



# Indianapolis Metropolitan Police Department

GENERAL ORDER

1.30

## USE OF FORCE – PRINCIPLES

### POLICY

This policy provides Indianapolis Metropolitan Police Department (IMPD) officers with guidelines for the reasonable use of force. The department authorizes reasonable force to accomplish lawful objectives. All officers shall exercise good judgment at all times when the use of force is necessary.

Officers may use reasonable force if the officer reasonably believes the force is necessary given the totality of the circumstances.

Officers may use deadly force only if the officer:

- A. Reasonably believes that the force is necessary to prevent the commission of a forcible felony; or
- B. Has probable cause to believe that the deadly force is necessary to effect an arrest of a person who the officer has probable cause to believe poses a threat of serious bodily injury to the officer or third person; and
- C. Has given a warning, if feasible, to the person against whom the deadly force is to be used.

### DEFINITIONS

Deadly Force – Defined by IC 35-31.5-2-85: “Deadly force” means force that creates a substantial risk of serious bodily injury.

Forcible Felony – Defined by IC 35-31.5-2-138: “Forcible felony” means a felony that involves the use or threat of force against a human being, or in which there is imminent danger of bodily injury to a human being.

Involved Officer(s) – Those officers who directly applied force.

Reasonable Belief- The facts or circumstances the officer knows, or should know, are such as to cause an ordinary and prudent person to act or think in a similar way under similar circumstances.

Serious Bodily Injury – Defined by IC 35-31.5-2-292: “Serious bodily injury” means bodily injury that creates a substantial risk of death or that causes: (1) serious permanent disfigurement; (2) unconsciousness; (3) extreme pain; (4) permanent or protracted loss or impairment of the function of a bodily member or organ; or (5) loss of a fetus.

### PROCEDURE

#### I. Medical Attention for Injuries Sustained Using Force

- A. Medical assistance shall be obtained as soon as practical for any person who, as a result of an officer’s use of force, has sustained visible injury or serious bodily injury, or who has expressed a complaint of injury or continuing pain. Based upon the officer’s initial assessment of the nature and extent of the subject’s injuries, medical assistance may consist of examination by IMPD personnel, firefighters, paramedics, hospital staff, or medical staff at the Arrestee Processing Center (APC) or jail. If any such



individual refuses medical attention, such refusal shall be fully documented in related reports and, whenever practical, should be witnessed by another officer and/or medical personnel. If an audio recording is made of the contact or an interview with the individual, any refusal should be included if possible.

B. Persons who exhibit any combination of the following factors may be at an increased risk of sudden death and shall be examined by emergency medical services (EMS) as soon as possible:

1. Extreme agitation;
2. Violent, bizarre, or irrational behavior;
3. Profuse sweating;
4. Extraordinary strength beyond physical characteristics;
5. Unusual high tolerance to pain; and/or
6. Require a protracted physical encounter with multiple officers to bring under control.

C. Electronic Control Devices (ECD)

1. Following ECD deployment, the subject should be carefully observed for signs of distress. Should the subject exhibit signs of distress he/she should be provided with immediate medical evaluation. Officers should familiarize themselves with the following acute symptoms:
  - a. Distress symptoms of over-exertion or exhaustion may indicate potential impairment of full ability to breathe.
  - b. Symptoms of excited delirium may indicate an acute medical condition associated with sudden death. In addition to the factors listed above, officers should also look for the following excited delirium symptoms: shouting, paranoia, panic, and hyperthermia.
2. After the initial evaluation of the subject, the deploying officer shall notify Communications of the ECD deployment and request a district supervisor.
3. The deploying officer may remove the probes from the subject unless the probes are so embedded they cannot be easily dislodged.
4. To safely remove the probes, officers shall firmly grab the probe and quickly pull straight out of the skin. The probes should be treated as "sharps" and biohazard protocol should be followed (including the officer wearing protective gloves).
5. Officers shall inspect the probes after removal to ensure no part of a probe has been broken off under the subject's skin. If no additional injuries are discovered the subject may be transported to the APC.
6. When the probes become embedded and cannot be easily dislodged (exceeds  $\frac{1}{4}$  inch), EMS shall be called to the scene to evaluate and/or treat the subject. If:
  - a. EMS removes the embedded probe(s); and
  - b. Minor bleeding is controlled and bandaged, and no other injuries or symptoms exist; then
  - c. A signature of release (SOR) may be obtained from the subject and hospital transport will not be required.



7. Officers shall request EMS transportation of the subject to Eskenazi hospital and shall not remove the probes in the circumstances listed below. Eskenazi hospital personnel will remove the probes when:
  - a. One or both probes are found to be broken off under the skin;
  - b. One or both probes are embedded in sensitive tissue areas, to include the eyelid/globe of eye, neck, face, groin/genital area or a woman's breast; or
  - c. One or both probes are deeply embedded or cannot be easily removed by either the officer or EMS.
8. If the subject is transported to Eskenazi hospital, the accompanying officer will inform the attending physician or medical person(s) treating the suspect that the individual has been exposed to electrical current from an ECD and provide relevant details with regard to:
  - a. Potential primary and secondary injuries;
  - b. Officer's knowledge of substance(s) influencing the subject; and
  - c. Any suspected or confirmed mental health considerations.

#### D. Chemical Spray Systems

1. Normal reactions to exposure to chemical spray may include mild difficulty breathing and irritation of the eyes and skin.
2. Should an arrestee develop an abnormal reaction at any time while in custody, he/she should be transported to the nearest hospital or treated by emergency medical personnel at the scene.
3. When practical, individuals contaminated with chemical spray should have their face and eyes flushed with cool bottled or purified water, removed to an area of uncontaminated air, and faced into the wind prior to being transported.
4. Any person on whom chemical spray was used should be taken directly to the APC. The medical staff at the APC will evaluate the person for any necessary treatment. The arresting officer must notify the transporting officer, who in turn must notify APC personnel upon arrival that chemical spray was used on the person.

## LESS LETHAL FORCE

### II. Guidelines

- A. The department authorizes the use of chemical spray, ECDs, handcuffs, and batons. Use of other extended range impact weapons and chemical agents shall be governed by unit-specific SOPs.
- B. In the absence of an imminent threat to an officer or third person, control devices shall not be used on a person who is handcuffed or secured for transportation.
- C. Any less lethal option may be utilized against aggressive animals.
- D. A person's head, neck, throat, spine, heart, kidneys, and groin should not be intentionally targeted with a baton except when deadly force is justified.



- E. The use of chemical spray or other chemical agents by Mobile Field Force (MFF), Event Response Group (ERG) or Special Weapons and Tactics (SWAT) shall be governed by the current training guidelines, standard operating procedures, and/or approved tactics of the respective unit.

### III. Electronic Control Devices (ECD)

- A. Every application of an ECD is a separate use of force requiring independent justification.
- B. The act of fleeing, without other factors involved, does not justify the use of an ECD.
- C. Except in exigent circumstances, officers shall not use an ECD in the following circumstances:
1. On a known pregnant person;
  2. On the elderly or children;
  3. On subjects riding on a self-propelled device;
  4. On an individual who could fall from a significant height; or
  5. On an individual in, or who could fall into, a body of water that poses a hazard of drowning.
- D. Officers shall warn the subject and other officers at the scene of the intended use, should the subject not submit to lawful authority, if feasible.
- E. The ECD shall not be intentionally targeted at an individual's head, neck, chest, groin, area around the heart, or at known pre-existing injury areas.
- F. Reasonable efforts should be made to target below the chest or heart area, or from the shoulders downward on the rear of the body.
- G. Officers shall not deploy an ECD when there is reason to believe the subject has a flammable substance upon his/her skin or clothing or is in a flammable or explosive environment.
- H. An ECD is not authorized for use:
1. As a prod or escort device;
  2. To rouse unconscious, impaired, or intoxicated individuals; or
  3. To stop suspects from swallowing potential evidence or to retrieve evidence a suspect is attempting to swallow.
- I. The preferred method of deployment of the ECD is in probe mode. Officers should not use the ECD in drive stun mode as a pain compliance technique. Officers using the ECD against a subject posing an immediate threat may supplement the probe mode with a drive stun to create a complete and larger incapacitation circuit.
- J. Officers should utilize the five (5) second ECD cycle and handcuff the subject while he/she is affected by the ECD.

### DEADLY FORCE

While the use of a firearm is expressly considered deadly force, other force might also be considered deadly force if the force applied will create a substantial likelihood of causing death or serious bodily injury.



#### **IV. Firearms Use and Discharge**

- A. Nothing in this directive precludes an officer from un-holstering a firearm in a dangerous or life-threatening situation, such as serving a high-risk warrant, building search, high-risk vehicle stop, or other situations where the presentation of a firearm is a reasonable use of force.
- B. Pointing a firearm at a person is a use of force that must be objectively reasonable in the circumstances.
- C. All discharges from department-authorized firearms, on-duty or off-duty, except for training and/or qualification purposes, shall be immediately reported to an on-duty supervisor by the involved officer in the most expedient method possible. The on-duty supervisor shall make appropriate notification to his/her district commander or designee, respond to the scene of the incident, and conduct an investigation.
- D. If an uninvolved department member has knowledge of an unreported shooting incident, he/she shall report the known facts to a supervisor.
- E. Shooting at or from moving vehicles or occupants is prohibited.
- F. Warning shots are prohibited.

**NOTE**

Any deviation from the provisions of this policy shall be examined on a case by case basis. The involved officer must be able to clearly articulate the reasons for the use of force.