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supervisor as soon as practical. Before going off duty, the member will complete and submit a Force Data Collection Report documenting the incident. The Force Data Collection Report will contain the specific circumstances that led to the discharge of the weapon; the name, rank and Bureau I.D. of the supervisor who was verbally notified; and the name, rank and Bureau I.D. of the responding supervisor, if different. Members will note what warning was given in his/her report documenting the use of the less lethal shotgun. If no warning was given, members will state in his/her report why it was not feasible to give a warning. If the member who discharged the weapon is injured and unable to submit reports, reports will then be completed by an on-duty supervisor.

Upon notification that a subject was struck by a specialty impact round, a supervisor will respond to the scene (and hospital, if transported before arrival). The responding supervisor will notify the Detective Division if the subject receives a serious physical injury, as defined in the ORS. The supervisor will take photographs of the point(s) of contact/injury to the subject and document the injuries in an After Action Memorandum sent through channels to their Branch chief. Consent should be obtained before photographing any private areas of the subject's body. The photographs will be placed into evidence with a property receipt.

RESPONSIBILITY, ACCOUNTABILITY AND CONTROL (1050.00)

Supervisors approving reports shall ensure that all pertinent information is contained in the reports to include the description of the subject's actions compelling the use of less lethal specialty impact munitions.

RU managers shall ensure the security and maintenance of weapons assigned to their unit. RU managers will also ensure that weapons are assigned in a manner that optimizes their continuous availability throughout their precinct for emergency deployments. They shall provide audits and inspections to ensure that the procedures are being followed.

The Training manager is responsible for the procurement and repair of weapons and munitions and their issuance to other units. He/she is also responsible for the proper training and re-certification of Bureau members and for evaluating completed Less Lethal Munitions Database Reports.

1051.00 TASER, LESS LETHAL WEAPON SYSTEM

Index: Title, Taser; Weapons, Less Lethal
Refer: ORS 161.015 Physical Injury, defined
DIR 341.00 Discipline Process and Review Boards
DIR 940.00 After Action Report and Operations Orders
DIR 1010.20 Physical Force
Training Application (Training)
After Action Report (CHO)

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POLICY (1051.00)

The Taser is a less lethal weapon system that delivers electrical energy, and is deployed against subjects who are placing themselves or others in danger of physical injury and/or death. The Taser is designed to incapacitate a person rather than injure him/her. This allows members to take a combative person into custody with a minimum risk of injury to all of the parties involved. The amount of control or force used in an encounter will be governed by the circumstances of each situation taken as a whole in accordance with the Bureau's levels of control.

The use of the Taser probes and a drive stun will be considered as the same level of control when deployed.

The Taser is a mandatory uniform instrument for officers and sergeants assigned to uniform assignments. Exceptions to this may be made by the member's Branch chief. Other units or divisions will be issued Tasers at the discretion of his/her manager.

Authorized Use of the Taser (1051.00)

The Taser may be used in the following circumstances pursuant to the procedures in DIR 1010.20:

- a. A person engages in or displays the intent to engage in physical resistance to a lawful police action. Physical resistance is actions that prevent or attempt to prevent a member's attempt to control a subject, but do not involve attempts to harm the member.
- b. A person engages in or displays the intent to engage in aggressive physical resistance to a lawful police action. Aggressive physical resistance is physical actions of attack or threat of attack, coupled with the ability to carry out the attack, which may cause physical injury.
- c. A person engages in or displays the intent to engage in suicidal behavior.

Only those members currently certified with the Taser are authorized to deploy the Taser.

Members deploying the Taser operationally, if feasible, should be supported by at least one officer capable of providing immediate cover. The Taser is not meant to take the place of deadly force options.

Prohibited Use of the Taser (1051.00)

The Taser shall not be used on the following persons or circumstances, unless one of the exceptions following this list is met:

- a. Children, who are known to be, or are obviously under the age of 12.
- b. Persons, who are known to be, or are obviously older than 60 years of age.
- c. A woman who is known to be, or is obviously pregnant.
- d. A person known to be, or is obviously medically fragile.

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Exceptions that would permit the use of the Taser on the above persons or circumstances:

- a. The person is armed with a dangerous weapon.
- b. The person is engaging in suicidal behavior.
- c. The person cannot safely be controlled with other force options.

The Taser shall not be used on handcuffed suspects unless the subject is actively engaging in aggressive physical resistance. Members should obtain, when time permits, supervisory authorization before deploying the Taser on a handcuffed suspect. If used, a supervisor will be notified immediately.

In addition, the use of the Taser is prohibited:

- a. For horseplay or practical jokes.
- b. At demonstrations or protests without the permission of the Incident Commander.
- c. To harass or unduly influence a person under any circumstances.

The Taser shall not be used on subjects engaging in passive resistance.

The Taser shall not be aimed at the head or face.

The Taser shall not be used on subjects who are known to have come in contact with flammables or those in areas where flammables are present. The Bureau currently authorizes the use of a water based oleoresin capsicum spray that is not flammable. However, some police agencies use an alcohol based oleoresin capsicum that is flammable. This should be considered when working with outside agencies.

Cautionary Use of the Taser (1051.00)

Consideration should be given before deployment on individuals who are standing in or near a body of water, in an elevated position or in such a position where a fall could likely cause serious injury/death. In those cases, other methods of control should be considered unless they are unreasonable, too dangerous or pose a higher likelihood of injury than deploying the Taser.

Consideration of alternate tactics or less lethal options should be given in the event a Taser deployment, and/or subsequent deployments, is unsuccessful.

Consideration should be given before deployment on fleeing suspects based on the following factors:

- a. The severity of the crime.
- b. The threat to other officers or citizens.
- c. The subject's known history of violent behavior.

PROCEDURE (1051.00)

Directive Specific Definitions

- a. The probe cartridge is a device that contains two probes, connected to light gauge wire that is propelled and attaches to the subject upon activation of the Taser.

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- b. Drive stun is the procedure of using the Taser with a spent probe cartridge or no probe cartridge to make physical contact with a subject and deliver energy.
- c. Immediate cover is a member who stands ready to deploy additional control if needed (i.e., the Taser is ineffective or it fails to function properly).

Training and Certification Required Prior to Deployment (1051.00)

The Training Division (Training) is responsible for the training, certification and recertification of members in the proper use and deployment of the Taser. To obtain certification, members must complete the Taser Basic Operator's course as conducted by Training. To maintain certification, members must attend periodic refresher training as mandated by Training.

Verbal Warnings Prior to and During Deployment (1051.00)

Members will, if feasible, provide a warning to the subject before using the Taser. The warning should be an explicit statement such as, "Stop, get on the ground, or you will be Tasered."

Members should announce to cover officers that the Taser is being deployed. A verbal notification such as, "Taser, Taser, Taser," should be used.

Conditions and Behaviors Requiring Medical Treatment after Deployment (1051.00)

When members deploy the Taser on a person who fits any of the following categories, members must summon EMS to the scene. Members will ensure that EMS examines the person at the scene and transports the person to a hospital unless the person is not in custody, is mentally competent, and refuses examination and transport.

- a. Children, who are known to be, or are obviously under the age of 12.
- b. Persons, who are known to be, or are obviously older than 60 years of age.
- c. A woman who is known to be, or obviously pregnant.
- d. A person who is known to be, or obviously medically fragile (i.e., any individual with a chronic medical illness). Examples include diabetes, seizure disorder, emphysema, asthma, heart disease (previous heart attack, chest pain, angina), history of pacemaker or defibrillator, kidney failure, cancer, or transplant.
- e. A person suffering from hyper stimulation (before, during or after deployment). This includes the following: behaviors such as rapid speech, agitation, apprehension, excitation, restlessness, verbalization of impending doom, emotional instability; physical symptoms such as dilated pupils, headache, teeth grinding, clenched teeth, nausea, vomiting, vertigo, tremor (i.e., twitching of small muscles, especially facial and finger), tics, non

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purposeful movements, pseudo hallucinations (i.e., cocaine bugs), seizures or coma; pale skin, racing pulse or increased breathing; skin temperature hot or very warm to touch.

- f. A person suffering from agitated delirium (before, during or after deployment). This includes the following: severe agitation, overamped or wired; paranoia; delirium (an abnormal mental state characterized by disorientation, fear, and irritability), altered mental status (a change in the level of consciousness or the content of consciousness), confusion or disorientation, restlessness or purposeless movements in the setting of cocaine use, tremor (i.e., twitching of small muscles, especially facial and finger).

Other Medical Treatment After Deployment (1051.00)

When the Taser is deployed on a person, other than those listed above in required medical treatment, using:

- a. Drive stun mode:
 - 1. EMS personnel will not be summoned to the scene unless medical treatment is necessary.
- b. Probe deployment mode:
 - 1. If the probes are embedded in the skin, once the person is in custody, EMS will be summoned to remove the probes and provide medical treatment if necessary.
 - 2. If the probes are not embedded in the skin, EMS will not be summoned unless medical treatment is necessary (probes may be attached to clothing only).
- c. PFB will be the first responder to deployments that require only the removal of probes and no other medical treatment, other than removal and treatment of the wound caused by the Taser probes. To ensure a response from PFB only, members must advise BOEC that the patient is breathing, conscious, and only PFB is needed to remove the Taser probes.
- d. If the Taser is deployed outside of PFB's response area, and medical treatment is mandated by this Directive or other injury, the fire department or EMS with jurisdiction will be summoned.
- e. Member responsibilities:
 - 1. The primary member for the incident will ensure that his/her on-duty supervisor is notified about any Taser related EMS transport.
 - 2. The supervisor that is notified will follow the normal procedures for posting a guard at the hospital as needed.

Actions Following the Use of the Taser (1051.00)

Following the operational discharge of Taser probes, the Taser probes will be collected and placed into evidence. Members will use biohazard precautions when

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handling Taser probes that were removed from a person. The used Taser probes will be re-inserted, point down, into the discharged air cartridge and covered with biohazard tape before being placed into evidence bags.

Members will photograph the areas of the probe strikes, if possible, before and after probe removal. Consent should be obtained before photographing personally sensitive areas. All photographs of probe strikes will be placed into evidence in accordance with DIR 660.10.

Notification and Reporting of Use (1051.00)

After a Taser deployment, the deploying officer will immediately notify an on-duty supervisor. If the deploying member is incapacitated or otherwise unable to make the notification, another member at the scene will make the notification.

Members using a Taser on a person will, in accordance with DIR 1010.20 Physical Force, complete the appropriate police reports documenting the circumstances of the Taser deployment prior to the end of shift. At the top of the narrative section of the report the member will write TASER to assist with report tracking. The report shall document:

- a. The specific circumstances leading to the use of the Taser.
- b. All verbal warnings given to officers and the subject. If no warnings were given, members will document the circumstances that precluded any warnings.
- c. If deployed on any person or in any circumstance described in prohibited use of the Taser or cautionary use of the Taser, members will explain what considerations were taken and why other methods of control were unreasonable, too dangerous or posed a higher likelihood of injury than deploying the Taser. For example, the subject was armed with a dangerous weapon.
- d. The distance from which the Taser was used.
- e. The serial numbers of all air cartridges expended.
- f. The serial number of the Taser used.
- g. The name and DPSST number of the member designated as immediate cover.
- h. The name and DPSST number of the notified and/or reporting supervisor.
- i. That EMS responded, and the results of any medical evaluation. If EMS is not summoned, members will document the reason why.
- j. Any evidence of injury or illness (notations should be in the appropriate box on the face sheet of the report).
- k. Any complaints of injury or illness (notations should be in the appropriate box on the face sheet of the report).

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Negligent Discharge (1051.00)

An on-duty supervisor will respond and assume investigative responsibility for all negligent or unintentional discharges, except:

- a. At Bureau authorized training events. In those circumstances, the Training Division (Training) will have responsibility for investigation and reporting.

RESPONSIBILITY, ACCOUNTABILITY, AND CONTROL (1051.00)

Member Responsibilities (1051.00)

Members carrying the X-26 Taser will check the battery level at the beginning of each shift and ensure that the battery charge meets or exceeds recommended levels outlined by Training.

Supervisor Responsibilities (1051.00)

Supervisors shall ensure that all pertinent information is documented in the appropriate reports, and that all appropriate evidence is collected, following the use of the Taser. The supervisor will also complete an After Action Report in the following circumstances:

- a. Deployments on children who are known to be, or are obviously under the age of 12.
- b. Deployments on persons who are known to be, or are obviously older than 60 years of age.
- c. Deployments on women who are known to be, or are obviously pregnant.
- d. Deployments on persons who are known to be, or are obviously medically fragile.
- e. Deployments on persons who are suffering from hyper-stimulation.
- f. Deployments on persons who are suffering from agitated delirium.
- g. Deployments with more than three cycles of the Taser.
- h. Deployments against persons who are handcuffed.
- i. Deployments that are outside of Bureau policy.
- j. Deployments that result in a subject being admitted to an overnight hospital stay for treatment (see DIR 1010.20 Physical Force).

The supervisor will also make a recommendation on whether the deployment was within policy or not within policy. The After Action Report will be forwarded through channels to the Branch chief.

When an After Action is not required after a Taser deployment, the supervisor will ensure that the Taser data port download for the incident is attached to the Force Data Collection Report form.

RU Manager Responsibilities (1051.00)

The member's RU manager will review the Taser deployment and make a recom-

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mendation to the member's Branch chief on whether the use was within policy or not within policy. RU managers are responsible for the security of the Tasers and associated equipment, assigned to their RU.

Training Manager Responsibilities (1051.00)

The Training manager will review the Taser deployment and make a recommendation to the deploying member's Branch chief on whether the use was within policy or not within policy.

The Training manager is responsible for the following:

- a. Procurement, maintenance, and issuance of the Tasers, and associated equipment.
- b. The training, certification and recertification of members in the use of the Taser.
- c. The Training manager will conduct a review of the Taser program when requested by the Chief of Police, Branch chief or as necessary. The review may include an analysis of all deployments, training, and examination of the Taser policy. At the completion of the review, the Training manager will prepare a written report outlining the results and forward it to the Chief or Branch chief.
- d. Meet with the Taser Medical Safety Committee (TMSC) when directed by the Chief, Branch chief or as necessary. Taser Medical Safety Committee (TMSC): TMSC is a committee comprised of members from Training, the Director of Multnomah County's Emergency Medical Services or designee, the State Medical Examiner or designee, citizens appointed by the Chief of Police and members of PFB.

Branch Chief Responsibilities (1051.00)

The Branch chief may concur with or controvert the recommended findings made by the member's RU manager and/or Training manager. If the Branch chief determines that the use of the Taser was within policy, no further review will be conducted. If the Branch chief determines that the use of the Taser was not within policy, the incident will be forwarded through channels to the Use of Force Review Board (UFRB).

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purposeful movements, pseudo hallucinations (i.e., cocaine bugs), seizures or coma; pale skin, racing pulse or increased breathing; skin temperature hot or very warm to touch.

- f. A person suffering from agitated delirium (before, during or after deployment). This includes the following: severe agitation, overamped or wired; paranoia; delirium (an abnormal mental state characterized by disorientation, fear, and irritability), altered mental status (a change in the level of consciousness or the content of consciousness), confusion or disorientation, restlessness or purposeless movements in the setting of cocaine use, tremor (i.e., twitching of small muscles, especially facial and finger).

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- c. PFB will be the first responder to deployments that require only the removal of probes and no other medical treatment, other than removal and treatment of the wound caused by the Taser probes. To ensure a response from PFB only, members must advise BOEC that the patient is breathing, conscious, and only PFB is needed to remove the Taser probes.
- d. If the Taser is deployed outside of PFB's response area, and medical treatment is mandated by this Directive or other injury, the fire department or EMS with jurisdiction will be summoned.
- e. Member responsibilities:
 1. The primary member for the incident will ensure that his/her on-duty supervisor is notified about any Taser related EMS transport.
 2. The supervisor that is notified will follow the normal procedures for posting a guard at the hospital as needed.

Actions Following the Use of the Taser (1051.00)

Following the operational discharge of Taser probes, the Taser probes will be collected and placed into evidence. Members will use biohazard precautions when