Conducted energy devices (Taser)

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A CED is a less lethal weapon system designed to temporarily incapacitate a subject through use of an electrical current that temporarily interferes with the body's neuromuscular system and produces a sensation of intense pain.

It is one of a number of tactical options available when dealing with an incident with the potential for conflict.

CEDs will not be routinely used to police public order or public safety events, but may be used as an option to respond to circumstances within the operation. The use of CED ranges from the physical presence of a drawn device through to the application of electrical discharge to a subject. Even before a CED is drawn, the mere visibility of an overtly carried holstered device may serve a deterrent value.

CED Strategic Threat and Risk Assessment (CEDSTRA)

Forces are required to produce an annual CEDSTRA. The CEDSTRA will be reviewed at least every six months but should be continually monitored and utilised to inform CED capability and capacity in response to local regional and national developments and requirements.

Force CEDSTRAs will be used to create aggregated, collaborative and national CEDSTRAs.

The purpose of the CEDSTRA is to establish the operational requirements for specially trained officer (STO, or a Taser-trained officer) capacity within the applicable force or region. The CEDSTRA will inform decisions to be made with regard to the appropriate:

- STO capacity by individual force
- CED deployment profile(s) across the force (or relevant area)

- CED policy and training

The ‘CED Local STRA Guidance’ document is available on Knowledge Hub in support of the production of an STRA.

Description

Conducted energy devices are commonly referred to as Taser. However, police forces should recognise that TASER® is a brand name and registered trade mark for one brand of CED.

The CEDs approved and currently available for use by specially trained police officers in the UK are:

- TASER X26e ™ (more commonly referred to as an TASER ® X26™)
- TASER X2 ™
- TASER 7™
- TASER 10™

CEDs are primarily designed to be laser-sighted and use cartridges attached to a cartridge bay located at the front of the device. When the trigger is activated the cartridges eject a pair of probe(s) attached to insulated wires. This mode of use is termed ‘probe mode’. When two or more probes make contact with the subject, the device delivers an electrical discharge that lasts for five seconds. This cycle can be stopped, extended or repeated.

In the case of the Taser X26, the five-second cycle is initiated by momentary pressure on the trigger. However, if pressure is maintained on the trigger the device will discharge until the trigger is released.

In the case of the Taser X2, Taser 7 (also referred to as T7), and TASER 10 (also referred to as T10) as configured for the UK, the five-second cycle is automatically terminated, regardless of whether continuous pressure is maintained on the trigger. Additional action is required from the officer to extend the cycle beyond the default five-seconds.

CEDs are classified by the National Less Lethal Weapons Working Group as ‘work-related equipment’ (in the same way as firearms) and not as personal safety equipment (e.g. batons and irritant spray).

Operating requirements

In the UK, the vast majority of times a CED is ‘used’ does not involve delivery of electrical discharge to a subject. When a discharge is required to be delivered, in most cases this is done by firing probes at the subject. To be effective in probe mode:

- the CED battery must have sufficient charge
- the wires connecting the probes to the device must remain intact
- depending on the device type, the following must be true:
  - X26 - 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
  - Taser X2 and T7 - for the twin-cartridge devices (Taser X2 and T7) a combination of at least one top and one bottom probe from either cartridge is required to make contact with the subject’s body or clothing
  - Taser 10 - two or more probes must be in contact with the subject's skin

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:

- Taser X26: 21 feet or 6.4 metres
- Taser X2 and Taser 7: 25 feet or 7.6 metres
- Taser 10: 45 feet or 13.7 metres

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

Contact modes

The Taser X26 device may be used to achieve incapacitation in ‘angled drive stun’ mode with a spent cartridge fitted. Where justifiable, ‘direct contact’ mode (formerly referred to as drive stun) without a cartridge (or an expended cartridge attached) could be used, but this will only produce localised pain and will not achieve muscular incapacitation.

The Taser X2 and Taser 7 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 Taser X2 and Taser 7, ‘direct contact’ can be achieved with the unused cartridges on, off or after one or both have been expended.

The Taser 10 does not have a contact mode available.

Effects

The expected reaction of a person exposed to CED 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 an 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 (for example tables, chairs or walls). The fall may result in secondary injuries or being exposed to other risks. There may be further risk if the subject falls while in possession of a bladed weapon or other sharp object.

Use in probe mode, with sufficient probe spread on the subject, predominately relies on physiological effects, other than pain alone, to achieve this effect.

Remember

No incapacitating device is universally effective and other options and contingencies should be considered

If two or more probes make appropriate contact with the subject (relative to the device type) with sufficient spread, the effects are likely to be almost 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 required incapacitation does not appear to take effect and if 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 (the **National Decision Model** should be used).

As with any repeated use of force, officers should recognise the **risk factors** associated with repeated or extended cycles.

Storage

CEDs should not be stored alongside pyrotechnics, ammunition, specialist munitions or flammable products. Chief officers should ensure that there is provision for storing CEDs as **section 5 Firearms Act 1968** prohibited weapons.

In addition, the manufacturer's storage guidelines for CEDs, batteries and cartridges should be followed.

Data logging system

CEDs have an internal data logging system that, depending on the model, records various parameters of use. This can be summarised as follows.

Model	X26	X2	T7	T10

Time/date	Operation of safety/selector level	No	Yes	Yes	Yes
	Operation of trigger	Yes	Yes	Yes	Yes
	Start of discharge	No	Yes	Yes	Yes
	End of discharge	Yes	No	No	No
	Operation of sub-systems	Yes	Yes	Yes	Yes
	Time sync	Yes	Yes	Yes	Yes
	Duration of discharge	Yes	Yes	Yes	Yes
	Battery temperature	Yes	Yes	Yes	No
	Battery condition	Yes	Yes	Yes	Yes
	Pulse log	No	Yes	Yes	Yes
	Engineering log	No	Yes	Yes	Yes
	Approx. number of recorded events	2,000	16,000	16,000	16,000

	Holstering	No	No	No	Yes
	Approximation of distance (while this may provide an approximation of the distance the device was discharged at, it can on occasion be inaccurate)	No	No	No	Yes

Using specific proprietary software, the relevant data can be downloaded from a Taser X26 or X2 to a computer via the dataport. In the case of the Taser 7 and Taser 10, the data is automatically downloaded upon docking the battery for recharging. See **data auditing.**

Issue and possession

Further information

CEDs will only be issued to STOs who have successfully completed training in the use of the device in accordance with the relevant national curriculum, and who remain currently competent.

A specially trained officer (STO) is a police officer who has been selected, trained, accredited and authorised by their chief officer to carry a CED operationally.

STOs should carry out appropriate function checks in accordance with their training whenever the weapon is issued, to ensure that the device is working correctly.

CEDs are classified as ‘prohibited weapons’ by virtue of **section 5** of the Firearms Act 1968. Police officers, while acting in their capacity as such, are exempt from the requirements of the legislation

and do not need any additional legal authority to possess CEDs.

Other agencies may require a section 5 authority from the Home Office.

Holsters and carriage systems

CEDs should be carried in a holster, clip, or carriage system. Police forces or agencies should evaluate such systems and ensure they are fit for purpose for the role undertaken. Holsters and carriage systems used by the police service should be suitable for the task and the environment in which the CED is being carried. The holster should:

- provide protection for the CED
- provide security for the CED
- enable the wearer to easily access the CED

When a CED is to be carried in a holster, it is important that any retention mechanisms, and lanyards (where issued), are fitted properly and are in working order.

Taser 7 cartridge types

The Taser 7 has two cartridge types, close quarter and standoff. Recognising that most deployments occur at close range, logically most officers should load with close quarter cartridges for routine patrol and response use. However, based on knowledge of their specific role and deployment they may vary this as appropriate.

Standard operating procedures (SOPs) should identify the default cartridge by role but give officers sufficient tactical flexibility to vary this when required.

Uniformed and overt users

CEDs for uniform overt use are yellow in colour and will be carried only on the wearer's non-dominant side to avoid any confusion over the choice of weapon, and to avoid any public misconception of the nature of the type of weapon being carried.

In other countries, confusion over weapon selection in a dynamic situation has led to death and serious injury from mistaken use of conventional firearms.

In order to avoid any confusion over the choice of weapon, and to avoid any public misconception of the nature of the type of weapon being carried, CEDs for uniform and/or overt use should:

- be predominantly yellow in colour,
- be carried only on the wearer's non-dominant side,
- make use of a carriage system that makes the nature of the CED apparent, (for example expose the yellow body of the CED or make use of labelling)

Covert carriage (for example surveillance or protection duties)

CEDs will be carried in a clip, holster or carriage system, in accordance with the user's training, so as to avoid any confusion over the selection and use of lethal and less lethal weapons. CEDs may be other colours commensurate with covert carriage.

Deployment

STOs are police officers who are additionally equipped with a CED. They may therefore respond to a variety of policing incidents where their possession of a CED is not a specific requirement. In these circumstances, it may be necessary to consider whether the presence of a CED has the potential to increase risk.

Where an STO is being deployed to an incident, as a conscious decision and in preference or in addition to other responders, this should be based on an appropriate threat and risk assessment. Forces must have documented procedures in place to detail their arrangements for the specific deployment of STOs to spontaneous incidents.

It is not practicable or possible to provide a definitive list of circumstances where a CED would be appropriate. The information and intelligence informing the decision to deploy an officer with a CED is significantly lower than required to inform its use. A direction to deploy an officer with a CED to an incident should not be seen as an instruction to use the device. This remains a decision for the individual officer for which they remain accountable.

In respect of the deployment of STOs on**planned operations**, the force procedure should include (as a minimum):

- who can make the decision
- the criteria on which the deployment is being made (if applicable)
- a risk assessment framework
- how the decision is recorded

Use

The use of a CED ranges from the physical presence of a drawn CED through to discharge**.**

The term ‘use’ includes any of the following actions carried out in an operational setting:

- drawing the device in circumstances where any person could reasonably perceive the action as a use of force
- sparking of the device, commonly known as ‘arcing’
- delivering a warning alert to a subject (Taser 10 only)
- aiming the device or placing the laser single dot onto a subject
- firing a device so that the probes are discharged at a subject or animal
- application and discharge of a CED in direct contact mode (including three-point contact) and angled drive stun modes
- discharged in any other operational circumstances, including an unintentional discharge

The above may be used in conjunction with communication and de-escalation techniques.

The carriage of a CED does not, in itself, constitute a use of force. However, when a CED is ‘used’ the officer in possession is both legally and organisationally accountable.

The discharge of a CED is intended to mitigate the threat by temporarily incapacitating the individual, not solely to inflict severe pain or unnecessary suffering on another in the performance or purported performance of official duties (see ECHR Article 3).

Taser should only be used as a proportionate response to an identified threat. It should not be used to simply gain compliance with instructions or procedures where compliance is not linked to such a threat, or where a threat has been reduced to such an extent that Taser use would no longer be proportionate.

The duration of the initial discharge and any subsequent discharge must be proportionate, lawful, accountable and absolutely necessary (PLAN).

Incidents where subjects are already contained or restrained may be subject to closer scrutiny or interest. Any medical risk may be increased the longer or more often the device is discharged.

Verbal warning and contact

On first verbal contact, officers should normally:

- identify themselves as police officers and state that they are equipped with a CED
- clarify who it is they are seeking to communicate with
- communicate in a clear and appropriate manner

CEDs are fitted with torches or laser sights. Officers should consider the effects of their use during any contact with a subject.

Oral and visual warning to the subject

Oral and visual warnings, and visual deterrents, may enhance and support de-escalation techniques

Where circumstances permit, officers should provide the subject with a clear warning of their intention to use a CED.

They should give sufficient time for the warning to be heeded, unless to do so would unduly place any person at risk, or would be clearly inappropriate or pointless in the circumstances of the incident.

Visual deterrents

In certain circumstances it may be appropriate to provide a visual display of the sparking effect of the CED (‘arcing’ or ‘arc display’), which may have a deterrent effect. Unlike the Taser X2 and Taser 7, the Taser X26 must be temporarily unloaded to facilitate this.

The Taser 10 produces an audio-visual warning alert, which may have a deterrent effect. The Taser 10 does not need to be unloaded to perform the warning alert.

The visual effect of the laser sight being directed at an individual may also have a deterrent effect. Officers should be aware that pointing or arcing a CED at an individual may represent a use of force.

Visual deterrents may form part of, and support, de-escalation techniques.

Communicating the use of CEDs to other people present

In order to consider the safety of other people, officers should communicate that they are using a CED by clearly stating ‘Taser, Taser’, indicating that it is being discharged. However, there may be specific reasons why this warning may be clearly inappropriate or unnecessary in the circumstances.

Risk factors

There are a number of factors that may influence the operational use of CEDs. These include, but are not limited to:

- head injuries from uncontrolled falls
- repeated and/or prolonged application of discharge
- avoidance of sensitive areas (primarily head, neck or genitalia)
- certain pre-existing medical conditions
- positional asphyxia
- subjects already restrained
- acute behavioural disturbance
- vulnerable people
- children and thin adults (underlying vulnerable organs and tissues may be closer to the skin surface
- flammable material (for example petrol, and some types of irritant spray and, dog repellent spray, which may be flammable)
- explosive environments (for example petrol and propane vapour, propane, natural gas).
- subjects in vulnerable positions (e.g. at height, next to water, running, cycling, in control vehicles etc.)

It should be recognised that the above list is not exhaustive and other risks may be apparent.

These risk factors have been identified from operational experience, medical evaluation and the manufacturer's guidance.

Scenario based training in the use of CEDs is conducted in a way that emphasises the precautions and considerations relevant to the risk factors above.

For further information see:

- **Detainees requiring urgent medical attention**
- **Use of Taser conducted energy device in custody**
- **Monitoring after Taser discharge**
- **DOMILL, Statement on the Medical Implications of Use of the Taser X26 and M26 Less-Lethal Systems on Children and Vulnerable Adults**
- **SACMILL, Statement on the Medical Implications of Use of the Taser X2 Conducted Energy Device System**
- **SACMILL, Statement on the Medical Implications of Use of the Taser 7™ Conducted Energy Device System**
- **SACMILL, Statement on the Medical Implications of the Use of the Taser 10™ Conducted Energy Device System**

The **Medical Implications of Less-Lethal Weapons Expert Committee (MILLWEC)** gives independent, scientific advice to the Home Office and other government departments. It focuses on the medical implications, including risk of injury, of less-lethal weapons (for example, Tasers), a role formally undertaken by SACMILL.

Multi-agency arrangements

Sometimes a chief officer agrees to assist another law enforcement agency or other public service agency with an operation that is within their force area, and the appropriate command decision to deploy CED is given.

In these circumstances everyone involved must understand who is in command of each part of the operation. Command protocols may be a useful means of clarifying this.

Close coordination and detailed planning between organisations is fundamental to successful multi-agency operations and should normally be agreed at strategic command (gold) level or its

equivalent level of management in the organisation concerned.

Post-use

In any situation where a CED is discharged, appropriate post-use procedures should be implemented depending on the nature of the injury or harm caused. Every use will warrant, where possible, consideration of minimum standard forensic retrieval.

Aftercare

Removal of probes

Probes that have penetrated the skin should normally be removed by a medical professional at the scene, at a hospital or in the custody suite. This is principally because of the:

- requirement for infection control
- potential for additional trauma to the skin and superficial tissues of the subject
- risk of additional trauma to underlying tissues, organs or body cavities from probes that have penetrated deeply
- risk of self-injury

In the case of the Taser 7 the cartridge shipping cover is designed to aid probe removal. Forces should ensure that the cartridge shipping cover is available to medical professionals to aid probe removal, should they require it. This includes where probe removal may occur in a hospital setting.

In the best interests and wellbeing of the subject, or in the event of operational necessity, police officers trained in probe removal, minimum standards for forensic recovery and the associated risks, may carry out this procedure. Probes in particularly vulnerable areas (for example the eyes, head, neck or genitalia) should always be removed by medical professionals only, ideally in a hospital setting. If the officer considers there to be any additional risks associated with the removal of a probe, the matter should be referred to a medical professional.

Immediate referral to hospital

If an officer believes that a person on whom CED discharge has been applied has a cardiac pacemaker, vagus nerve stimulator or other electronic implanted device, immediate referral should be made to hospital.

Similarly, if the subject is found to have any other pre-existing medical condition that could be considered to increase their risk of a serious adverse medical event, immediate referral to a hospital should be considered.

Medical assessment

As soon as practicable after arrival at the custody suite, all arrested persons who have been subjected to CED discharge must be examined by a specially trained healthcare professional (HCP) working in General Forensic Medicine. For standards for relevant HCPs see **APP detention and custody, medical assessment**.

CED information leaflets

At the earliest opportunity following arrival at the custody suite, a detainee who has been subjected to a CED discharge should be given an appropriate information leaflet describing the CED, its mode of operation and effects. This leaflet should be fully explained.

The following leaflets are available for subjects, medical personnel and custody officers:

- **Advice to people subjected to TASER® discharge**
- **Medical Management of People Subjected to Discharge from Conducted Energy Devices ('tasers') Advice to Health Care Professionals – CED Hub**
- In-Custody Management of Detainees Subjected to TASER® discharge *Advice to Custody Officers and other non-medical staff*

The Faculty of Forensic and Legal Medicine provides guidance on the clinical effects of TASER® and managing those subjected to TASER® discharge, as well as information for GPs and hospital clinicians to use as appropriate.

For further information see:

- **DOMILL, Statement on the Medical Implications of Use of the Taser X26 and M26 Less-Lethal Systems on Children and Vulnerable Adults**
- **SACMILL, Statement on the Medical Implications of Use of the Taser X2 Conducted Energy Device System**
- **SACMILL, Statement on the Medical Implications of Use of the Taser 7™ Conducted Energy Device System**

Evidential collection of equipment

Forces should consider the availability of evidence collection equipment, including cameras/body worn video and appropriate packaging. In the case of the Taser 7 the cartridge shipping cover is designed to aid **probe removal** and should be readily available.

Once the probes have been removed, they must be secured as evidence and any injury or damage should be noted. Probes removed from the body should be considered as a biohazard. Suitable evidential containers need to be readily available for the removed probes, which must then be examined to ensure they are complete. Incomplete probes may indicate that part of the probe has remained in the subject. Medical professionals should be advised if this is the case.

It is recommended that forces have an appropriate ‘post use pack’ readily available, that contains the above items for evidential recovery, along with PPE (gloves) and antiseptic wipes for probe removal, an aide memoire in relation to post use (including the evaluation checklist below), CED information leaflets, and for Taser 7, the cartridge shipping cover to aid probe removal. The T7 cartridge shipping cover, if it has been used to **remove probes** that have penetrated the body, should also be treated as a biohazard.

Data auditing

The CED’s internal data logging system means the details of all activations can be downloaded or accessed via a computer. Taser X26 and X2 CEDs should be data downloaded and a full function check conducted at least every eight weeks by a competent person (such as a technician or downloader).

In the case of the Taser 7 and Taser 10, the data is automatically downloaded and any faults reported on docking the battery for recharging. The battery should be docked when required or every 30 days whichever comes sooner. Given this remote downloading and monitoring, the Taser 7 and Taser 10 should be inspected and a full function check conducted at least every 24 weeks by a competent person (such as a technician or downloader/maintainer).

The T7 and T10 battery must be docked:

- following any operational use (excluding drawn only)
- when any fault codes are displayed

- when the battery percentage is 30% or less
- when the device is likely to be out of use for some time (for example personal issue device, user going on annual leave)
- when a firmware update is required
- at least once every 30 days and/or when indicated on the device display (T10 only)

Forces may dock batteries more frequently based on their individual circumstances and requirements.

Downloaded data needs to be retained in such a manner to provide a secure and credible audit trail of the activations from each CED. The information should be reviewed to allow for fault analysis and timely indications of improper or unaccounted use.

Protection is provided to officers who use the CED and to those on whom it is used, as the data is recorded by the device on each occasion that it is discharged.

Use of force reporting

Police forces formally record all uses of force and submit data in accordance with the Home Office Annual Data Requirement (ADR). This requires every officer to locally record all required information whenever they use force. This includes all CED use.

A use of force form should be completed as soon as practicable on every occasion where a CED is used. Forms should be submitted as indicated on the form.

The CED single point of contact (SPOC) is responsible for ensuring that processes are in place for the review of Taser use.

Additionally, completion of a separate bespoke form is required after the introduction into service of any new device. Currently, forms are required for all types of use of the Taser 7 and Taser 10.

The information obtained is for medical, training and scientific purposes. The requirement for these additional bespoke forms is regularly reviewed as operational data is acquired. Once sufficient information has been captured, the requirement for the collection of the extra data will be removed.

The bespoke form should be completed as soon as possible, but in any case, within 24 hours of use. Completed forms should be submitted to the National Less Lethal Weapons Administration.

The CED single point of contact (SPOC) is responsible for reviewing, collating and recording all Taser 7 CED evaluation forms.

Evaluation checklist

Cartridge

Including wires and probes complete, which may show range at which it has been used. Not to be spooled. Break wires, two to three inches from the probes, to preserve forensic integrity for future examination if required. Package probes in a suitable container.

Identification discs (X26 and X2 only)

Two or three discs to confirm cartridge serial number. These are projected randomly in probe mode and will not show trajectory.

Photographs and video

Incident detail to show scene, weapons involved or available to subject, identification discs and officer locations, injuries to officer and subject, probe locations. The intention is to show as much of the incident in photographic or video detail as possible.

FME/HCP examination

Persons subjected to a CED discharge should be examined by an FME. Details of injury and any aftercare needed – for example, as provided to the custody staff – should be available when required.

CED evaluation form and use of force reporting

CED evaluation form (Taser 7 and Taser 10 only), submit to relevant parties as indicated on the form. Complete use of force reporting in accordance with force policy.

Data download

Download and identify relevant data from the device and retain in auditable format.

Post-incident referral

Forces must refer all cases that meet the mandatory referral criteria for post incident investigations to the relevant Independent Investigative Authority (IIA). This includes the Independent Office for

Police Conduct (IOPC), Police Ombudsman for Northern Ireland (PONI) or Police Investigations Review Commission (PIRC) as appropriate to the force or agency concerned.

Where serious injury or death has occurred and a less lethal weapon has been used, the Medical Implications of Less-Lethal Weapons Expert Committee (MILLWEC) must be advised. If an incident is independently investigated by the IOPC it will make the referral to MILLWEC.

In investigations carried out by forces or other agencies, the referral should be completed by the force or agency's professional standards department and emailed to **lesslethalweapons@btp.police.uk**.

All police forces and police and crime commissioners have a responsibility to monitor use of CED, together with the nature and volume of complaints received and, where necessary, to take appropriate action. The national arrangements for referral of CED use and complaints is set out as follows.

England and Wales

English and Welsh police forces are not required to refer all non-mandatory CED-related complaints or recordable conduct matters to the IOPC. However, the IOPC strongly encourages forces to voluntarily refer such matters where the gravity of the subject matter or exceptional circumstances warrant a referral. Examples include where:

- the complaint or recordable conduct matter could have a significant impact on public confidence or the confidence of particular communities
- the force feels there is a need, because of the circumstances of the case, for independent involvement in the investigation

Cases that should be considered for voluntary referral include those where a CED is used:

- in confined spaces (such as custody suites or medical settings)
- in drive-stun mode
- on children (under 18 years)
- on people who are at height
- on people where there are flammability or explosive vapour hazards
- on people running away

- on people with mental health problems or who are otherwise vulnerable

Following high-profile CED cases, or where there are exceptional circumstances, forces should strongly consider referring the matter to the IIA voluntarily.

The IOPC have stated that the police use of CED is an area of considerable public interest and concern and that they and other IIA organisations will continue to monitor and maintain oversight of its use, and share learning arising from any cases that they are involved with.

Northern Ireland

The PSNI continues to notify the Police Ombudsman's Office about all firearms discharges, including Tasers. However, rather than automatically initiating an investigation, Police Ombudsman staff now conduct preliminary enquiries to assess whether a full investigation is necessary.

Taser discharges will now only be subject to a full investigation in cases where the Police Ombudsman is of the view that an investigation is required in the public interest.

Scotland

All occasions in which a CED is discharged (not drawn, aimed, arced or laser dotted) in Scotland should be referred to the relevant professional standards department (PSD) and then PIRC, who will review and then consider if an investigation is required.

Monitoring and oversight of CED use

The operational use of CEDs is monitored by the following:

- the Home Office
- National Less Lethal Weapons Working Group (NLLW WG)
- Defence Science and Technology Laboratory (Dstl)
- the Medical Implications of Less-Lethal Weapons Expert Committee (MILLWEC)

Operational use is reviewed at regular intervals by Dstl and MILLWEC on behalf of the NLLW WG. The College of Policing contribute to this process to ensure that emerging issues are properly reflected in training and operational guidance.

CED SPOC

All forces and agencies must appoint a CED single point of contact (SPOC) to receive and evaluate all CED evaluation forms prior to them being submitted to relevant parties as indicated on the form.

Where SPOCs identify operational learning that may be of value to others, contact should be made with the College of Policing in order that it may be evaluated and, where appropriate, disseminated and/or incorporated into the CED training curriculum.

The CED SPOC acts as the conduit between the force and the NLLW WG via the National Less Lethal Weapons Administration.

The CED SPOC is required to clarify any information on the form and disseminate any updates and learning to staff in their own force.

Post-use function checks

Checks that a CED is operating to the manufacturer's specification can be conducted by Dstl if there is, or is suspected to be:

- a technical fault
- an unexpected injury
- checks required by the IIA
- a high-profile case, particularly one where any subsequent inquest or inquiry may seek to reconstruct how and when the CED was used

These checks may additionally be requested at a force's or agency's discretion.

If these checks are required, contact should be made in the first instance with the National Less Lethal Weapons Administration.

Training

All CED users need to have an appreciation of the physical and psychological effects of these devices. All CED users will receive full training and assessment in accordance with the relevant CED training curriculum.

Where local good practice has been identified, or where enhancements to (or issues with) CED training have been identified, this should be communicated to the College of Policing so that good practice identified at a local level may be assessed and, where appropriate, cascaded nationally and incorporated into any revised training.

Each model of CED is subject to specific modules of learning. Training records and the authorisation of officers to carry CEDs should clearly identify which device they are authorised and competent to carry.

The minimum contact time for initial training is 18 hours. There will follow a minimum 6 hours per annum of refresher training. Annual refresher packages are strictly controlled to ensure that users receive the relevant updates and training. Officers can be authorised for no longer than 12 months from the date of their last period of CED training and assessment.

Individuals will not be subject to the effects of CEDs during training.

Maintenance

Forces should have procedures in relation to the storage, maintenance and inspection of CEDs and cartridges. This should be documented in a standard operating procedure (SOP) that articulates the following:

- Regular routine maintenance and inspection regimes by a competent technician. This can ordinarily take place in tandem with routine downloading (see dataport auditing).
- Quarantining and labelling of CEDs, cartridges, magazines (T10 only) and batteries that are:
  - faulty or suspected to be faulty (including those identified during routine testing by users),
  - damaged
  - subject to significant physical impact (for example dropped or involved in a road traffic collision)
  - have been immersed in water or another liquid
  - contaminated with bodily fluids or other biohazards
  - subject to doubt as to whether the device, cartridge, magazine or battery is serviceable
- Inspection, testing and repair of devices, subject to quarantine, by a competent technician
- Destruction, withdrawal, replacement under warranty, or confinement to non-operational use of devices that are unserviceable

- Stock rotation of operational cartridges to ensure serviceability that recognises frequency of use and potential for wear and tear
- Auditable records of the above

Further advice and support can be obtained from the Less Lethal Weapons secretariat in relation to the serviceability of CEDs.

Only specific CED batteries, cartridges and magazines are authorised for use in the UK, as per **the systems approach** and **Code of Practice**. No other non-authorised CEDs, batteries, cartridges or magazines can be used for operational use and/or training. The authorised CEDs, batteries, cartridges and magazines must not be modified or altered in any way, unless it is a recognised method or specification, for example firmware updates, alteration of settings to the authorised specification, attaching labels in an approved fashion.

Some models of CED can be configured in different ways by altering the device's settings. Not all settings are authorised for use in the UK. Only authorised device settings should be used.

Tags

Armed policing