

# **Orange County Sheriff's Office Taser Task Force Committee Members**

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March 4, 2005

Acknowledgments

I would like to thank the members of the Orange County Sheriff's Office Taser Task Force Committee and Medical Sub-Committee for their dedication to this project. Your hard work and efforts have not gone unnoticed and are greatly appreciated by members of this community and those who serve it. Throughout this past year of review each of you have brought an incredible amount of knowledge and valuable perspective into this review process. I am truly grateful to have had the opportunity to have worked amongst such a fantastic group of true leaders in our Central Florida Community.

I would like to personally thank Ms. Charlene Hotaling for her efforts as the Committee's Co-chairperson, Dr. Carlos Rueda for his vast insight into the psychological perspectives and concerns, Mr. Gerald Bell and Reverend Richard Davis for their insight and viewpoint from the community perspective, Mr. Nollie Shaw and Mr. Angel Cepero for their sincere commitment and dedication to this project, Mr. Rick Harris for his assistance with the Public School section of this report as well as his incredible insight and talent with regards to dissecting the heart of every issue. I would like to thank my brothers in law enforcement, Captain Angelo Nieves, Sergeant Carlos Espinosa, Sergeant Scott Hayles and Sergeant Paul Hopkins for their valued time and commitment to this project. I would like to offer a special acknowledgment to Ms. Victoria Arndt, who provided administrative assistance and coordination to this whole event.

Finally, I would like to thank the panel of medical professionals who provided their valuable expertise and played a critical part to this review. Dr. Daniel F. Brennan, Dr. Aurelio Duran, Dr. Jan Garavaglia and Dr. Robert Vandervoort, your service to this committee and the citizens of Orange County has been greatly appreciated.

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## **Introduction:**

In an effort to promote safety within the community and that of law enforcement officials, the Orange County Sheriff's Office adopted the use of the Electronic Controlled Weapon known as the Taser. This device has generated national interest and in light of that attention, it was thought that the assembly of a committee and a careful review of the training and implementation of the M26 and X26 Taser would be both timely and appropriate.

The Orange County Sheriff's Office, located in the tourist-centric area of Orlando, Florida, is responsible for the safety of more than one million people and the security of just over 1,000 square miles of land. With approximately 1,400 sworn deputies, it is considered a large law enforcement agency by most standards. The Bureau of Justice Statistics lists the Orange County Sheriff's Office as the 11<sup>th</sup> largest Sheriff's Office in the country. The Orange County Sheriff's Office is a full-service law enforcement agency (other than a jail) and provides general law enforcement service 24 hours a day, seven days a week. There are currently six patrol sectors in Orange County and deputies patrol areas that range from simple homes to complex neighborhoods, richly diverse and varied.

## ***Background***

In May of 2004, Sheriff Kevin Beary appointed the Taser Task Force Committee to look into the current controversy surrounding the use of the M26 & X26 Taser. The Taser Committee is made up of 12 members. The Sheriff continued to promote his commitment to diversity by appointing seven civilians to the Committee, including the past President of the NAACP Central Florida chapter, a representative from Florida State Senator Gary Siplin's Use of Force Commission, and members of the Orange County School Board, the Sheriff's Civilian Advisory Task Force, and the Hispanic Coalition of Central Florida. Additionally, the Sheriff appointed five representatives from within the agency comprising members of the Uniformed Patrol Division, the Professional Standards Division, as well as the Training Division.

The Chairperson, Lieutenant David A. Ogden, facilitated committee meetings, made specific arrangements based on committee member requests and provided administrative resources to document and file meeting minutes. The Committee initially underwent intense background training, from subject matter experts, that the Committee felt was essential prior to proceeding with any discussions, review or additional research. The Committee covered issues with regards to use of force, legal issues and pertinent case laws, the Taser User training curricula, as well as the previous analysis, review and reporting prerequisites which the Sheriff's Office had completed to date. The Sheriff's Office offered complete access to all the Committee's requests. The educational process and training of the Committee proved invaluable and was needed for this review.

The Taser Committee requested a medical panel of four local, well respected doctors to independently look at the research and render an expert opinion on the medical aspects of Taser safety issues. Specifics of the medical review are contained within this report.

With regards to the Taser, there are factions of the public that favor an outright ban of this operational tool, believing it to be a form of electrocution. To address these concerns, the Committee held a public forum for the citizens of Orange County to voice their opinions, as well as to make any recommendations. Committee members felt this was an integral part of the review process prior to delivering final recommendations to Sheriff Kevin Beary.

**Medical Review:**

Utilizing this independent medical panel of experts, the Committee members learned the Taser does not cause any permanent damage to an individual and the use of this particular weapon appears to be safer than that of other weapons commonly used by law enforcement (batons, sprays, and physical arrest techniques). The medical experts further elaborated on the facts of the electrical currents used by the Taser and stated it is in no way a form of "electrocution" and that the currents perform differently than that of traditional electrical currents. The panel related the electrical current distributed by

the Taser should not adversely affect the heart in either a normal person or a person with a pacemaker.

Medical Expert Panel Members Included:

- **Dr. Aurelio Duran**
- **Dr. Daniel F. Brennan**
- **Dr. Robert Vandervoort**
- **Dr. Jan Garavaglia**

**Dr. Aurelio Duran** is a prominent Cardiologist/Electrophysiologist at the Orlando Heart Center. He is the Vice Chairman of Cardiology at the Orlando Regional Medical Center (ORMC) where he teaches house staff at ORMC and FSU Medical students. He also was instrumental in some research and development stages of pacemakers and defibrillators. Dr. Duran presented on **TASER DEVICE: A CARDIAC ELECTROPHYSIOLOGIST'S PERSPECTIVE.**

Dr. Duran began his presentation by discussing the role of electricity in the body and how manipulating electrical forces has many applications in medicine. In addition to electrical impulses, which carry information throughout the body's extensive network of nerve cells, certain specialized tissues in the body make use of electricity locally. Among these is the heart, where carefully regulated electrical signals stimulate the heart to contract in an organized and rhythmic manner.

Dr. Duran introduced the concepts of voltage and current. He emphasized that while certain cells in the body may be activated or deactivated by changes in voltage (such as stimulation for a muscle to contract), potential for damage to the cells is determined by the amount of current present, which refers to the actual amount of electricity flowing through the body. Electrical injuries to humans occur when the body is exposed to high amounts of current, as exists in lightning strikes or power lines.

Examples of the use of voltage-manipulation in medicine include pacemakers,

defibrillators, TENs units, and even some medications. He explained that since voltage changes are the normal means by which cells communicate to each other, altering voltage does not damage cells.

Dr. Duran stated that if an electrical device is going to be designed to adversely affect the heart, it would need to contain several factors. First, it would need to be a high-current device and in order to deliver high amounts of current to the heart, it would require large electrodes. These electrodes would have to be placed on the opposite sides of the heart and would require electrodes that penetrated deep into the body, close to the heart.

In contrast, a Taser device is a low-current, high voltage system, which uses small, superficial electrodes. The amount of current is very small, 3.8 mA, or about 4 *thousandths* of one amp. In contrast, household electrical devices generally draw 1 to 15 amps.

Finally, Dr. Duran stated that if the electricity from a Taser happened to cause a person's heart to go into a dangerous arrhythmia, this would cause the individual to immediately collapse with cardiac arrest upon being Tased. To date, this has not been seen in any of the cases of volunteer testing or law enforcement use of the Taser.

Next the committee heard from **Daniel F. Brennan**, MD, FACEP, FAAEM. Dr. Brennan is a member of the Emergency Physicians of Central Florida at the Orlando Regional Medical Center. Dr. Brennan presented on **TASER – EMERGENCY DEPARTMENT PERSPECTIVES** to the Committee.

Dr. Brennan began by reiterating and expanding on the nature of electricity, and included a slide containing the following information regarding injuries to the body from electricity:

## Comparison of Lightning to High-Voltage Electrical Injuries

| FACTOR              | LIGHTNING           | HIGH VOLTAGE    |
|---------------------|---------------------|-----------------|
| <i>Duration</i>     | Instant (1 msec)    | Prolonged       |
| <i>Voltage</i>      | 3,000 – 30 MV       | 1000 – 70,000 V |
| <i>Amperage</i>     | 50,000 A            | 10 – 10,000 A   |
| <i>Current</i>      | Unidirectional (DC) | Alternating     |
| <i>Pathway</i>      | Flashover           | Through body    |
| <i>Burns</i>        | Superficial         | Deep            |
| <i>Rhythm</i>       | Asystole            | V. Fib          |
| <i>Muscle/renal</i> | Rare                | Rhabdo, ARF     |
| <i>Blunt injury</i> | Shock wave          | Falls           |

Fonarosa PB, in Tintinalli JE *Emergency Medicine*, 4<sup>th</sup> edition 1996, pp. 905 – 14.

Dr. Brennan called attention to the fact that in high-voltage electrical injuries, contact with the source was prolonged and generally required a current of at least 10 amps. This is in sharp contrast to the brief, very low amperage exposure produced by the Taser. To further develop the contrast between high-current and its potential for injury relative to high-voltage, he stated common static electricity, such as the one produced by shuffling your feet across a carpet and then touching a metal object, can be up to 50,000 volts which is the same voltage put out by the Tasers.

He also contrasted the Taser with certain high-voltage medical devices such as defibrillators. While Tasers produce only 1.76 Joules of energy, a defibrillator charge delivers 50-360 Joules.

Dr. Brennan showed quotes from an article from the world renowned *British Medical Journal the Lancet*:

“Myocardial (heart) stimulation extremely unlikely with darts striking the skin.”



“Clear that Tasers are less likely than guns to cause injury and death of the target (and the officer).”

“Generally more effective than other means of restraint.”

Fish RM, Geddes LA. *Lancet*. 2001; 358:687-8.

Dr. Brennan then reviewed the medical literature relating to Taser use. In a study by Ordog from the *Annals of Emergency Medicine* in 1987, researchers compared injuries from Tasers to injuries from .38 caliber police handguns. Only 1.4% of Tased subjects died, while 50% of gunshot patients died. In addition, zero of the three Tased patients who died collapsed immediately and, therefore, their deaths cannot be attributed to the electrical shock from the Taser per se. All three patients were also positive for PCP. Thirty-eight percent of Tased patients suffered minor injuries such as abrasions and lacerations, zero of which resulted in long-term effects.

In another observational study conducted in Portland, Oregon, published in *Academic Emergency Medicine* in 2004, researchers studied outcomes following 227 uses of the Taser in law enforcement. In this study, zero subjects died and 28% suffered minor injuries (bruises, contusions, lacerations).

Finally, Dr. Brenner presented a study by Kornblum, published in the *Journal of Forensic Science* in 1992, which examined 18 deaths in people who had been Tased. In 15 of the cases, the patients were found to be positive for PCP, amphetamines, or cocaine. In the remaining three cases, the patients had received significant trauma sufficient to explain death, such as gunshot wounds. In one patient, the authors did not rule out that the Taser may have contributed to death. It was noted that even this potential connection was disputed in a later publication in the same journal the following year.

The next expert was **Dr. Robert Vandervoort**, Pharm.D, who is a member of the Pharmacotherapy Faculty Florida Hospital Family Practice Residency and a Clinical

Assistant Professor UF College of Pharmacy. He presented to the Committee on **COCAINE INTOXICATION: FOCUS ON PSYCHOLOGICAL EFFECTS.**

Dr. Vandervoort began by reviewing statistics showing the prevalence of cocaine use in the US, and then detailed the pharmacologic effects of cocaine use.

Users of inhaled cocaine experience physiologic effects within seconds. These include subjective feelings of hyperstimulation and alertness, but also often include psychiatric effects such as paranoia, suicidal and homicidal thoughts, and agitation.

Dr. Vandervoort introduced the term “cocaine intoxication delirium” and contrasted this condition with simple cocaine intoxication. The former refers to a disturbance of a person’s consciousness brought on by the cocaine. This alteration in consciousness is accompanied by a change in cognition in the patient that is characterized by a reduced clarity of awareness of the environment. Often, irrational fear is among the features of cocaine-intoxication delirium. Dr Vandervoort quoted *the Fourth Diagnostic and Statistical Manual of Mental Disorders*, an authoritative Psychiatry text, regarding cocaine intoxication delirium:

*“The individual may exhibit emotional disturbances such as anxiety, fear, euphoria, and apathy. There may be rapid and unpredictable shifts from one emotional state to another... Fear often accompanies threatening hallucinations or transient delusions. If fear is marked, the person may attack those who are falsely perceived as threatening.”*

Another potential consequence of cocaine use is “cocaine-induced psychotic disorder,” also known as cocaine psychosis. A psychotic disorder is defined by the presence of hallucinations and/or delusions on the part of the patient. Subjects who smoke cocaine may experience psychosis within minutes of ingestion, and this condition is similar in presentation to acute paranoid schizophrenia.

Dr. Vandervoort presented a study, published in the *Journal of Psychology* in 1991,

which compared the psychotic features of 100 cocaine abusers and 100 paranoid schizophrenic patients.

|  | <u>PS</u> | <u>Cocaine</u> |
|--|-----------|----------------|
| Tactile Hallucinations:                    | 3         | 5              |
| Auditory Hallucinations:                   | 36        | 50             |
| Persecutions Delusions:                    | 49        | 74             |
| Identity/Grandiosity/Possession Delusions: | 30        | 0              |

A higher percentage of the cocaine abusers specifically had delusions of persecution, and the authors noted, *“Those in the cocaine group were more often fearful of being ‘caught’ by police or family members.”*

Dr. Vandervoort stated patients with stimulant-induced psychotic disorders often report persecutory delusions, and these delusions often relate to the illegality of the drug use and make patients particularly fearful of police. In addition, the enhanced vigor and hyperactivity associated with cocaine intoxication can make for violent actions in a patient suffering from a psychotic disorder.

To underscore the potential for irrational, violent behavior in these patients, Dr. Vandervoort quoted the *Rosen Emergency Medicine Textbook* regarding management of cocaine psychosis in the Emergency Department:

*“ED staff may be severely injured by a wild, combative patient intoxicated with cocaine. Talk down therapy, which may be effective with hallucinogens, is not useful for cocaine-induced psychosis. Such patients must be restrained and given IV benzodiazepines.”(Sedatives)*

Dr. Vandervoort also displayed this quote from the National Institute of Health website:

*“High doses of cocaine and/or prolonged use can trigger paranoia. Smoking crack*

*cocaine can produce a particularly aggressive paranoid behavior in users.”*

Regarding the prevalence of cocaine psychosis among cocaine users, Dr. Vandervoort cited a review article on cocaine published in the *New England Journal of Medicine* in 1988:

*“Stimulant effects [at high doses] ... may result in accidents, illegal acts, or atypical sexual behavior. Such adverse effects occur in more than 80% of regular cocaine users. As a binge lengthens...states of severe transient panic accompanied by a terror of impending death can occur in persons with no preexisting psychopathologic conditions, as can paranoid psychoses. Surveys of abusers indicate that such states are common. When the paranoia is severe, reality testing becomes markedly impaired and in extreme cases, homicide can result.”*

Dr. Vandervoort then discussed another study published in *the Journal of Clinical Psychiatry* in 1991, in which 53% of patients admitted for cocaine dependence reported experiencing features consistent with cocaine-induced psychosis. Of those who experienced psychotic features, 90% had delusions, 96% hallucinated, and 48% were experiencing one or both of those features at the time of the admission under study.

In a chart-review analysis in the Bahamas, Dr. Vandervoort noted that one third of free-base cocaine smokers reported regularly experiencing symptoms consistent with paranoid psychosis while intoxicated. This study was published in the *Yale Journal of Biology and Medicine* in 1988. In a review article published in the *American Journal of Psychiatry* in 1991, which focused specifically on cocaine-induced paranoia, the authors stated that 68% of 50 male cocaine users were found to have transient paranoid psychosis. The subjects reported the paranoia was typically related to the illicit activities associated with the drug use.

Dr. Vandervoort stated this data regarding cocaine psychosis is relevant to the Taser discussion because a large number of subjects who are "Tased" by law enforcement

officers, and specifically a large percentage of those who die while in custody, are intoxicated with cocaine or similar stimulants at the time of their arrest. Close interaction with these individuals in the field carries significant safety risks for both the suspect and the officer, with a very high potential for violent resistance if officers are perceived as a threat by the cocaine abuser. Reasoning with cocaine-intoxicated patients will not be productive and is not recommended. Any discussion of the risks and benefits of Tasers in law enforcement should include an appreciation of this disorder, its prevalence, and the necessity for physically controlling these patients for the safety of all involved. Dr. Vandervoort closed with this recommendation from a review article specifically addressing management of cocaine psychosis in the ED, published in 1993, in the *American Journal of Emergency Medicine*:

*“Because many, perhaps most, chronic cocaine abusers are intermittently psychotic while intoxicated, and because it is often impossible to identify the cocaine intoxicated patient, it seems especially wise in the 1990’s to cautiously approach any patient who appears afraid, anxious, or suspicious. Similarly, because the delusions and hallucinations of the cocaine user often causes him to perceive those around him as enemies, it is recommended to physically restrain angry or agitated psychotic patients before their condition escalates into violence.”*

*(High Incidence of Psychosis in Cocaine Intoxication and Preventing Violence in the ED American Journal of Emergency Medicine 1993; 11(6):676)*

The final panel expert was **Dr. Jan Garavaglia**, M.D., who is the Chief Medical Examiner for Orange and Osceola Counties, District 9. She is Board Certified in Anatomic, Clinical and Forensic Pathology. She presented on **IN CUSTODY DEATHS AND TASER USE – A MEDICAL EXAMINER PERSPECTIVE OR THE RECENT HISTORY OF IN CUSTODY DEATHS** to the Committee.

Dr. Garavaglia reviewed briefly the Kornblum and Ordog studies which had been introduced by Dr. Brennan. She called attention to the fact that the common feature in the suspects who died appeared to be that the individuals were in an excited state when confronted by police. She added, “All were also intoxicated with stimulants.”

Dr. Garavaglia identified this condition as “Excited Delirium” and reviewed the medical literature pertaining to it. The first reported cases were in 1985 in Miami. Seven suspects presented with bizarre psychotic behavior and experienced sudden death while in custody. All of the individuals had undergone extreme physical exertion while fleeing or fighting with police and were hyperthermic.

While acute cocaine intoxication can cause death, Dr. Garavaglia noted that Excited Delirium syndrome has several features that distinguish it from cocaine intoxication death. Among these are the facts that many Excited Delirium patients actually have low levels of cocaine in their system at the time of death, and often exhibit bizarre psychotic behavior typical of cocaine psychosis. She noted these patients are also often hyperthermic.

Dr. Garavaglia cited two papers which offered potential explanations for features of Excited Delirium exhibited by chronic cocaine abusers. One paper, by Staley from 1994, stated chronic cocaine users have neurochemical abnormalities, including a decreased number of dopamine D-2 receptors in the hypothalamus, which is felt to explain why those who die are often hyperthermic. In addition, the same author in a later paper found that cocaine induces changes in the number and distribution of K2 opiate receptors within the limbic system, which may explain the psychotic symptoms and violent agitation.

It is also recognized by medical experts that Excited Delirium is not just with chronic cocaine use and can be found with sympathomimetic, hallucinogenic and psychomotor stimulant drugs. A catecholamine mediated Excited Delirium, similar to that seen with cocaine, is becoming increasingly recognized and has been detected in patients with mental disorders taking antidepressant medication and in psychotic patients who have stopped taking their medications.

Next, Dr. Garavaglia visited the issue of “positional asphyxia”, which has been offered as an explanation for sudden in-custody deaths, and which is based on the theory that

suspects placed on their stomachs by police may have trouble breathing. She reviewed the history of this theory:

1988

Dr. Reay argued that the prone restraining position restricts chest and abdominal movement, placing an individual at risk for hypoventilation, increased CO<sub>2</sub>, and decreased oxygen and thus asphyxiation.

1992

Dr. Reay reports three cases of "positional asphyxia" occurring in individuals placed in the prone restraint position in the back seat of a police car.

In all three cases, the subjects were violent and agitated from drugs or psychiatric illness.

1993

O'Halloran reports 11 cases of sudden death while prone with nine of the 11 in the "hog tie" restraint position. All of the 11 were in an excited delirious state from acute psychosis or drugs (mostly cocaine).

Other investigators tried to argue that delirium, intoxication, stress trauma, catecholamine hyperstimulation, hyperthermia, muscle fatigue, or exhaustion as opposed to asphyxiation from body positioning was the mechanism of death.

1998

Chan, using good science, demonstrated that no evidence indicated hypoventilation or ventilatory compromises occurred as a result of body positioning in the restraint position. The study invalidated the work of Dr. Reay.

Following this, Dr Garavaglia addressed the potential for the Taser to have contributed to deaths in patients with Excited Delirium. She noted that the deaths that occur in

custody are after Taser electrical delivery rather than during or immediately afterwards.

The instruction manual advises instructors to “forewarn volunteers that being hit with a Taser is an act of physical exertion.”

The expanded “physical exertion” by the muscle contractions may have an exacerbation effect with the illicit drugs just as fighting against restraints or physical conflict does.

Dr. Garavaglia then reviewed and compared data from two cities and cases of sudden in-custody deaths over a several year period. These two cities were similar in size and demographics and she noted the common feature in all the reported deaths appear to be Excited Delirium. She takes attention to note that none of the cases in San Antonio, Texas involved the use of the Tasers, indicating there are other factors, i.e., cocaine or illicit drug use that need to be the subject of concern:

Orlando, FL            2000 – Present:

- Six (6) in custody cases (excluding GSW)
- Four (4) had Excited Delirium with cocaine
- One (1) had hyperthermia and excited behavior from LSD
- One (1) had altercation with police and an extremely bad heart
- Four (4) of these cases were shot by Taser

San Antonio, TX      1997 – 2003

- 15 in custody cases (excluding GSW)
- 14 cases of Excited Delirium associated with cocaine use
- One (1) case of a struggle with police combined with a bad heart
- Three (3) cases of Excited Delirium deaths without police involvement
- No Taser involvement in any of these cases

Dr. Garavaglia believes Taser use is not associated with Excited Delirium deaths, and there is no evidence Tasers are the cause of death. She further elaborated that to



implicate Tasers as the cause of death, the person being Tased would have to actually die as they were being Tased.

According to the National Association of Medical Examiners, Cocaine Excited Delirium is a fatal disease. Thus, it is the belief of Dr. Jan Garavaglia these individuals would have died with or without being shot with a Taser.

After presentation by all four doctors, there was a brief question and answer session for the committee members.

Q. *Mr. Gerald Bell stated that it appeared from the presentation from all four doctors that the Taser is absolutely safe. He asked if that was correct.*

A. **Dr. Garavaglia said, "Yes." She stated there is no medical evidence to substantiate any association with death. The cocaine psychosis causes irrational acts and is contributory to the deaths.**

Q. *Sergeant Carlos Espinosa asked if the stress of negative interaction with the police cause the deaths.*

A. **Dr. Garavaglia stated it could, but would most likely be cocaine induced. Dr. Brennan agreed.**

Q. *Mr. Nollie Shaw wanted to make sure there was reiteration that these individuals died not as a result of the Taser, but the association.*

A. **Dr. Garavaglia related information from a study conducted on rats on cocaine. The rats were restrained. The rats had a 58% mortality rate simply from being on cocaine.**

Q. *Sergeant Carlos Espinosa asked, "Based on your experience, would it be possible that a deputy would be able to tell if a suspect is at risk?"*

A. **Dr. Brennan stated that certain behaviors demonstrate that patients are at risk, whether Tased, pepper sprayed, etc. The Taser is not contributory.**

**He stated he does not feel there is anything the officers could do. He also stated he wished the officers at his office would have Tasers.**

Q. *Captain Angelo Nieves asked, "You would feel comfortable with an officer using a Taser on a scene?"*

A. **Dr. Brennan stated, "Yes."**

**Dr. Garavaglia stated she has had two autopsies that she has done; both were high on cocaine. The Taser was not the cause of death. Excited Delirium was the cause of both deaths. Increased stress could be associated by a Taser shooting; however, being Tased is not the cause.**

Q. *Lieutenant Ogden asked for a comparison of risk/benefit ratio.*

A. **Dr. Duran stated he would choose being Tased over being struck with a baton, shot or struck with fists.**

Q. *Mr. Rick Harris asked if any certain age was more prone to risk.*

A. **Dr. Duran stated the only variable would be those with a history of substance abuse.**

Q. *Mr. Gerald Bell asked if there is any way a police officer could profile someone who could be on cocaine. He was concerned that someone should not be Tased.*

A. **Dr. Brennan stated that was a good question. He stated it is very difficult to diagnose the cause if someone is acting irrationally. It is very difficult for those in the medical field to immediately make a diagnosis. They do not ask the Paramedics to do this, so they would not ask the police officers to do so. It was thought that what Mr. Bell was asking would be very difficult to put into practice.**

**Dr. Vandervoort stated that in one particular study, the authors found that 38% of the people experiencing a cocaine psychosis event had armed**

**themselves. They really believe they are threatened and that is why they arm themselves. They are acting afraid and acting psychotic. The issue of officer safety is involved.**

Q. *Ms. Charlene Hotaling asked, "After Tasing, can you give them medication to prevent problems?"*

A. **Dr. Brennan answered, "No." There are tools that medical professionals can use to try and control a situation.**

Q. *Mr. Nollie Shaw asked if a Tased person is in the E.R. and in the period of death, could that person be saved.*

A. **Dr. Brennan answered that basic critical care could be given. However, that may or may not be successful, depending on the degree of succumbing to physical problems.**

Q. *Mr. Rick Harris asked the doctors if they were to relay a message to concerned citizens, what would it be?*

A. **Dr. Duran stated that when you read about the Taser, you find out that this is not a basic electrocution. When you are deciding upon what tool to use, the risk does not seem disproportionate.**

Q. *Mr. Nollie Shaw asked about victims suffering from psychosis that could cause them to go into shock.*

A. **Dr. Vandervoort stated that cocaine users are more likely to have a heart attack within one hour from use. The agitation or stress from the struggle, whether it is from being chased by the law enforcement officer, or K-9, or being Tased, could account for the adrenaline rush, which could cause physical problems.**

Q. *Sergeant Paul "Spike" Hopkins stated the Taser company states the Taser will not affect someone with a pacemaker.*

- A. **Dr. Duran stated it is conceivable that the pacemaker could be affected for one or two seconds. That is not likely to cause a problem. If a patient has an internal defibrillator, the Taser would have to be used very repeatedly to cause any kind of problem.**
- Q. *Sergeant Paul “Spike” Hopkins asked if the Taser could cause a problem with a pregnant female.*
- A. **Dr. Duran stated electricity always wants to go through the path of least resistance. Nobody has gone around and shocked a pregnant woman. However, it is not likely to cause a problem.**
- Q. *Mr. Gerald Bell asked if multiple Tasings could make a difference. Would there be a cumulative effect?*
- A. **Dr. Duran stated that the only way would be on someone who has an internal defibrillator and that would be a very unlikely scenario.**

**Concurrent Reviews by External Agencies:**

The Taser Committee received a review of current and relevant medical literature, *EXCITED DELIRIUM AND ITS CORRELATION TO SUDDEN AND UNEXPECTED DEATH PROXIMAL TO RESTRAINT* prepared by Sergeant Darren Laur of the Victoria Police Department, Ontario, Canada. There had been a popular notion that positional asphyxia (P/A) had been a significant contributor to the death of several suspects while in police custody. Additional empirical and scientific evidence research has since discounted those beliefs and the cause of death was health conditions brought about by Excited Delirium.

Sergeant Laur’s research reveals problems similar to Excited Delirium have been reported in the medical literature since the mid 19<sup>th</sup> Century (Bell, 1849). A further report from the UK (Paterson et al., 2003) outlined the information specific to death proximal to restraint in medical institutions.

The literature review conducted to date confirms that Excited Delirium death is not just a phenomena experienced by law enforcement, but also in psychiatric and geriatric care facilities (Joint Commission for Accreditation of Healthcare Organizations, 1998). In this published report, researchers found a total of 20 deaths associated with physical restraint in hospitals, psychiatric care facilities, as well as geriatric care facilities in the United States. A further report found in the Cormorant (Weis, 1988) reported about 145 deaths in chronic care facilities.

A review of literature, both cited by Taser International, Inc. and otherwise, revealed the level of electrical output or shock delivered by a Taser is very unlikely to cause permanent injury. In addition, recovery from a Taser shock is almost instantaneous, as opposed to other less-lethal options that may result in longer term recovery or require decontamination such as OC spray, which is commonly categorized along side the Taser by the majority of law enforcement agencies around the country. Research and personal law enforcement testimonies revealed Tasers may be an effective deterrent to resistance when simply displayed with the intent to use if compliance is not immediately gained.

### **Use of Force:**

The Taser Committee felt it was essential to have a basic understanding of Use of Force in the criminal justice field. Committee members were given training on precedent setting case laws that relate to the current issues, as well as the Use of Force matrix. Interestingly, during the first few months of the Committee's appointment, a crucial case came out of the 11<sup>th</sup> Circuit Court of Appeals with regards to utilizing a Taser during passive physical resistance as defined by the Sheriff's Office. The court's decision in this case is critical to one of the most raised questions with regards to defining the level of force in relation to the Taser weapon system. It is important to note there is no requirement that an officer use the least intrusive or even less intrusive alternatives to force, but the force used meets the objectively reasonable standard.

When determining claims that law enforcement officers have used excessive force during the course of an arrest, investigatory stop, or other seizure of a free citizen, the courts analyze these cases under the Fourth Amendment and its objective reasonableness standard set forth in *Graham v. Connor*, 490 U.S. 386, 395 (1989); see also *Soller v. Moore*, 84 F.3d 964, 968 (7th Cir. 1996) (claims of excessive force are analyzed under the objectively reasonable standard of the Fourth Amendment). The court looks to the “totality of the circumstances” to determine whether the manner of the arrest was reasonable. *Tennessee v. Garner*, 471 U.S. 1, 8-9 (1985). An important component of “the ‘reasonableness’ of a particular use of force must be judged from the perspective of a reasonable officer on the scene, rather than with the 20/20 vision of hindsight.” *Connor*, 490 U.S. at 396. A police officer’s use of force is considered unconstitutional if, judging from the totality of the circumstances at the time of the arrest, the officer used greater force than was reasonably necessary to make that arrest. In determining whether there has been a constitutional violation, a court may look at several factors. These factors may include the severity of the crime, whether the suspect poses an immediate threat to the officer or others in the area and last, whether the suspect is actively resisting or attempting to evade an arrest.

Due to its recent introduction into the law enforcement arena, there are only a limited number of published cases involving Tasers and use of force issues that are helpful in determining the appropriate use of force level respectively. E.g., *Draper v. Reynolds*, 369 F.3d 1270 (11th Cir. 2004) (affirming district court’s grant of summary judgment, which found use of Taser during traffic stop was not excessive force); *Michenfelder v. Sumner*, 860 F.2d 328, 336 (9th Cir. 1988) (policy of allowing use of Tasers on inmates who refuse to submit to strip search does not constitute cruel and usual punishment); *Russo v. Cincinnati*, 953 F.2d 1036, 1045 (6th Cir. 1992) (finding that officers were entitled to qualified immunity for use of Taser while attempting arrest); *Caldwell v. Moore*, 968 U.S. F.2d 595, 600-01 (6th Cir. 1992) (use of stun gun and straight jacket on inmate who refused to obey correctional officers’ orders did not violate Eighth Amendment); *Alford v. Osei-Kwasi*, 418 S.E.2d 79, 85 (Ga. Ct. App. 1992) (holding that officer who used Taser on pregnant female who was creating a disturbance did not

violate prisoner's Eighth Amendment rights). While each of these cases is helpful, Draper is particularly instructive in dealing with the current concerns surrounding the appropriate level of use of force for the Taser.

In *Draper v. Reynolds*, the plaintiff, Stacy Allen Draper, sued Deputy Sheriff Clinton Reynolds under 42 U.S.C. § 1983 and state law for alleged civil rights violations resulting from a traffic stop on Draper's tractor-trailer for a tag light that was allegedly not properly illuminated. 369 F.3d at 1272. Mr. Draper asserted the deputy used excessive force in effectuating an arrest for obstructing a law enforcement officer, after Draper allegedly refused to comply with numerous requests by the deputy to retrieve documents. The Eleventh Circuit found the use of the Taser "was reasonably proportionate to the difficult, tense and uncertain situation that [Deputy] Reynolds faced in the traffic stop, and did not constitute excessive force." *Id.* at 1278. The court found that the deputy asked Mr. Draper to retrieve documents from the truck's cab no less than five times, but each time Draper refused to comply. The court noted that Mr. Draper accused the deputy of harassing and blinding him with a flashlight, that Mr. Draper used profanity, moved around and paced in agitation, and repeatedly yelled at the deputy. The court said that, because of Mr. Draper's actions, starting with an arrest command was not required. "More importantly, a verbal arrest command accompanied by attempted physical handcuffing ... may well have, or would likely have, escalated a tense and difficult situation into a serious physical struggle in which either Draper or [Deputy] Reynolds would be seriously hurt." The court, which noted that Mr. Draper was shown in a video tape to be standing up, handcuffed, and coherent shortly after he was stunned by the Taser, held that under the "totality of the circumstances" the deputy's use of the Taser did not constitute excessive use of force and did not violate Draper's constitutional rights. (PTI, 2004)

### **Public Schools:**

Orange County Public Schools is the 12<sup>th</sup> largest school district in the nation. The district has a 173,870 student enrollment and 178 schools and work locations. The district has 24,063 employees and is the second largest employer in the Central Florida

area. The district has participated in the School Resource Officer (SRO) Program for more than 30 years. They currently provide SRO program funding support that provides a 90 law enforcement officer equivalent as it works with nine agencies.

The district has a department that manages the SRO Program activities. That office tracks incidents and activities involving those agencies and actions in and around school board property. The Orange County Sheriff's Office introduced the first Taser on secondary campuses in 2001. Since that time, Tasers have been used on school board properties less than 20 times in situations involving secondary students since 2001. In every case, the situation involved the use of force matrix at an active resistance level or higher. This situation indirectly speaks to the caliber of SRO's that local agencies are providing to the district. It also suggests that OCPS has the benefit of law enforcement resources who are generally motivated to work with children, can teach and share experiences and have communications skills needed to prevent volatile situations from escalating. To date, no Taser has ever been used on an elementary school student on Orange County school board property and those officers in such schools are not issued Tasers.

The district closely monitors SRO program activities and has constant interaction with the SRO leadership from the Sheriff's Office and other municipality law enforcement agencies. The district also routinely offers to underwrite the cost of sending newly assigned SRO's to the Basic School Resource Officer Training Course sponsored by the State Attorney General's Office. This initiative is in place to assist those officers in making the transition to performing their duties within a school environment. The district constantly reinforces the expectation that school and site administrators are there to manage educational issues. School Resource Officers work with staff and students, assisting in building safe and positive learning environments. These law enforcement representatives are there to manage incidents that might involve criminal activity in the learning environment.



During the period since Tasers were introduced, there have been less than 20 total deployments on campuses as reported by law enforcement. Recent accounts indicated there are fewer deployments of Tasers by SRO's than by other deputies or police in other operational units within local agencies.

The topic of Tasers on school campuses was discussed at the School Security Director's Meeting in November, 2004. The meeting involved senior security officials from the 30 largest school districts in the nation and was hosted by the Federal Office of Safe and Drug Free Schools. Currently, there is no recognized national standard regarding the presence of Tasers on school sites.

**Training:**

*Taser Training Curricula*

Over a dozen shocks were administered collectively to members of the Taser Committee during the course of the Taser training session. One Committee member, Mr. Angel Cepero, received three separate activations to understand the different methods of deployment. The Committee spent several hours examining and reviewing the training curricula from both Taser International and the Orange County Sheriff's Office.

Orange County Sheriff's Office established a Taser training program and required each of its officers undergo and complete the training before being issued a Taser. Agency personnel were sent to outside training programs, sponsored by the manufacturer of the Taser, to obtain their certification and training materials for use in the agency training curricula. Since the Taser program's inception, the agency training course has evolved and been updated according to new information received from the Taser manufacturer, as well as the agency's experience in the field with the application of this weapon.

The Taser is considered a less-lethal impact weapon, which trained deputies may use when they are required to use physical force for protection from an assault and/or take a person into custody. An issued Taser may be used when level three or higher

resistance on the use of force continuum is encountered. The Orange County Sheriff's Office trained deputies to use the Taser and any other similar less-lethal weapon (baton, chemical spray) in a manner that was reasonable under the circumstances, and based upon the level of resistance they encountered. Subsequent to 2002, the Orange County Sheriff's Office implemented into its training curricula for Taser and in-service training that if after three to five applications, it was not achieving its desired effect, deputies should consider going to alternative plans. Those alternative plans would include, if possible, having an arrest team attempt handcuffing of the suspect while the Taser was being activated. This bulletin was based, in part, on updated training materials received from Taser International. The purpose of this supplemental training bulletin was not because the Taser was causing harmful effects upon suspects, but rather, as with any law enforcement technique, other options should be explored if the desired effect was not being achieved. Furthermore, the information the Sheriff's Office had been provided through Taser International, the manufacturer of the weapon, has to the present time, refuted any allegation that the weapon has long term effects on subjects, causes heart failure or cannot be utilized on suspects who are under the influence of alcohol or drugs.

Training and experience in the past has shown that any less-lethal weapon, which works on pain compliance, can be overcome by drugs, alcohol, emotionally disturbed persons or mental focus. According to the manufacturer of the Taser, it does not rely on pain to achieve compliance. It overwhelms the central nervous system and achieves incapacitation. While its primary focus is incapacitation and the inability to move while the weapon is activated, a side effect of that incapacitation may be pain in some individuals.

The manufacturer provides a host of medical documentation on the safety of this particular product. The documentation has not been refuted thus far and was also provided to the Committee for review.

### *OCSO Augmented Training*

After the deputy has completed his/her first year of service, and once the field training is completed, the Orange County Sheriff's Office has a mandatory 30 to 40 hour continuing in-service training requirement for all law enforcement officers. Each year an internal task force is convened to generate a new training curricula based on the following factors:

Mandatory Criminal Justice Standards and Training Commission mandates, use of force issues, firearms training, defensive tactic skills, soft skill classes (communication, verbal judo, leadership and management, mental preparation skills, physical, psychological and physiological conditioning of critical incidents), investigative skills and techniques, local and national law enforcement trends, driving skills to include the dynamics of vehicle apprehensions, mental preparation and simulator-based trainings.

Additionally, each deputy is offered a host of elective classes that he/she may attend in addition to these mandatory classes throughout the year. Also, every deputy undergoes a yearly evaluation which covers issues and topics on the use of force.

The Orange County Sheriff's Office supervises its officers to ensure that its policies and procedures are followed. Any violation of policy or procedure is investigated and may result in disciplinary action depending on the nature of the violation. Also, Orange County Sheriff's employees who are promoted are required to attend a newly promoted supervisor class. Currently, this is an 80 hour requirement, and an additional mandatory ten to twenty hours of annual training each year. These topics have included some of the below listed sections:

Legal updates and issues (including 4<sup>th</sup> Amendment issues), mental preparation for armed confrontations (includes oral communication skills, physiological factors in critical situations), firearms training (includes use of force issues), CPR/First Aid, defensive tactics (use of force matrix and levels of force in practical situations), nutrition, auto theft investigation, gang enforcement, DUI training, critical incident stress debriefing training,

communications stat reporting, report review classes (information needed in incident reports), HASMAT/blood born, building searches, traffic stops (use of force issues incorporated) and a course with our Simulator (decision making and use of force related issues).

The Orange County Sheriff's Office also provides periodic updates and training to its officers on any changes in the law, which would affect arrest procedures or officer conduct when executing an arrest. This also provides a guideline for officers on the use of force and when a Taser may be utilized to effectuate an arrest.

The agency undergoes a complete review of its policies and procedures each year, which includes training and use of force policy, to determine whether or not it meets the standards for certification from the Commission on Accreditation for Law Enforcement Agencies (CALEA). To present date, the Orange County Sheriff's Office has maintained standards in accordance with the requirement of CALEA and has maintained its certification as a nationally accredited law enforcement agency pursuant to CALEA's standards. The Orange County Sheriff's Office's training programs are established through Law Enforcement mandates, multiple professional affiliations, an appointed task force, local and national trends, and a complete analysis and review of its policy and procedures performed each year.

**Statistical Analysis:**

Per Orange County Sheriff's Office policy, the Training Section shall prepare an annual report on the product reliability, recommended training needs and/or policy modifications related to the uses of force. The introduction of the Taser has been closely monitored and recommendations or concerns have been addressed through training as indicated earlier in this report.

The Sheriff's Office implemented the use of the Taser product in 2000, with six M26 Tasers being issued. Since that time there has been an increase as follows:

2000 = 006 Total Tasers  
2001 = 230 Total Tasers  
2002 = 450 Total Tasers  
2003 = 500 Total Tasers  
2004 = 700 Total Tasers

There had been a general perception that there has been an increase in the total use of force since the inception of the Taser into the Sheriff's Office. There are a commensurate number of increased events as the total number of Tasers has increased, which was expected. Therefore, a true comparative analysis of data will be established after a flat line number of Tasers for a period of time can be explored. However, the Orange County Sheriff's Office has captured critical data which presented an abundance of material for this review. In opposition to the critical view, the use of the Taser has supported mandatory reporting for incidents which, in the past, would not have been documented by the standard use of force criteria. Additionally, the Sheriff's Office Human Resource Division maintained statistical data on officer injuries reported during the first two years of the implementation of the use of the Taser, as reported by Workman's Compensation reporting. The Human Resource Division reported nearly an eighty percent decrease in officer related injuries over a two year period of time for arrest situations.

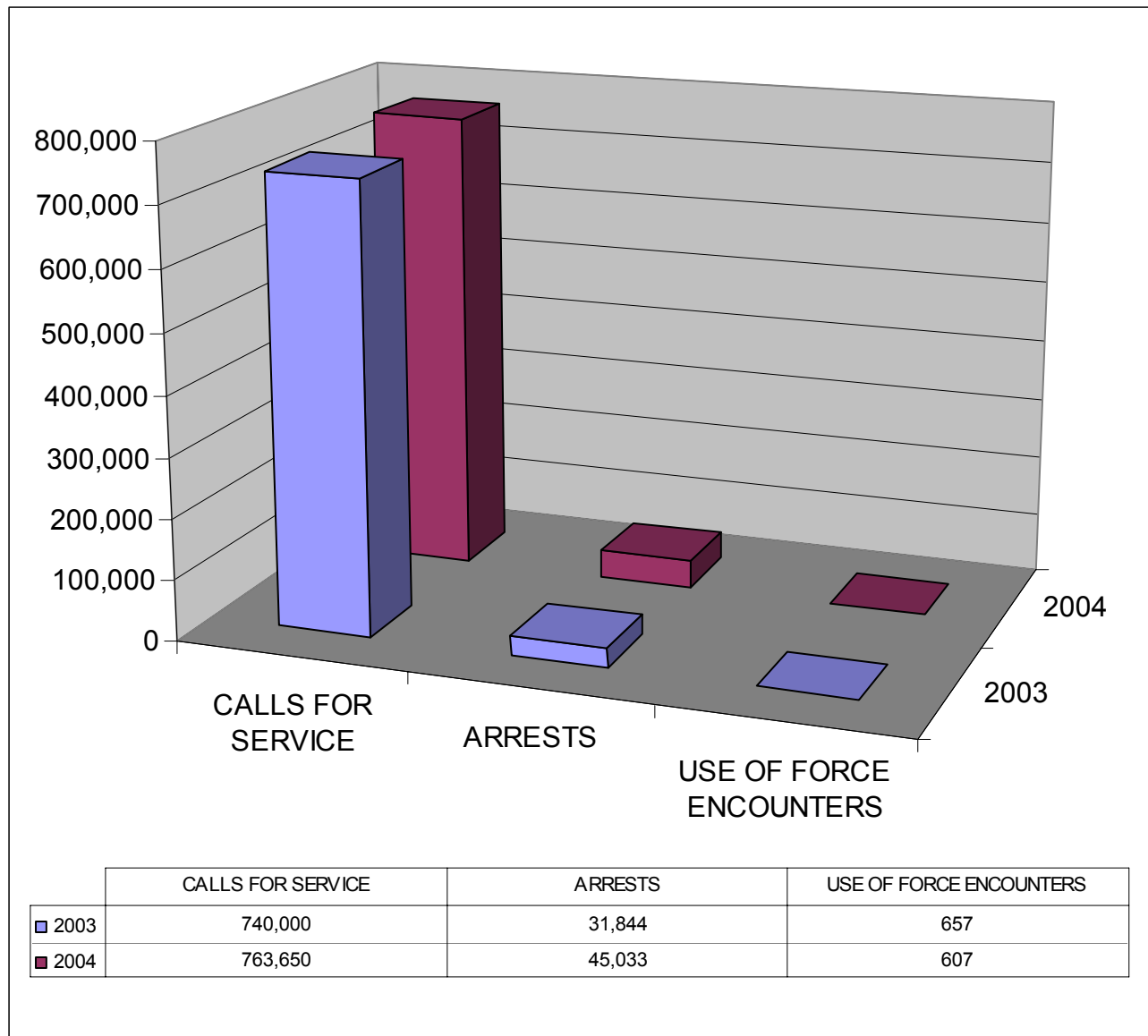
Mr. Gerald Bell brought forth an inquiry which was raised at a recent NAACP meeting and reported by the local news media. The source of this information reported that the majority of Tasers were used during passive resistance encounters, referred to within our Use of Force matrix as Level 3, and that deputies were abusing this vital tool within that context. For a complete perspective, the committee reviewed and discussed the statistical data since the implementation of the Tasers in the year 2000.

In 2003, there were 928,271 calls for service in Orange County Florida and the Orange County Sheriff's Office fielded over 740,000 of those calls. The Sheriff's Office made 31,844 arrests during the same year and deputies were forced to respond to resistance

against them 657 times.

More recently, during 2004, the deputies handled 763,650 calls for service and made 45,033 arrests during those incidents. Within that arrest data the deputies were forced to respond to resistance against them 607 times or 1.3% of total arrest situations.

Despite that calls for service, as well as total arrests, have increased since the reporting in 2003, deputies have used less force as compared to the previous year's data.



The tables below highlight how often deputies used the Tasers alone and at which level of force. Overwhelmingly, deputies used the issued Taser at Levels 4 and 5 with an additional 32 situations which could have called for deadly force in the past two years.

*2003 Annual Use of Force Report (31,844 Arrests)*

| <i>Level of Resistance</i> | <i>Number of Taser Deployments</i> |
|----------------------------|------------------------------------|
| <i>Level 3</i>             | <i>31</i>                          |
| <i>Level 4</i>             | <i>332</i>                         |
| <i>Level 5</i>             | <i>100</i>                         |
| <i>Level 6</i>             | <i>18</i>                          |

*\*Note: missing data is related to discharges at animals, misses and unintentional discharges. (2003 Annual Use of Force Report)*

*2004 Annual Use of Force Report (45,033 Arrests)*

| <i>Level of Resistance</i> | <i>Number of Taser Deployments</i> |
|----------------------------|------------------------------------|
| <i>Level 3</i>             | <i>35</i>                          |
| <i>Level 4</i>             | <i>309</i>                         |
| <i>Level 5</i>             | <i>106</i>                         |
| <i>Level 6</i>             | <i>14</i>                          |

*\*Note: missing data is related to discharges at animals, misses and unintentional discharges. (2004 Annual Use of Force Report)*

The Use of Force graph and charts were a compelling demonstration of the use of Tasers versus any other means, as well as the context of the force when it was used. Dr. Rueda suggested this information should be shared with the public. He felt it would be very instrumental in educating the public about the facts instead of the hearsay and rumors.

**Public Hearing Input:**

On January 25, 2005, Committee members held a public hearing to obtain community input. The prominent concern of those speaking expressed a need for public safety with regards to school age children. Committee members were able to offer a brief

exchange of some information they had gathered to date; however, the Committee felt it was critical to listen to the public's concerns and not interrupt.

The first guest speaker was **Ms. Janet Keseler**. Ms. Keseler inquired if Tasers were allowed in schools and if they could be utilized by teachers or law enforcement officers.

Mr. Harris answered that it would not be school administrators or teachers using Tasers, but rather law enforcement officers.

The Committee then heard and observed a media presentation by **Mr. Chris Keith**, a 16 year old student from Boone High School. Mr. Keith felt law enforcement officers should be able to use Tasers, but added only under strict guidelines. He used a Power Point presentation to demonstrate his point that the use of Tasers had reduced what formally would have been gun shot wounds. Mr. Keith brought forth the following points to his lecture:

- He stated the subject should be suspected of, or actively committing a crime to warrant the use of a Taser.
- He also stated that, if time permits, the deputy should warn the subject at least three times.
- He felt that under no circumstances should a Taser be used on someone under the age of 12.
- He also stated that, if possible, Tasers should not be utilized on suspects thought to be impaired by means of illegal narcotics, as this often results in death.

The Committee then heard from **Mr. Joshua Willis**. He asked about medical research on the effect Tasers have on kids. He also asked, "What kind of power does the Board have on changing the policies?" He questioned if there were any new products on the market. He asked if there was any other piece of equipment available besides the Taser.

Dr. Rueda answered part of Mr. Willis' questions by relating the findings of the medical



panel. He explained the Taser uses the same basic techniques as a defibrillator. He explained the difference between current and voltage. In order for the Taser to cause damage, electrodes would have to be used on both sides of the body. The puncture mark might be visible on the skin, but the electricity, itself, would not cause damage.

Mr. Harris added that the Committee has not formulated final decisions about recommending suggestions to changes in policy. He agreed that the Committee also needs to look into the possibility of finding another alternate solution/piece of equipment to use instead of the Taser.

**Ms. Marie Palmer** spoke next to the Committee. She wished to speak as a 42 year retired educator, who spent 29 of those years in the Orange County Public School system. She expressed her concerns about the use of Tasers on elementary school children and the need to find alternative methods to deal with such young children.

The Committee also heard from **Mr. John Myrick**. Mr. Myrick stated he was personally Tased on January 14<sup>th</sup>, 2005, by the Seminole County Sheriff's Office and gave the Committee a detailed account of the incident. Mr. Myrick did not give any suggestions to the Committee.

**Ms. Nancy Oesch** spoke to the Committee, as well. She stated she believes the police have a very difficult job every day and inquired about the type of training offered at the Orange County Sheriff's Office.

Sergeant Hopkins addressed her question by explaining the Taser training curricula and other aspects of augmented training set by the Training Section.

The Committee next heard from **Mr. John Park**, President of the Central Florida Police Benevolent Association. He shared his personal experiences with the use of the Taser and how it has saved him from using deadly force on a subject in the past.

**Mr. Tim Adams** addressed the Committee next. He stated he disagrees with some of the medical facts shared by a member of the Board. He is concerned about the inappropriate use of force with regards to the use of the Taser. He appreciates the fact that there is a minister, a member of the school board and a member of the NAACP on the committee.

Mr. Adams also added the following concerns:

- If the Tasers are safe.
- That the fetus can be affected if a pregnant mother is Tased.
- The effects of the current on individuals who are sweating.
- Ethnic origins and other issues would affect the use of Tasers.

**Mr. Thomas Luka**, a local defense attorney, next addressed the Committee. He stated he understands a great deal of medical research has been done. He questioned several areas he felt needed to be addressed.

- Secondary injuries subsequent to being Tased.
- That Tasers should only be used as an alternative to deadly force.
- Comments from a Neurologist
- Sheriff Beary's connection to Taser International.

Dr. Rueda referred to some of the medical research done by Taser International. No evidence of injury is shown to any organs of the body, including the brain. Dr. Rueda personally spoke with a neurologist reference this subject. The Taser only interrupts the signal the brain sends to the body. There is no damage to the brain.

**Conclusion:**

As a result of this examination, the evidence is overwhelming that Tasers are a viable option for law enforcement. The likelihood of serious injury as a result of a Taser's deployment appears to be less likely than other use of force options. This does not

suggest it is impossible for a suspect to be injured in an incident in which a Taser is used or that being Tased would be a pleasant experience. However, the Orange County Sheriff's Office has integrated additional training protocol in an attempt to minimize secondary injuries when possible.

The Medical Expert panel review, the literature offered by Taser International, Inc., and numerous other independent studies, concluded the level of electrical output or shock delivered by a Taser is unlikely to cause serious or permanent injury. There is a risk versus benefit association that makes the Taser an obvious choice of use of force when compared to other known force alternatives. Additionally, recovery from a Taser shock is almost instantaneous, as opposed to other less-lethal or hand-to-hand combat options that may result in longer term recovery or require decontamination. The Committee's research and personal testimonies also revealed Tasers appear to be an effective deterrent to resistance when simply deployed; that is, displayed with the intent to use if compliance is not immediately gained.

This Committee has several recommendations attached to this report for the Sheriff to consider with regards to agency policy and procedures that would enhance the operational effectiveness and provide safety to the community and the agency. Policies on the use of the Tasers should be carefully constructed to assure the devices are only used when justified and in such a manner that officer safety is enhanced and not jeopardized. The objective reasonableness standard, as set forth by the U.S. Supreme Court, is what should be used as the guide for constructing such a policy. Furthermore, in the case of the Taser, a timely decision in *Draper* validates and sets a reasonable standard for the justified use of a Taser during similar incidents.

## **Recommendations:**

### **Training**

1. The Committee members feel proper and thorough training curriculum and instruction is the key to a successful Taser program. The public should be made aware that the training and monitoring conducted by the Sheriff's Office on the Taser weapon so far has been outstanding. Committee members feel it is essential they bring forth an "Educational Campaign" to the public to deliver the accurate facts and figures with regards to the Taser, its use, the training and documentation to be aware of this fact.
2. Currently, the Training staff monitors the use of the Tasers and makes changes or suggestions as trends appear. This effort should continue and the public be made aware of the yearly reporting information.
3. The current Basic Users Training Curricula is four hours with additional training received each year through in-service training. The Committee recommends the following training protocol to enhance its current training and ensure safety for both the public and the deputies:
  - a. A certified instructor should teach the "basic user" course, as well as yearly in-service training recertification.
  - b. Each user should receive annual re-training as dictated by the Training staff. Annual re-certification should include use of force issues and practical applications with the Taser.
  - c. Each user should fire a minimum of two cartridges during the "basic user" course.
  - d. It is highly recommended that users receive a sample "hit" during initial training. This should not be mandatory.

- e. Each user should be required to pass a written examination, with a minimum score of 80%.
- f. The Basic User course should be enhanced from a four hour curricula to an eight hour curricula to include:
  - i. A verbal communications section, as suggested by Dr. Rueda. This should include basic communication skills, operator awareness of potential situations of concern (medical, cultural, etc.), proper aftercare procedures and recognizing and dealing with school age children.
  - ii. Practical scenario based decision making exercises.
  - iii. A thorough review of the research material on the Tasers, to include this committee's report.

### **Documentation**

1. The Committee recognized that the Orange County Sheriff's Office has done an outstanding job tracking and monitoring the use of the Taser since its entry with the Sheriff's Office. There are two areas that would enhance this data gathering:
  - a. Generate a manner in which to capture data that shows how often a deputy pulls his issued Taser without utilizing it. This data would prove invaluable when comparing the number of times the Taser was effective without being used.
  - b. Continue the detailed breakdown with regards to the Taser as documented in the 2003 and 2004 Annual Use of Force Reports. This documentation tracked the amount of times the Taser was deployed and at what particular level of force. Though it has been reported the Taser can be used at a low level of force, the overwhelming documentation provided concludes this simply is not the case and, in fact, restraint and discipline are being used by the deputies. Continued monitoring will aid in recognizing potential problems.

2. The documentation and annual reporting should be shared with the community and the agency. All agency members should be well versed in accurate facts with regards to all use of force reporting.

### **Policy**

1. This committee suggests the Taser have its own separate policy and should not be incorporated within the overall Use of Force policy as currently constructed.
2. Additional verbiage should be incorporated within this stand-alone policy to further guide the deputies in their decision making process during physical encounters. Training will aid to this end.
3. Whereas case law supports this position, the current acceptable use of force level when using a Taser is placed at a Level 3. The Taser should remain at this level with additional restrictions noted in the policy and covered in detail through all aspects of training. Simply stated, the Committee does not encourage the use of a Taser on someone who merely verbally refuses to comply with a deputy's order. However, there are extenuating factors and identifiable behavioral cues that deputies are trained to identify which fall within this same level of passive physical resistance that need to be considered. Through proper training and policy, these identifiable behavioral cues could prevent a tense and difficult situation from escalating to a serious physical struggle. The Committee supports a common sense approach to the deployment of the Taser within this level of force.

### **General**

1. This Committee feels the Taser is a safe and effective tool when utilized appropriately and properly by the deputy. When used appropriately, it safeguards the public as well as the deputies.

2. Based on the professional medical experts, the Taser does not cause death or serious injury. Further, the committee received medical testimony that this tool was considered safer than other use of force options (baton, spray, striking, kicking, etc.) currently used by law enforcement. As with any other use of force option there is a risk associated with using force.
  
3. The Committee has reviewed and researched countless references, external reviews, independent research articles, Taser manufacturer information, as well as independent medical experts. A great deal of time and effort has been devoted to this research and the Committee would like to extend its existence for another year to monitor its results and recommendations and be available to consult with on any future initiatives with regards to the Taser.

## Additional Reviews

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- Florida Gulf Coast University, Dr. Mesloh, *Taser Deployments and Injuries: Analysis of Current and Emerging Trends* (December, 2004).
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- Miami-Dade Grand Jury, Online Article. Located at <http://www.taser.com/documnets/Miami Dade Grand Jury recs TASER 0105.pdf>
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- Police Training Institute State of Illinois, *Position Paper of the Police Training Institute*1, (2004).
- Seattle Police Department, *Policy Governing Less Lethal Options: The M-26 Taser and the Patrol Less Lethal Shotgun with Beanbag Rounds* (December, 2000).
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- TASER International Reference Materials, visit at <http://www.taser.com/indiex.htm>
- Taser International, Taser M26 & X26 User Certification Course, Version X.1 (December, 2003).
- Taser product brochures: Advanced Taser M26 and Taser X26 Product.
- Zogby International Poll on Tasers, Web site <http://www.zogby.com/news/ReadNews.dbm?ID-974>