I. Purpose

The purpose of this appendix is to establish guidelines for the use of electro-muscular disruption devices, in particular the X26, X26P or X2 Taser.

II. Policy

The Missoula Police Department will issue an X26, X26P or X2 Taser to officers to provide an additional use of force option. Missoula Police Officers will only carry the specific model and brand of Taser device that is authorized by the department and was purchased and issued by the department. Officers issued a Taser are required to complete department approved training.

Officers authorized to carry the Taser who have completed the training will be required to carry the Taser as part of their uniform, unless exempted by a department staff member. This includes events outside the normal course of business where the officer is required to wear his uniform. The Taser will be carried in a manner consistent with the training and in holsters provided and/or approved by the Division captain and the Taser program. Officers will not carry their Taser on the same side of their body as their duty pistol, unless they carry it in a cross draw configuration to be drawn with their opposite hand.

III. Procedures

A. Deployment or display of a Taser weapon is considered a use of force and shall be employed in a manner consistent with the Missoula Police Department policy on Use of Force.

B. Unless it is impractical, unreasonable, or dangerous to do so, a verbal warning should be given before a Taser is employed.

C. A Taser weapon may be used where:

1. Verbal dialogue has failed to bring about the subject’s compliance,

AND

2. The subject has signaled his intention to actively resist the officer’s efforts to make the arrest or emergency detention and the subject is an immediate threat to the safety of the officer or others.
D. Lacking articulable exigent circumstances, a Taser weapon should not be used when:
   1. The subject is obviously pregnant, or
   2. The subject is elderly or obviously infirmed, or
   3. The subject is a child, or
   4. The subject is handcuffed.
   5. Individuals whose position or activity may result in collateral injury (i.e. falls from height, operating vehicles, running from officers, in a creek, river or pond, etc.)

E. Officers should aim the Taser at what Taser International defines as its preferred target areas. Taser defines the preferred target areas as the lower center of mass if the subject is facing the officer that is deploying the Taser and below the neck if the subject is facing away from the officer that is deploying the Taser.

F. Officers should not activate more than one Taser at a time against a subject, unless circumstances dictate that is necessary to do so (generally where there is an elevated risk of danger.)

G. Once a subject complies with and remains compliant to the officers’ requests, orders or physical arrest, the use of a Taser weapon is no longer justified.

H. Repeated Taser cycles should be avoided. All officers should use the taser cycle as an opportunity to begin to gain control of the subject’s limb(s) to avoid further resistance.
   1. If repeated cycles must be used the officer must allow sufficient time between each cycle for the subject to recover enough from the previous cycle to reconsider their refusal to comply with the officers orders.
   2. If an officer exposes a subject to multiple Taser cycles they should be particularly vigilant of indications that the subject may need medical care.
   3. Each use of the Taser must be justifiable.

I. If a Taser is used in a critical incident, officers should seize the Taser and the used cartridge (including the probes, wires and AFIDs) as evidence after photographing the scene.

J. If an animal is a threat to the officers or the public, or affects the legitimate operations of the police department, a TASER may be used if it can be done safely and effectively.

K. If Taser probes are deployed, other than in training, a report of the circumstances of the deployment must be completed, to document what happened, including any negligent or accidental discharges.

L. When spark testing their Taser or when otherwise removing the Taser from its holster for administrative reasons, officers must not sweep anyone with the Taser.
IV. Effects of Taser Weapon

The effects of Taser are temporary. There are no long term effects associated with Taser. Most effects, if not all, will cease at the end of the 5 second deployment or when the officer stops pulling the trigger.

V. Supervisory Notification

A. The Shift Commander will be notified after each Taser deployment and will respond to the scene. The Shift Commander will assist in the decisions in regards to the need for medical assistance in regards to a Taser deployment.

VI. Post Care

A. Immediately after Tasing a subject, officers shall be alert to subjects who exhibit extreme agitation, violent irrational behavior accompanied by profuse sweating, extra ordinary strength beyond their physical characteristics, imperviousness to pain (sometimes called “excited delirium”) or who require a protracted physical encounter with multiple officers to be brought under control, may be at an increased risk of sudden death and should be examined by qualified medical personnel as soon as practicable. If an individual exhibits signs of distress after such an encounter the officer shall immediately summon emergency medical aid or transport the person to the hospital. The officer also needs to be aware of injuries that may have occurred as a result of falling during a Taser deployment and may require medical attention.

B. All subjects, who have been subjected to three or more cycles of the electric discharge of the Taser device shall be medically assessed prior to booking.

C. Once the subject has been properly handcuffed, he/she should be cared for. While no medical attention should be necessary to eliminate the product’s effects, the following steps will aid in the subject’s recovery:

1. If probes are lodged in the skin they should be removed by the officer if they are not in sensitive tissue areas such as neck, throat, face, groin or female breast. **If the probes are in a sensitive tissue area the probes will be removed by EMS or Emergency room staff.**
2. Photograph puncture wounds, and any other injuries that occurred as a result of the Taser deployment.
3. Treat puncture wounds with alcohol or iodine swipe and bandage if necessary.
4. Carefully place probes in expended cartridge and collect for evidence if needed.
5. **Always use the same precautions as needles or knives contaminated with biohazards when handling probes.**
VII. Reporting Procedures

A. When an officer uses a Taser weapon in the line of duty, the incident shall be documented in the manner, which is consistent with the Department’s overall Use of Force policy, before leaving shift and the report will be forwarded to the division captain.

VIII. Program Maintenance

A. The Taser program shall be monitored and maintained by the designated Taser instructors, unless otherwise designated by the Patrol Division Captain. The monitoring and maintenance will minimally include: review of all Taser deployments for training issues, the record keeping of all Tasers and cartridges, the monitoring of expiration dates of cartridges and batteries, downloading data from each Taser three times a year, very shortly after the time changes due to daylight savings time and on or near the Fourth of July, the training and certification of the officers authorized to carry the Taser, and the maintenance of the department’s inventory of Taser supplies.