



GENERAL ORDERS: Chapter 8.1

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Conducted Energy Weapon

I. Purpose

To establish guidelines for the use and deployment of a conducted energy weapon (CEW) which is synonymous with the term Electronic Control Device (ECD) or by the trademark name, TASER.

II. Policy

The CEW is authorized for use by trained and certified officers as a less lethal force option to temporarily incapacitate a dangerous, violent or potentially violent person. It is not intended to replace tactics or training utilized to de-escalate a situation and avoid the use of force or to replace lethal force when such force is justified.

III. Definition

Conducted Energy Weapon (CEW) – a handheld, battery operated device that delivers low electrical amperage to encourage compliance when probes are deployed. The electrical current disrupts the neuromuscular system, causing involuntary muscle contractions to temporarily incapacitate a person, known as neuromuscular system incapacitation (NMI).

IV. General

A. Equipment

1. TASER 10:

- a. Is the CEW utilized by the Des Moines Police Department, which will be referred to as TASER throughout this policy.
- b. Is equipped with a removable magazine loaded with ten (10) individual cartridges, each cartridge consisting of one (1) probe.
- c. Deploys a single probe with each trigger pull.
- d. Requires two probes to achieve the potential for NMI, meaning a minimum of two (2) trigger pulls are required.

B. Authorization & Training

1. Officers shall successfully complete the initial certification program taught by a certified TASER instructor before they are authorized to use the CEW.
 - a. Officers authorized to carry the TASER will have documented receipt of this policy, as well as [GO Chapter 5 – Use of Force](#) and [GO Chapter 6 – Use of Force Reporting](#).
2. Officers must successfully complete an annual recertification course and demonstrate their proficiency monitored by a certified TASER instructor to maintain their certification and authorization to carry a TASER.
 - a. Officers who are unable to pass their proficiency training will undergo remedial training as determined by the designated TASER Coordinator.

3. Initial training and subsequent recertification courses will be documented in the officer's training record.

C. Care

1. Officers who are issued a device are responsible for its care and security.
 - a. Prior to any shift, officers shall perform a "function test" to ensure the device is operating properly.
 - b. If it is damaged, indicates an error, or malfunctions, the officer will notify their supervisor and the designated TASER Coordinator for repair or replacement.

D. Carry

1. The device will not be carried or mounted on the strong side (firearm side).
2. Officers will carry the device with the safety on, in an approved holster, with a magazine in place.
 - a. At the beginning of any shift, officers will carry the TASER with a fully loaded magazine of 10 cartridges.
 - b. Following any TASER deployment during a shift, the officer shall replenish the magazine to its full capacity of ten (10) cartridges as soon as reasonably practicable.
 - (1) Upon replenishing the magazine, the officer shall conduct another function test to ensure proper operation.

V. Deployment

A. Application

1. When appropriate, tactics such as OC spray and physical control should be considered and utilized prior to deployment.
2. The TASER may be used in situations such as, but not limited to:
 - a. When other attempts to control a person by conventional tactics have been, or will likely be, ineffective
 - b. Preventing a person from harming themselves or others
 - c. Overcoming aggressive, assaultive, or violent behavior
 - d. Deterring an animal that appears to be a danger to the officer or the public

B. Use

1. When device use is imminent, officers should give the individual a verbal warning, if possible, and advise other officers on scene loudly and clearly "TASER."
 - a. Officers should have a back-up plan of action if the deployment fails to achieve its goal and, if possible, have a secondary officer capable of providing immediate cover.
2. Officers shall target preferred zones based on training, that will have the greatest chance of neuromuscular incapacitation and should:
 - a. Avoid intentionally targeting sensitive areas of the body, such as the head, throat, chest or area of the heart, genitals or known pre-existing injury areas without justification
3. Deployment should be for one standard cycle (five seconds)
 - a. Allow a reasonable amount of time to assess the effectiveness of a complete cycle and give the individual the opportunity to comply before deploying additional cycles.
4. If it is determined that subsequent cycles are necessary, the TASER may be reenergized in accordance with the officer's training.
5. Additional probes may be deployed, when necessary, to achieve a wider NMI spread across the subject's body to attain more effective control.
 - a. Officers should avoid ineffective repeated exposures and instead consider a newly targeted probe and/or different force options.

C. Restrictions

1. Officers will not utilize the device for punitive purposes.
2. Unless there are compelling reasons to do so which can be clearly articulated, officers should refrain from using the device on a person who is:
 - a. Operating a motor vehicle or fleeing on foot
 - b. A young child, elderly, known to be pregnant or have heart problems
 - c. Known to be physically or mentally disabled
 - d. Handcuffed
 - e. In an area where serious injury or death may occur as a result of:
 - (1) A fall from an elevated position or,
 - (2) The ignition of a known potentially flammable material.
 - f. In a situation where deadly force is justified, unless another officer is capable of providing deadly force to protect the officer or other individuals
 - g. Exhibiting passive resistance, unless there is an articulable reason why it would be unsafe to approach the individual, and other options are not practical

VI. Post deployment

A. Medical treatment

1. Individuals receiving embedded probes from the TASER will be evaluated by fire department EMS personnel.
 - a. Officers will cut the wires at a location nearest the probes prior to medical evaluation and allow EMS personnel to remove the probes.
 - b. Individuals with probes lodged in the head, neck or genital area will be transported by fire department EMS personnel to a medical facility to have the probes removed.

B. Disposal

1. Expended probes and cartridges should be retained and placed on property as evidence.
 - a. Expended probes are considered a biohazard and each probe shall be placed in a separate sharps container.

C. Reporting

1. When the TASER is discharged, officers will follow [use of force reporting](#) requirements and notify a supervisor as soon as reasonably possible after the individual is secure.
 - a. In addition, officers will contact a TASER instructor to download data from the deployment.
2. When a TASER is pointed at an individual or a "warning alert" is activated with the intent to gain compliance from or exert control over the individual as a de-escalation technique, officers shall document it as a display of force incident and follow the use of force reporting requirements.
 - a. A supervisor interview and photographs are not required, but may be done at the supervisor's discretion.
3. Accidental discharges of the device during administrative handling will be reported on a memorandum and forwarded through the chain of command.