearms situations which none the less require resolution. It could not in itself give rise to any new situations that could have an impact on equality of opportunity. It is the view of the PSNI that any differential impacts can be sufficiently mitigated through specific training, operational guidance and a review of the impact of Taser post implementation.</p> <p>The EQIA process has identified the potential for adverse or differential impact on the following groups: people from black and minority ethnic groups; children and young people; men; women; pregnant women; people with poor mental health; people with heart problems or who wear a pacemaker; people with epilepsy; and people with hearing loss. These findings have been afforded due consideration by PSNI in making a decision in relation to the policy.</p> <p>Having carefully considered the findings of the EQIA consultation, the PSNI have identified actions to mitigate the potential adverse impacts on Section 75 groups and as a result the PSNI Guidelines on the Operational Use of Taser have been amended at Section (5.7) to Section (5.18) (See Appendix 3). Training on the use of Taser has also been amended to include these changes.</p>
	<p>Concerned about the risks for persons with physical or mental ill-health in light of the data that 20 per cent of people living in Northern Ireland have a “<i>limiting long-term illness</i>”.</p>	<p>142. The PSNI have included the following into the PSNI Guidelines on the Operational Use of Taser at Sections (5.14) (See Appendix 3) and into their training.</p> <p>People with Mental Health Problems or Neurological Problems: 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.</p>
	<p>At present there is insufficient knowledge about the impact of Taser to support its use in Northern Ireland. There is not enough information and research available to understand or to mitigate the adverse effects of Taser for each of the different equality groups.</p>	<p>143. In the last four years since its introduction to police services in Great Britain, Taser has been used fired 834 times. In each case, the use of the Taser has brought a serious incident to a safe conclusion with no death or serious injury to the police officers involved or members of the public. It is considered that the impact of the introduction of Taser on equality of opportunity is low as it involves the introduction of an alternative method of dealing with certain situations e.g. firearms situations which none the less require resolution. It could not in itself give rise to any new situations that could have an impact on equality of opportunity. It is the view of the PSNI that any differential impacts can be sufficiently mitigated through specific training, operational guidance and a review of the impact of Taser post implementation.</p>

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	Despite the introduction of Taser in Northern Ireland, the obligation still very much sits with PSNI to continue to find alternatives to firearms and other forms of less lethal force that would mitigate the concerns bodies on Taser.	144. The research into less lethal options is within the remit of the UK Less Lethal Steering Group PSNI have representation on both this group. The fifth report of the steering group can be found at http://www.nio.gov.uk/less lethal weaponry steering group phase 5 report.pdf . Any less lethal technology that the PSNI would consider for use must be approved nationally for use by police by the Home Office Scientific Development Branch (HOSDB).
OFMDFM	Police officers are likely to practice a different usage policy for the Taser (than they do lethal weapons) given its non-lethal nature.	145. The PSNI test for the use of Taser which will be strictly adhered to is: “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.”
	It is important that this training addresses the likely language barriers which will exist between police and some minority ethnic groups.	146. Having carefully considered the findings of the EQIA consultation, have included the following into the PSNI Guidelines on the Operational Use of Taser at Sections (5.13) (See Appendix 3) and into their training in relation to people from minority ethnic groups: (i) 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); AND (ii) 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.
	Welcome the commitment to monitoring and reviewing Taser usage according to racial grouping. Advise that the ethnic monitoring information collected must disaggregate the ‘white’ category into further subgroups, for example Eastern Europeans	147. An evaluation form is to be completed for every operation where Taser is used and forwarded to the ACPO Police Use of Firearms Secretariat and this will collate equality information where available. The Taser Liaison Officer will receive and review all PSNI Taser Deployment forms 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. Operational usage will be reviewed at regular intervals to ensure that emerging issues are properly reflected in training and operational guidance. All Taser discharges will automatically be referred to the PONI for investigation. As part of the PSNI ‘s ongoing commitment to the EQIA process, there will be a system of monitoring in place to assess the impacts of any use of Taser on Section 75 groups.
	Concerned that the EQIA has had limited data regarding the impact on different religious groupings.	148. The Equality Screening Process and the EQIA took cognisance of all nine section 75 categories.

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<p>Police Ombudsman for Northern Ireland</p>	<p>Welcomes the PSNI's commitment to meaningful consultation but does not consider it appropriate, as the body that will hold police accountable for the use of Tasers, to express any views on the merits or otherwise of introducing the weapon as a less lethal option to using conventional firearms.</p>	<p>149. The PSNI acknowledges the views of PONI expressed herein.</p>
	<p>Any indications of adverse impact arising from the introduction of Taser require to be carefully monitored and subject to regular review.</p>	<p>150. An evaluation form is to be completed for every operation where Taser is used and forwarded to the ACPO Police Use of Firearms Secretariat. The Taser Liaison Officer will receive and review all PSNI Taser Deployment forms 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. Operational usage will be reviewed at regular intervals to ensure that emerging issues are properly reflected in training and operational guidance. All Taser discharges will automatically be referred to the PONI for investigation. As part of the PSNI 's ongoing commitment to the EQIA process, there will be a system of monitoring in place to assess the impacts of any use of Taser on Section 75 groups.</p>
	<p>Proposals for the introduction of Tasers and any related policy implementation need to take account of the views expressed during the EQIA consultation process.</p>	<p>151. The PSNI was committed to conducting a full and meaningful Equality Impact Assessment process. All expectations or impacts on equality of opportunity identified in the EQIA, which had not already been identified in the Equality screening process, were taken into account by the Chief Constable prior to making a policy decision on the future issue of Taser in the PSNI. The EQIA process has identified the potential for adverse or differential impact on the following groups: people from black and minority ethnic groups; children and young people; men; women; pregnant women; people with poor mental health; people with heart problems or who wear a pacemaker; people with epilepsy; and people with hearing loss. These findings have been afforded due consideration by PSNI in making a decision in relation to the policy.</p> <p>Having carefully considered the findings of the EQIA consultation, the PSNI have identified actions to mitigate the potential adverse impacts on Section 75 groups and as a result the PSNI Guidelines on the Operational Use of Taser have been amended at Section (5.7) to Section (5.18) (See Appendix 3). Training on the use of Taser has also been amended to include these changes</p>

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	The Office has already engaged with the PSNI with regard to agreed procedures for the referral to the Police Ombudsman of all incidents resulting in Taser discharge during the pilot period.	152. All uses of Taser will automatically be referred to the PONI for investigation.
	Notwithstanding the issue of police conduct, the Office plans to carefully monitor adherence to all police policies and practices associated with the use of Tasers and, where necessary, will highlight areas where these require to be amended or improved.	153. The PSNI concur with the views expressed by PONI.
	OPONI and the PSNI have agreed that all Taser discharge will be automatically referred by police to the Police Ombudsman for investigation. This situation is subject to review at the conclusion of the pilot scheme. In addition, all complaints received in connection with the drawing of Tasers or in relation to their threatened use will be monitored by the Office.	154. The PSNI concur with the views expressed by PONI.
Rethink	Concerned that the introduction of Tasers could adversely impact on those individuals with severe mental illness, including schizophrenia and personality disorder.	155. The PSNI have included the following into the PSNI Guidelines on the Operational Use of Taser at Sections (5.14) (See Appendix 3) and into their training. People with Mental Health Problems or Neurological Problems: 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.

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	<p>In addition to the provision of policies (including those with severe mental health problems and a service policy on dealing with persons with mental disorders) all officers using Taser be given specific training.</p>	<p>156. Having carefully considered the findings of the EQIA consultation, the PSNI have included the following into the PSNI Guidelines on the Operational Use of Taser at Sections (5.14) and into their training. People with Mental Health Problems or Neurological Problems: 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.</p>
	<p>Seek an assurance that PSNI officers are trained in using calming and restraining techniques and will use them in all situations involving mentally ill people and the use of Tasers will only be used in situations which would otherwise require the use of deadly force.</p>	<p>157. Taser will only be issued to highly trained authorised firearms officers who will be trained in accordance with national APCO guidance. The Human Rights Advisors to the Northern Ireland Policing Board have also confirmed that the PSNI training in the use of Taser complies with the Human Rights Act 1998. The PSNI test for the use of Taser which will be strictly adhered to is: “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.”</p>
<p>RNID</p>	<p>There is a risk that a person with a hearing loss will not hear any verbal warnings issued by a police officer, which could jeopardize their safety (risk with both lethal and non-lethal weapons).</p>	<p>158. Having carefully considered the findings of the EQIA consultation, the PSNI have included the following into the PSNI Guidelines on the Operational Use of Taser at Sections (5.17) (See Appendix 3) and into their training in relation to 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.’ Additional mitigating actions for all groups has been agreed – 1. The use of Taser by PSNI officers should be monitored and reviewed regularly: Taser Guidance Section (5.18) 2. All persons who have been subjected to Taser discharge should be examined by a medical practitioner at the earliest practical opportunity. Taser Guidance Section (5.18) 3. The protocols for referral to the Police Ombudsman for Northern Ireland that were agreed for the pilot of Taser to Specialist operations Branch will become normal procedure.</p>
	<p>Recommend that the PSNI undertake deaf awareness training to learn how to communicate better with deaf and hard of hearing people and to explore how to reduce the risk involved in using Tasers.</p>	<p>159. Having carefully considered the findings of the EQIA consultation, the PSNI have included the following into the PSNI Guidelines on the Operational Use of Taser at Sections (5.17) (See Appendix 3) and into their training in relation to 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.’</p>

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SDLP	Do not believe that the TASER represents a ‘less lethal’ option, as it is portrayed.	160. The PSNI believe that Taser is a less lethal option. In the last four years since its introduction to police services in Great Britain, Taser has been used fired 834 ⁶ times. In each case, the use of the Taser has brought a serious incident to a safe conclusion with no death or serious injury to the police officers involved or members of the public.
	The use of TASER represents a serious threat to human life and refers to reports and research from the UN Committee Against Torture, The UN Human Rights Committee and Amnesty International.	161. It is the aim of the Police Service of Northern Ireland to uphold and protect the human dignity and human rights of all persons as enshrined in the European Convention of Human Rights and other relevant international instruments. The Operational Procedure and Guidance which was drafted for the pilot of Taser to Special Operations Branch has been confirmed by the Human Rights Advisors to the Northern Ireland Policing Board as being in compliance with the Human Rights Act 1998 and in compliance with their advice to the Northern Ireland Policing Board of May 2007. Further to this, it is considered that rather than breaching Human Rights, the availability of Taser enhances the ability of PSNI and individual officers to protect the right to life as required under Article 2 of the European Convention on Human Rights and enshrined in Section 6 of the Human Rights Act 1998. It is not accepted that Taser is in contravention of Article 3 of the European Convention on Human Rights as it is only the inappropriate use of Taser that could result in a breach of Article 3. The strict training, operational procedure and guidance for use of Taser and accountability mechanisms are in place to minimise the possibility of a breach of Article 3 occurring. The Taser Operational Procedure and guidance also 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.

⁶ Source Home Office Scientific Development Branch All uses of Taser in England and Wales up until May 2008

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	<p>Believes that, just as with rubber and plastic bullets, police use of TASER will disproportionately affect children and other vulnerable groups.</p>	<p>162. In the last four years since its introduction to police services in Great Britain, Taser has been used fired 834 times. In each case, the use of the Taser has brought a serious incident to a safe conclusion with no death or serious injury to the police officers involved or members of the public. It is considered that the impact of the introduction of Taser on equality of opportunity is low as it involves the introduction of an alternative method of dealing with certain situations e.g. firearms situations which none the less require resolution. It could not in itself give rise to any new situations that could have an impact on equality of opportunity. It is the view of the PSNI that any differential impacts can be sufficiently mitigated through specific training, operational guidance, strict adherence to National ACPO standards and a review of the impact of Taser post implementation. Taser will not be used in public order situations. The EQIA process has identified the potential for adverse or differential impact on the following groups: people from black and minority ethnic groups; children and young people; men; women; pregnant women; people with poor mental health; people with heart problems or who wear a pacemaker; people with epilepsy; and people with hearing loss. Having carefully considered the findings of the EQIA consultation, the PSNI have identified actions to mitigate the potential adverse impacts on Section 75 groups and as a result the PSNI Guidelines on the Operational Use of Taser have been amended at Section (5.7) to Section (5.18) (See Appendix 3). Training on the use of Taser has also been amended to include these changes.</p>
	<p>Concerned that TASER was introduced in Northern Ireland by the PSNI before the results of rigorous, independent and comprehensive testing of safety and potential health risks and believes there is a lack of understanding of the full effects of TASER on vulnerable persons and persons affected by substance abuse or poor health.</p>	<p>163. There has already been considerable consultation and provision of a considerable amount of data in both the Section 75 Screening Process carried out by PSNI and for this EQIA process. It is not considered that the research into and analysis of further data would add any value to the process. This is particularly the case when taking into account the length of time that Taser has been on issue to Police Services in GB (since April 2003) and the fact that no deaths have been attributed to the use of Taser there. The PSNI has access to the medical evidence provided by the Defence Advisory Counsel on the Medical Implications of Less Lethal options (DOMILL), which <u>is</u> independent medical evidence that is provided nationally.</p>

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	<p>Insufficient research has been carried out as to the full effects of TASER on such groups as children and pregnant women and as such the full effects of TASER cannot be known.</p>	<p>164. Having carefully considered the findings of the EQIA consultation, the PSNI have included the following into the PSNI Guidelines on the Operational Use of Taser at Sections (5.9 and 5.11) (See Appendix 3) and into their training in relation to children and pregnant women: ‘The Bronze Firearms Commander will make a dynamic risk assessment at the scene on use of Taser if the subject appears to be a child, and must ensure that the reason for use of Taser involving a child is clearly documented’ See Appendix 4 Glossary for an explanation of the terms ‘bronze firearms commander’ and ‘dynamic risk assessment’. ‘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.’</p>
	<p>The drive-stun mode of TASER is especially open to abuse by police officers as it is designed primarily as a pain-compliance tool rather than pain being a side-effect of its use.</p>	<p>165. This has been considered in the PSNI guidelines on the Police Operational Use of Taser at Section (11.1) and (11.2) (See Appendix 3).</p>
	<p>Believes that using pain to achieve compliance is a form of torture and is therefore forbidden under article 3 of the European Convention on Human Rights.</p>	<p>166. It is considered that rather than breaching Human Rights, the availability of Taser enhances the ability of PSNI and individual officers to protect the right to life as required under Article 2 of the European Convention on Human Rights and enshrined in Section 6 of the Human Rights Act 1998. It is not accepted that Taser is in contravention of Article 3 of the European Convention on Human Rights as it is only the inappropriate use of Taser that could result in a breach of Article 3. The strict training, operational procedure and guidance for use of Taser and accountability mechanisms are in place to minimise the possibility of a breach of Article 3 occurring.</p>
	<p>TASER has the potential to cause death and that the PSNI should refer to it as such rather than as a “less lethal” option.</p>	<p>167. The PSNI believe that Taser is a less lethal option. In the last four years since its introduction to police services in Great Britain, Taser has been used fired 834 times. In each case, the use of the Taser has brought a serious incident to a safe conclusion with no death or serious injury to the police officers involved or members of the public</p>
	<p>Concerned that introducing TASER, before the conclusions of this EQIA were reached, have defied accountability measures.</p>	<p>168. The Taser Pilot was conducted in tandem with the running of the EQIA process. This in no way negates any consultation that has taken place. The decision made by PSNI was only to conduct a pilot of Taser and no decision was taken on the future permanent deployment of Taser prior to the completion of the EQIA consultation process.</p>

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	<p>PSNI's 'Guidelines on the Operational Use of TASER' are clearly a <i>'policy'</i> for which the PSNI has a statutory obligation to consult relevant groups under section 75 of the Northern Ireland Act 1998.</p>	<p>169. A full and very comprehensive Equality Screening process was carried out prior to the operational procedure and guidance for the pilot of Taser being drafted. The Operational Procedure and Guidance has been re-visited and amended as a result of the findings of the EQIA. (See Appendix 3) As part of PSNI ongoing commitment to the EQIA process, there will a system of monitoring in place to assess the impacts of any use of Taser on Section 75 groups.</p>
	<p>There is evidence to demonstrate that Tasers would have a differential impact on several of the section 75 categories listed above. Not persuaded that adequate research has been carried out or that the guidelines will offer sufficient protection to mitigate that impact. Cannot therefore support the continued use of such weapons and believe it is in contravention of the PSNI's obligations under section 75.</p>	<p>170. In the last four years since its introduction to police services in Great Britain, Taser has been used fired 834 times. In each case, the use of the Taser has brought a serious incident to a safe conclusion with no death or serious injury to the police officers involved or members of the public. It is considered that the impact of the introduction of Taser on equality of opportunity is low as it involves the introduction of an alternative method of dealing with certain situations e.g. firearms situations which none the less require resolution. It could not in itself give rise to any new situations that could have an impact on equality of opportunity. It is the view of the PSNI that any differential impacts can be sufficiently mitigated through specific training, operational guidance, strict adherence to National ACPO standards and a review of the impact of Taser post implementation. The availability of Taser will undoubtedly benefit the public in Northern Ireland, as it will enhance the potential of PSNI to save life. The EQIA process has identified the potential for adverse or differential impact on the following groups: people from black and minority ethnic groups; children and young people; men; women; pregnant women; people with poor mental health; people with heart problems or who wear a pacemaker; people with epilepsy; and people with hearing loss. Having carefully considered the findings of the EQIA consultation, the PSNI have identified actions to mitigate the potential adverse impacts on Section 75 groups and as a result the PSNI Guidelines on the Operational Use of Taser have been amended at Section (5.7) to Section (5.18) (See Appendix 3). Training on the use of Taser has also been amended to include these changes</p>
<p>Sinn Fein</p>	<p>Opposed to the use of lethal force weapons including in circumstances of public order situations and to the deployment and use of Tasers by PSNI.</p> <p>[Introduction of Taser] is a policy issue which is properly the remit of the Policing Board and not the PSNI.</p>	<p>171. The PSNI believe that Taser is a less lethal option. In the last four years since its introduction to police services in Great Britain, Taser has been used fired 834⁷ times. In each case, the use of the Taser has brought a serious incident to a safe conclusion with no death or serious injury to the police officers involved or members of the public. Taser will not be used in public order situations.</p> <p>172. PSNI has obtained legal advice, which has advised that the introduction of Taser is an operational decision which is the responsibility of the Chief Constable.</p>

⁷ Source Home Office Scientific Development Branch All uses of Taser in England and Wales up until May 2008

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	<p>It is claimed that the decision to introduce Tasers is an operational decision and therefore the sole responsibility of the PSNI. This implies that the NIPB have no power to hold the PSNI to account on the decision to introduce Tasers, despite the fact that the EQIA refers explicitly and repeatedly to the decision to introduce Tasers as a policy. The fact that the PSNI is carrying out an EQIA on the proposal confirms that it is a policy decision.</p>	<p>173. PSNI has obtained legal advice, which has advised that the introduction of Taser is an operational decision which is the responsibility of the Chief Constable. Whilst the PSNI consider that the impact of the introduction of Taser on equality of opportunity is low, the Chief Constable made the decision to conduct an EQIA to endeavour to meet the concerns of the Equality Commission and some other organisations who had expressed concern in their replies to the extensive consultation already undertaken for the equality screening process.</p>
	<p>Concerns around the human rights implications of the introduction of Tasers and stand in opposition to this process to date.</p>	<p>174. It is the aim of the Police Service of Northern Ireland to uphold and protect the human dignity and human rights of all persons as enshrined in the European Convention of Human Rights (ECHR) and other relevant international instruments. The Operational Procedure and Guidance which was drafted for the pilot of Taser to Special Operations Branch has been confirmed by the Human Rights Advisors to the Northern Ireland Policing Board as being in compliance with the Human Rights Act 1998 and in compliance with their advice to the Northern Ireland Policing Board of May 2007. Further to this, it is considered that rather than breaching Human Rights, the availability of Taser enhances the ability of PSNI and individual officers to protect the right to life as required under Article 2 of the ECHR and enshrined in Section 6 of the Human Rights Act 1998. It is not accepted that Taser is in contravention of Article 3 of the ECHR as it is only the inappropriate use of Taser that could result in a breach of Article 3. The strict training, operational procedure and guidance for use of Taser and accountability mechanisms are in place to minimise the possibility of a breach of Article 3 occurring. The Taser Operational Procedure and guidance also 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.</p>

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	<p>Lack of independent, credible medical evidence to demonstrate the impact of Tasers on vulnerable groups of people such as children and people with disabilities and/or mental health problems, means that any officer deploying this weapon against any of these groups cannot be sure that their actions are human rights compliant.</p>	<p>175. This has been considered in the PSNI guidelines on the Police Operational Use of Taser at Section (11.1) and (11.2). The PSNI has access to the medical evidence provided by the Defence Advisory Counsel on the Medical Implications of Less Lethal options (DOMILL), which is independent medical evidence that is provided nationally.</p>
	<p>Tasers are weapons of lethal force weapon and should not be used or deployed in public order situations.</p>	<p>176. The PSNI believe that Taser is a less lethal option. Taser will not be used in public order situations.</p>
<p>University of Ulster</p>	<p>Support the PSNI proposal that Taser should not be used as a compliance tool or in public order situations.</p>	<p>177. The PSNI believe that Taser is a less lethal option. Taser will not be used in situations of serious public disorder. The PSNI guidelines on the Police Operational Use of Taser which advises the following at (11.1):‘It must not be used to inflict severe pain or suffering on another in the performance or purported performance of official duties.’</p>
	<p>The use of Tasers should be confined only as an alternative to lethal options and should not become a routine use to incapacitate suspects or a means of dealing with anti-social behaviour.</p>	<p>178. Taser will only be issued to highly trained authorised firearms officers who will be trained in accordance with national APCO guidance. The Human Rights Advisors to the Northern Ireland Policing Board have also confirmed that the PSNI training in the use of Taser complies with the Human Rights Act 1998. The PSNI test for the use of Taser which will be strictly adhered to is: “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.”</p>
	<p>Note that children and young people may be adversely affected by Taser as they may be more susceptible to the effects of Taser. Many cities and police forces in the US have banned the use of Taser against minors and suggest that the PSNI consider this as an option to mitigating potential adverse impact for this group.</p>	<p>179. Having carefully considered the findings of the EQIA consultation, the PSNI has adopted the following in relation to children and placed it in the PSNI Guidelines on the Operational Use of Taser at Section (5.9) (See Appendix 3): ‘ The Bronze Firearms Commander will make a dynamic risk assessment at the scene on use of Taser if the subject appears to be a child, and must ensure that the reason for use of Taser involving a child is clearly documented.’ See Appendix 4 Glossary for an explanation of the terms ‘bronze firearms commander ‘and ‘dynamic risk assessment’.</p>

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	<p>PSNI should assess every incident involving Taser including equality data. Figures on Taser use should be regularly published on the PSNI website.</p>	<p>180. An evaluation form is to be completed for every operation where Taser is used and forwarded to the ACPO Police Use of Firearms Secretariat. The Taser Liaison Officer will receive and review all PSNI Taser Deployment forms 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. Operational usage will be reviewed at regular intervals to ensure that emerging issues are properly reflected in training and operational guidance. All Taser discharges will automatically be referred to the PONI for investigation. As part of the PSNI's ongoing commitment to the EQIA process, there will be a system of monitoring in place to assess the impacts of any use of Taser on Section 75 groups.</p>
<p>Women's Support Network</p>	<p>Concerned about these proposals to introduce Tasers given the lack of understanding of their effectiveness or of their safe usage from a medical perspective.</p> <p>May be beneficial to have a breakdown of figures relating to different groups of women for example younger women, older women, women with disabilities, minority ethnic backgrounds etc, to determine if there is a differential impact on different groups of women of women for example young women, older women, disabled women, lesbian and transgender women and women from minority ethnic groups.</p>	<p>181. The PSNI believe that Taser is a less lethal option. In the last four years since its introduction to police services in Great Britain, Taser has been used fired 834⁸ times. In each case, the use of the Taser has brought a serious incident to a safe conclusion with no death or serious injury to the police officers involved or members of the public. The PSNI has access to the medical evidence provided by the Defence Advisory Counsel on the Medical Implications of Less Lethal options (DOMILL), which <u>is</u> independent medical evidence that is provided nationally.</p> <p>182. An evaluation form is to be completed for every operation where Taser is used and forwarded to the ACPO Police Use of Firearms Secretariat. The Taser Liaison Officer will receive and review all PSNI Taser Deployment forms 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. Operational usage will be reviewed at regular intervals to ensure that emerging issues are properly reflected in training and operational guidance. All Taser discharges will automatically be referred to PONI for investigation. As part of the PSNI's ongoing commitment to the EQIA process, there will be a system of monitoring in place to assess the impacts of any use of Taser on Section 75 groups.</p>

⁸ Source Home Office Scientific Development Branch All uses of Taser in England and Wales up until May 2008

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	<p>Welcomes acknowledgement that women are more likely to be affected than men and of the risks to pregnant women and unborn babies. Women are not listed as a group on whom there may be a differential impact particularly because it is not always apparent whether a woman is pregnant.</p>	<p>183. Having carefully considered the findings of the EQIA consultation, the PSNI has included the following into the PSNI Guidelines on the Operational Use of Taser at Section (5.11) (See Appendix 3) and in training in relation to the use of Taser and 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.’ See Appendix 4 Glossary for an explanation of the terms ‘bronze firearms commander ‘and ‘dynamic risk assessment’. And in relation to women the PSNI has included the following into the PSNI Guidelines on the Operational Use of Taser at Section (5.10) and in training : (i) The Bronze Firearms Commander will make a dynamic risk assessment at the scene on use of Taser if the subject of the use of Taser appears to be a woman, and will ensure that the reason for use of Taser involving a woman is clearly documented; and (ii) Guidance and Training should include information on the DOMILL statement on the implications of use of Taser on persons of smaller stature.</p>
	<p>Request whether the introduction of other forms of “less lethal” or “non lethal” weapons were considered in the process of drafting proposals.</p>	<p>184. In light of the Human Rights' Act the need for a range of 'less lethal' options, and personal safety tactical options in conflict management by police, has become an imperative for the service. Available less lethal technologies work in different ways and each may offer unique advantages in specific circumstances. The Association of Chief Police Officers (ACPO) believe that extending the range of options available is likely to provide the most appropriate response to any given situation. This will include the Conducted Energy Devices, however, HOSDB currently only authorise the Taser. There is currently no other approved less lethal weapon available that can provide the tactical option that Taser can provide. The research into less lethal options is within the remit of the UK Less Lethal Steering Group. PSNI have representation on both this group. The fifth report of the steering group can be found at: http://www.nio.gov.uk/less_lethal_weaponry_steering_group_phase_5_report.pdf. Any less lethal technology that the PSNI would consider for use must be approved nationally for use by police by the Home Office Scientific Development Branch (HOSDB)</p>

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	<p>Ask PSNI to clarify whether an alternative proposal of not permitting the use of Tasers on women was considered.</p>	<p>185. The findings of the EQIA process were given very careful consideration by the Chief Constable and his command team. The option of not permitting the use of Tasers on women was considered but this was not accepted as an alternative proposal as this would involve a different threshold test for use of Taser compared to that currently in the Operational Procedure and Guidance for Taser as provided by the PSNI Human Rights Legal Adviser and also approved by the Human Rights Advisers to the Northern Ireland Policing Board as being in compliance with the Human Rights Act 1998. In reality how could a police officer at the scene of an incident know for certain if a woman is pregnant? The decision of the Chief Constable was that the PSNI will include the following into the PSNI Guidelines on the Operational Use of Taser at Section (5.11) (See Appendix 3) and in training in relation to the use of Taser and 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.’ In relation to women they the PSNI has included the following into the PSNI Guidelines on the Operational Use of Taser at Section (5.10) and in training: (i) The Bronze Firearms Commander will make a dynamic risk assessment at the scene on use of Taser if the subject of the use of Taser appears to be a woman, and will ensure that the reason for use of Taser involving a woman is clearly documented; and (ii) Guidance and Training should include information on the DOMILL statement on the implications of use of Taser on persons of smaller stature. See Appendix 4 Glossary for an explanation of the terms ‘bronze firearms commander ‘and ‘dynamic risk assessment’.</p>
	<p>Training and guidance does not make specific reference to women as a group.</p>	<p>186. Having carefully considered the findings of the EQIA consultation, the PSNI has included the following into the PSNI Guidelines on the Operational Use of Taser at Section (5.10) (See Appendix 3) and in training in relation to women as a group: (i) The Bronze Firearms Commander will make a dynamic risk assessment at the scene on use of Taser if the subject of the use of Taser appears to be a woman, and will ensure that the reason for use of Taser involving a woman is clearly documented; and (ii) Guidance and Training should include information on the DOMILL statement on the implications of use of Taser on persons of smaller stature. See Appendix 4 Glossary for an explanation of the terms ‘bronze firearms commander ‘and ‘dynamic risk assessment’.</p>

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	<p>Requests explanation on what basis the EQIA concludes that “<i>PSNI believe that International Human Rights Obligations would be breached by failure to introduce Taser...</i>”</p>	<p>187. Section 6 of the Human Rights Act 1998 places an onerous obligation on the Chief Constable to have a range of less lethal options available to police officers in order to meet the PSNI ‘s positive obligation to protect life and use the minimum degree of force possible. The European Court of Human Rights, in its decision in Simsek v. Turkey, held that it is unacceptable for police services not to have a range of less lethal options, as this failure can make the likelihood of recourse to lethal force more likely. The PSNI also has a statutory obligation under Section 32(1)(a) of the Police Northern Ireland Act 2000 to protect life. Taser technology provides police with a less lethal option for deployment at firearms incidents that would enhance the ability to protect life. If an incident where a fatality involving police using conventional weapons occurred and Taser may have been a viable alternative to the use of conventional firearms in the circumstances, then PSNI and the individual police officer could have breached Article 2 (Right to Life) of the person who died. As such there would be a capability gap in the PSNI response to firearms incidents if Taser was not available as a tactical option.</p>
<p>Youth Council for Northern Ireland.</p>	<p>Tasers should not be used against children given their different physiological make up from adults. Beyond immediate cardiac impact, YCNI has a concern about the potential for long term neurological damage associated with electric shock on children. EQIA over-simplifies the issue – regardless of stature, children have un-developed neurological systems which makes them more vulnerable.</p>	<p>188. This has been considered in the PSNI guidelines on the Police Operational Use of Taser at Section (5.6) and (8.1) (See Appendix 3). Having carefully considered the findings of the EQIA consultation, the PSNI have adopted the following recommendation in relation to children and young people: ‘The Bronze Firearms Commander will make a dynamic risk assessment at the scene on use of Taser if the subject appears to be a child, and must ensure that the reason for use of Taser involving a child is clearly documented.’ This has been included in the PSNI Guidelines on the Operational Use of Taser at Section (5.9). Training on the use of Taser has also been amended to include these changes. See Appendix 4 Glossary for an explanation of the terms ‘bronze firearms commander ‘and ‘dynamic risk assessment’.</p>

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	In the event that Tasers are introduced guidelines should make specific exclusions to the use of TASER on children below the age of criminal responsibility.	189. Having carefully considered the findings of the EQIA consultation, the PSNI has adopted the following in relation to children and placed it in the PSNI Guidelines on the Operational Use of Taser at Section (5.9) (See Appendix 3): ‘The Bronze Firearms Commander will make a dynamic risk assessment at the scene on use of Taser if the subject appears to be a child, and must ensure that the reason for use of Taser involving a child is clearly documented.’ See Appendix 4 Glossary for an explanation of the terms ‘bronze firearms commander’ and ‘dynamic risk assessment’. Whilst it is highly unlikely that Taser would be used on children below the age of criminal responsibility, absolutes cannot be used in respect of the use of force, as each situation is unique. It should be noted that Taser has been on issue to Police Services in GB since April 2003; to date it has not been used there on a child under the age of criminal responsibility.
Individual 1	Endorses the Children’s Law Centre / Save the Children response.	190. Noted. The replies to the concerns of the Children’s Law centre/Save the children are outlined at 40-76.
	The fact that TASER is now in operation negates any consultation as the decision has clearly been made not only to introduce the weapon, but to also make any finalised EQIA look favourably on the decision as it stands currently.	191. The Taser Pilot was conducted in tandem with the running of the EQIA process. This in no way negates any consultation that has taken place. The decision made by PSNI was only to conduct a pilot of Taser and no decision was taken on the future permanent deployment of Taser prior to the completion of the EQIA consultation process.
Individual 2	Taser should be deployed to the full force as soon as possible to help them in dangerous situations	192. The PSNI notes this comment.
Individual 3	If PSNI officers carry both Taser and standard issue firearms too that would benefit officers dealing with difficult incidents.	193. The PSNI notes this comment.

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Individual 4	Concerned that a Taser used against a person with a heart condition could have fatal consequences.	194. Having carefully considered the findings of the EQIA consultation, the PSNI has adopted the following in relation to people with heart problems or who wear a pace maker and placed it in the PSNI Guidelines on the Operational Use of Taser at Section (5.15) (See Appendix 3) '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 level of training. This level of training is to be directed by the Chief Medical Adviser of the PSNI Occupational Health and Welfare Branch.'
	More research and consultation needs to take place involving members of the medical profession and research organisations.	195. The PSNI has access to the medical evidence provided by the Defence Advisory Counsel on the Medical Implications of Less Lethal options (DOMILL) which <u>is</u> independent medical evidence that is provided nationally.
	Should introduce training of police officers and protocols to prevent deployment where police are made aware of a heart condition in a person	196. Having carefully considered the findings of the EQIA consultation, the PSNI has adopted the following in relation to people with heart problems or who wear a pace maker and placed it in the PSNI Guidelines on the Operational Use of Taser at Section (5.15) (See Appendix 3): '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 level of training. This level of training is to be directed by the Chief Medical Adviser of the PSNI Occupational Health and Welfare Branch.'
	Consider carrying a Defibrillator as part of the medical kit in police vehicles and training of police officers in advanced medical intervention.	197. Police officers who will be issued with Taser will carry a defibrillator in their vehicle and will be trained in its use and in Cardiopulmonary Resuscitation (CPR).

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	<p>Consider deployment of projectile bean bags in situations where Taser could have an effect on a person with a heart condition.</p>	<p>198. In light of the Human Rights' Act the need for a range of 'less lethal' options, and personal safety tactical options in conflict management by police, has become an imperative for the service. Available less lethal technologies work in different ways and each may offer unique advantages in specific circumstances. ACPO believe that extending the range of options available is likely to provide the most appropriate response to any given situation. PSNI can only use devices that are approved nationally, and the use of projectile beanbags has been discontinued in UK policing. The research into less lethal options is within the remit of the UK Less Lethal Steering Group. PSNI have representation on both this group. The fifth report of the steering group can be found at http://www.nio.gov.uk/less_lethal_weaponry_steering_group_phase_5_report.pdf. Any less lethal technology that the PSNI would consider for use must be approved nationally for use by police by the Home Office Scientific Development Branch (HOSDB)</p>
<p>Individual 5</p>	<p>Taser would be valuable addition to the less than lethal use of force tools.</p>	<p>199. The PSNI notes this comment.</p>