GREENVILLE COUNTY
SHERIFF'S OFFICE

GO - 206

GENERAL ORDERS

Use of Intermediate Weapons (Less Lethal and Impact)

PURPOSE :

The use of Intermediate Weapons (Less Lethal and Impact) is justified when a physical force response has failed or when the deputy believes a physical force response would be insufficient and use of deadly force is not justified. The use of chemical agents, such as Oleoresin Capsicum and pepper balls (See GO 212), TASER, Stun-Cuffs, and a Police Service Dog (See GO 212) are classified as less lethal weapons. Also classified as less lethal options, impact weapons include the ASP baton, impact munitions (12 gauge bean bag rounds, 37mm and 40mm impact munitions) and emergency / improvised impact weapon. Response to resistance/aggression is to be in direct proportion to the degree of resistance encountered. Proper techniques are to be used with these weapons and improper use can lead to serious injury or death of the suspect.

LESS-LETHAL WEAPONS:

Less-lethal weapons approved for use are:

1. ASP-type collapsible baton.
2. Tear gas.
3. OC spray.
4. OC foam.
5. TASER.
6. Stun-Cuffs.
7. Thirty-seven and 40 mm gas guns.
8. Kinetic energy impact projectiles (bean bag rounds and 37mm and 40mm Impact rounds).

Deputies using intermediate weapons must be properly trained and certified in their use in accordance to manufacturer's recommended guidelines by a qualified instructor. Only agency personnel demonstrating proficiency in the use of agency-approved less lethal weapons will be authorized to carry such weapons.

Only less lethal weapons issued by the Greenville County Sheriff's Office will be authorized for use and carry. All others are prohibited for use while on duty. Prior to being carried by the deputy, each less lethal weapon will be reviewed, inspected, and approved by a qualified weapons instructor. Any less lethal weapon that is found to be unsafe or in need of repair is to be removed from duty use immediately and the deputy must notify a member of the training staff as soon as possible. The issuance of these weapons will be documented by the issuer.

PROCEDURE FOR USE OF OC (OLEORESIN CAPSICUM):

General Requirements:

Deputies may either be issued foam or spray depending on their assignment. When using OC, the deputy should target the subject's face/eyes.

Deputy Response:

1. Reassure subject that effects of the pepper product are temporary.
2. Remove the subject from the contaminated site and into fresh air.
3. Decontaminate subject with water.
4. Monitor subject for physical conditions indicating the possible onset of a medical emergency.
5. If a subject requires medical attention, the deputy will summon assistance from EMS or transport the subject to a medical facility for evaluation.

SYMPTOMS INDICATING ONSET OF A MEDICAL EMERGENCY INCLUDE BUT NOT LIMITED TO:

- Profuse sweating.
- Chest/neck pain.
- Shallow or restricted breathing.
- Loss of consciousness.
- Manifestations of paranoia/panic.
- Uncontrollable vomiting and diarrhea.
- Sudden tranquility after an outburst of bizarre or aggressive behavior.
- Wearing contact lens (must be removed by medical personnel) or recent Lasik eye surgery.
- Known pregnancy.

PROCEDURES FOR USE OF THE TASER:

General Requirements:

Deputies authorized to carry a TASER must successfully complete training conducted by Training Center personnel or certified TASER instructor.

The TASER may be used in situations where a subject presents an imminent physical threat to an officer, themselves, or another person. TASERS are limited to use against subjects who are exhibiting active aggression or who are actively resisting in a manner that, in the officer's judgment, is likely to result in injuries to the officer, themselves or others.

In Armstrong v Pinehurst , 810 F.3d 892(4th Cir., 2016), the court stated that TASERS are proportional force only when deployed in response to a situation in which a reasonable officer would perceive some immediate danger that could be mitigated by the using the TASER.

1. A TASER should be deployed at a distance not greater than the maximum effective range of the cartridge carried. When deploying the TASER, deputies should aim for the preferred target zones/area.

2. A single application from the TASER with a full 5-second cycle will be used. Additional applications may be applied based on the actions of the subject when objectively reasonable. If the subject is not incapacitated or compliant after three 5-second cycles, the deputy should consider whether another form of less-lethal force should be used to obtain compliance. Policy **does not** limit the number of discharges, but suggests that if the desired effect is not achieved with three cycles the deputy should move to a different or higher level of control. In cases where a subject has been exposed to three or more cycles exceeding 15 seconds total, the deputy will request EMS to evaluate the subject's condition and determine whether the subject will be transported to the hospital.

TASER 10 Probes

TASER 10s will require at least 2 probes to be deployed (Trigger pulls). The electrical discharge will not start until both probes are attached.

a. Additional probe deployments should be used for ineffective probe placement.
b. Re-energizing the TASER is done by pressing UP on the safety switch and not by another trigger press.
c. For TASER 10s, there is no longer a drive stun option for pain compliance or completing the circuit.
d. The expended TASER cartridges and probes shall be considered evidence in the post incident investigation. After removal, place all probes (sharps down) and cartridges in an Evidence Syringe Tube. In some circumstances, a 2nd Syringe Tube may be needed. All evidence should be placed in Property and Evidence.

The intentional use of two (2) or more TASERS simultaneously on the same person is prohibited.

Use on Multiple Subjects:

A TASER shall not be used against more than one person unless exigent circumstances arise that deem the use reasonable under such circumstances, such as the simultaneous imminent threat of multiple actively aggressive persons. Deputies should note that a maximum of 4 cartridges can be energized at one time.

a. Deputy(s) must take reasonable steps to avoid utilizing a TASER on a second person after the TASER has been deployed on a first person and that person is complying with the probes still intact.
b. If it is used against more than 1 person simultaneously, the deputy(s) will have to justify each use on each person. Unjustified use can be considered excessive force and will be investigated as such.
c. Once the Probes are removed from either the suspect or the TASER, other subjects could be engaged without the first suspect being affected.

3. The TASER **should not** be used under the following circumstances:

a. When the deputy cannot approach the subject within the effective range;
b. On subjects who appear to weigh less than 100 pounds, which include most children, unless the use of deadly force is warranted;
c. On women known to be pregnant unless the use of deadly force is warranted;
d. In proximity to flammable liquids, gases, or any other highly combustible materials which could be ignited by the arc of the TASER;
e. In any situation where the subject or their clothing may be contaminated with combustible liquid, gas, or other highly combustible material;
f. On subjects in control of a motor vehicle, unless the use of deadly force is warranted.
g. On a non-violent, fleeing subject
h. On an unarmed, mentally unstable or mentally ill person to prevent them from harming themselves. The officer must de-escalate the situation and adjust the

application of force downward.

i. On a subject who is offering stationary and non-violent resistance to a lawful seizure.

4. Use of the TASER should be avoided if possible in the following situations:

   a. Subject with known heart problems;
   b. Subjects with an obvious debilitating illness;
   c. The elderly;
   d. Subjects with known neuromuscular disorders such as multiple sclerosis, muscular dystrophy or epilepsy;
   e. Subjects known to be using biomedical devices sensitive to electrical current or oxygen theory;
   f. Subjects who, when incapacitated, may suffer serious bodily injury from a resulting fall due to surrounding environmental hazards (i.e., sharp metals or broken glass, subjects on the edge of a rooftop, etc.).

5. The use of the TASER "drive stun" mode should be used primarily to supplement the probe mode to complete the conductive circuit. When using the TASER in the "drive stun" mode, it should be applied to the lower chest area, back, arms, and legs, not the face and head. The "drive stun" requires the same level of justification as a probe deployment.

6. The TASER will not be used on a handcuffed or restrained subject, unless extreme violent circumstances develop and use would prevent injury to the deputy, subject, or others.

7. The TASER can be worn on the duty belt or molle vest in the holster issued by the Training Center. The TASER will be positioned on the opposite side of the midline of the body away from the duty weapon.

Effects of the TASER and deputy response:

1. As soon as a subject is struck with the TASER probes, they should become incapacitated and may fall to the ground.

2. The subject should be handcuffed and restrained as soon as the deputy deems the situation safe for handcuffing. If another deputy is present, he or she should handcuff the subject immediately during or after the application of the TASER. The optimal time for restraint is during the application is suggested, while the subject is incapacitated.

3. The deputy should continue talking to the subject and giving verbal commands throughout this process.

4. The deputy should reassure the subject that the effect of the TASER is temporary and no further cycles will be delivered as long as the subject complies with instructions and does not continue to resist.

5. The subject will be monitored continually by the deputy for any signs of medical distress related to the use of the TASER. If a subject is injured as a result of TASER use (i.e., such as by a fall after incapacitation) and requires medical attention, the deputy will summon assistance from EMS or transport the subject to a medical facility for evaluation.

6. Every effort should be made to photograph the signature marks and their location for documentation and possible future investigations.

7. The deputy will be responsible for notifying the transport deputy or booking intake officer that the subject had received a TASER application when transfer of custody occurs.

8. The expended TASER cartridge and probes shall be considered evidence in the post incident investigation. After removal, place both probes inside their used cartridge, sharps down. They should be collected and handled as evidence.

Probe removal:

TASER probes that penetrate sensitive areas of the subject's body (i.e., neck, face, groin, of any subject and breast area of females) will only be removed by medical personnel.

Daily Function Test and Preventative Maintenance of the TASER:

1. Employees issued a TASER 10 device will perform a daily function test. Tests will be conducted in the following manner:

    a. Point the TASER with the cartridges attached in a safe direction. (Pulling the trigger at any time will deploy a cartridge)
    b. With the safety switch in the down (safe) position, press the safety switch further down for 3 seconds or until the

TASER beeps and the CID comes up with blue icons. This action will place the TASER in Function Test mode. The Central Information Display (CID) will display the current firmware on the TASER and the battery percentage.

c. Place the safety switch in the up (armed) position. There should be a check mark in a green box. If that check mark is not there, see a TASER Instructor for more information. Turn the TASER off.
d. Turn the TASER back on. You should get an audible alert that the TASER is on and the CID should display loaded cartridges and a battery icon. Turn the TASER back off. This concludes the Function Test.
e. Batteries should be docked to charge at 30% or lower.
f. Check TASER for dirt or moisture and confirm it is clean and serviceable for the upcoming shift.

2. When a battery is inserted into a TASER 10, it must be left untouched until the CID goes blank. (Might take a few minutes) During this time, the battery is uploading the latest firmware and assigning itself to the TASER.

3. Batteries placed into the dock will not be removed from the dock until the status light has turned green. If any batteries are flashing red or blue, a TASER instructor must be notified.

4. Deputies who are issued a TASER are expected to keep the device clean, removing dirt and debris that may accumulate on the TASER and in the holster.

5. If a TASER is exposed to a significant amount of moisture, a TASER instructor should be notified to complete an inspection of the TASER. If a TASER has been completely submerged, leave the TASER in the holster, remove the battery as soon as possible, and bring the entire unit to the Training Center. The TASER will be taken out of service and returned to Axon for a replacement.

6. Damaged or discharged cartridges can be exchanged at the Training Center or by a supervisor.

PROCEDURE FOR USE OF STUN-CUFF:

The Stun-Cuff is a wireless electronic restraint device that attaches to the wrist or ankle and locks into place by an adjustable strap. Upon remote initial activation via a wireless transmitter, the Stun-Cuff produces a 5 second initial shock of 50,000 volts. The Stun-Cuffs will be secured in the supervisor's office at Circuit Court.

General Requirements:

Every utilization of a Stun-Cuff should be approved by a supervisor prior to application. Deputies should only use the Stun-Cuff after it has been certified by the detention center that the detainee does not have any medical conditions that would prohibit the use of the Stun-Cuff (heart disease, pregnancy, muscular dystrophy, or multiple sclerosis). Provided the detainee has none of those conditions, the detainee should be read aloud the "Warning Regarding Use and Potential Side-Effects" section of the "Stun-Cuff Utilization Form" prior to utilizing the Stun-Cuff. If possible, the deputy should secure a waiver from the detainee (also located on the form).

Application:

In context of courtroom appearances, the Stun-Cuff should be applied prior to entering the Courtroom. The Stun-Cuff can be placed in two locations on the detainee's body: on the wrist or on the ankle. The Stun-Cuff should be located and secured in accordance with provided training materials. An assigned deputy, who has completed the Stun-Cuff training course, should maintain control over the Stun-Cuff remote transmitter at all times and be familiar with its use and operation.

Use:

The Stun-Cuff should only be used in the following circumstances and should always be used in a manner that is objectively reasonable:

- Attempted assault by a prisoner on anyone.
- Attempted escape by the prisoner.
- Any outburst or movement that would reasonably appear to threaten an escape or assault.
- Failure to comply with a lawful command that would justify the use of force.
- Any attempt to remove or tamper with the Stun-Cuff.
- Loss of control or visual contact with the prisoner.

The Stun-Cuff **should not** be used under the following circumstances:

- In potentially flammable or explosive environments
- On individuals who are passively resisting

- On individuals who could fall from a significant height, unless attempting escape.

Any use of the Stun-Cuff should be documented in a Code-5 incident report and Supervisor should be notified immediately. Photographs of where the Stun-Cuff was activated should be taken. Contact EMS, if needed.

PROCEDURE FOR USE OF THE ASP BATON:

General Requirements:

Deputies are not required to carry the ASP baton on their duty belt or their person; however, it must be readily accessible while a deputy is on duty.

Unless deadly force is authorized, deputies should NOT target a subject's head, neck, sternum, spine, or groin.

EXIGENT (IMPROVISED) IMPACT WEAPONS:

The use of instruments other than department-authorized impact weapons as a weapon for striking or jabbing is strongly discouraged. Use is only acceptable when other authorized force options have been exhausted, are unavailable, or are ineffective. Depending on the totality of circumstances, deputies may use other tools or items as a striking implement. These items may include a radio, flashlight, or any other hard objects that, when used, would interrupt or incapacitate an aggressive subject. The use of any improvised impact weapon against a subject shall be considered a Response to Aggression and shall be reported in accordance with General Order 205. Members must be able to articulate to a supervisor a compelling need to use any other device or object other than an authorized baton as an impact weapon.

PROCEDURE FOR USE OF THE LESS LETHAL IMPACT MUNITIONS:

General Requirements:

For purposes of this section, Sheriff's Office less lethal impact munitions consist of 12-gauge bean bag rounds, 37mm impact munitions, and 40mm impact munitions. Individual operators should be familiar with specific munitions and the manufactures suggested deployment, i.e., skip fire versus direct fire and minimum deployment distances.

In cases where the dedicated bean bag (orange) shotgun is not available, it is recommended that the following verification procedure is followed:

1. Deploying deputy unloads and places all lethal ammunition inside a patrol vehicle.
2. Visually inspects to insure shotgun is completely free of lethal ammunition.
3. Secondary validation from another deputy that the shotgun is unloaded of any lethal ammunition.

Impact Areas:

Less lethal operators should consider the need for immediate incapacitation as well as the potential for causing injury, and should balance these factors while making the point of aim decision.

The totality of the circumstances should be weighed at the onset of the deployment in order to increase the likelihood of a positive resolution. While shots to "Center Mass" provide for the highest probability of causing immediate incapacitation, they also have the potential to cause serious injury or death.

Areas such as the head, neck, spine, and groin should be avoided unless deadly force is authorized.

Medical Care:

If a subject is struck with a less lethal impact munition, the deputy must request EMS to evaluate the subject's condition. EMS will determine whether the subject will be transported to the hospital.

Evidence:

Every effort should be made to photograph the point of impact for documentation and possible future investigations. If possible, the deputy should collect the projectile and projectile casing(s) and place them into Property and Evidence.

Hobart Lewis, Sheriff