



NORTHERN LANCASTER COUNTY REGIONAL POLICE DEPARTMENT

- ☒ General Order
☐ Special Order
☐ Personnel Order

Order Number
6.1.87

Subject: CONDUCTIVE ENERGY DEVICE APPLICATION BY AGENCY MEMBERS (TASER)			
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In interpretation of this chapter, the singular shall include the plural and the masculine shall include the feminine and the neuter.			

This order consists of the following part(s):

6.1.87 – Conductive Energy Device Application by Agency Members (TASER)

I. Purpose

This policy is designed to provide the officers of the Northern Lancaster County Regional Police Department with a clear understanding of the requirements surrounding the use and application of conductive energy devices.

II. Policy Statement

This policy offers a framework for organization members in the application of force utilizing what is referred to in this policy as a Conductive Energy Device – CED, this wording is varied based upon the manufacturer and is also referred to in both literature reviews and manufacturer training and publications as an Electronic Control Device – ECD or Electronic Control Weapons (ECWs). The NLCRPD defines the CED as a less than lethal device and does not consider a CED as a non-lethal device.

The NLCRPD shall refer to these instruments in all policy as CED devices for purposes of simplicity, for all practical purposes the use of these phrases is interchangeable and without a basis for distinction by those guided by this policy.

III. Definitions

Electroshock Weapon - is an incapacitant weapon used for incapacitating a person by administering electric shock aimed at disrupting superficial muscle functions.

Conductive Energy Device - one type is a conductive energy device (CED) that fires a projectile that administers the shock through a thin, flexible wire.

Other Electroshock Weapons - are listed in use by various agencies, these are items such as stun guns, stun batons, and electroshock belts that administer an electric shock by direct contact.

Shockround – is defined as a piezo-electric tip for a projectile that generates and releases electric charge on impact.

Electronic Control Weapons (ECWs) - to reflect the reality that these tools are less-lethal weapons that are meant to help control persons who are actively resisting authority or acting aggressively. ECWs are a popular tool among police and are increasingly being used in law enforcement agencies across the United States.

Positional asphyxia - is a death that occurs when a subject's body position interferes with breathing, either when the chest is restricted from expanding properly or when the position of the subject's head obstructs the airway.

IV. Areas of Concern

The use of CED devices by law enforcement upon individuals has produced several outcomes which the end user must be aware of to insure safe application of such force. In general, the following areas of caution have been defined by review of literature associated with the device. Some areas of concern are listed as follows:

1. CED devices shall be considered less than lethal weapons.
2. CED devices shall be used as a weapon of need, not a tool of convenience.
3. Officers shall not over-rely on CED devices in situations where more effective and less risky alternatives are available.

4. CED devices are just one of a number of tools that police have available to do their jobs, and they should be considered one part of an agency's overall use-of-force policy.
5. NLCRPD mandates that officers who may deploy CED devices should receive comprehensive training on when and how to use CED devices.
6. The NLCRPD shall monitor their own use of CEDs and should conduct periodic analyses of practices and trends.
7. The NLCRPD shall consider the standards of community expectations in the use and delivery of force via CED devices.
8. CED devices shall not be considered non-lethal weapons.
9. The NLCRPD recognizes that there is a place for use of force techniques related to pain compliance on the use of force continuum as outlined in the NLCRPD Use of force policy: G.O. 1.3.0 Use of Force.

V. Risks Associated with The Use of CED Devices

The NLCRPD understands and cautions officers that CED devices are not harmless or risk-free and should not be used in situations where alternative options, including other types of force or verbal de-escalation techniques, are more appropriate. Furthermore, CEDs do not always work as intended, so officers must be prepared to consider and exercise other force options when the CED is not having its intended effect or continued use will endanger the subjects.

The listings of areas of concern that follow, while not comprehensive, provide the NLCRPD user a broad area of considerations of factors which may provide a contribution to a negative outcome in the use of force by application of a CED.

1. Medical Considerations: Repeated or multiple applications may increase risk of death.

- a) It is important to recognize that CEDs have been cited by medical authorities as a cause of, or contributing factor in, some deaths.
- b) Several factors appear to be associated with fatal and other serious outcomes associated with the use of CED.
- c) These factors include how the CED was used and the physical or medical condition of the subject who received an CED application.
- d) In July 2010, the American Academy of Emergency Medicine issued a

Clinical Practice Statement advising physicians that they should consider additional evaluation and treatment for individuals who experienced an CED application longer than 15 seconds (Vilke et al. 2010).

2. Causation factors are not always clear, but the most common factors that appear to be associated with fatal and other serious outcomes include.
 - a) repeated and multiple application
 - b) cycling time that exceeds 15 seconds in duration, whether the time is consecutive or cumulative.
 - c) simultaneous applications by more than one CED Officers must have an understanding that repeated applications and continuous cycling of CED may increase the risk of death or serious injury to the person to whom applied.

2. Medical Considerations: High-risk populations

- a) Some target populations are currently believed to be at a heightened risk for serious injury or death following an CED application include pregnant women, elderly persons, young children, visibly frail persons or persons with a slight build, persons with known heart conditions, persons in medical/mental crisis, and persons under the influence of drugs (prescription and illegal) or alcohol. NLCRPD members shall be cognizant about the medical complications that may occur after CED use and should be made aware that certain individuals, such as those in a state of excited delirium, may be at a heightened risk for serious injury or death when subjected to CED application or other uses of force to subdue them.

3. Medical Considerations: Positional asphyxia

- a) NLCRPD members shall be cognizant of how positional asphyxia may exacerbate the condition of any individual who has received a CED application. Positional asphyxia is a death that occurs when a subject's body position interferes with breathing, either when the chest is restricted from expanding properly or when the position of the subject's head obstructs the airway. Positional asphyxia has been mentioned as a possible contributing factor in a number of cases in which subjects died after one or more CED applications. NLCRPD personnel should beware to apply a restraint technique that does not impair a subject's respiration following a CED application.

4. Considerations: Mode & Frequency of CED Device

- a) The most commonly used CEDs can be used in two modes:

1. *probe* – deployment of probes which attach to the subject via a wire to which a conductive charge is applied.
 2. *drive stun* – contact with the subject by which a conductive charge is applied.
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- b) Recent studies indicate that many police managers and officers erroneously believe that applications of drive stun are as effective as applications with probes, but that anecdotal belief is generally held to be not correct.
 - c) Drive Stun: Avoid use as a pain-compliance tactic. The drive stun mode can be used to complete the circuit in the event that one of the probes is ineffective or becomes dislodged. The drive stun mode can also be used in close quarters for the purpose of protecting the officer or creating a safe distance between the officer and the subject. Absent these circumstances, using the CED in drive stun mode is of questionable value. The primary function of the drive stun mode, when not used to complete the circuit, is to gain subject compliance through the administration of pain. Using the CED to achieve pain compliance may have limited effectiveness and, when used repeatedly, may even exacerbate the situation by inducing rage in the subject. For these reasons, use as a pain control method in drive stun mode is generally discouraged as a pain compliance tactic. Drive stun has an applicable but limited purpose that should be taught, explained, and monitored during CED training and field use based on manufacturer's recommendations.
 - d) Using either mode of the CED to lawfully control and subdue a person is restricted to an Active Resister, Threatening Assailant, Active Assailant, or other authorized level of force used in response to resistance outlined in NLCRPD GO 1.3.0 Use of Force.

5. Considerations: Target Area Selection & Cycle Frequency for Application of CED Devices

- a) Recent training updates by AXON suggest that there be a general target selection excluding the center of the chest for device application.
- b) The most frequent recommended target areas when using the CED (Taser) are as follows:
 - In probe mode to the back of the body - including the upper body and

lower extremities. Officers should avoid the head or any sensitive target areas.

- In probe mode to the front of the body – splitting the beltline targeting the upper and lower body core muscle groups or lower extremities. Officers should avoid the face, groin, or other sensitive target area.
 - In the drive stun mode – lower body, extremities, and the back. Officers should avoid sensitive areas such as the face, groin, or other sensitive target areas.
- c) The NLCRPD adheres to the practice of designated utilization of the CED to a maximum number of cycles, which is three and the duration of each cycle is five seconds or less.

VI. Procedures for Use of CED Devices

1. NLCRPD personnel should use a CED for one standard cycle (five seconds) and then evaluate the situation to determine if subsequent cycles are necessary. Personnel should consider that exposure to the CED for longer than 15 seconds (whether due to multiple applications or continuous cycling) may increase the risk of death or serious injury. Any subsequent applications should be independently justifiable, and the risks should be weighed against other force options.

2. A warning should be given to a subject prior to activating the CED unless doing so would place any person at risk. Warnings may be in the form of:

- a) Verbalization
- b) Display
- c) laser painting
- d) arcing
- e) combination of these tactics.

3. When feasible, an announcement should be made to other NLCRPD or outside agency personnel on the scene that a CED is going to be activated. When feasible officers should also announce to newly arrived officers or other officers present how many times the subject is exposed during the use of force incident to CED exposure. When the threshold of three exposures have been met – officers shall advise “No more taser application – alternate force use from this point”.

4. NLCRPD personnel should not intentionally activate more than one CED at a time against a subject.

5. CEDs should be used only against subjects who are exhibiting active aggression or who are actively resisting in a manner that, in the officer's judgment, is likely to result in injuries to themselves or others. CEDs should not be used against a cooperative or passive resister/subject.

6. Fleeing should not be the sole justification for using a CED against a subject. Personnel should consider the following factors:

- a) severity of the offense
- b) the subject's threat level to others
- c) the risk of serious injury to the subject before deciding to use a CED on a fleeing subject.

7. CEDs should not generally be used against the following specific population members:

- a) pregnant women
- b) elderly persons
- c) young children
- d) visibly frail persons
- e) Personnel should evaluate whether the use of the CED is reasonable, based upon all circumstances, including the subject's age and physical condition. In some cases, other control techniques may be more appropriate as determined by the subject's threat level to others.

8. Personnel should not intentionally target sensitive areas (e.g., head, neck, genitalia) for CED application.

9. CEDs should not be used on handcuffed subjects unless doing so is necessary to prevent them from causing serious bodily harm to themselves or others and if lesser attempts of control have been, or would likely be, ineffective.

10. CEDs should not be used against subjects in physical control of a vehicle in motion (e.g., automobiles, trucks, motorcycles, ATVs, bicycles, scooters).

11. CEDs should not be used when a subject is in an elevated position where a fall may cause a risk of substantial injury or death.

12. CEDs should not be used in the known presence of combustible vapors and liquids or other flammable substances including alcohol-based Oleoresin Capsicum (O.C.) spray carriers. Agencies utilizing both ECWs and O.C. spray

should use a non-combustible (e.g., water-based) spray.

13. NLCRPD personnel should be aware that there is a higher risk of sudden death in subjects under the influence of drugs and/or exhibiting symptoms associated with excited delirium.

14. When possible, emergency medical personnel should be notified when officers respond to calls for service in which they anticipate a CED application may be used against a subject. *In the most general of terms as a matter of routine this should be limited in scope and frequency to those situations where use of the CED is imminent and an advisory to the 911 police LCWC dispatcher to advise the EMS operators and have a protocol notice made to the EMS provider. The determination of actions by the EMS provider shall be at the discretion of the provider.*

15. All subjects who have been exposed to CED applications should receive a medical evaluation by emergency medical responders in the field or at a medical facility.

16. All subjects who have received a CED application should be monitored regularly while in police custody even if they received medical care. Officers should make notification to any transferring facility (hospital, prison, or receiving agency) of a detainee, of the CED application and detainee's exposure.

17. Personnel should not remove ECW probes from a subject that have penetrated the skin unless they have been trained to do so. Only medical personnel should remove probes that have penetrated a subject's sensitive areas or are difficult to remove.

VII. Reporting and Accountability

1. ECWs should be regulated while personnel are off duty under rules similar to those for service firearms (including storage, transportation, use, etc.).

2. A supervisor should respond to all incident scenes where a CED was activated.

3. When possible, supervisors should anticipate on-scene officers' use of CEDs and should respond to calls for service that have a high propensity for the use of a CED.

4. A supervisor should conduct an initial review of each CED activation, and every instance of CED use, including unintentional activation, should be documented.

5. The NLCRPD shall initiate force investigations when any of the following factors is involved:

- a) A subject experiences a proximity death or serious injury following CED application.
- b) A subject experience prolonged CED application (longer than 15 seconds)
- c) The ECW appears to have been used in a punitive or abusive manner.
- d) There appears to be a substantial deviation from CED training or policy.
- e) A subject in an at-risk category has been subjected to application (e.g., young children, individuals who are elderly/frail, pregnant women, and any other activation as determined by a supervisor).

6. Every CED related preliminary investigation(s) should include the following elements:

- a) Interviews of the subject
- b) Supplemental reporting by all officers who discharged their CEDs.
- c) Location and interviews of witnesses
- d) Forensic quality photographs of subject and officer injuries.
- e) Photographs of cartridges/probes
- f) Collection of CED-related items including cartridges, probes, data downloads, car video, confetti tags, or other items and actions consistent with manufacturer's recommendations and technology utilization best practices, this **may** exclude some elements of this paragraph.
- g) Copies of the CED data download
- h) Other information as indicated and consistent with Reporting and Accountability best practices.

7. When reviewing downloaded CED data, supervisors and investigators should be aware that the total time of activation registered on a CED may not reflect the actual duration of ECW application on a subject.

8. Audits should be conducted to verify that all NLCRPD personnel who carry CEDs have attended initial and recertification training.

9. NLCRPD members shall collect the following information about CED use and shall include this **mandatory** reporting information in ALL incident reporting submitted into the NLCRPD RMS system:

- a) Date time, location of incident
- b) The use of display, laser painting and/or arcing, and whether those tactics deterred a subject and gained compliance.
- c) The legal basis for the use of force.
- d) Identifying and descriptive information and investigative statements of the subject (including membership in an at-risk population), all personnel firing CEDs, and all witnesses.
- e) The type and brand of CED used.
- f) The number of CED activations, the duration of each cycle, the duration between activations, and (as best as can be determined) the duration that the subject received applications.
- g) Level of aggression encountered.
- h) Any weapons possessed by the subject.
- i) The type of crime/incident the subject was involved in.
- j) Determination of whether deadly force would have been justified.
- k) The type of clothing worn by the subject.
- l) The range at which the ECW was used.
- m) The type of mode used (probe deployment or drive stun).
- n) The point of probe impact on a subject with the device in probe mode
- o) The point of impact on a subject with the device in drive stun mode
- p) Location of missed probe(s)
- q) Terrain and weather conditions during ECW use
- r) Lighting conditions
- s) The type of cartridge used.
- t) Suspicion that the subject was under the influence of drugs (specify if available).
- u) Medical care provided to the subject.
- v) Any injuries incurred by personnel or the subject.

10. Use of Force reporting – NLCRPD agency members are required to comply with the reporting requirements as required under G.O.1.3.0 of the NLCRPD Police Guide in addition to the specific requirements as provided under this section.

VIII. Training Requirements

1. Agency Trainers shall adhere to the following minimal requirements for training NLCRPD members in the use of CED devices.
 - a. Before any NLCRPD agency personnel are armed with CEDs, they

should receive all mandated training and achieve all qualification requirements.

- b. NLCRPD trainers should use scenario- and judgment-based training that recognizes the limitations of CED application and the need for personnel to be prepared to transition to other force options as needed.
- c. The NLCRPD should not rely solely on training curriculum provided by an CED manufacturer. When they do use the curriculum, agencies should ensure the manufacturer's training does not contradict agency use-of- force policies and values. Agencies should ensure that their CED curriculum are integrated into their overall use-of-force training curriculum and consistent with the Use of Force policy.
- d. NLCRPD trainers should be aware that exposure to CED application during training could result in injury to personnel and is not recommended. Any agency that does include CED application as part of training should make it mandatory for certification and should ensure that safety protocols are rigorously followed.
- e. CED recertification should occur at least annually and should consist of physical competency, weapon retention, agency policy including any changes, technology changes, and or reviews of local and national trends in CED use. Recertification should also include scenario-based training.
- f. NLCRPD Personnel should be trained to use an CED for one standard cycle (five seconds) and then evaluate the situation to determine if subsequent cycles are necessary. Training protocols should emphasize that multiple applications or continuous cycling of an CED resulting in an exposure longer than 15 seconds (whether continuous or cumulative) may increase the risk of serious injury or death and should be avoided.
- g. NLCRPD training protocols should emphasize the risk of positional asphyxia, and thus officers should be trained to use a restraint technique that does not impair the subject's respiration following an CED application.

- h. NLCRPD personnel should be trained that when a subject is armed with a CED and attacks or threatens to attack a police officer who is alone, the officer must defend himself or herself or take actions to avoid becoming incapacitated and risking the possibility that the subject could gain control of the officer's firearm. However, if multiple officers are present, a subject's attack with a CED against one officer should not in and of itself cause a deadly-force response by other officers but is a consideration for escalation of force upon the continuum.
- i. NLCRPD personnel should be trained to attempt hands-on control tactics during CED application, including handcuffing the subject during CED application (i.e., handcuffing under power). Training should include any associated risks of exposure to the officer.
- j. NLCRPD command staff, supervisors, and investigators should receive CED awareness training appropriate to the investigations they conduct and review.
- k. If the NLCRPD agency imparts use of more than one model of CEDs, training should emphasize the differences in the various models (e.g., duration of cycle, optimal probe spread).
- l. Trainers and agency members shall adhere to all reporting requirements concerning documentation of training and understanding of policy requirements related to the use of CED devices by agency members.

IX. Authorized Agency CED Devices

1. **The TASER® 7™ CEW** is a 2-shot weapon manufactured by AXON. The T7 CEW uses 2 replaceable Smart™ cartridges containing compressed nitrogen to deploy two small probes that are attached to the X2 CEW by insulated conductive wires. The X2 CEW deploys Smart cartridges one at a time. It is possible to apply energy beyond the initial burst to a deployed cartridge without deploying the remaining cartridges. It also is possible to apply a Warning Arc display or drive-stun without deploying any of the cartridges loaded in the CEW. The T7 CEW is sold with cartridges that have a wire length of 25'.
2. **The TASER® X7™ CEW Features** a Multiple shot Conducted Electrical Weapon.

- a) Housing: High-impact polymer construction.
- b) High intensity flashlight.
- c) Static dual LASERS: Red class IIIa. Class II LASERS available.
- d) ARC switch enables drive-stun with or without a Smart cartridge installed (Arc display/Re-energize/Cartridge advance [ARC]).
- e) Central Information Display (CID): Displays mission-critical data such as remaining PPM energy, burst time, operating mode, and user menu to change settings and view data on a yellow-on-black display.
- f) The Trilogy™ log system records information from a variety of sensors into three data logs: Event log, Pulse log, and Engineering log. All information is stored in the PPM and uploaded directly to EVIDENCE.com.
- g) Real-time clock with back-up battery.
- h) Onboard self-diagnostic and system status monitoring and reporting.
- i) Ambidextrous safety switch.
- j) The trigger activates a single cycle (approximately 5 seconds). Holding the trigger down will NOT continue the discharge beyond the standard cycle.
The cycle can be stopped by placing the safety switch in the down (SAFE) position.
- k) Compatible with TASER Smart™ T7 cartridges only.

3. The TASER® T7 CEW System Elements

- a) HANDLE, YELLOW, CLASS III, T7
- b) HOLSTER, BLACKHAWK, RIGHT
- c) HOLSTER, BLACKHAWK, LEFT
- d) CARTRIDGE, PERFORMANCE, SMART, TRAINING, 25' Duty Cartridge
- e) CARTRIDGE, PERFORMANCE, SMART, 25'

Effective: January 14, 2025

By order of



**Joshua P. Kilgore
Chief of Police**