



Guidelines for EMDT

For years law enforcement and corrections agencies had only three options for dealing with combative individuals: talk them into submission, strike them with a baton, or shoot them with a firearm. Today, agencies have more options at their disposal—less-lethal technologies such as chemical irritants and inflammatories, impact munitions, and, most recently, electro-muscular disruption technology (EMDT).

EMDT devices deliver a high-voltage (up to 50,000-volt), low-powered electrical charge to induce involuntary muscle contractions that cause temporary and reversible incapacitation. Some EMDT devices deliver their electrical charge directly to the target by means of electrodes at one end. Other EMDT devices use gunpowder or a compressed gas to propel two metal probes connected by thin insulated wires into the target. Once the connection is made, electrical pulses are conducted through the electrodes or wires for several seconds, causing muscles to contract, resulting in the loss of body control.

Over the past decade, more than 5,000 departments have turned to EMDT to augment their less-lethal force options. Although manufacturers assert that the use of EMDT has no residual medical effects, increased deployment of the devices has raised concerns about safety, liability, potential misuse, and associated risks.

Electro-Muscular Disruption Technology: A Nine-Step Strategy for Effective Deployment is a new executive brief from the International Association of Chiefs of Police (IACP) that assists agencies in implementing EMDT technology. According to Al Arena, project manager at the IACP's Research Center Directorate, this executive brief helps law enforcement not only make informed decisions as to whether or not to deploy EMDT devices but also how to deploy them. Arena says the brief alerts agencies to issues involved in using the technology, including the possibility of in-custody deaths, an issue that received a great deal of media attention following a November 2004 report by Amnesty International.

Work on the IACP executive brief, which was funded by the National Institute of Justice (NIJ), began well before the release of the Amnesty International report.

However, the release of that report caused IACP to accelerate the pace of its work. The Amnesty International report caused agencies to reconsider the use of EMDTs, driving home the urgent need for guidance on policies, procedures, and protocols.

THE EMDT BRIEF IN BRIEF

Electro-Muscular Disruption Technology: A Nine-Step Strategy for Effective Deployment presents a step-by-step guide for law enforcement and corrections agencies that are considering the purchase and use of Electro-Muscular Disruption Technology (EMDT). This executive brief from the International Association of Chiefs of Police does not focus on the technology itself; instead, it emphasizes the management of the technology. Its aim is to help law enforcement leaders develop policies, procedures, and training curricula for EMDT use.

The nine steps are as follows:

Step 1: Build the leadership team.

Step 2: Place EMDT on the use-of-force continuum.

Step 3: Assess the costs and benefits of using EMDT. This involves:

- Determining whether its use will help reduce serious injuries or deaths to suspects, law enforcement officers, and third parties.
- Considering whether other effective less-lethal force options are available, whether EMDT use will reduce use of firearms by law enforcement, and whether officers will risk serious injury or death if they try to resolve violent confrontations without less-lethal weapons.

Step 4: Identify roles and responsibilities for EMDT deployment.

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“Agencies that had deployed EMDT, even if they had not had a fatality, were asked why they didn’t take the technology off the street until more evidence came in,” Arena says. “Agencies that were contemplating a purchase began having second thoughts.” He adds that IACP did not want agencies that had decided to invest in the technology to cancel or postpone their purchases because no guidelines were available. As a result, IACP sped up its research and production efforts to get this executive brief to the field.

IACP worked closely with NIJ and partnered with the Montgomery County (Maryland) Police Department, which already had deployed EMDT and had policies and procedures in place. (Montgomery County is also located near IACP headquarters in Alexandria, Virginia, enabling Arena to learn the technology firsthand by taking a 6-hour EMDT training class and working closely with Montgomery County Police Department Capt. Alan Goldberg, a master EMDT trainer.) Arena also gathered anecdotal information from other law enforcement agencies around the country and classified that information according to key issues.

“We’re not skirting away from the issue that people [who have been subjected to EMDT] have died in custody. Agencies need to be aware that a death could be due to a medical condition [or] drug use, and it might be an indirect rather than a direct result,” Arena says.

“In the end, agencies need to know how to manage the technology. Officers who make the decision to deploy it need to know all the ins and outs. The public needs to be involved in any decision to purchase the technology,” he adds. “We’re not issuing any warnings; we just want people to be aware of all the facts and all the issues.”

Electro-Muscular Disruption Technology: A Nine-Step Strategy for Effective Deployment *was released at the NIJ Less-Lethal Forum in April 2005. It is available in print or online at www.theiacp.org/research/RCDCuttingEdgeTech.htm. Background materials used in developing the publication are also available on the IACP website. The November 2004 Amnesty International report concerning the use of EMDT devices can be accessed at web.amnesty.org/library/index/engamr511392004.*

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The EMDT Brief in Brief (continued)

Step 5: Engage in community outreach. Although no evidence links serious injury or death directly to the technology, EMDT deployment can be the subject of substantial community and media concern. Deployment plans should acknowledge that community acceptance is essential.

Step 6: Develop EMDT policies and procedures. The policies and procedures should cover training, use, reporting requirements, medical evaluations, legal constraints, and other operational considerations. Policies should also define when use is not appropriate.

Step 7: Create a comprehensive training program. The program would reinforce policies and procedures for EMDT deployment. (For example, many departments require officers who carry an EMDT weapon to experience the electric shock firsthand.)

Step 8: Use a phased deployment approach. Many departments issue EMDT weapons first to special operations teams, such as SWAT or crisis intervention teams, or to supervisors or other select officers.

Step 9: Assess EMDT use and determine next steps. Followup assessments can determine whether the technology is performing as expected and officers are complying with department policies and procedures.

The brief, which includes an appendix of references and resources, can be found at www.theiacp.org/research/RCDCuttingEdgeTech.htm.



This article was reprinted from the Fall 2005 edition of *TechBeat*, the award-winning quarterly newsmagazine of the National Law Enforcement and Corrections Technology Center system, a program of the National Institute of Justice under Cooperative Agreement #2005-MU-CX-K077, awarded by the U.S. Department of Justice.

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