

ILLINOIS LAW ENFORCEMENT TRAINING AND STANDARDS BOARD

Policy Development Guidelines for Deployment of Electro-Muscular Disruption Devices

Recognizing that many law enforcement agencies promulgate a *Use of Force* Policy in varying formats, the following guidelines are proposed for inclusion within existing policies with respect to issues affecting deployment of Electro-Muscular Disruption (EMDT) Devices.

TRAINING ISSUES

- 1.) Only officers certified in the deployment should be allowed to carry EMDT Devices.
- 2.) Training should be Board certified, consisting of manufacturer's recommendations (design, function, use, activation, storage and maintenance); integration with *Use of Force Guidelines, Decision-Making, Model Policy for Deployment and In-Custody Oversight of Resisters Energized by EMDT devices.*

DEPLOYMENT

- 1.) Deployment should be consistent with the *Use of Force Guidelines*. Deployment may be initiated at the Passive Resister level when a credible threat to the officer or the resister is manifested through; an agitated demeanor, verbal threats or words signifying an intent or ability to use violence or resistance. The decision to deploy should be based upon the "totality of the circumstances" facing the officer in order to arrive at the best and most reasonable course of action.
- 2.) EMDT Device should not be deployed in any environment wherein material is present that may be flammable, volatile, or explosive (i.e., OC spray, gasoline, propane, natural gas or volatile propellant). Care should be taken not to deploy EMDT Devices while the resister is on an elevated structure or environment wherein a fall could result in death or serious injury.
- 3.) The EMDT Device should not be used in a punitive manner, and an announcement of potential use should be made prior to deployment within the approved guidelines. When possible and practicable, crisis intervention techniques should be employed. Officers should issue verbal commands and continue talking to the resisters in order to gain compliance.
- 4.) Deployment of EMDT Devices should not be initiated while the resister is restrained with handcuffs, unless the resister displays behavior reasonably

believed by the officer to be assaultive or resistive that may culminate in injury to the officer or the resister.

- 5.) Following EMDT Device use on an individual, special care must be instituted so that applied restraints and positions do not interfere with the resister's breathing ability.
- 6.) Officers should be aware of deployment against "special population" groups who may be more susceptible to injury, such as; the elderly, children or persons of small stature, or with an apparent medical condition.
- 7.) Special consideration should be employed when dealing with resisters manifesting severe forms of drug or alcohol intoxication. Uncontrollable and irrational behavior may also be the result of mental illness and/or severe intoxication. Waiting to engage the EMDT Device until the resister reaches a state of exhaustion or "excited delirium" may potentially contribute to serious injury. Conversely, deployment of the EMDT Device at an earlier stage within the guidelines (prior to exhaustion) may provide a safer and more secure outcome.
- 8.) Once engaged the EMDT Device should be cycled no more than necessary to accomplish the objective of ensuring compliance and/or handcuffing, which should be accomplished without delay while the resister is still experiencing effects of being energized.
- 9.) Continuous recycling of the EMDT Device in excess of three cycles should be avoided. However, if unavoidable, a medical evaluation should be accomplished.
- 10.) If the EMDT Device is used in "stun" mode, it should be deployed according to the EMDT manufacturer's guidelines.

IN-CUSTODY OVERSIGHT/MEDICAL RESPONSE

- 1.) The officer or trained designee may remove EMDT Device probes in non-sensitive areas (as described in manufacturer's instructions). Probes should be handled and stored as "sharps" or biohazard materials. Officers should observe the resister's breathing patterns from the initial energization through transportation. Custodial personnel should be notified of deployment of the EMDT Device.
- 2.) Emergency Medical Technicians (EMT) or Emergency Medical Practitioners (EMP) should be utilized for probe removal in non-targeted, sensitive areas such as face, eyes, head, neck, female breasts or groin. Medical evaluation should be requested in situations involving; irregular breathing or loss of consciousness, bizarre behavior, overheating/profuse sweating, resister impervious to pain or a manifestation of "excited delirium" and/ or extreme, uncontrollable agitation or hyperactivity.

REPORTING/EVIDENCE COLLECTION

- 1.) Deployment of an EMDT Device should be considered as a "use of force" within departmental reporting policy.
- 2.) All instances of EMDT Device deployment should, at a minimum, articulate the "totality of circumstances" necessitating the deployment. Justifying information should include a narrative describing the physical size, demeanor, statements and actions of the resister. Witness statements should include the resister's actions prior to the officer's arrival. The elements of any criminal offenses should be articulated.
- 3.) Departmental evidence procedure should be followed and may include photos of the resister and EMDT Device contact points, a full reporting of ancillary injuries, chain of evidence procedures accounting for the particular unit employed, data port information and a description of mechanics of the deployment, i.e., range (distance) of deployment, point of impact, number of cycles, type of clothing encountered, cartridge employed, type of discharge, effectiveness evaluation and after actions taken by the deploying officer.

SUMMARY

In order to maintain public confidence, a public education effort should accompany the adoption of Electro-Muscular Disruption (EMDT) Devices. Departments should conduct internal audits with regard to deployment. Statistics on deployments, injuries, and circumstances of deployment should be maintained. Anecdotal examples wherein the use of EMDT Devices has reduced the level of justified lethal force should be reported.

