

Office of the Police Ombudsman for Northern Ireland:

Analysis of incidents involving the discharge of Tasers by the PSNI 25 January 2008 – 30 September 2011

A report under Section 60A of the Police (NI) Act 1998

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1. Foreword

The introduction of Tasers in Northern Ireland in 2008 was, and remains, a contentious issue. To ensure police officers who use the weapon were made fully accountable for their actions, an agreement was reached with the PSNI that each time a Taser was discharged the incident would be referred by the Chief Constable for investigation by my Office. As at the end of September 2011, twenty nine such referrals have been received. In twenty incidents, the investigation has been completed and the case closed with no criminal or disciplinary charges being recommended against the police officers involved. Investigations are ongoing in respect of the remaining nine incidents.

Arising from these investigations, a number of recommendations for improvement in policing policies and procedures in relation to the use of Tasers have been made by my Office. Most of these have been accepted and implemented by PSNI. Two of these recommendations have been referred onwards to the Association of Chief Police Officers (ACPO). ACPO are currently completing a national consultation process which will shape the development of new statutory guidance on the use of Tasers. I am pleased to learn that recommendations made by my Office may, if implemented, help improve policing throughout the UK.

This report provides a brief analytical overview of factors linked to the use of Tasers, together with case studies pertaining to a number of incidents where the weapon has been used.

It is important that my Office continues, not only to hold police officers accountable for their conduct, but also to demonstrate that it is adding value to policing. The information contained in this report helps to inform the debate and should be of interest to our key stakeholders and the local community.

Recommendations made arising from the research will hopefully be implemented by PSNI, leading to improvements in service delivery. I would like to thank my research staff for their efforts in producing this report.

A handwritten signature in dark ink, appearing to read 'Al Hutchinson', with a long horizontal stroke extending to the right.

Al Hutchinson
Police Ombudsman for Northern Ireland

2. Executive Summary

Following the introduction of Tasers by the PSNI in 2008, there have been twenty-nine incidents during which Tasers were discharged as at 30th September 2011. In accordance with established protocols, each incident was referred to the Office of the Police Ombudsman for investigation.

In the vast majority of incidents referred, there were clear risks of self harm, or indeed harm to others, from those subject to Taser discharge. The majority of individuals who were subjected to the discharge of a Taser were males aged between 18 and 29 years. Most police officers who used their Tasers had at least ten years' service, and had received Personal Safety refresher training in the twelve month period before the incident.

Of the incidents investigated to date, the Police Ombudsman has found no misconduct or criminality which explicitly involved the discharge of Taser. In all circumstances, the Police Ombudsman found that police actions were justified and proportionate. However, informal action was recommended on a residual allegation that was identified during the course of one investigation, which was not explicitly related to the discharge of Taser.

The Police Ombudsman has also made nine policy recommendations regarding the use of Tasers, the majority of which have since been implemented by PSNI.

Summary of Recommendations

This Policy and Practice Investigation has found that there is no evidence that PSNI has acted improperly in the discharge of Tasers. However, during the course of this research a number of issues have arisen which need to be considered by the PSNI. The Police Ombudsman therefore makes the following recommendations:

1. That the electronic Use of Force Monitoring Form should have a new field included which allows officers to input details of the next of kin or friend who has been informed of the Taser discharge.
2. That the electronic Use of Force Monitoring Form be amended to include a new field, which allows officers to input details of their most recent Taser training, if Taser is initially selected as the weapon.
3. That PSNI consider a more balanced urban/rural split of Taser trained officers, in order to prevent any delays in arriving at the scene of an incident. The Police Ombudsman's Office is aware that this issue is currently being reviewed by PSNI.
4. That PSNI remind Taser trained officers of the correct warning to be used prior to the discharge of the Taser, allowing the subject time to react to that warning.
5. That Service Procedure 06/08 is amended to state that TAS2 information leaflets should be given to all subjects of Taser discharge, rather than only those who are conveyed to custody.

3. Introduction and Background

Legislation

The Police Ombudsman's Office was established under the Police (Northern Ireland) Act 1998 in order to provide an independent system for investigating complaints against the police in Northern Ireland.

Section 60A of the Police (Northern Ireland) Act 1998 [as inserted by Section 13 of the Police (Northern Ireland) Act 2003] empowers the Police Ombudsman ("the Ombudsman") to investigate current policy or practice if:

- The policy or practice comes under his attention under Part VII of the Act; or
- He has reason to believe it would be in the public interest to investigate the policy or practice.

Section 55 of the Police (NI) Act 1998 enables the Secretary of State / Department of Justice, Chief Constable, Northern Ireland Policing Board (NIPB) and Director of Public Prosecutions (PPS) to refer to the Ombudsman matters not complained of, and empowers the Ombudsman of his own volition to investigate non-complaint matters. Regulation 20 of the RUC (Complaints etc) Regulations 2000 states that at the end of an investigation of a matter investigated under Section 55, the Ombudsman shall send a copy of the report on the investigation to the NIPB and the Chief Constable, unless they have already received a copy of the report under Regulation 18, and to the Secretary of State / Minister of Justice.

Background to the use of Tasers in PSNI

It is widely accepted that police officers should have a variety of equipment to help them in their policing duties¹, thus enabling better protection of themselves and the general public. Weapons are also deemed useful for helping to preserve the rule of law and diffuse difficult situations which require some use of force. For the most part, weapons such as handcuffs or batons are sufficient to subdue or resolve confrontational situations. However, there are occasions which require the use of more forceful weaponry, such as Tasers.

Whilst international police services have been using Tasers for many years, their introduction in Northern Ireland is relatively recent, even in comparison to other UK forces. In June 2005, the then Chief Constable, Sir Hugh Orde, first made reference to the potential introduction of Tasers across the PSNI, and this led to widespread controversy in terms of the potential dangers involved. In September 2007, the Home Office began a one year pilot on the use of Tasers by Specialist Firearms Officers in ten police services across Britain.

A short time later, Sir Hugh Orde confirmed that he too would introduce a Taser pilot programme involving twelve Specialist Firearms Officers in the PSNI. The rationale for this decision came from the view that it

¹ *United Nations Basic Principles on the Use of Force and Firearms by Law Enforcement Officials*, 1990

would afford specialist officers the use of a less lethal option of force when attempting to control violent individuals.

At the time, the proposed introduction of Tasers was a very contentious move which was widely and publicly condemned by human rights organisations, the Northern Ireland Policing Board (NIPB), the then Police Ombudsman, and a number of political parties. Local media were vocal in expressing the concerns of all bodies with an opinion on the proposed pilot scheme, with headlines such as 'Police urged not to adopt 'lethal' Tasers in Ulster'² and 'Orde clashes with Board on Tasers.'³

Case Study Taser Discharged Following Stabbing

Police went to a domestic residence following a report of a stabbing. Upon arrival, officers spoke to a male in the house who had been stabbed and commenced searching the surrounding area for a second male allegedly armed with a knife. Police located the individual nearby. He was holding a knife to his throat and threatening to kill himself if police approached. Officers attempted to calm the male down and continued to talk with him until the arrival of trained firearms officers. Police then requested that a trained negotiator be called to the scene, however shortly after this request was made the man became more agitated and threatened to cut his throat. Armed officers approached the male, asked him to drop his knife and warned that a Taser was aimed at him. The male then raised the knife to his throat making a slicing motion and an officer shouted 'Taser Taser,' before discharging the Taser. The discharge struck the man, allowing officers to disarm him. When later interviewed, the officer who discharged the Taser said he did so only after all other means of resolving the situation had been tried and failed.

The Police Ombudsman's Office was informed of the incident and investigators were deployed to the scene. Statements were taken from all officers involved, letters appealing to witnesses were delivered and PSNI documentation was examined. An investigation file was prepared and subsequently forwarded to the Public Prosecution Service who directed No Prosecution against any officer involved.

Upon reviewing the evidence, the Police Ombudsman found no misconduct on the part of the officer concerned. It was therefore concluded that the use of the Taser was proportionate, lawful and necessary, and only used to prevent loss of life or serious injury.

The reason for police attendance at the scene was to disarm the male, not only for protection of residents in the area but also for his own protection. In these circumstances, the use of the Taser was considered by the Police Ombudsman as the most viable option and helped to achieve a successful outcome to the situation.

² Belfast Telegraph, Morning Edition, Page 9, 2nd October 2006

³ Newsletter, Page 10, 7th December 2007

Figure 1: Example press coverage of Taser introduction, Irish News, 11th January 2008

Police under fire over Tasers

By Barry McCaffrey

SINN Fein and the SDLP last night hit out at the PSNI announcement that it would begin using Taser stun guns.

Last month Chief Constable Sir Hugh Orde announced the introduction of the 50,000-volt Taser stun gun despite opposition from the Policing Board.

The board had expressed serious concern over a lack of proper guidelines for its use.

Yesterday Assistant Chief Constable Roy Toner defended the announcement that officers from the specialist operations unit would begin training with 12 Tasers next week.

"The PSNI, like police services nationally, is constantly seeking less lethal options in order not to have to resort to lethal force when dealing with violent criminals," he said.

"Ultimately it will save lives. It would be an appalling situation if an officer has to use a gun and a person is shot dead or seriously injured because Taser or another less lethal option is not on issue to us."

Mr Toner said ordinary police officers would not be issued with Tasers.

He said the Police Ombudsman would investigate each time a Taser had been fired.

"The likelihood is that the vast majority of people will never even notice that the police service



■ **ROW:** Assistant Chief Constable Roy Toner holds a 50,000-volt Taser stun gun, to be introduced next week

PICTURE: Hugh Russell

have Tasers," he said.

"The likelihood will be that it will only be violent criminals, armed robbers or armed drug dealers who will actually come in contact with a police officer who has a Taser."

He denied that stun guns would be used in riot situations.

"It would be totally inappropriate to use it in a public order situation," he said.

"I can give an absolute guarantee we have absolutely no intention of doing that."

The assistant chief constable rejected criticism that Tasers

were lethal weapons that had resulted in the deaths of a number of innocent people.

"Across the world there have been many people killed by Tasers"

Alex Maskey

"There have been 450 uses of them in Great Britain over the last three to four years and there has

been no fatalities and no serious injuries," he said.

The senior officer said police chiefs would review the use of Tasers after six months and consider allowing specialist response units to use them.

However, Sinn Fein and the SDLP strongly criticised the stun gun announcement.

"Across the world there have been many people killed by Tasers, including the recent death of a woman in Canada," Sinn Fein assembly member Alex Maskey said.

"Our objective is to see a routinely unarmed police service but we do not believe that plastic bullets or Tasers are the solution."

SDLP assembly member Dolores Kelly said her party was vehemently opposed to the introduction of Tasers.

"We are deeply disappointed at the PSNI's bullish attitude over this issue despite the fact that countless human rights reports have raised serious concerns over the use of Tasers against women, children and people with mental health problems," she said.

"This is a very dangerous move which we would urge the PSNI to step back from even at this late stage."

Amnesty International also criticised the decision.

The human rights group said more than 270 people had been killed by Tasers in North America since 2001.

Much of the criticism regarding the introduction of Tasers within the PSNI arose from speculation surrounding:

- How controlled their use would be in practical terms;
- Statistics on the number of fatalities arising from their use, particularly in the United States; and
- The potential breaches of human rights legislation.

Further to these criticisms, concerns were raised in relation to the number of public order situations occurring throughout Northern Ireland, and the fear that Tasers may be deployed in such scenarios where there was a risk of harm to innocent bystanders. PSNI Assistant Chief Constable, Roy Toner, stated that 'it would be totally inappropriate to use [Tasers] in a public order situation' and he gave an 'absolute guarantee we [PSNI] have

absolutely no intention of doing that.⁴ This has been reinforced in the PSNI's Service Procedure⁵ which provides guidelines on the use of Taser. The Procedure states that Tasers may be used 'as a less lethal option in firearms and non-public order situations.'

In May 2007, as Human Rights advisor to NIPB, Keir Starmer QC produced a paper on Human Rights Advice in relation to the introduction of Tasers across the PSNI.⁶ NIPB have a statutory obligation to monitor PSNI compliance with the Human Rights Act (1998); of particular relevance is the necessity to ensure that any use of force conforms to Article 2 (Right to Life) of the European Convention on Human Rights (ECHR). Keir Starmer's report examined a wealth of empirical evidence considering the implications of the introduction of Tasers in terms of legal frameworks, medical considerations and the PSNI operational need for their introduction. The key points arising from his report include:

- That Tasers should be classed as 'potentially lethal' weapons;
- That the use of Taser may only be compliant under Article 2 ECHR and the Human Rights Act (1998) where 'it is immediately necessary to prevent or reduce the likelihood of recourse to lethal force, e.g. conventional firearms.' This is referred to as the test for use of a Taser;

- That PSNI must properly address the legal and human rights frameworks regarding the use of Tasers, thus creating their own policies and procedures which will stand to close scrutiny if required; and
- That PSNI should be required to show evidence of real situations in Northern Ireland which would have warranted the use of a Taser, rather than lethal force, had they been available at the time, as a means of identifying the 'capability gap' as cited by PSNI, Her Majesty's Inspectorate of Constabulary (HMIC) and the Association of Chief Police Officers (ACPO).

Following consultation with 56 organisations, and the completion of a full Equality Impact Assessment, PSNI began to pilot the use of Tasers on 25th January 2008 with Specialist Firearms Officers. However, the first weapon was not discharged until August 2008. Resulting from the pilot, Tasers were introduced fully to Specialist Firearms Officers within Armed Response Units on 19th December 2008⁷.

For the purposes of ensuring accountability from the outset in respect of Taser use, the PSNI agreed a protocol with the Police Ombudsman to the effect that the Chief Constable would refer each discharge of Taser to the Office for investigation.

⁴ Irish News, Page 2, 7th November 2007

⁵ Service Procedure 06/2008, *Guidelines on the Operational Use of Taser*, October 2009

⁶ Starmer, K. and Gordon, J. *The PSNI's proposed introduction of Taser – Human Rights Advice*, May 2007

⁷ Information sourced from PSNI Professional Standards Department (PSD)

Description of Tasers

Tasers are hand-held, battery operated devices which send high voltage electrical currents through individuals, with the desired effect being to temporarily incapacitate the individual. Research has shown that the electrical charge passing through skin or clothes should, in most cases, cause muscle seizure and a degree of pain for individuals. This will generally cause the person to 'freeze' on the spot or immediately fall and will therefore allow PSNI officers time to safely restrain the individual.

PSNI currently use a model of Taser known as the X26; this model is laser-sighted and comes with a cartridge attachment which allows the Taser to be shot from a distance of around 21 feet (6.4 metres). It is accepted that maximum incapacitation occurs when the Taser is discharged at approximately five feet from the target and when aimed at the abdomen of the subject.

The cartridges are for single use only and contain a pair of barbs attached to insulated copper wires which, when discharged, should attach to a person's skin or clothes thus completing an electrical current and providing an electro-shock to the target. It is, however, possible to use the Taser without a cartridge. This is known as 'drive stun' mode and involves direct contact between the Taser electrodes and the individual being restrained. Figure 2 depicts a typical X26 Taser.

Figure 2: X26 Taser



The X26 model of Taser has an audit functionality which records the date, time, temperature, battery condition and duration for which the Taser was discharged. Each Taser has a memory of 1500 incidents, and the information recorded for each is downloadable for police and Police Ombudsman records.

The model of X26 Taser used within PSNI is bright yellow, therefore mitigating the risk that it could be mistaken for another type of weapon. In addition, the electrical charge of the X26 automatically ceases after five seconds of discharge, unless the police officer involved presses the trigger for a longer duration when operationally required.

The use of a Taser is defined as any operational situation in which the Taser is:

- Drawn;
- Sparked⁸ so that the electrical charge is visible between the Taser electrodes;
- Aimed;

⁸ Also referred to as 'arcing'

- Red-dotted so that the red laser light is visible on the subject;
- Fired so that the barbs leave the cartridge; or
- Discharged in 'drive stun' mode.

Whilst there is information to suggest that the use of 'sparking' also acts as a deterrent in some cases, PSNI do not typically promote the use of Taser in this way. To enable the Taser to be sparked, the Taser cartridge must be removed and PSNI believe that the risks of doing so outweigh the benefit that sparking may deter some behaviours. It is, however, accepted that the use of 'red-dotting' acts as a successful deterrent to inappropriate behaviour in most circumstances, therefore reducing substantially the actual number of Taser discharges.

PSNI officers record each use of Taser on an electronic Use of Force (UoF) Monitoring System, which is completed by individual police officers before submission to, and approval by, their supervisor. Between 1 July 2008 and 31 August 2011, the Use of Force system recorded a total of 336 Taser usages and more than 90% of these related to the drawing of a Taser (includes drawing, aiming and red-dotting the Taser). The remaining 33 records related to the firing of a Taser during twenty-nine incidents.

Case Study **Taser discharged following disorderly behaviour**

Following receipt of two emergency calls requesting assistance, a PSNI Armed Response Vehicle arrived at the scene of an ongoing incident. As officers were removing a male from the location, an individual holding a long piece of wood in a threatening manner approached police involved.

One of the officers drew his Taser and, when the offending person ignored a warning to stop, discharged the weapon striking the man. The offender was subsequently arrested for the possession of an offensive weapon, disorderly behaviour and assault on police. PSNI immediately notified the Office that a Taser had been discharged, whereupon a Police Ombudsman investigation was commenced. Investigating Officers attended the scene of the incident and secured all relevant witness statements and supporting evidence. The man arrested lodged a formal complaint that he was assaulted and that no warning had been given prior to the Taser discharge.

When the investigation was complete a file was sent to the Public Prosecution Service who directed no prosecution against the officer concerned. In a subsequent report to the Chief Constable, the Office concluded that the officer involved was appropriately trained, had lawful authority to carry the weapon and discharged the weapon in the prevention of crime and in effecting the lawful arrest of an offender. The Ombudsman added that a warning had been given prior to the discharge of the Taser in line with PSNI policy and procedures.

Whilst the Office found no evidence of misconduct on the part of any police officer, it did note that police regulations in respect of the aftercare for persons tasered were based on the level of aftercare appropriate for people under the influence of drink or drugs. The Police Ombudsman therefore recommended that PSNI guidelines should be amended to take account of the specific needs of persons who have been subject to electric shock by Taser, and recommended that custody officers be appropriately trained on the level of cell supervision appropriate for people affected by Taser discharges.

4. PSNI Guidelines and Training

Case Study

Armed Robbery leads to discharge of Taser

The Police Ombudsman for Northern Ireland concluded that a police officer acted appropriately when he discharged his Taser at an armed robber. The Taser was used in an attempt to disable the robber who lunged at police with a knife and attempted to make off from the scene. Although the Taser malfunctioned, the offender was apprehended by police following a short chase and was later convicted of robbery.

The Police Ombudsman was advised immediately of the incident. In response, the Office's on-call Critical Incident Team attended the scene where it oversaw forensic examination. CCTV footage of the incident was reviewed and statements taken from both members of the public who saw what happened and from police witnesses.

The officer who discharged the Taser maintained that he did so as an alternative to live fire when the robber attacked him with a knife posing a danger to the officer, his colleagues and members of the public. As regards the weapon malfunctioning, this was immediately obvious by the fact that the offender was in a position to run off.

The Ombudsman's investigation found no misconduct on the part of the officer concerned, concluding that the use of the Taser was legal, proportionate and necessary in the circumstances.

The Police Ombudsman did however establish that the Taser had malfunctioned after part of the cartridge had become lodged in the weapon when it fell to the ground during a struggle with the offender. Following a review of procedures and policies applicable to the use of Tasers, in conjunction with all accounts of the incident as collated during the investigation, a recommendation was made to PSNI that the procedure implemented by the PSNI Special Operations Branch in relation to the storage and issue of Taser cartridges be adapted throughout the service.

This recommendation, which was accepted by police, was made to ensure appropriate record keeping of cartridge movement and use, as is necessary for the integrity of evidence recovery for a Taser discharge.

PSNI Use of Force is governed by a variety of legislation:

- Section 3 Criminal Law Act (NI) 1967;
- Article 88 Police and Criminal Evidence (NI) Order 1989;
- Common Law;
- The Human Rights Act 1998; and
- The PSNI Code of Ethics.

Both the Criminal Law Act and the Police and Criminal Evidence Order state that police officers may use 'reasonable' force in performing their duties so as to protect life and property, preserve order and prevent offences being committed. Article 4 of the Police Code of Ethics outlines in detail what is expected of officers in such situations; including that as far as possible they should take a 'graduated and flexible' response, act 'in proportion' and apply non-violent methods before resorting to the use of force.

Due to the potentially lethal classification of Tasers, PSNI guidelines and training on the use of Tasers go beyond those described above and state that officers should only resort to the use of Tasers if 'it is immediately necessary to prevent or reduce the likelihood of recourse to lethal force, e.g. conventional firearms.' The Service Procedure also states that officers should give a clear warning in the form of 'Taser, Taser' and should allow time for the persons involved to respond to that warning, unless such a warning would be

inappropriate or pointless. They should then inform their supervisor of the use of the Taser before completing and submitting an electronic UoF form to be approved at Inspector level.

PSNI have developed a bespoke Taser training package which runs over a three day period. The PSNI standard of Taser training has been adopted at a national level across all UK police services.

In accordance with current national guidelines, any situation which requires the use of force is subject to the Conflict Management Model, which aims to resolve the situation using a flexible and graduated approach. All Taser trained officers receive guidance on the Conflict Management Model through Personal Safety Programme training. Whilst Taser trained officers are not fully versed on negotiation methods which can help to resolve difficult situations, they do receive training on basic negotiating skills through the Conflict Management Model. The training includes provision for initiating and sustaining negotiations with a subject, as well as the types of language to avoid in scenarios where the use of a Taser may be required.

ACPO are in the process of developing a National Decision Making Model across UK police services, which aims to replace the current model. The National Decision Making Model places a detailed emphasis on human rights when police are involved in any situation, rather than only those which require conflict

management. It is anticipated that this model will be rolled out to PSNI by January 2012.

PSNI training on the use of Tasers is generally assessed through four main strands:

- Written Exam;
- Function Check Test: Involves trainees demonstrating their ability to test the functionality of a Taser;
- Classification shoot: Involves trainees aiming and discharging the Taser at a 'dummy' subject; and
- Scenario Training: A role play scenario where trainees must demonstrate their knowledge and skills in the use of Taser during an example 'real-life' scenario.

Only officers who are successful in each level of assessment will be authorised to carry and use a Taser. In addition to this initial three day package, officers trained in the use of Taser must also complete a two day refresher course at least every twelve months. Should any officer fail to complete this refresher training within stipulated time frames, they lose their authority to carry and use the Taser.

Medical Considerations

As described, Tasers are classed as 'potentially lethal' as opposed to conventional firearms which are considered 'lethal.' The effect upon a person being tasered is likely to be instant incapacitation due to extreme muscle contraction, but is also temporary for the duration of the Taser cycle which is typically five seconds or less.

There are a number of considerations which police officers must take into account when deciding whether or not to use the weapon. This is particularly relevant when assessing situations concerning certain categories of people, whom the PSNI have found are at 'heightened risk from negative health effects,'⁹ such as:

- Pregnant women;
- Children and Juveniles;
- Persons with a low body weight;
- Persons under the influence of alcohol/illegal drugs;
- Persons from minority ethnic groups;
- Persons who are hearing impaired;
- Persons with mental health conditions;
- People suffering from epilepsy; and
- Those with pre-existing heart conditions, including those with pace-makers.

PSNI training, specific to the use of Tasers, details the implications and heightened risk factors for each of the groups listed above.

In addition to the risks associated with particular groups of people, there are both primary and secondary risks associated with the use of Taser on any target. Primary risks include:

- Impaired breathing due to severe muscle contractions;
- Pain associated with penetration and subsequent removal of barbs;
- Damage to sight if there is prolonged laser-sighting at the targets eyes; and

- The risk that barbs may enter the sensitive eye area.

As a means of mitigating such risks, PSNI guidance states that Tasers should not be aimed around the head or neck area, that the chest area should not experience sustained or prolonged discharge, that the laser should not intentionally be aimed at the eyes and that, where operationally practicable, barbs should be removed by a medical practitioner. In cases where barbs have penetrated the eyes, PSNI guidance clearly states they should only be removed by a medical practitioner.

All PSNI officers who are authorised to carry a Taser receive a high level of first aid training both internally and from external training providers. At least one in three Taser trained officers have received First Person On Scene (FPOS) training provided by a specialist external provider, and a proportion have also received higher standard training in Pre-hospital Trauma Life Support. PSNI Armed Response and Special Operations officers are also trained in the use of medical equipment which may be required at the scene of a Taser discharge. Armed Response vehicles are equipped with oxygen supplies, defibrillators and full trauma packs, when required.

Consideration must be given to the potential existence of flammable solvents in the immediate area of the subject. Research has shown that Tasers have the potential to ignite flammable solvents, such as petroleum and CS

⁹ PSNI Equality Impact Assessment, *Proposals to Introduce Taser*, November 2008

Spray.¹⁰ Therefore, if a potential target has been CS Sprayed, or has, for example doused themselves in petrol, the risk of serious injury arising from use of the Taser may outweigh the benefits of using the weapon.

In addition, it has been proven that the muscle contraction associated with the effects of Taser discharge may cause the target's fingers to clench. PSNI guidance therefore addresses the risk of involuntary injury that this could pose should the target be equipped with a firearm or a sharp object. In addition to the written guidance on this issue, PSNI training on the use of Taser provides video footage of the potential ability for a subject to shoot themselves when tasered and PSNI generally do not recommend the use of a Taser on subjects carrying a live firearm.

Overall, however, research conducted by the Defence Scientific Advisory Council's Sub-Committee on the Medical Implications of 'less lethal' technologies (DOMILL) has concluded that the risk of life threatening or serious injury arising from the use of Tasers is 'very low.'¹¹

Further to the primary risks associated with Taser discharge, it is generally accepted that the most common secondary injury will be due to the target falling. Therefore, PSNI guidelines stipulate that appropriate risk assessment must be carried out if, for example,

the subject is at a height above ground level. Furthermore, examination of the cases of Taser discharge to date in Northern Ireland would suggest that in the majority of situations, PSNI officers made a conscious effort to catch subjects before they fell, therefore minimising the risk of injury. Similar to the conclusive findings on the primary risks of Taser discharge, DOMILL have assessed the risk of serious head injury resulting from falls following Taser discharge as 'low.'¹²

Following the Home Office pilot of Tasers in 2007, analysis of the data collected in relation to their use over the year found that there were no serious adverse medical effects attributable to the use of Tasers. During the pilot, Tasers were used (including drawn, sparked, aimed, red-dotted and discharged) on over 1300 people, and included Taser discharge on more than 350 people.

Whilst recovery from the direct effects of Taser discharge should be immediate following a break in the electric current, PSNI guidelines state that persons upon whom a Taser is discharged should be examined by a Forensic Medical Officer if conveyed to custody. Alternatively, in cases where the person is conveyed to hospital, hospital staff should be informed that a Taser has been discharged and should be provided with an information leaflet (See Appendix 4) which details general information on the use of Tasers.

¹⁰ Home Office Scientific Development Branch (HOSDB), *Evaluation of Taser Devices*, 2002

¹¹ Defence Scientific Advisory Council's Sub-Committee on the Medical Implications of 'less lethal' technologies (DOMILL), *Statement on the medical implications of the use of the M26 Advanced Taser*, December 2002

¹² Defence Scientific Advisory Council's Sub-Committee on the Medical Implications of 'less lethal' technologies (DOMILL), *Statement on the comparative medical implications of the use of the X26 Taser and the M26 Advanced Taser*, March 2005

Since the introduction of Tasers within the PSNI in 2008, the PSNI and the Office of the Police Ombudsman have adhered to a protocol whereby all discharges of Taser by PSNI officers are automatically referred to the Office for a full and impartial investigation. This forms one element of the post-incident procedures following Taser discharge. An examination of each individual case referred to the Office will form the basis of the statistical analysis presented in Section 6 of this report.

There are a further number of post-incident procedures which should be followed in the event of a Taser discharge, including securing evidence such as cartridges and barbs, and capturing incident scene photographs, as laid out in PSNI guidance. Furthermore, should the subject of the Taser discharge be detained in custody following the incident, the guidelines clearly stipulate that they must receive the same level of 'close' cell supervision that is afforded to those under the influence of alcohol or drugs. The guidance further states that this should be extended to 'very close' monitoring if the subject is also under the influence of drugs or has struggled violently during the course of the incident. Detainees should also be given an information leaflet, referred to as the TAS2 (see Appendix 3), by the custody sergeant on duty.

Finally, police officers who have used their Taser must submit a record of the discharge on a TAS1 form (see at Appendix 2) to be approved by their Inspector. This form is then forwarded electronically to the Home Office together with the Forensic Medical Officer report where applicable. At the time of writing, there are 148¹³ PSNI officers trained, and authorised, in the use of Tasers. These officers are divided across three operational units; Armed Response (56 officers), Special Operations Branch (73 officers) and Special Operations Branch Support Unit (19 officers). The numbers of trained officers allocated to each unit, and indeed to overall service provision, will inevitably change over time.

¹³ This figure includes a number of officers who provide training on the use of Tasers, and was provided by the PSNI Conflict Management Development Unit (CMDU) on 13th October 2011

Case Study Taser Discharged Following Disturbance at Hostel

Police arrived at a hostel following a report of a male armed with a knife on the premises. Armed Response Unit officers also made their way to the location. Upon entering the hostel, an officer challenged a male holding a knife. The man refused to comply with police directions to drop the weapon.

At this point, an officer shouted 'Taser, Taser' and deployed the Taser at the man, who fell to the ground, was restrained and subsequently arrested.

In accordance with protocol, the incident was referred to the Office of the Police Ombudsman for investigation.

Investigators from the Office obtained statements from police officers as well as from hostel staff and residents, whose accounts of the incident supported that of the officers directly involved.

The investigation conducted by the Police Ombudsman found no evidence of criminality or misconduct in respect of the actions of police. It concluded that the use of the Taser in the circumstances was proportionate, lawful and necessary and that it brought a potentially dangerous situation to a swift end.

Investigators found that the police operation complied with PSNI guidelines for the use of Tasers. Police used a graduated response, starting with verbally reassuring the offender, giving him opportunities to surrender the knife and warning him that the Taser would be used prior to its discharge.

The reason for the police attendance at the hostel was to disarm the male, not only in the protection of other residents, but also for his own protection. In the circumstances, the Police Ombudsman's view was that the use of Taser was the most viable option.

Case Study Taser Discharged Following Self Harm

Armed Response Unit officers attended a residence upon police receiving a 999 call to the effect that a male armed with a knife was threatening self harm. Upon arrival at the scene, police observed that the male concerned had wounds to his arms, face and neck.

Police attempted to negotiate with the man but he failed to comply with instructions and made movements that indicated to the officers present that he was going to inflict serious injury, or death, upon himself.

A Taser was discharged, disabling the male and allowing police to restrain him and take possession of the knife.

Investigating Officers from the Police Ombudsman's Office attended the scene which had already been secured by PSNI officers that were in attendance at the location. The components of the Taser discharge were left 'in situ' at the scene and these were seized for examination.

The male involved had been removed in an ambulance before the arrival of Ombudsman staff.

A Police Ombudsman's investigation was initiated and this involved: obtaining relevant police documentation, conducting house to house enquiries, examination of the Taser used together with related records, studying PSNI radio transmissions, capturing the scene using Return to Scene (R2S) imagery, photographs and mapping, and checking officer compliance with PSNI procedures and guidelines on the operational use of Tasers.

Following an exhaustive enquiry, the Police Ombudsman identified no criminal or misconduct issues on the part of any officer concerned.

5. Policy Recommendations & PSNI Responses

During the course of an investigation by Police Ombudsman investigators, potential areas for improvement in PSNI policies are sometimes identified. With regard to incidents relating to the discharge of Tasers up until the 30th September 2011, the Office made nine policy recommendations to the PSNI Professional Standards Department in respect of four cases. Table 1 details the policy recommendations made regarding the use of Tasers, alongside the PSNI responses in relation to each.

Table 1: Policy Recommendations and PSNI Responses

Policy Recommendation	PSNI Response
PSNI consider establishing a geographical distribution of Police Negotiators across Northern Ireland to ensure that such officers can be deployed to incidents at the earliest opportunity.	Not implemented; however on-call negotiators now have the use of a fleet vehicle so deployment is not delayed.
PSNI Service Procedure is amended to clarify that consideration should be given in all police operations involving deployment of Tasers to identification of 'heightened risk groups' and that records in respect of associated decision making are maintained.	Accepted and implemented - now included in training up to Gold Commander level.
Guidelines on the Operational Use of Taser should be amended to clarify that it is the responsibility of the officer removing or witnessing removal of Taser barbs to preserve and secure evidence and record the locations from which barbs have been removed and any resulting injury.	Accepted and implemented - now included in training.
The methods and processes applicable to the removal of Taser barbs are re-circulated by the PSNI Taser Training Group to medical organisations external to the police service.	Accepted and implemented.
The Police Ombudsman has recommended that the Service Procedure is amended to clearly identify that it is the Custody Sergeant's responsibility to supply the relevant information leaflet to any person who has been subjected to Taser. The leaflet should also be provided to any person(s) into whose care the person who has been subjected to Taser is delivered.	Accepted and implemented.
It is recommended that consideration be given to institute weekly/monthly synchronisation checks of held Taser stocks and that a record of such checks should be maintained. ¹⁴	Accepted and implemented; Service Procedure 6/2008 will be amended to include the wording 'and the Taser clock should be correctly synchronised.'
At the earliest opportunity following Taser discharges outside training environments, the device(s) involved should be secured in evidential containers to ensure security and preservation of evidence.	Accepted and implemented.
PSNI Service Procedure 6/2008, Guidelines on the Operational Use of Taser, be amended to specify that any decision by a Custody Officer to reduce the level of cell supervision must be recorded in detail in the custody record and account for consideration being given to the risk factors identified in the PSNI Taser Procedure. ¹⁴	Accepted and implemented.
Custody Officers and Civilian Detention Officers should receive training and guidance on the level of cell supervision appropriate to detainees that have been subjected to a Taser discharge.	Accepted and implemented.

¹⁴ These recommendations have also been forwarded by the PSNI CMDU to ACPO for potential UK wide implementation, as part of upcoming changes to the statutory guidance on the use of Tasers.

6. Complaints and allegations related to the use of Tasers

Case Study Taser Discharged at Domestic Residence

Having received a report of a domestic incident involving knives, three specialist firearms officers were dispatched to the location.

Upon entering the house, police were faced with a male armed with a number of knives. The male was told to drop the weapons and to keep his hands visible but failed to do so and instead moved towards the officers whereupon he was warned that a Taser would be used if he moved further forward.

When the male continued his advance, one of the officers discharged his Taser, striking the male on the chest. He was then disarmed and handcuffed. The Police Ombudsman was notified of the incident and an investigation commenced.

Having reviewed all the evidence contained within the investigation report, the Police Ombudsman concluded that the use of the Taser had been justified in the circumstances, having been discharged with the intention of preventing crime, protecting lives and affecting the lawful arrest of an offender or suspected offender.

The Office identified no criminal offences or misconduct issues when reviewing the actions of police. The firing of the Taser was found to be legal, proportionate and necessary in the circumstances. The officer concerned was found to have complied with all the relevant PSNI guidelines for the use of a Taser.

It was noted that the male involved was intoxicated and posed a real and immediate threat to police officers and potentially to other members of the public should he have been permitted to leave the property.

Statistical Analysis

Between the introduction of Tasers in 2008 and the end of September 2011, the Office received twenty-nine Section 55 Chief Constable Referrals indicating that a Taser had been discharged on a member of the public, which subsequently resulted in the investigation of twenty-nine incidents. Tasers were discharged a total of thirty-three times during these incidents. There were four incidents which involved Tasers being discharged more than once at the same subject.

Table 2: Number of incidents relating to discharge of Taser, by financial year

Year	Number
2008/09	5
2009/10	8
2010/11	11
2011/12	5

In addition to investigating the rationale and proportionality for the discharge of Taser in each specific incident, allegations in relation to detention, treatment and questioning, assault and procedural irregularity were also investigated as part of the Section 55 referrals received from the Chief Constable.

Further to these twenty-nine referrals, the Office received five associated complaints from members of the public relating to the discharge of Tasers. These complaints were also investigated. Public complaints received

involved allegations of Oppressive Behaviour, Failure in Duty and Incivility.

Overall, the Office investigated forty allegations arising from twenty-nine incidents involving the discharge of Tasers.

Table 3: Allegations arising from incidents involving the use of Taser, by Allegation Type

Complaint Type	Allegation Type	Number
Chief Constable Referral	Section 55 Chief	30 ¹⁵
	Constable Referral	
Public Complaint	Oppressive Behaviour	6
	Failure in Duty	3
	Incivility	1

The Office records the PSNI Area Command Unit (ACU) and District Command Unit (DCU) in which each incident occurs. Table 4 details how the PSNI is divided into Districts and Areas across Northern Ireland, and Table 5 demonstrates the number of incidents of Taser discharge within each District and Area.

¹⁵ One Section 55 Referral contained two Section 55 Chief Constable allegations

Table 4: The PSNI by DCU and ACU

DCU	ACUs				
A	North Belfast	West Belfast			
B	East Belfast	South Belfast			
C	Ards	Castlereagh	Down	North Down	
D	Antrim	Carrickfergus	Lisburn	Newtownabbey	
E	Armagh	Banbridge	Craigavon	Newry & Mourne	
F	Cookstown	Dungannon & South Tyrone	Fermanagh	Omagh	
G	Foyle	Limavady	Magherafelt	Strabane	
H	Ballymena	Ballymoney	Coleraine	Larne	Moyle

Table 5: Number of incidents of Taser discharge, by PSNI District and Area

DCU	ACU	Number
A	West Belfast	3
	North Belfast	2
	Sub-total	5
B	East Belfast	4
	South Belfast	3
	Sub-total	7
C	Castlereagh	2
	North Down	1
	Sub-total	3
D	Antrim	2
	Carrickfergus	1
	Lisburn	3
	Newtownabbey	2
	Sub-total	8
E	Banbridge	2
	Newry & Mourne	1
	Sub-total	3
G	Foyle	2
	Sub-total	2
H	Larne	1
	Sub-total	1
Total		29

The PSNI records the type of incident that has given rise to the Taser discharge on their Use of Force system. The largest proportions of incidents were classified by police as Firearms incidents.

Table 6: Incident Type¹⁶

Type	Number
Firearms ¹⁷	15
Domestic	5
Other	5
Crime	3
Assault	1
Public Order	1
Sexual Offence	1
N/A ¹⁸	2
Total	33

Both the Police Ombudsman's Office and the PSNI record the location of the incidents. The majority of incidents which involved the

¹⁶ Obtained from PSNI UoF data; the incident types total does not amount to the total number of incidents given that each officer who discharges a Taser must complete an individual UoF form

¹⁷ A firearms incident may be defined as one in which the use of firearms by PSNI officers may be required should the subject have the use of a weapon also, i.e. a knife or gun

¹⁸ These incidents occurred before the UoF monitoring system for Taser incidents was installed, and therefore information relating to these is not available

discharge of Tasers occurred in a domestic residence, followed by incidents occurring on a street.

Table 7: Location of Taser incident

Incident Location	Number
Domestic Residence	18
On Street	9
Other	2

More incidents involving the discharge of Taser took place on a Saturday than any other day, and most occurred in the early hours of the morning.

Table 8: Day of incidents involving Tasers

Day of Incident	Number
Monday	3
Tuesday	3
Wednesday	4
Thursday	4
Friday	4
Saturday	7
Sunday	4

Table 9: Time of incidents involving Tasers

Time of Day of Incident	Number
0:01 - 06:00	13
06:01 - 12:00	4
12:01 - 18:00	4
18:01 - 24:00	8

According to PSNI Guidelines, a warning of 'Taser, Taser' should be given before a Taser is discharged, unless doing so would compromise the situation. Thorough assessment of the documentation relating to

each incident of Taser discharge suggests that an appropriate warning was given in the majority of incidents. In three incidents police gave a warning of 'Armed Police' rather than 'Taser, Taser.' In four incidents, where available documentation was reviewed, it is unclear whether a warning had or had not been issued. There were further incidents in which police officers and complainants differed in their accounts of whether or not warnings were provided.

Table 10: Issue of a warning prior to discharge

Warning	Number
'Taser Taser'	19
'Armed Police'	3
Disputed	2
Not Given	1
No evidence	4

PSNI officers record the reason for their use of Taser on the Use of Force system. Table 11 details the reasons selected by PSNI officers for the discharge of Taser. The main reason given by the thirty-three officers involved in the discharge of Taser was to prevent harm to the subject, followed by protection of themselves and fellow officers.

Table 11: Reasons stated by PSNI officers for Taser discharge¹⁹

Reason for use	Number	%*
Prevent harm to subject	29	88%
Protect other officer (s)	26	79%
Protect self	26	79%
Protect public	23	70%
Prevent an offence being committed	23	70%
Effect arrest	22	67%
Protect evidence	5	15%
Effect search	5	9%
Apply handcuffs	5	9%
N/A ²⁰	2	-

*Based on 33 officer records.

The details of the officer who used the Taser are also recorded on the UoF monitoring system. Information detailing the unit to which an officer is attached, their length of service and the time lapse since their last Personal Safety Program (PSP) training has been provided to OPONI.

Typically, officers involved in the discharge of Taser were of the rank of Constable; were assigned to Armed Response Vehicles; had more than ten years' service in the PSNI; and most had received PSP training up to six months prior to the incident.²¹

¹⁹ Obtained from PSNI UoF data; the reasons for use do not amount to the total number of incidents given that each officer who discharges a Taser must complete an individual UoF form and more than one reason can be selected by each officer

²⁰ These incidents occurred before the UoF monitoring system for Taser incidents was installed, and therefore information relating to these is not available

²¹ Obtained from PSNI UoF data; the number of officers do not amount to the total number of incidents given that each officer who discharges a Taser must complete an individual UoF form

Table 12: Officer Rank

Officer Rank	Number of officers
Constable	27
Sergeant and above	6

Table 13: Officer Length of Service²²

Length of Service	Number of officers
0-4 Years	0
4 - 6 Years	3
7 - 10 Years	4
11 -15 Years	12
16 - 20 Years	7
21 - 25 Years	3
More than 25 years	4

Table 14: Time between incident and most recent PSP training

Most recent PSP Training	Number of officers
1 - 3 Months	14
4 - 6 Months	7
7 - 9 Months	6
9 – 12 Months	3
More than 12 months	1
N/A ²³	2

The UoF system also records information on the gender and age of the subject who has been tasered. In the vast majority of incidents, the persons being tasered were males aged 18 and over.

Two incidents involved the discharge of Taser on female subjects, whilst the remaining twenty-seven incidents involved males.

²² Table compiled using length of service intervals as provided by PSNI

²³ These incidents occurred before the UoF monitoring system for Taser incidents was installed, and therefore information relating to these officers is not available

Table 15: Age Group of persons being tasered

Age Group	Number
17 & Under	1
18 – 29	11
30 – 39	10
40 – 49	7
50 & Over	-
Total	29

When an investigation is completed by the Police Ombudsman’s Office, each allegation within the complaint is closed with at least one recommendation. There may be more than one recommendation assigned to each allegation if, for example, there is more than one police officer associated with that allegation.

Of the incidents reported upon regarding the discharge of Taser, twenty (at the time of writing) have been closed with forty recommendations made. This is in addition to the nine policy recommendations which the Office also made, as detailed in Table 1.

Table 18: Recommendations arising from allegations closed

Recommendation	Number
Closed Not Substantiated	36
To PPS No Criminal Charges Recommended	2
Closed Non Co-operation	1
Management Discussion	1
Total	40

Of the recommendations made on allegations closed, twenty-nine were in respect of Section 55 referrals and eleven were in relation to public complaints.

Thirty-six recommendations arose from allegations in which there was insufficient evidence of any misconduct or criminality on the part of the police officer involved. The recommendation that Management Discussion be given to an officer arose from an allegation which did not explicitly involve the discharge of a Taser but rather a residual issue identified as a result of the investigation process.

7. Conclusion and Recommendations

This Policy and Practice Investigation has found that there is no evidence that PSNI has acted improperly in the discharge of Tasers. The Police Ombudsman's Office has found that police were justified in their use of Taser in the circumstances of each incident and that the use of force was proportionate to the threat arising.

The majority of recommendations made by the Police Ombudsman in relation to the use of Tasers have been accepted and implemented by PSNI. However, during the course of this research, a number of issues have arisen which need to be considered by the PSNI:

Issues Arising	Recommendation
Service Procedure 06/08 states that relatives or close friends of the subject of Taser discharge should be notified at the earliest possible opportunity.	1. That the electronic Use of Force Monitoring Form should have a new field included which allows officers to input details of the next of kin or friend who has been informed of the Taser discharge.
Service Procedure 06/08 states that Taser trained officers should receive Taser specific training on an annual basis. The Use of Force Monitoring system currently only captures the officer's last Personal Safety Program training.	2. That the electronic Use of Force Monitoring Form be amended to include a new field, which allows officers to input details of their most recent Taser training, if Taser is initially selected as the weapon.
Officers trained in the use of Tasers are currently based in three relatively urban locations within Northern Ireland, whilst the area in which incidents arise is not restricted to urban locations.	3. That PSNI consider a more balanced urban/rural split of Taser trained officers, in order to prevent any delays in arriving at the scene of an incident. The Police Ombudsman's Office is aware that this issue is currently being reviewed by PSNI.
Service Procedure 06/08 states that a warning of 'Taser Taser' should be issued to the subject before the Taser is discharged, yet it is the case that other warnings are used in place of this. The use of a warning of 'Armed Police' may imply the potential use of a lethal firearm upon vulnerable subjects, therefore causing further distress.	4. That PSNI remind Taser trained officers of the correct warning to be used prior to the discharge of the Taser, allowing the subject time to react to that warning.
Service Procedure 06/08 states that TAS2 information leaflets are to be provided to detainees who have been the subject of Taser discharge.	5. That Service Procedure 06/08 is amended to state that TAS2 information leaflets should be given to all subjects of Taser discharge, rather than only those who are conveyed to custody.

8. Appendices

Appendix 1: Methodology for Statistical Analysis

Each complaint received by the Office of the Police Ombudsman is recorded onto a 'live' Case Handling System (CHS). The CHS captures a wide range of information relating to each complaint and the specific allegations associated with each. This analysis is based on statistical and in-depth case related information extracted from the CHS.

In addition to the information held on the CHS, the Office also obtained data from the PSNI Use of Force Monitoring System to assist with reconciling internal information. This provided a greater depth to the data on the circumstances surrounding each incident. The available data from both systems were collated and, where appropriate, analysed using Excel and SPSS software packages.

Given the relatively small number of complaints received in relation to the discharge of Tasers, it was possible to conduct an in-depth analysis of each referral and associated public complaint. This has allowed for a detailed examination of the key issues pertaining to the discharge of Taser. Further qualitative findings were obtained from in-depth analysis of the documentation pertaining to each case.



TASER DEPLOYMENT FORM (v10 Nov 2008)

For an explanation of requirements and instructions for completing this form refer to page 5

SUMMARY: TO BE COMPLETED IN ALL CASES

FORCE

INCIDENT DATE

INCIDENT TIME

INCIDENT NUMBER

INCIDENT LOCATION POSTCODE

If postcode unknown - STREET

PLEASE INDICATE INCIDENT TYPE

AFO USE IN AUTHORISED FIREARMS OPERATION

AFO EXTENDED USE OUTSIDE A FIREARMS OPERATION

USE BY NON-AFO

TOTAL NUMBER OF TASERS USED IN OPERATION (To Include All Officers)

COMPLETION OF THIS FORM RELATES TO THE FOLLOWING USE OF TASER.

Please specify the highest level(s) of use (indicate if both drive stun and firing methods were used):

Drawn Aimed } Complete page 1
 Red dot Arced } only

Firing } Complete pages
 Drive -Stun mode } 1-4

1. TASER OFFICER DETAILS

If multiple TASER officers present, indicate how many

NAME NUMBER RANK

2. INTENDED SUBJECT CHARACTERISTICS and BEHAVIOUR/THREAT

Sex: Male Female please state if animal e.g. dog

Age: Yrs (Tick if estimate) DOB:

Officer defined ethnicity: (please use Home Office ethnicity classification)

Height: <5' 5-5'6" 5'6"-6' >6'

Muscular/athletic build Yes No

Build: Light Average Heavy

Was subject displaying moderator effects? Alcohol Drugs Psychological issues

Was subject threatening any of the following? (tick all that apply) Self Public Police

Was the subject using or threatening to use a weapon of any sort? Yes No

Weapon classification: Details:
 Select primary perceived threat if multiple weapons e.g. knife against own throat, shotgun in close proximity

3. PRIME TACTICAL PURPOSE

Reason for TASER use (tick all that apply): Spontaneous Planned

<input type="checkbox"/> Prevent offence	<input type="checkbox"/> Protect public	<input type="checkbox"/> Secure evidence
<input type="checkbox"/> Effect arrest	<input type="checkbox"/> Effect search	<input type="checkbox"/> Prevent harm
<input type="checkbox"/> Prevent escape	<input type="checkbox"/> Accidental	<input type="checkbox"/> Remove handcuffs
<input type="checkbox"/> Protect self	<input type="checkbox"/> Suspected weapon	<input type="checkbox"/> Other

Brief Details:



4. TASER CHARACTERISTICS

TASER Variant X26 M26 TASER Serial No.
 Barb Cartridge Serial No.

5. TASER DISCHARGE DETAILS

Approx. range to subject: M (at time of TASER use) Subject position: Please select
 Subject orientation: Please select Subject movement: Please select

TASER Drive Stun and Firing

Drive Stun Mode

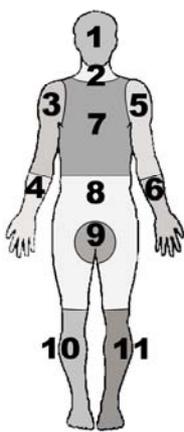
Application point Please select
 Cartridge status during stun on off
 Did drive-stun subdue subject? Yes No
 Repeat application? Yes No State how many:
 Why did you opt for the drive stun mode rather than firing?

Firing

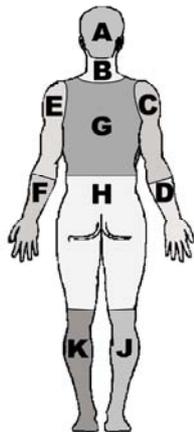
Aim point Please select
 How many TASER barbs attached to intended subject
 Both One None
 Did the TASER barbs contact any person other than the intended subject?
 Yes No If yes, complete a separate form
 If TASER discharge failed to subdue subject, please state reason why.

Application contact Points :
 please list according to referenced zone on picture
Stun application zones
 (please list ALL stuns e.g. 1st = G, 2nd = 7)

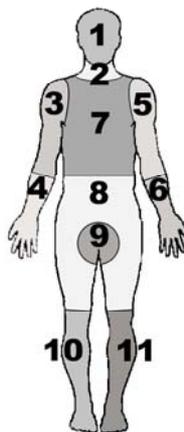
Barb Contact Points :
 please list according to referenced zone on picture
Top barb attachment zone e.g. 5 Please select
Bottom barb attachment zone Please select
 For additional cartridges used with this TASER go to the end of form



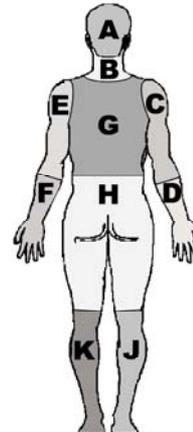
Front



Back



Front



Back

If subject was exposed to multiple TASER applications, state the sequence of usage for ALL officers e.g. 1st officer - firing, 2nd officer - drive-stun, 1st - firing

Did TASER function properly? Yes No
 5 sec application interrupted? Yes No

Repeat cycle of same cartridge?
 Yes No State how many:

6. POTENTIAL MODERATORS TO TASER EFFECTIVENESS

The effectiveness of the TASER may vary, depending on a number of factors or behavioural moderators; some are listed below. Please indicate if any of these may have been relevant and indicate whether the presence of this moderator was known to the firer, prior to TASER delivery.

	Yes	Known prior to TASER delivery	
Alcohol:	<input type="checkbox"/>	<input type="checkbox"/>	Give details: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Drugs:	<input type="checkbox"/>	<input type="checkbox"/>	
Existing mental health disorder:	<input type="checkbox"/>	<input type="checkbox"/>	
Existing medical condition (e.g. epilepsy):	<input type="checkbox"/>	<input type="checkbox"/>	
Psychological factors (e.g. motivation / arousal):	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

Identify any countermeasures which were used by the subject to modify the intended physical effect of the TASER:

7. CONSEQUENCE MANAGEMENT

Please indicate the nature of all observable injuries sustained during the incident and provide details. We are aware that police officers are not professional medical practitioners, but their observations provide a valuable indicator for assessments made by an independent medical panel:

ADVERSE EFFECT TYPE	PRIMARY - possibly caused by direct effect of current flow	SECONDARY - as a result of an indirect delivery such as injuries from barbs or falls	COINCIDENTAL - injuries received in the incident not directly related to TASER use e.g. self-inflicted wounds, gunshot wounds, dog bites.
Adverse effect description			
First aid given? (Select response)	Yes/No	Yes/No	Yes/No
Ambulance/medic treatment at scene?	Yes/No	Yes/No	Yes/No
Treatment required in hospital?	Yes/No	Yes/No	Yes/No

Barb removal: By whom Location e.g. scene

Subject detained in custody: Yes No

Referral to FME during custody: Yes No

Referral to hospital during custody: Yes No

Medical Evaluation of subject conducted in custody: Yes No

ALL subjects exposed to physical contact with TASER should be assessed by an FME



8. SUMMARY OF OPERATION FROM COMMENCEMENT TO RESOLUTION.

To be completed when TASER has been fired or used in drive-stun mode (this will be used as a basis for a brief to all forces and is **MANDATORY**). This is not provided for evidential purposes (see officer's statement) but is subject to the rules of disclosure. Incomplete forms cannot be accepted and will be returned. Please complete following The Conflict Management Model.

1. Information/Intelligence:

2. Threat Assessment:

3. Powers/Policy

4. Options (tactical) considered:

5. Actions Taken:

Force Medical Examiner Report(s) attached? Yes No

ATTACH FME REPORT TO THIS FORM

Successful TASER Firings/Drive Stuns require the completion of a Force Medical Examination Form – THIS WILL NEED TO BE OBTAINED IN ALL CASES. If not obtained, please provide explanation:

Officers should email the completed form and FME report to their force TASER Liaison Officer who will forward to the relevant organisation for collation:

ACPO Firearms _____
HOSDB _____
ACPO SDAR..... _____

ALL forms MUST go to HOSDB, preferably with download data in cases of firings and stun mode uses. In addition All forms resulting from a firearms operation should be sent to ACPO Firearms. Taser use by firearms officers outside of a firearms operation and by specially trained officers should be sent to ACPO SDAR.

REQUIREMENT

- The purpose of this form is to gather research information about the operational effectiveness of the TASER system and any medical implications of its use.
- The questions specifically relate to the operational environment and the responses of the individual hit by the TASER
- The data is required to enable regular operational use audits and evaluations to ensure that any emerging issues are properly reflected in TASER training and guidance, as recommended by ACPO and DOMILL

INSTRUCTIONS

1. This form is to be completed following all incidents where a TASER is **used**. This refers to a TASER being drawn, aimed, red dotted, arced, drive-stunned or fired.
2. If a TASER is used by **more than one officer** at any given incident, a separate form is required for each officer.
3. If a TASER is **used on more than one SUBJECT** by any individual officer, a separate form is required for each individual targeted.

1 DSAC Sub-Committee on the Medical Implications of Less-Lethal Weapons (DOMILL): Statement on the medical implications of M26 and X26 TASER use at incidents where firearms authority has not been granted (May 2007)

OFFICERS COMPLETING THIS FORM SHOULD EMAIL FORMS AND FORCE MEDICAL EXAMINERS FORMS TO APPROPRIATE FORCE TASER LIAISON OFFICERS WHO WILL REFER TO ACPO & HOSDB.

Additional Taser cartridge discharge details:

Please complete for all additional cartridges used with this Taser.

2nd cartridge details:

Approx. range to intended subject:

Subject position:

Subject orientation:

Subject movement:

Barb Cartridge Serial No.

Aim point

How many TASER barbs attached to intended subject?

Both One None

Did the TASER barbs contact any person other than the intended subject?

Yes No *If yes, complete a separate form*

If TASER discharge failed to subdue subject, please state reason why.

Contact Points :

Top barb attachment zone e.g. 5

Bottom barb attachment zone

3rd cartridge details:

Approx. range to intended subject:

Subject position:

Subject orientation:

Subject movement:

Barb Cartridge Serial No.

Aim point

How many TASER barbs attached to intended subject?

Both One None

Did the TASER barbs contact any person other than the intended subject?

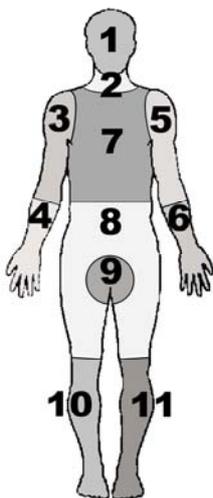
Yes No *If yes, complete a separate form*

If TASER discharge failed to subdue subject, please state reason why.

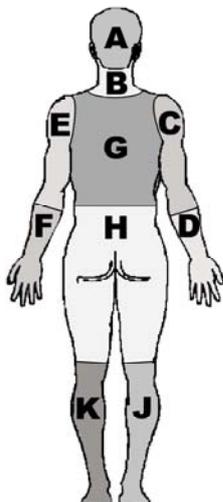
Contact Points :

Top barb attachment zone e.g. 5

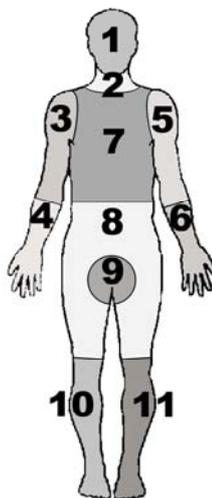
Bottom barb attachment zone



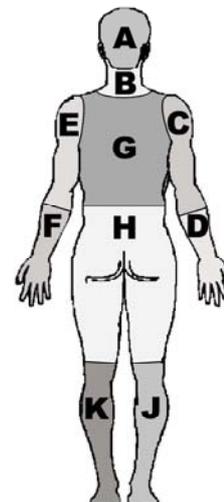
Front



Back



Front



Back

Did TASER function properly?

5 sec application interrupted?

Repeat cycle of same cartridge?

Yes No State how many:

Did TASER function properly?

5 sec application interrupted?

Repeat cycle of same cartridge?

Yes No State how many:

For additional cartridges please continue on a separate sheet



OPERATIONAL DEPLOYMENT OF TASER

Information for Persons Subjected to Taser

You have been subjected to the effects of a Taser. The Taser passed short pulses of electricity into your body. The electricity made your muscles contract (go stiff). You may well have lost balance and fallen to the ground.

The device was used by a specially trained police officer.

During, or shortly after the use of the Taser, you may have experienced some symptoms which may include:

- Being dazed for several minutes;
- Muscle twitches;
- Loss of memory of the event;
- Unsteadiness and a spinning sensation;
- Temporary tingling;
- Weakness in the limbs;
- Local aches and pains and tissue swelling.

These sensations are normal effects of the Taser.

If any of these effects are still present a day later, see a doctor. If you notice any areas of bruising or experienced localised pain anywhere on your body, see a doctor. If you fell and banged your head when the Taser was used, make sure a doctor has seen any injury that may have occurred.

You may have two small marks (like bee stings) in your skin. These are small puncture wounds from the short needles (barbs) used to inject the electricity directly into your skin. The police will ensure that these barbs have been removed by a healthcare professional or a police officer trained in barb removal. There may be a small burn similar to sunburn around these marks. These should return to normal in a few days. If they do not and there is pain and swelling, you may have a local infection – see a doctor. If the probes only stuck in your clothing, you may still have two small areas of skin underneath that look sunburned.

There are no known effects of the Taser on the well being of the unborn child. However, if you are pregnant and have been subjected to a Taser, it is advisable to be reviewed by a doctor or a midwife.



Operational deployment of Taser

Information for GPs and hospital clinicians

Introduction

Tasers are hand-held electronic incapacitation devices that are designed to fire two barbs at an individual. The device is aimed with the intention of embedding the barbs in the clothing or superficial skin on the torso and/or lower limb, but a barb may occasionally embed in an arm or hand. There is also a risk that a barb may penetrate skin in the head or neck region. Rarely, barbs have penetrated eyes and skull, meninges and underlying brain.

The barbs are attached to the Taser handset by thin wires, through which very short duration, high voltage (but low current), pulses pass when the device is actuated. The current flowing into the body is sufficient to induce temporary disruption of voluntary muscle control and intense pain. The Taser may also be used in 'stun' or 'probe' mode, in which the handset's electrodes are pressed directly against an individual's skin or clothing. In stun mode, pain (rather than muscle contraction) is the principal local response because of the narrow separation of the electrodes.

The police use X26 and M26 Tasers, which have been deployed operationally within the UK since 2003 and in use operationally for several years before that in the US and Canada. The X26 is the newest variant of the Taser and is the one used in Northern Ireland.

Use of the Taser in the UK is subject to regular review by an independent panel of clinicians, whose role is to evaluate any adverse medical effects of the Taser, assess their clinical implications, and to provide advice to Government by way of formal, publicly accessible, statements. The panel also assesses how alterations to the specification of a Taser, modifications to officer training, and changes to the way in which the Taser is used operationally, may impact on medical outcome.

The medical implications of Taser use are outlined below.

Classification of injuries

Unintended adverse effects from the use of Tasers are classed as:

- **Primary:** Immediate or delayed consequences of current flow in the body. In addition to the intended effect of painful muscle contraction, there has been speculation that the Taser current may exert effects on cardiac rhythm. No fatalities associated with Taser use have been unequivocally linked to a direct action of the Taser current on the heart.
- **Secondary:** Physical trauma directly associated with Taser use, mainly injuries arising from falls. The head is the region most at risk. Two deaths in the United

Appendix 4: TAS3 Guidance for Hospitals

States have resulted from fatal head injuries sustained during Taser-induced falls. Mild rhabdomyolysis has been reported. Thoracic vertebral compression fractures have been documented – and such injuries may be primary effects. Pharyngeal perforation, possibly secondary to sudden diaphragm contraction during Taser discharge, has been described.

- **Coincidental:** Injuries not directly attributable to Taser (for example, use of baton or irritant spray, self-inflicted wounds or gunshot wounds).

Life-threatening and serious injuries

Assessment of Taser usage in the US, UK and elsewhere, indicates that, when operated by trained police officers, the risk of life-threatening and other serious injuries, such as the loss of an eye, is very low. Medically significant head injury resulting from uncontrolled falls is rare: standing subjects generally either freeze on the spot or collapse in a semi-controlled manner. However, there have been two US reports of fatal head injuries incurred by Taser-induced falls, and the possibility of head injury should be considered. A number of deaths have been reported in North America during, or after, exposure of subjects to Taser discharge; these deaths have been principally attributed to excess consumption of illicit drugs or to physiological stress imposed by extreme physical activity and restraint, frequently compounded by drug abuse or underlying cardiac disease. No death has yet been unequivocally attributed to the effects of the Taser device alone. However, full clinical assessment is essential particularly in the presence of other factors such as drugs, alcohol, cardiac disease and following violent struggles.

Other effects

Falls may result in abrasions, scratches, minor lacerations, swellings and areas of redness on the skin. Minor secondary trauma from barb penetration of the skin will occur. Some barb penetrations will be associated with small, circular, local burns; these are areas of skin where current has entered the body. Where barbs have embedded in clothing, the underlying skin may also exhibit burns. These burns are likely to resolve within a few days without complications.

There is currently no evidence for any long-term clinical effect attributable to the primary effect of the Taser. Secondary effects, including cataract from orbital penetration and back pain after vertebral compression fractures, have been reported.

Barb removal

In instances where individuals present with barbs embedded in the skin, removal may be achieved by holding the skin taut with one hand and applying gentle in-line traction to the barb shaft with the other. Where available, local guidelines for barb removal should be followed. In the unlikely event that the barbs have embedded in the eye, face or genitalia, appropriate specialist advice should be sought. Barbs extracted from skin should be checked for completeness.

The current injection needles are about 10 mm long and have a 1 mm high barb located about 3 mm from the tip. The trailing wires that conduct the electrical current between the Taser handset and the propelled barbs should have already been cut close to the barb.

Pacemakers and other implanted electronic devices

The evidence concerning damage or disturbance to implanted devices (such as pacemakers) is limited and equivocal – be aware of the potential risk of damage.

Vulnerable populations

Individuals who have been subjected to Taser discharge may have medical problems that will influence the context of their overall clinical management. Tasers have been used to subdue people who would otherwise seriously self-harm, as well as those who are displaying extremes of irrational and violent behaviour towards others. Drug, alcohol or solvent abuse may also be a factor, as are extremes of age and the presence of pre-existing illness such as asthma, diabetes, cardiovascular disease, epilepsy or psychiatric morbidity. Where an individual presenting with one or more of these factors has been transferred to hospital following exposure to Taser discharge, admission for observation may be advisable.

Pregnancy

With the increasing deployment of the Taser in the UK, there is the possibility of an increase in the numbers of pregnant women subjected to Taser discharge. Risks to the fetus are currently thought to be very low – the evidence upon which this assessment is based is continually reviewed.

**For additional information
Please Contact**

PSNI Operational Support Department



Further reading

Al-Jarabah, M. *et al.* (2008). Pharyngeal perforation secondary to electric shock from a Taser gun. *Emerg Med J* **25**:378.

American College of Emergency Physicians: <http://www.acep.org/publications.aspx?id=24740>

Bleetman, A. *et al.* (2004). Introduction of the Taser into British policing. Implications for UK emergency departments: an overview of electronic weaponry. *Emerg. Med. J.* **21**:136-140.

Jenkinson, E. *et al.* (2006). The relative risk of police use-of-force options: Evaluating the potential for deployment of electronic weaponry. *J. Clin. Forensic Med.* **13**:229-241. [_____](#)

Link to website maintained by US law firm with commercial links to Taser International, Inc: <http://www.ecdlaw.info/>

Mangus, B.E. *et al.* (2008). Taser and Taser associated injuries: a case series. *Am. Surg.* **74**:862-865.

Sanford, J.M. *et al.* (in press). Two patients subdued with a TASER device: cases and review of complications. *J Emerg Med* (doi:10.1016/j.jemermed.2007.10.059) [_____](#)

Statement by independent panel of clinicians on medical implications of Taser use in UK by authorised firearms officers and specially trained units: [\[See Appendix B of ACPO Guidance\]](#)

Additional copies of this and other publications are available from:

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