



# Indianapolis Metropolitan Police Department

GENERAL ORDER

1.32

## LESS LETHAL DEVICES

### POLICY

The Indianapolis Metropolitan Police Department (IMPD) authorizes the use of electronic control devices, impact weapons, and chemical sprays to aid officers in successfully gaining control of subjects when, based on the subject's actions, the use of force is objectively reasonable. Officers will only use these devices in accordance with federal and state laws, IMPD General Order 1.30 – *Use of Force - Principles*, this directive, and department training. The use of a less lethal device will be reported in accordance with General Order 1.31 – *Use of Force – Investigation, Reporting, and Review*.

### PROCEDURE

#### I. Electronic Control Devices (ECD)

- A. Only officers who have been trained and certified by IMPD will be allowed to carry or use an ECD.
- B. Uniformed officers who have been issued an ECD must carry it with them during their shift.
- C. When worn on a duty belt or the officer's waist, the ECD must be carried on the officer's support side (e.g. opposite side of the handgun holster).
- D. Officers issued an ECD will receive training on its use at least annually.
- E. IMPD considers the use of an ECD as a higher level of force than the use of chemical sprays or baton strikes to motor nerves. However, use of an ECD in accordance with this policy is considered to be a less lethal level of force.
- F. Every application of an ECD is a separate use of force requiring independent justification.
- G. When feasible, officers must give a verbal warning prior to the use of an ECD to the subject and other officers.
- H. The authorized method of deployment of an ECD against a subject is in probe mode.
  1. Officers should not remove the cartridge to deploy an ECD.
  2. When a deployed ECD probe has an ineffective spread, officers should consider touching the subject with the ECD to complete a larger more effective circuit.
- I. Sparking an ECD, without the intention of making contact with a subject, in order to provide a visible or audible deterrent, is a use of force and must be objectively reasonable.
- J. Officers will attempt to target a subject below the chest or heart area, or from the shoulders down on the back of a subject.
- K. When feasible, officers will use the five-second ECD cycle to handcuff the subject while the subject is being affected by the ECD.



- L. Officers will constantly monitor the effectiveness of the ECD and select a different option to gain control of a subject if compliance isn't obtained after three, five-second ECD cycles.
- M. Officers will remove probes that can be easily dislodged as soon as the incident is stabilized.
  - 1. To remove a probe, officers will firmly grab the probe and quickly pull straight out of the skin.
  - 2. Officers will inspect the probes after removal to ensure that no part of the probe remains under the subject's skin.
  - 3. Probes must be treated as "sharps" and biohazard procedures must be followed for their disposal.
  - 4. When a probe is embedded and cannot be easily dislodged, officers will request EMS.
  - 5. Subjects must be transported to Eskenazi Hospital when:
    - a. A probe is broken off under the skin;
    - b. A probe is deeply embedded and cannot be removed by EMS; or
    - c. A probe is embedded in a sensitive tissue area, such as:
      - i. The eyelid or eye;
      - ii. Neck;
      - iii. Face;
      - iv. Groin or genital area; or
      - v. A woman's breast
  - 6. When a subject is transported to Eskenazi for ECD related injuries, the accompanying officer will advise medical personnel of:
    - a. The subject's exposure to electrical current from an ECD;
    - b. Potential primary or secondary injuries;
    - c. Known substances influencing the subject; and
    - d. Known mental health conditions.
  - 7. If the probes are removed by the officer or EMS and the subject has only minor bleeding that is bandaged and no other injuries or symptoms requiring hospitalization exist, they may be transported to Central Receiving.
- N. Officers will not use an ECD, unless deadly force is authorized, on:
  - 1. A known pregnant person;
  - 2. The elderly or children;
  - 3. Subjects riding a propelled device;
  - 4. The operator of a motor vehicle;
  - 5. An individual in a body of water, or who can fall into a body of water, posing a drowning hazard;  
or
  - 6. An individual who has a known flammable substance on them or is in a flammable or explosive environment.



- O. An ECD will not be used:
  - 1. As a prod or escort device;
  - 2. To rouse unconscious, impaired, or intoxicated subjects;
  - 3. To stop subjects from swallowing potential evidence or to retrieve evidence a suspect is attempting to swallow; or
  - 4. As punishment.
- P. The act of fleeing, without other factors involved, does not justify the use of an ECD.
- Q. Any discharges/deployments of an ECD or cartridge resulting from an accident and/or malfunction will be immediately reported to the officer's immediate supervisor. Should the discharge strike another officer, the supervisor will complete an injured officer report.
- R. Property and evidence collection associated with an ECD probe deployment is the responsibility of the deploying officer.
  - 1. In the event of an abnormal reaction or any secondary injury requiring medical treatment, the probes, wire, and cartridge will be submitted to the property room as evidence.
  - 2. Photographs should be taken of any visible injuries on a subject after removal of the ECD probes and the photos should be placed into evidence.
  - 3. The Firearm Training Section supervisor must be notified if an ECD is placed into the Property Section as evidence or for any other reason.

## **II. Chemical Spray**

- A. Officers will only use department-issued chemical spray.
- B. Officers must take reasonable precautions to minimize the exposure of chemical spray to non-targeted individuals.
- C. Prior to deploying chemical spray, officers will give a verbal warning to the subjects and other officers, when feasible.
- D. Each one-second application of a chemical spray is considered a separate use of force that requires independent justification.
- E. Normal reactions to chemical spray exposure include mild difficulty breathing and irritation to the eyes and skin.
- F. If a subject experiences abnormal reactions to chemical spray exposure, officers must request EMS for treatment on scene or transportation to the appropriate medical facility. Situations that require EMS include:
  - 1. Moderate to severe difficulty breathing;
  - 2. Loss of consciousness;
  - 3. Known pre-existing conditions such as asthma, emphysema, bronchitis, and heart ailments;
  - 4. Exposed subjects are elderly or young children; or
  - 5. Any special circumstances officers believe EMS response is necessary.



- G. Unless exigent circumstances exist; officers are prohibited from using chemical spray on:
  - 1. Subjects with known respiratory conditions; or
  - 2. Subjects engaged in passive resistance only.
- H. When practical, individuals contaminated with chemical spray should:
  - 1. Be removed from the contaminated area;
  - 2. Have their face and eyes flushed with cool purified or bottled water; and
  - 3. Be faced into the wind.
- I. Arrestees who have been exposed to chemical spray must be transported directly to Central Receiving, unless hospitalization is required.
  - 1. The arresting officer will advise the transporting officer of the exposure.
  - 2. Central Receiving must be advised by the transporting officer of the exposure.
- J. The use of chemical sprays and other chemical agents by Mobile Field Force (MFF), Event Response Group (ERG), and Special Weapons and Tactics (SWAT) are governed by their unique standard operating procedures and training guidelines.
- K. All deployments of chemical spray must be immediately reported to a supervisor.

### **III. Impact Weapons**

- A. Officers will only carry and use department-issued impact weapons.
- B. IMPD considers impact weapons to be a higher level of force than chemical spray due to the potential for injury. However, use of an impact weapon in accordance with this policy is considered to be a less lethal level of force.
- C. Each strike with an impact weapon is a separate use of force that requires justification.
- D. Striking a subject's head, neck, throat, spine, sternum, kidneys, and groin is prohibited unless deadly force is authorized. The burden is on the officer to clearly articulate that a strike to any of these areas of the body was unintentional.
- E. Officers are prohibited from striking the abdomen of a woman who the officer knows or reasonably should know is pregnant.
- F. Improvised impact weapons (e.g. flashlights, etc.) will not be used, except in exigent circumstances.
  - 1. The failure to carry an authorized impact weapon (i.e., a baton) is not, in and of itself, justification to use an improvised impact weapon.
  - 2. Guns will not be used as improvised impact weapons due to the risk of an unintentional discharge, unless deadly force is authorized.
- G. All attempts or uses of impact weapons or improvised impact weapons as a use of force must be immediately reported to a supervisor.