

Use of Taser device on the East Area BCU

1.1 Introduction

Nationally the Home Office approves TASER for use by Authorised Firearms Officers (AFOs) and 'Specially Trained Officers' (STO's). Both AFOs and STO's for the purposes of this document are described as TASER Officers



- 1.2 TASER is a Conducted Energy Device and is classified as a Section 5 weapon under the Firearms Act 1968 and by NPCC as 'work related equipment'. It is not Personal Protective Equipment (PPE)
- 1.3 Within the MPS, only officers who have been confirmed in the rank of Constable will be considered for training as a TASER officer
- 1.4 Officers who carry a TASER within the MPS MUST be up to date with the most current release of Officer Safety Training, Emergency Life Support and hold a minimum score of 5.4 on the job related fitness test (bleep test)
- 1.5 In order to be able to carry a TASER, officers must attend and pass an initial nationally accredited TASER course. There is a national standard and those officers who do not yet meet the standard will not be authorised to carry a TASER

- 1.6 All officers MUST attend annual refresher training – if an officer does not attend training, their authorisation to carry is withdrawn
- 1.7 Emergency Response & Patrol Teams (ERPT's) across the BCU carry TASER in uniform – it is an overt device and is clearly visible. This is to clearly identify them as less lethal weapons. These officers are first responders to 999 calls
- 1.8 An officer can draw a TASER and “tactically engage” a subject without discharging the device. Often, the threat of discharge is enough to subdue a subject
- 1.9 If a TASER is discharged, immediate medical aid is given to the subject if required. Officers are required to inform the control room and line manager of the discharge. A “use of force” online form is completed and sent to a central unit – every discharge or tactical engagement is recorded
- 1.10 Emergency Response and Patrol Team officers now wear Body Worn Video devices which are required to be activated when attending incidents – all tactical engagement and discharges will be recorded
- 1.11 The data gathered between April 2017 – June 2019 show that 5% of all “use of force” recording involved the use of TASER – 95% of “use of force” incidents did not involve TASER at any point. This is 1% higher than the Met average of 4%
- 1.12 Pan-London resources also carry Taser and may be deployed to the BCU i.e. Territorial Support Group (TSG), Specialist Firearms Command and Traffic units etc. We are not always made aware of deployments
- 1.13 Data, terms of reference and additional information below

Operating requirements

Tasers are primarily designed to be used in probe mode. To be effective:

- the Taser power source must have sufficient charge
- the wires connecting the probes to the device must remain intact
- two probes, two electrodes or a combination of one probe and one electrode are required to make contact with the subject's body or clothing or:
 - a top and bottom probe from differing cartridges are required to make contact with the subject's body or clothing (X2 only).

Range

The maximum range of the device is determined by the length of the wires that carry the current and attach the probes to the weapon. For each device it is currently as follows:

- X26 – 21 feet or 6.4 metres
- X2 – 25 feet or 7.6 metres.

The effective range at which it is likely that the two barbs will attach themselves to the subject may be a lesser distance.

Stun modes

The X26 device may be used to achieve incapacitation in 'angled drive stun' mode with a cartridge fitted. Where justifiable, 'drive stun' without a cartridge (or an expended cartridge attached) could be used – but this will not achieve muscular incapacitation.

The X2 may be used to achieve incapacitation in 'three point contact' mode (one probe and two contacts). Where justifiable, 'direct contact' ('drive stun') mode may be used – but this will not achieve muscular incapacitation. With the X2, 'direct contact' can be achieved with the cartridges on, off or expended.

Effects

The usual reaction of a person exposed to Taser discharge in probe mode is loss of some voluntary muscle control accompanied by involuntary muscle contractions. During the discharge the subject may:

- not be able to control their posture – consider risk of injury from uncontrolled fall
- experience their legs going rigid, which could be mistaken for kicking out (especially if they are in prone position)
- convulse, curl up in a ball, spasm, or stiffen (plank)
- experience intense pain
- call out or make involuntary vocal noises
- not be able to respond to verbal commands during the discharge
- be confused or disorientated after the cycle
- feel exhausted after cycle
- 'freeze' on the spot.

Loss of posture and resulting falls could result in head injury, either from the subject's head hitting the ground or from collision with nearby rigid objects (e.g. tables, chairs or walls). This may result in the subject falling to the ground, causing various secondary injuries, or being exposed to other risks.

When used in 'probe mode', the device relies on physiological effects other than pain alone to achieve its objective.

Provided both probes attach to the subject's skin or clothing correctly with sufficient spread, the effects are likely to be instantaneous. The muscle incapacitating effect is only likely to last while the electrical charge is being delivered. The subject may recover immediately afterwards and could continue with their previous behaviour – an incapacitated subject must therefore be controlled quickly and effectively.

The cycle can be repeated or extended if the desired incapacitation does not appear to take effect and the further use of force is justified and proportionate in the circumstances. Officers should review other options as there may be technical or physiological reasons why the device is not working as expected on a particular individual.