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**HOUSE OF COMMONS
CANADA**

**STUDY OF THE CONDUCTIVE
ENERGY WEAPON—TASER®**

**Report of the Standing Committee on
Public Safety and National Security**

**Garry Breitkreuz, M.P.
Chair**

June 2008

39th PARLIAMENT, 2nd SESSION

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has the honour to present its

FOURTH REPORT

Pursuant to its mandate under Standing Order 108(2), the Committee has studied The Conductive Energy Weapon and has agreed to report the following:

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STUDY OF THE CONDUCTED ENERGY WEAPON –TASER®

INTRODUCTION

A. BACKGROUND TO THE STUDY AND THE COMMITTEE'S MANDATE

On October 14, 2007, Robert Dziekanski died at Vancouver International Airport several minutes after receiving two electrical shocks from a Taser¹ gun administered by Royal Canadian Mounted Police (RCMP) officers summoned to the scene following a complaint about a man behaving in an agitated manner. The first shock was administered less than a minute after the officers arrived on the scene. This tragic event angered people all over the world, who witnessed Mr. Dziekanski's final moments on an amateur video broadcast widely over Canadian and international media in mid-November.

In the wake of the broadcasting of this video, which seriously shook public confidence in the RCMP, a number of public inquiries were launched, including those held by: Thomas R. Braidwood, at the request of the Solicitor General of British Columbia; Owen Court, British Columbia regional coroner; the Commission for Public Complaints against the RCMP, at the request of the Minister of Public Safety; the RCMP; and this Committee, which on November 22, 2007 passed a mandate to study "the incident involving the tragic death of Robert Dziekanski and invit[ing] representatives of the Canada Border Services Agency, the Vancouver International Airport Authority, the Royal Canadian Mounted Police, and other parties including interested individuals, to make representations to the Committee to that effect."²

B. THE COMMITTEE'S APPROACH

Between January 30 and April 28, 2008, the Committee heard from experts in medicine, biomedical engineering and ethics to discuss the effects of Taser gun discharges on the health and safety of persons subjected to them, the research being done in this area and the role of such weapons in police work (Appendix A contains a complete list of witnesses who appeared before the Committee, and Appendix B the list of briefs submitted). The Committee also heard evidence from the President of Taser International, which supplies the conducted energy weapons (CEWs) used by the RCMP and other Canadian police services, the Executive Director of the Canadian Police Research Centre

1 A "conducted energy weapon (CEW)" is also commonly referred to as a "conducted energy device (CED)", "Taser" or "stun gun". These terms are used interchangeably throughout this report.

2 Pursuant to Standing Order 108(2). Committee Proceedings, November 22, 2007.

(CPRC), the RCMP, the Vancouver and Toronto police services, the Ontario Police College, the Toronto Police Services Board, the Commission for Public Complaints against the RCMP, and British Columbia's Police Complaints Commissioner.

On March 31, 2008, the Committee was invited to RCMP Headquarters to attend a Taser gun demonstration and learn about the Incident Management Intervention Model (IMIM) used by the RCMP.

Subsequently, the Committee travelled to Richmond, British Columbia, to see where the incident occurred that resulted in Mr Dziekanski's tragic death on October 14, 2007, and to hear the comments of representatives of the Vancouver Airport Authority (VAA), the Canada Border Services Agency (CBSA) and the RCMP. The Committee took advantage of its time in Richmond to hear evidence from John Gray, member of the Board of the Schizophrenia Society of British Columbia; Murray Mollard, Executive Director of the British Columbia Civil Liberties Association; and Cameron Ward, lawyer, and to hear for a second time from John C. Butt and Christine A. Hall.

Lastly, the Committee heard evidence from Mr. Dziekanski's mother, Zofia Cisowski, and her lawyer, Walter Kosteckyj, as well as from Riki Bagnell and Patti Gillman, the mother and sister of Robert Bagnell, who died in 2004 after receiving two Taser shocks.

The Committee also reviewed studies on this issue including the Standing Advisory on the use of force report entitled *Analysis and Recommendations for a Quebec Police Practice on the Use of Conducted Energy Devices*.

This report sets out what the Committee has learned in the course of its Taser gun study. While the witnesses from whom we heard sometimes expressed different and even contradictory positions on the usefulness of Taser guns and the way they are now being used, all agreed that the tragedy involving Mr. Dziekanski has revived concerns about Taser gun safety and seriously shaken public confidence in the RCMP.

To prevent confidence in the RCMP from eroding further, the Committee considers that the RCMP must react immediately by revising its policy on CEWs to stipulate that use of such weapons can be justified only in situations where a subject is displaying assaultive behaviour or represents a threat of death or grievous bodily harm. This immediate restriction is necessary given the persisting uncertainty about the effects of CEW technology on the health and safety of persons subjected to it, and the scarcity of independent, peer-reviewed research in this regard. The Committee also urges the RCMP to implement preventive methods designed to diminish the use of Taser guns during police interventions, in particular by enhancing accountability at the RCMP and improving officer training on intervention involving persons suffering from various problems, including bipolar disorder, autism and autism spectrum disorders, schizophrenia and drug addiction.

C. STRUCTURE OF THE REPORT

This report is in two parts. The first part describes the information on Taser gun technology gathered by the Committee, the effects of this technology on the health and safety of persons subjected to it, its role in police work and the guidelines governing its use by the RCMP. The first part also sets out the reforms proposed by the Committee to ensure more transparent, safer and more effective use of the Taser conducted energy weapon. The second part of the report deals with the death of Robert Dziekanski on October 14, 2007. It contains a summary of the information obtained by the Committee during its visits to Vancouver International Airport as well as the Committee's observations and recommendations about the facilities and services available in Canada's international airports.

PART 1: TASER GUN STUDY

A. OVERVIEW OF TASER GUN TECHNOLOGY

A number of witnesses described how conducted energy weapons work and how they are used. With some exceptions, the witnesses agreed on how to describe a CEW.³

The Committee was told that CEW technology has been around for over 30 years, having been introduced to law enforcement in the United States in 1974. From the time of its introduction through the 1980s and mid-1990s, CEWs did not incapacitate, and their purpose was to achieve compliance through the infliction of pain. This earlier version of CEWs had only modest uptake by law enforcement agencies. Taser International was established in the mid-1990s, and has been supplying law enforcement agencies in Canada with their M26 model CEW since 1999. The more recent X26 model, introduced in 2003 and released for use in 2005, is currently the most popular with law enforcement, and is lighter and smaller than its predecessors.

Both models are approved for use by the RCMP. According to the November 2007 *Report on Conducted Energy Weapons and Excited Delirium Syndrome*, the RCMP has 1,703 M26s and 1,077 X26s deployed across Canada, for a total of 2,780 Taser guns.⁴ As of November 2007, the RCMP reported that it had 1,808 instructors and 9,132 members trained in the use of the Taser gun.

3 The debate centres on whether to describe CEWs as non-lethal, less than lethal or less lethal, and as impact or non-impact weapons, and on whether it is a pain compliance or an incapacitating tool.

4 It should be noted that the Interim Report of the Commission for Public Complaints Against the RCMP (*RCMP Use of the Conducted Energy Weapon (CEW)*, December 11, 2007) cites 2,840 weapons.

Taser International described its products not as pain compliance tools but as incapacitating tools, to be used for restraining subjects. However, the Committee was told that CEWs are in fact pain compliance tools when used in “push stun” mode, described below.

Both the M26 and X26 models have a removable cartridge at the front, and run on AA batteries. At the back they have a data port that records the time and date that the weapon was activated. The newer X26 also has a Taser cam which, when activated, can record audio and video of each event. Additionally, each cartridge has a serial number and, if deployed, leaves multiple identifiable tags at the scene. The Taser gun can be used in two modes: push stun and probe. In either mode, it delivers an electrical shock of 50,000 volts with a current of two to four milliamps, each time the trigger is pulled.

The push stun mode works without a cartridge, so the cartridge must first be removed if an officer wishes to use this mode. After activating the weapon by turning off the safety catch, the officer applies the weapon with some pressure to a preferred location with sensitive nerves, such as the common peroneal nerve of the upper leg or the radial nerves of the upper arm. Each trigger pull results in a five-second shock; however, this can be stopped by the officer at any time. The Committee was told that in this mode, the neuromuscular system is not affected and therefore does not incapacitate, but does inflict pain.

When the Taser gun is used in probe mode, two barbed probes attached to wires are fired from the cartridge. In this mode, the Taser gun can be deployed from as far away from the subject as 10.6m / 35ft. Both probes must attach to the skin or clothing of the subject in order for the current to flow. The Committee heard that the barbed probes can penetrate the skin to a maximum of 0.89cm, and must be removed by trained personnel in the field. In addition, the current can jump a cumulative maximum of only two inches. That is, if the two probes each attach to clothing that is more than one inch away from the skin, no electricity will pass through the subject: it will be lost through dissipation in the clothing. Accordingly, as the distance increases between the probe and the subject’s skin, the amount of voltage that reaches the subject also decreases.

Another factor to be considered is the “spread” between the probes. As the distance increases between probes, so does the muscle mass affected by the current. The current travels the path of least resistance from one probe to the other, causing uncontrolled contractions of the muscles between the two probes. This incapacitation of the muscles, caused by the overriding of the neuromuscular system, usually results in the subject falling to the ground. However, the Committee members heard that the incapacitation lasts only as long as the Taser gun is being deployed. While this mode was usually described as incapacitating, it was argued that the shock is associated with a significant degree of pain as well. The spread between probes is determined by the distance between the officer and the subject. When fired, the top probe will travel straight forward, and the bottom probe will deploy eight degrees downward. This translates to 13 inches of spread for every seven feet of distance between the weapon and the subject.

B. HEALTH ISSUES AND RELATED INJURIES

Evidence heard by the Committee regarding health and safety can be divided into three categories, summarized below.

1. In-Custody Deaths⁵

The dominant health and safety issue discussed with respect to Taser gun use was in-custody deaths, also called “deaths proximal to restraint”. The Committee learned that between 1998 and 2007 there were 40 in-custody deaths in Ontario, five of which were subsequent to tasing. While the Committee was told that the RCMP files a paper report in every case of in-custody death, they also heard that, at the present time, there is no dedicated system in Canada for collecting such reports in a database. Because of this, the claim that the rate of in-custody deaths has remained essentially unchanged since before the introduction of the Taser gun cannot be substantiated.

The Committee was told that no direct link between the Taser gun and subsequent death has ever been established. Further, it was emphasized that in-custody deaths have been reported for decades, even centuries, and are not a phenomenon solely associated with Taser gun use. Committee members learned that deaths following struggle declined in the 1960s when antipsychotic medications became available, and began to surge again in the mid-1980s with the rise in cocaine consumption. The rise in recent years of methamphetamine use has also exacerbated the problem. Some witnesses maintained that the in-custody death rate did not change with the introduction of the Taser gun, but there are no statistics to confirm this assertion.

Several witnesses discussed excited delirium (ExD) and called it a risk factor for in-custody death. ExD was described as a continuum of observable characteristics, or symptoms, whereby a subject displays certain behaviours due to mental illness or illicit substance use; it is not a medical diagnosis. People in acute alcohol withdrawal or experiencing delirium tremens (the DTs) may also exhibit ExD. Doctors do not formally describe the state of ExD, but rather use the observation of it to pursue the underlying causes, such as psychiatric illness, drug use, acute withdrawal, or a combination of these. If left untreated, the Committee was told, the condition can lead to a 20% mortality rate.

The Committee heard that ExD is a medical emergency, and that it is important for the individual to receive swift medical attention. However, to give individuals in this state the medical help they require, they must first be restrained. It was argued by some

5 In-custody death refers to sudden and unexpected deaths while restrained or under the control of police officers

witnesses that when ExD occurs it is important to defuse the situation as quickly as possible, by means of a Taser gun, if in-custody deaths are to be minimized; others argued that tasing individuals in a state of ExD could precipitate a myocardial crisis.

To date, according to a list compiled on the basis of media reports and independent research, there have been 326 deaths in North America following Taser gun application, 20 of which were in Canada. However, this statistic does not by itself establish a causal relationship between tasing and death. Other statistics that must be considered are total Taser gun deployments (or field applications); total in-custody deaths (or deaths proximal to restraint); and in-custody deaths not involving Taser gun use. The RCMP has indicated that it plans to change over to an electronic format for its reports of in-custody deaths and to develop a central database for the reports. Such a system should facilitate the extraction of these other statistics.

A number of witnesses noted that while restraint methods have changed over the years; the characteristics of the individuals who die in custody have not. These witnesses asserted that the focus of investigation should therefore be on those characteristics and not exclusively on the mode of restraint. In fact, a theory was put forward that may account for the persistence of in-custody deaths regardless of method of restraint. This theory holds that individuals in the throes of ExD have elevated levels of both adrenaline and potassium in their blood. The Committee was told that elevated levels of either of these separately can be dangerous and induce arrhythmia, although together they can have a protective effect on the heart. Once the individual becomes exhausted, which can coincide with fatigue resulting from being restrained, the potassium level drops suddenly while adrenaline remains high. As a result, the combined protective effect is lost, and the person can succumb to the toxic effect of the adrenaline, with the heart suddenly ceasing to beat.

2. Effects on the Heart

Because the Taser gun sends electricity through the body, there has been considerable debate over whether or not it can induce a heart attack through cardiac arrhythmia. Committee members heard that post-mortems will not reveal whether or not there has been cardiac arrhythmia, or whether an electrical current has passed through the body: the only sign may be burns left on the skin. Further, it was suggested that the generation of ventricular fibrillation (ineffective heart beat) by a Taser gun is only probable when the probes are placed in such a way as to bracket the heart, and this has been documented only in animal models. No ventricular fibrillation has yet been documented where one or both probes attach in the limbs or abdomen. There was general agreement that the closer the impulse is delivered to the heart, the greater the risk of a cardiac event. At the Taser gun demonstration at RCMP Headquarters, officers expressed the opinion that the probes are not long enough to send the current sufficiently deep into the body to affect the heart. A recent review published in the *Canadian Medical Association Journal* in May 2008, which was brought to the Committee's attention, reiterates that there have been three studies that have induced cardiac stimulation in pig models using stun guns.

Stimulation, however, as pointed out in the review, “is a separate issue compared with induction of arrhythmia.” Further, the review concludes that, as the Committee heard during its study, “additional research studies involving people are needed to resolve the conflicting theoretical and experimental findings.”⁶

The Committee was told of a study in the United States of 37 autopsy reports that were available from a total of 75 Taser gun associated deaths. Of these 37 cases, a disproportionately large number involved individuals with heart problems such as coronary artery disease or cardiomyopathy who had died in custody (54%). This is significantly higher than the incidence of such heart problems in the general population, which is between two and eight per cent. This may be explained by the large proportion of in-custody deaths associated with ExD (76%), as this statistic suggests that there is a significant level of heart disease among those who suffer from mental illness and/or use illicit drugs. The Committee was also told that users of cocaine and methamphetamine are known to suffer from heart problems as a consequence of their drug use.

3. Injuries Sustained

According to some witnesses, a review of 962 field applications of a Taser gun found that 99.7% of subjects sustained no, or minimal, injuries for a moderate or severe injury rate of 0.3%. This prospective evaluation was conducted at six law enforcement agencies in the United States, and included all suspects who had received a Taser gun discharge during their apprehension over the two-year period from July 2005 to June 2007. Of the 962 Taser gun applications, 743 resulted in no injuries while 216 produced mild injuries. Mild injuries included puncture wounds from the probes, contusions, lacerations, soft tissue injuries, fractures and other (one epistaxis⁷ and a broken tooth). The minor burns and abrasions made by the probes, which are included in the “mild injury” category, are referred to as “signature marks” by Taser International.

The same study found that two individuals had moderate injuries (cerebral contusion, bruising of brain tissue and rhabdomyolysis, or rapid breakdown of muscle tissue), and one individual experienced severe injury (epidural hematoma, or a build-up of blood between the brain and skull). While it is uncertain how the rhabdomyolysis is related to the taser, the other two injuries were caused by head trauma sustained in resultant falls.

The authors of the study note that there were two in-custody deaths within this cohort, but that both were determined “to be unrelated to CEW [conducted energy weapon] use.” One of the conclusions drawn by the study is that “these findings support the safety

6 Kumaraswamy Nanthakumar et al., “Cardiac Stimulation with High Voltage Discharge from Stun Guns”, *Canadian Medical Association Journal*, May 2008, Vol. 178, No. 11, pp. 1451-1457.

7 Nosebleed.

of CEW use by law enforcement agencies.” However, no statistics are included as to the injury rate, or the in-custody death rate, in the absence of CEW use. In addition, the Committee was not provided with any Canadian statistics on the in-custody injury rate associated or not with Taser gun use.

While the Committee heard from some witnesses that the Taser gun must first be proven to be safe before it can continue to be used, others pointed out that nothing is without risk, but that it is important to explore fully the risk involved and determine whether that risk is reasonable.

C. TASER GUNS AND POLICE WORK

Policing is a hazardous occupation. The Committee was told that an initially calm situation can quickly degenerate into violence. Police officers must therefore constantly assess risks in order to apply the appropriate intervention method for ensuring the public’s safety as well as their own. In all cases, the force used must be fair and reasonable, as required by subsection 25(1) of the *Criminal Code*. This provision states that police officers may use as much force as necessary to control the subject and ensure the safety of others.

Canadian police services, and the RCMP in particular, have various tools and techniques enabling them to enforce the law and ensure the safety of the public and their members. When a subject refuses to cooperate, and communication with him is unproductive, police officers may resort to restraint methods, such as empty-hand techniques, capsicum spray (also known as pepper spray), the ASP baton and the Taser gun. The police officers who spoke to the Committee were unanimous that the Taser gun poses a low risk for the persons who receive its electrical discharge. Some of them reminded the Committee that a review of 962 Taser gun applications found that 99.7% of subjects suffered no, or minimal, injuries. They said that the Taser gun also offers the advantage of reducing the risk of contracting blood-borne illnesses, by allowing them to subdue a subject from some distance away.

The Taser gun is a use-of-force weapon available to some police officers in Canada. According to the President of Taser International, 160 Canadian police services use this technology.⁸ As of November 2007, the RCMP had 2,840 Taser guns.⁹ Currently, the Toronto Police Service have approximately 500.¹⁰ The Committee was unable to determine the exact number of Tasers in circulation in the police community in Canada since there is no national database.

8 *Evidence*, January 30, 2008.

9 Commission for Public Complaints Against the RCMP, *RCMP Use of the Conducted Energy Weapon (CEW)*, Interim Report, December 2007, p. 2.

10 Testimony, February 27, 2008.

Not all police officers are currently authorized to use this weapon, in the RCMP or any other police service. Although the Committee was unable to examine the policies in effect in all Canadian police services, the evidence heard suggests that the situation varies from service to service. For example, the Committee was told that at the Toronto Police Service only supervisors and officers in special high-risk squads are authorized to use the Taser gun, while at the RCMP certain frontline officers are authorized for Taser gun use. The current policy on conducted energy weapons at the RCMP stipulates that “[o]nly trained members and certified instructors who have successfully completed the CEW User Course or the CEW Instructor Course are permitted to use the CEW.”¹¹ Unlike firearms, Taser guns are not issued to RCMP officers. To obtain one, members must sign a register.

During its study, the Committee also learned that there is no national standard for circumstances that may warrant deployment of a Taser gun. However, a number of police services, including the RCMP, took part between 1999 and 2000 in the development of guidelines for the use of various tools and techniques available to police for controlling a subject. The National Use of Force Framework (NUFF) was approved by the Canadian Association of Chiefs of Police in 2000. According to Sergeant Bruce Stuart, although police services do not necessarily rely on the framework, they nevertheless use it “as a guide and use a similar model.”¹²

1. RCMP Taser Gun Use Policy and Guidelines

The use of Taser guns was approved by the RCMP in December 2001. When it was introduced, this “intermediate weapon” was presented as a “less lethal” option for subduing suspects who resisted arrest or were combative or suicidal.¹³ After the policy was amended in 2004, RCMP officers were able to justify the use of CEWs to subdue suspects who were resisting either passively or actively, were combative or were behaving in a manner likely to cause death or serious injury. Examples of Taser gun use by RCMP officers involving people who were passively refusing to cooperate with the police without however presenting a danger to themselves or others have been highlighted over the years by the Commission for Public Complaints Against the RCMP (CPCRCMP). According to the CPCRCMP, the force’s policy on CEW use “has evolved without adequate, if any, reference to the realities of the weapon’s use by the RCMP.”¹⁴

11 The RCMP’s policy on the use of conducted energy weapons can be found in chapter 17.7 of its Operational Manual http://www.rcmp-grc.gc.ca/ccaps/cew/ops_17_7_e.htm.

12 Bruce Stuart, National Use of Force Coordinator, Community, Contract and Aboriginal Policing Services, RCMP, February 25, 2008.

13 Paul Kennedy, Chair, Commission for Public Complaints Against the RCMP, *Evidence*, March 5, 2008. See also the Commission’s Interim Report, *RCMP Use of the Conducted Energy Weapon (CEW)*, Interim Report, December 2007, p. 1.

14 *Ibid*, p.2.

On January 7, 2008, in response to the Interim Report tabled by CPCRCMP Chair Paul Kennedy on the use of Taser guns by members of the RCMP, the force modified its policy once again. The Operational Manual Bulletin announcing the changes stated that:

Effective immediately, members will only use the Conducted Energy Weapon (CEW) in either push stun or probe mode on persons who are displaying **Active Resistant Behaviour** and higher categories of behaviour, e.g. combative or death, grievous bodily harm.¹⁵

The new policy, while it restricts the use of Taser guns by members of the RCMP, does not respond to the concerns raised in the CPCRCMP Interim Report. The report recommended that the RCMP classify the Taser gun as an impact weapon rather than an intermediate weapon, and allow its use only in situations where an individual is behaving in a “combative” manner or “posing a risk of death or grievous bodily harm”.¹⁶ During the Committee’s visit to RCMP headquarters, Commissioner William Elliott told the members of the Committee that the RCMP disagrees with this CPCRCMP recommendation. In the RCMP’s view, the Taser gun is not an impact weapon in the same way as, for instance, the ASP baton. The officers present at the meeting reiterated the findings of a case study that had concluded that the risk of serious injury from Taser gun use was minimal.

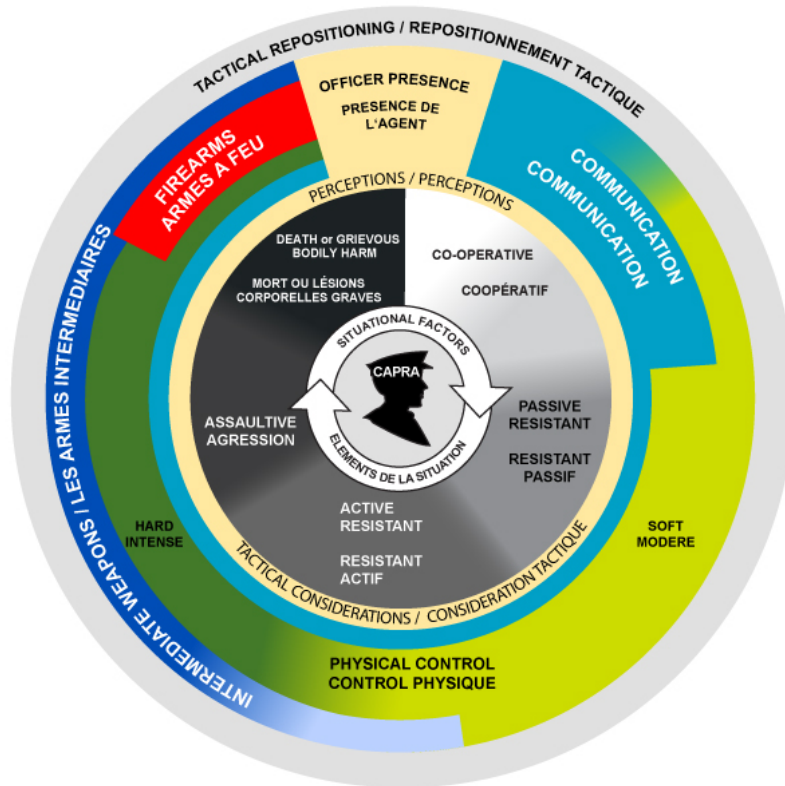
Under the current policy (Appendix C),¹⁷ RCMP use of Taser guns must be consistent with the training received on Taser gun use and with the principles of the Incident Management Intervention Model (IMIM), reproduced below.

15 A copy of the Bulletin is available on the RCMP Web site at: http://www.rcmp-grc.gc.ca/ccaps/cew/bulletin_om_478_e.htm.

16 Op. cit. 13.

17 RCMP policy on conducted energy weapon deployment, RCMP Operational Manual, Part 17-7, (http://www.rcmp-grc.gc.ca/ccaps/cew/bulletin_om_478_e.htm).

Incident Management Intervention Model Modèle d'intervention pour la gestion d'incidents



The officer continuously assesses risk and applies the necessary intervention to ensure public and policy safety.

L'officier évalue continuellement les risques et applique la forme d'intervention convenable afin d'assurer la sécurité du public et des services policiers.

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It must be clearly understood that the IMIM is a training tool based on the principle that the best police intervention strategy consists of using the minimum amount of force necessary to subdue the subject and protect others. Under the IMIM, officers must at all times favour communication and negotiation with the subject. Where this technique is considered insufficient to control the subject and ensure either his protection or that of the police officer or the public, the officer may opt for other intervention methods and techniques represented in the IMIM.

Although the purpose of the IMIM is to guide RCMP officers in their interventions with the public, the model nevertheless recognizes that a police officer's reaction to an incident does not depend solely on tactical considerations, but also on the officer's perception of the incident. In other words, not all police officers will necessarily react in the same way when faced with similar situations. During the Committee's visit to RCMP Headquarters, spokespersons pointed out that the perception of danger is influenced by a number of factors, including the officer's physical characteristics and personal experience.

Currently, since the RCMP regards the Taser gun as an “intermediate weapon”, in the same category as capsaicum spray, its use cannot be justified in cases where a subject who presents no danger offers passive resistance to arrest. Under the present classification, however, use of the Taser gun can be justified at the point where an officer determines that an individual is actively resisting arrest. The RCMP policy also provides a certain number of rules and procedures to follow before and after Taser gun deployment. These deal with such aspects as the information that must be reported by the officer following deployment, maintenance of the weapon and data downloading. For example, the guidelines state that, where tactical circumstances permit, officers shall warn the person that the Taser gun will be deployed, by saying: “Police, stop, or you will be hit with 50,000 volts of electricity!”¹⁸ The policy notes that the repeated or continuous use of the Taser gun can be dangerous for the subject and must therefore be avoided. Paragraph 3.1.3 states: “Unless situational factors dictate otherwise, do not cycle the CEW repeatedly, no more than 15-20 seconds at a time, against a subject.” Officers must “make every effort to take control of the subject as soon as possible during a CEW probe-mode deployment.” The policy also notes that individuals in a state of excited delirium require medical assistance. Where immobilization is deemed necessary to control a person in such a state, the officer is to consider using the Taser gun in probe mode. According to the policy, this method “may be the most effective response to establish control.” According to Paul E. Kennedy,¹⁹ this provision suggests to police officers that they should use the Taser gun so that the subject can receive medical treatment. In his view, the provision places too great a burden on police officers who do not have medical training. That said, where circumstances permit, the policy encourages officers to implement an intervention strategy before the Taser gun is deployed by contacting emergency medical services.

The evidence gathered during the Committee’s study tends to show that the RCMP Taser gun policy is more flexible than those in effect at other Canadian police services, particularly the Toronto Police Service. There, Taser gun use is warranted only where the subject is aggressive or presents a risk to himself, the police or the public.

D. CONCERNS RAISED AND SUGGESTED REFORMS

The following sections discuss the main shortcomings that emerged from our study with regard to the regulation of Taser gun use by the RCMP, police training, research, transparency and accountability. They also contain recommendations that we propose for rectifying these shortcomings.

18 CEW Challenge, in RCMP Use of Conducted Energy Weapon Policy, http://www.cpc-pp.gc.ca/DefaultSite/Reppub/index_e.aspx?articleid=1689#_Toc189033182.

19 Chair of the Commission for Public Complaints Against the RCMP, *Evidence*, March 5, 2008.

1. RCMP Taser Gun Use Policy is Too Permissive

The witnesses who appeared before the Committee expressed different views as to what situations would justify the use of a Taser gun. While some urged the Committee to recommend a moratorium until independent studies confirm that the Taser gun does not pose an unreasonable risk for the subject, others recommended restricting Taser gun use, while still others supported the policy now in effect at the RCMP. In light of the concerns raised in scientific studies, the gaps in knowledge of this area and the rarity of independent, peer-reviewed research, the Committee is convinced that the current RCMP policy is too permissive. Like Paul Kennedy, Chair of the CPCRCMP, the Committee considers that the RCMP's policy "authorizes deployment of the weapon earlier than reasonable."²⁰ Given the uncertainties about the safety of the Taser gun, the Committee considers that deploying it is not warranted against a subject who may be actively resisting arrest but is not combative or assaultive, and does not pose a threat to himself, the police or the public.

That said, the Committee agrees with the great majority of witnesses that the Taser gun has its place in police work and that it can save lives during police interventions that would otherwise involve the use of deadly force. The Committee supports the CPCRCMP's recommendations and in turn recommends that the RCMP limit the situations in which recourse to the Taser gun can be justified, until such time as independent scientific studies clearly indicate that its deployment poses no unreasonable risk for the subject. The Committee is also of the opinion that this change in the policy is essential to restoring public confidence in the RCMP.

Lastly, the Committee notes that the version of the IMIM adopted by the RCMP in December 2007 no longer distinguishes between "impact weapons" and "intermediate weapons". In our opinion, this is an important distinction, and it should be put back in the IMIM. Readers who would like to compare the two versions of the IMIM can consult Appendix D of this report.

In light of these considerations:

Recommendation 1

The Committee recommends that the RCMP restrict the use of the Taser gun by classifying it, effective no later than December 15, 2008, as an "impact weapon" rather than an intermediate weapon, so that its use can be authorized only in situations where the subject is displaying assaultive behaviour or posing a threat of death or grievous bodily harm to the police, himself or the public. This restriction should not be lifted before independent research has indicated that use of the Taser

20 Commission for Public Complaints Against the RCMP, *RCMP Use of the Conducted Energy Weapon (CEW)*, Interim Report, December 2007, p. 1.

gun poses no unreasonable risk for the subject. In the event that the RCMP does not implement this recommendation by December 15, 2008, the Committee has agreed to introduce a motion in the House of Commons calling for an immediate moratorium on the use of Taser guns by the RCMP.

Given this recommendation, the Committee considers that the RCMP must also review its entire Taser gun policy to make it reflect more accurately the weapon's potential dangers and the gaps in knowledge about its effects. As long as uncertainty persists about the Taser gun's safety, the Committee considers that the RCMP has a duty to be prudent and clearly prohibit its deployment unless the subject poses a threat of death or serious injury. For example, the section dealing with excited delirium should be revised to better reflect the potential dangers of Taser gun use in such a situation. A specific section could be added dealing with other persons considered to be at risk, including addicts, pregnant women and people suffering from mental illness. Therefore:

Recommendation 2

The Committee recommends that the RCMP revise its policy on use of the Taser gun to include clear and strict usage guidelines, as is the case for firearms, that will include clear restrictions on multiple discharges.

2. Shortcomings in Taser Gun User Training

We understand that, at this time, cadets at the Depot Division do not receive full training in Taser gun use, although the RCMP told us that it hopes to offer such training in the near future. According to the information obtained by the Committee, RCMP officers must qualify for authorization to use the Taser gun by successfully completing a course lasting 16 hours, spread over two days. During the course, a number of topics are dealt with, including Taser gun technology, the known effects of discharges on the central, motor and sensory nervous systems, excited delirium, the RCMP's policy and weapon maintenance. Instructors, for their part, must have successfully completed a 32-hour training course, spread over four days. Their training apparently resembles that designed for users, while placing the emphasis on teaching. The RCMP policy provides that certification to handle a Taser gun is valid for three years. To renew their certification, officers must take another four hours of training.

The Committee did not examine in detail the content of the Taser gun training courses. However, it seems to the Committee that the policy changes we are proposing will necessarily entail a reworking of the training regimen. Therefore:

Recommendation 3

The Committee recommends that the RCMP modify its training on Taser gun use to place more stress on the potential risks of death and injury that such use may entail and on the gaps in the knowledge about this technology and its effects.

Like the CPCRCMP, the Committee considers that re-certification every three years is inadequate. The Committee supports the CPCRCMP's recommendation calling for re-certification every two years. That said, the Committee notes the statement by Inspector Troy Lightfoot to the B.C. Commission of inquiry led by Thomas R. Braidwood²¹ that the RCMP is considering the possibility of amending the policy currently in force to require annual re-certification. Therefore:

Recommendation 4

The Committee recommends that the RCMP amend its policy by introducing the requirement that Taser gun use certification be renewed at least every two years.

3. Shortcomings in Mental Health and Addiction Training and Services

The Committee was told that the police frequently interact with persons suffering from mental disorders and addictions. A study carried out in Vancouver found that 31% of service calls received by the Vancouver Police Service involve persons with mental disorders.²² While opinions differed as to whether use of the Taser gun is appropriate in situations involving persons in a state of excited delirium resulting from drug addiction or mental illness, it was clear from the evidence that it is vital to give police officers better training in dealing with this type of situation, so as to reduce confrontations. A representative of the British Columbia Schizophrenia Society²³ told the Committee that police training in mental health issues provides officers with recognized methods for defusing tense situations involving people suffering from mental illness. Witnesses also pointed out the importance of the police being able to recognize the special features of certain disorders, in order to ensure that Taser guns are not pointlessly deployed against people who do not pose a real danger. During our hearings, witnesses argued for instance

21 Testimony before the Braidwood Commission, May 22, 2008, available in English only on the Commission's Web site at <http://www.braidwoodinquiry.ca/transcripts.php>.

22 John E. Gray, PhD, member of the Board of the British Columbia Schizophrenia Society (BCSS), *Evidence*, June 4, 2008.

23 Opening statement by John E. Gray, PhD, member of the Board of the British Columbia Schizophrenia Society (BCSS). Available on the Web site of the Standing Committee on National Security and Public Safety at: <http://cmte.parl.gc.ca/cmte/CommitteePublication.aspx?COM=0&SourceId=240307&SwitchLanguage=1>.

that there is a high likelihood that behaviours related to autism or other mental disorders will be misinterpreted by the police. During our study, the RCMP did not really deal with the question of the training on these important matters for cadets at the Depot Division and for RCMP officers. That said, in light of these considerations:

Recommendation 5

The Committee recommends that the RCMP improve the training of its members on mental health and addiction issues. The RCMP should make sure that the training given to its members reflects the findings of independent research in these areas, particularly in regard to the relationship between mental health disorders, addiction and use of the Taser gun.

While visiting the Vancouver International Airport, the Committee learned about “Vancouver Car 87,” a program that has been operating in Vancouver for about 30 years. This joint service program arranges for nurses to assist police officers during interventions involving persons with mental illness. According to the information that was received by the Committee, these teams are often able to persuade the sick person to receive help voluntarily. In light of these considerations:

Recommendation 6

The Committee recommends that, wherever possible, the RCMP make use of psychiatric support staff to assist them in providing assistance when an intervention is expected to involve a person suffering from mental illness or drug addiction.

Finally, the Committee appreciates that the provision of health care services, as well as the training of health care professionals, are under provincial jurisdiction. It recognizes, however, that there are at least two avenues available to the federal government to address the issues of training of mental health care professionals and addiction specialists, as well as the provision of services.

First, the Mental Health Commission of Canada²⁴, which describes itself as a “catalyst for the reform of mental health policies and improvements to service delivery”, could provide a mechanism for collaboration between governments and mental health service providers in order to increase the number of health care providers in the field of mental health care as well as improve the related health care services. Second, the Health

24 The information regarding the Mental Health Commission of Canada is taken from the Commission’s website at: <http://www.mentalhealthcommission.ca/>.

Human Resource Strategy²⁵ is a pan-Canadian initiative in which Health Canada works alongside the provinces, territories and other key health-related organizations to improve health human resource planning and coordination.

Given the repeated concerns raised by witnesses heard by the Committee with respect to mental health issues and addiction:

Recommendation 7

The Committee recommends that Health Canada, through the Health Human Resource Strategy and the Canadian Mental Health Commission, look into the lack of psychiatric programs and drug addiction programs.

4. Gaps in Knowledge of Taser Gun Safety and Lack of Independent Research

The Committee learned that researchers currently have little interest in Taser gun technology since in-custody deaths are extremely rare and are not perceived as an urgent medical problem. Research is being conducted in police circles, however, the results are published in journals that are not peer reviewed.

Witnesses appearing before the Committee pointed to the need for research into Taser gun safety. They informed the Committee that there are two obstacles to progress at present: funding and the lack of mobilization among researchers. In agreement with the witnesses, the Committee considers it essential that independent research be encouraged in this field and that the results be published in peer-reviewed journals.

The Committee recognizes that there is a clear need for scientific studies²⁶ in the area of Taser gun safety, but that currently there is a need to attract much needed scientific and medical researchers to these studies. Canada has three main granting councils for research. These are the Canadian Institutes of Health Research, the Natural Sciences and Engineering Research Council, and the Social Sciences and Humanities Research Council. The Committee encourages these independent councils to call for proposals into the investigation of Taser gun safety, and other use-of-force methods. In light of these considerations:

25 The information regarding the Health Human Resource Strategy is taken from the Health Canada website at: <http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/index-fra.php>.

26 "Scientific" as used here is a broad term and includes all disciplines.

Recommendation 8

The Committee recommends that the Government of Canada encourage the three federally subsidized research councils (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council and the Social Sciences and Humanities Research Council) to fund scientific research into Taser gun technology as well as comparative research on use-of-force methods.

Recommendation 9

The Committee recommends that the Government of Canada commission independent, scientific studies on Taser gun safety and encourage that these results be submitted to peer review journals.

In addition to the scientific research that the Committee has identified as essential for the determination of Taser gun safety, we would also like to emphasize the need for proper statistics. The Committee heard from witnesses that causality in Taser gun associated deaths cannot be determined statistically because there are no databases of in-custody deaths either associated with the Taser gun or another use-of-force method or none at all. In addition, there are no databases of total Taser gun uses or of total uses of force. These data are needed in order to carry out a thorough analysis and possibly determine, or dismiss, causality.

The Committee believes that the Canadian Centre for Justice Statistics at Statistics Canada is well suited to undertake the task of creating and managing the required databases. In light of these considerations:

Recommendation 10

The Committee recommends that Statistics Canada's Canadian Centre for Justice Statistics be given the mandate to create and manage a national database on in-custody deaths, including, at least, the method of restraint used, the authority involved and the context of incidents, such as mental illness or drug use.

Recommendation 11

The Committee recommends that Statistics Canada's Canadian Centre for Justice Statistics also be given the mandate to create and manage a database on the use of the Taser gun and other restraint methods.

5. Accountability and Transparency Issues

Throughout our study, witnesses have expressed concerns about the RCMP's public accountability. Witnesses have also provided examples of the RCMP's lack of accountability. Since police services are vested with tremendous powers, some witnesses argued that they should be accountable to the people they serve for the way they use these powers. The Committee also agrees that, as the national police service, the RCMP must meet an even higher standard of transparency and accountability.

The current policy on Taser gun use requires officers to inform their supervisors every time they use this device. The policy also requires that injuries and medical problems caused by the Taser gun be recorded. A form must also be completed by the officer after each use. During our study, however, the RCMP did not provide any analysis of incident reports. Like a number of the witnesses who appeared, the Committee considers it unacceptable that the RCMP has not compiled and analyzed data on Taser gun use to evaluate its effectiveness since it was introduced in 2001. In his interim report, Paul Kennedy had some harsh criticism of the RCMP in this regard:

Failure to properly collect, collate or analyze its own data means that the RCMP is unable, by its own inaction, to relate any external research to RCMP use of the CEW. Six years after the introduction of the CEW to the RCMP arsenal, there exists neither comprehensive nor even more cursory analyses readily available to the Commission to assist in conducting this review. This neglect means that the RCMP has been unable to implement systemic accountability processes, such as public reporting, and cannot evaluate what effects its policy changes have had on CEW use, training or officer and public safety.²⁷

In light of these considerations:

Recommendation 12

The Committee recommends that the RCMP include in its annual report to Parliament data on the use of Taser gun and other use-of-force methods. The RCMP must, at least, provide the following information about Taser gun use in its annual report: the number of officers accredited to handle Taser guns; the number and nature of incidents involving Taser gun use; the type of use (demonstration, probe mode, stun mode etc.); the number of complaints received; the injuries related to its use; and the number of deaths soon after Taser gun use.

²⁷ Commission for Public Complaints Against the RCMP. *RCMP Use of the Conducted Energy Weapon (CEW)*, Interim Report, December 2007, p. 2.

6. Gaps in Civilian Oversight of RCMP Activities

While the Committee's study did not specifically look at civilian oversight of RCMP activities, the tragedy that led to this review is, in our opinion, germane to this issue. The incident rocked public confidence in the RCMP. Public confidence was already shaken by various unfortunate events involving the RCMP, which have been the subject of various investigations, some of them pointing to issues of accountability, governance and organizational culture.

The need for a civilian oversight body for RCMP activities, to be vested with broad powers — including the power to decide what information is necessary to fulfill its mandate and to compel any federal, provincial, municipal or private organization to produce documents and appear before it — was raised in the second report of Commissioner Dennis O'Connor, who led the Commission of Inquiry into the Actions of Canadian Officials in Relation to Maher Arar, and the task force led by David Brown entitled *A Matter of Trust — Report of the Independent Investigator into Matters Relating to RCMP Pension and Insurance Plans*.²⁸

The Committee recognizes that the government already has in hand the recommendations from the reports by Dennis O'Connor and David Brown. The Committee agrees with them that the establishment of such a body with broad powers is essential to restoring trust in the RCMP.

Recommendation 13

The Committee recommends that the Government of Canada recognize the urgency of the situation by introducing in the House of Commons, as soon as possible, legislation to establish a civilian oversight body for RCMP activities. This body must be given the mandate to systematically review all RCMP activities, including use-of-force guidelines and practices, and process complaints involving RCMP members. It must also be vested with broad powers, including the power to decide what information is necessary to fulfill its mandate and to compel any federal, provincial, municipal or private organization or official to produce documents and to appear before it.

28 Task Force on Governance and Cultural Change in the RCMP, *Rebuilding the Trust*, submitted to the Minister of Public Safety and the President of the Treasury Board, December 14, 2007, p. 11.

PART 2: EVIDENCE FROM VANCOUVER INTERNATIONAL AIRPORT

A. VISIT TO VANCOUVER INTERNATIONAL AIRPORT

The Committee started its investigation at Vancouver International Airport on April 3, 2008 by meeting with the Vancouver Airport Authority (VAA) and Canada Border Services Agency (CBSA) at the airport. Following presentations about the airport's layout and the procedures in place to control the movement of passengers coming in to and going out of the airport, the Committee was given a guided tour of the route followed by Mr. Dziekanski. Vancouver International Airport was described as the second largest international airport in Canada, after Pearson International in Toronto. Vancouver International Airport sees approximately 16.5 million passengers per year (20,000 passengers per day), handles approximately 275,200 takeoffs and landings annually and employs 27,500 people. The Committee learned that some 43,619 new landed immigrants pass through Vancouver International Airport annually.

The airport setting is organized to distinguish between three different types of passengers: domestic, trans-border and international. Within these categories, arriving and departing passengers are further identified and their movement is tightly controlled. Mr. Dziekanski was an arriving international passenger; therefore the Committee was brought into the airport to follow the route that an arriving, international passenger would follow.

B. MR. DZIEKANSKI'S TRAGIC JOURNEY

Mr. Dziekanski arrived at the airport at 3:12 p.m. on October 13, 2007. Upon arrival, like all international passengers at Vancouver International Airport, Mr. Dziekanski first had to go through the primary inspection line (PIL). According to the VAA, Mr. Dziekanski headed for PIL approximately 20 minutes after the doors opened from his arriving flight. A Customer Service Agent (CSA) recalls seeing Mr. Dziekanski in the queue at PIL because he stopped and stood very close to the agent. The agent described him as "staring directly into his eyes, and that he had large beads of sweat pouring from his temples."²⁹ Another CSA also recalls seeing Mr. Dziekanski going to an information desk where the customs declaration cards are kept. That agent also describes Mr. Dziekanski as sweating profusely and noted that he was "pale in colour." After it was determined that Mr. Dziekanski had not properly completed his declaration card, the agents assisted him in finding a card in the correct language, Polish, which he then completed. Mr. Dziekanski cleared PIL at 4:09 p.m. and was referred by a CBSA agent to customs secondary inspection.

29 Larry Berg, Paul Levy and Michael O'Brien, Preliminary Report on the Circumstances of the Death of Robert Dziekanski at Vancouver International Airport on October 14, 2007, December 6, 2007 (available only in English).

After PIL clearance, passengers are instructed to collect their checked luggage from the carousel situated next to PIL in the Canada's Border Customs and Immigration Hall. Mr. Dziekanski, instead of collecting his baggage and proceeding to customs secondary inspection, stayed within the customs controlled baggage area from 4:09 p.m. until 9:30 p.m. Although this Customs Controlled Area is under constant surveillance by cameras, Mr. Dziekanski was out of camera range for over five hours. On that day, many camera views were either blocked or turned off due to construction.

The VAA representatives told the Committee that Mr. Dziekanski's mother, Mrs. Cisowski, approached a Visitor Information Counsellor (VIC) with her male companion on various occasions in the early afternoon and evening of October 13 to inform them she was to meet her son arriving as an immigrant from Poland. The counsellor informed the couple that sometimes passengers are delayed in Customs. They also approached a CSA agent at 6:50 p.m. The information the mother provided to the CSA was vague. This time, she did not identify the passenger as her son. According to the information the Committee was given, she did not know the flight number or the airline. At around 7:00 p.m., Mrs. Cisowski asked an agent to have Mr. Dziekanski paged, which was done on two occasions between 7:00 and 7:05 p.m. The VAA's preliminary report states that the agent "did not inform Mrs. Cisowski that the page would not be heard in the Customs Hall (Customs Controlled Area)."³⁰ When the agent got the information from Mrs. Cisowski that the passenger she was looking for was immigrating to Canada, the agent advised Mrs. Cisowski and her companion that it was possible that the passenger they were looking for was in the Immigration area and referred them to the immigration office for further assistance.

According to VAA, the male companion used the dedicated phone line outside the immigration front office to inform a CBSA agent in the secondary immigration area that "he and his wife had been waiting for five hours for her son, who was seeking entry as a new immigrant." The Committee learned that they were told that no one fitting Mr. Dziekanski's description was being held in the secondary inspection area. Approximately 10 minutes after speaking with the CBSA agent, according to the interim report, they returned to the information counter to speak with a CSA. The agents told the man that no one fitting Mr. Dziekanski's description was found within immigration and they were unsure of their next move. It is unclear what time they left the airport, although Mrs. Cisowski is quoted in the media as saying she left the airport at about 10:00 p.m.

In the meantime, at about 9:30 p.m., Mr. Dziekanski was observed on camera next to a baggage carousel. He then approached the exit but, as he had not yet been cleared from customs, he was re-directed to the customs secondary inspection area at about 10:45 p.m. A CBSA Officer examined his passport and noticed that an immigrant visa was affixed to it, which had not yet been processed. The agent escorted him to the immigration area at

30 The Committee was also told that privacy issues need to be kept in mind when considering the problem of notifying people within the Customs Controlled Area that someone is waiting for them in the public area.

about 10:51 p.m. after completing his customs examination. An agent then realized that Mr. Dziekanski had two checked pieces of luggage that he had not yet retrieved from the carousel. The agent collected Mr. Dziekanski's luggage himself from the baggage area and found Mr. Dziekanski's immigration documentation. The bags were searched and they were able to process him. This appears to have taken more than an hour, although the Committee heard that the process should take on average approximately 15 minutes. It is possible that the need to secure proper interpretation services may have hampered immigration.

At around 11:30 p.m., a CBSA Officer paged Mr. Dziekanski's mother and the man accompanying her over the International Arrivals public address system twice. The Officer also obtained Mrs. Cisowski's phone number. The Officer called Mrs. Cisowski and left a message on her answering machine at about 11:40 p.m. informing her that the passenger was through immigration and ready to leave the airport.

Mr. Dziekanski was released from immigration at 12:15 a.m. although he remained in the immigration controlled area until 12:39 a.m. He was told a second time that he was free to leave the Customs Controlled Area and was then escorted to the exit. It was 12:45 a.m. on October 14, 2007 when Mr. Dziekanski was finally released from the Customs Controlled Area.

At 12:46 a.m., video records Mr. Dziekanski walking towards the International Reception Lounge area. At 12:53 a.m., he is again seen on video exiting the lounge door to the "meet and greet area" of the terminal. At 12:54 a.m., he is seen at a glass partition at an area under construction near the terminal's exit. After about 20 minutes, he throws his bags over the glass wall and begins banging on the glass door until someone opens it for him. At this point, Mr. Dziekanski was visibly agitated. The first RCMP team arrived on the scene at 1:28:46 a.m. They quickly jumped over the partition glass wall and said "calm down, just calm down." A second RCMP team arrived and the four RCMP officers on the scene asked each other whether Mr. Dziekanski was carrying a knife, which was subsequently determined to be a stapler. At 1:28:56 a.m., one of the RCMP officers deployed his Taser gun. Mr. Dziekanski is heard screaming on the video and at 1:29:10 a.m., an officer kneels by Mr. Dziekanski and another restrains him. An ambulance is called and Mr. Dziekanski is checked for vital signs on multiple occasions. Mr. Dziekanski is reported as unconscious at 1:36 a.m., and an ambulance arrives shortly thereafter.

During its visit to Vancouver International Airport, the Committee did not hear any details from the RCMP regarding this incident as the matter is under criminal investigation. The Committee was reminded by the RCMP officer testifying that the cause of death still has not been released. The Committee did not hear from any members of the medical emergency response team called to the incident.

C. CHANGES MADE BY THE CBSA AND THE VAA SINCE THE INCIDENT AND THE COMMITTEE'S RECOMMENDATIONS REGARDING THE LAYOUT AND SERVICES OFFERED AT CANADA'S INTERNATIONAL AIRPORTS

To begin with, it is important to note that the information gathered at Vancouver International Airport does not allow the Committee to determine what role the Taser gun played in Mr. Dziekanski's death.

We find it deeply troubling, however, that only a few seconds elapsed between the time the officers crossed the glass partition separating them from Mr. Dziekanski and the moment when the first Taser gun was fired.

The Committee nevertheless feels that the evidence gathered at Vancouver International Airport reveals important aspects to consider with respect to the layout and services offered at Canada's international airports in order to ensure that people like Mr. Dziekanski do not remain in the Customs Controlled Area too long for no apparent reason.

The Committee was told that, at the time of the tragic incident, changes to the infrastructure of the airport were already underway. However, the death of Mr. Dziekanski resulted in the implementation of additional policy and personnel changes. The Committee has learned that, since the incident, the CBSA has reviewed its protocols and is being more proactive in its dealings with passengers who may exhibit anxious or confused behaviour. The VAA has also made major changes in order to improve its client information services, medical services and airport surveillance, in particular by instituting a 24-hour customer information service, 24-hour in-terminal medical response, 24-hour on-site ambulance, and 24-hour public safety patrols. It is our understanding that there are now hourly walk-throughs of the customs and immigration controlled area where Mr. Dziekanski spent almost six hours for no apparent reason. The VAA also informed the Committee that a paging system has been installed to allow people in the customs hall to send messages to people in the public greeting area. The Committee is pleased to hear this, although it feels that additional improvements are needed to ensure more reliable and effective communication between the staff working at the information counters in the public areas and those in the controlled areas in airports. Recall that Mr. Dziekanski's mother and the man accompanying her tried unsuccessfully to find Mr. Dziekanski, and that they contacted an agent posted in one of the customs and immigration controlled areas. The concerns expressed in these discussions were not conveyed to the agents posted in other controlled areas. During this conversation on the special immigration telephone line in the public area, an officer apparently told the person accompanying Mrs. Cisowski that Mr. Dziekanski was not in the secondary immigration area. This information should have been automatically sent to the other controlled areas in order to find Mr. Dziekanski, especially since no one should remain in the controlled area of the airport that long. Therefore:

Recommendation 14

The Committee recommends that the Canada Border Services Agency, working with Canada's international airports authorities, implement a system designed to facilitate communication between staff working in controlled areas and those in public areas in Canada's international airports. This system must allow people in the reception areas or in the controlled areas in airports to find passengers, while respecting the passengers' privacy and safety.

During its visit to the airport, the Committee was informed of another major change that the CBSA is considering which would allow it to ensure that people do not remain in the controlled areas of Canada's international airports unnecessarily. The Committee thinks that the CBSA should proceed with the creation of reconciliation software that would make it possible to follow international passengers in the controlled areas of international airports. A system like that, which could scan passports and other documents at the first check point, would allow the CBSA to ensure that people do not remain too long in the controlled areas of international airports.

Recommendation 15

The Committee recommends that the Canada Border Services Agency install reconciliation software that would make it possible to follow international passengers from the first check point in the Customs Controlled Area (that is, the primary inspection line) until they leave the area.

Although on-call interpreters for 170 languages are available at Vancouver International Airport, and were available at the time of the incident, the Committee agreed with the VAA's representatives it met that further improvements need to be made, specifically in terms of increasing the visibility of the telephones that are used to access interpretation services within airports when needed. Recognizing the importance of communication with passengers who speak neither of Canada's two official languages:

Recommendation 16

The Committee recommends that all Canada's international airport authorities ensure a sufficient number of telephones in terminals that provide access to interpretation services when needed.

Finally, while the CBSA's representatives informed us that the cameras installed in the controlled area at Vancouver International Airport are a fact-finding tool and not a surveillance tool, its representatives responded positively to comments made by members of the Committee who suggested that consideration should be given to increasing the value of the video footage for surveillance. This could be achieved by assigning someone

to watch the footage in real-time or by developing a computer alarm system. The Committee encourages the CBSA to continue its reflections on this question. Finally, the Committee welcomes the CBSA's decision, following the incident, to install more cameras in the Airport's customs and immigration controlled area.

CONCLUSION

The Committee is hopeful that the implementation of the recommendations in this report will help restore public confidence in the RCMP and will ensure more transparent, safe and efficient management of the conducted energy weapons, the Taser.

The Committee intends to follow up on the progress made by the RCMP with respect to our recommendations. In this regard:

Recommendation 17

The Committee recommends that the Chair of the Standing Committee on Public Safety and National Security call a meeting six months following the tabling of this report in order to receive a progress report on the implementation of our recommendations involving the RCMP.

LIST OF RECOMMENDATIONS

Recommendation 1

The Committee recommends that the RCMP restrict the use of the Taser gun by classifying it, effective no later than December 15, 2008, as an “impact weapon” rather than an intermediate weapon, so that its use can be authorized only in situations where the subject is displaying assaultive behaviour or posing a threat of death or grievous bodily harm to the police, himself or the public. This restriction should not be lifted before independent research has indicated that use of the Taser gun poses no unreasonable risk for the subject. In the event that the RCMP does not implement this recommendation by December 15, 2008, the Committee has agreed to introduce a motion in the House of Commons calling for an immediate moratorium on the use of Taser guns by the RCMP.

Recommendation 2

The Committee recommends that the RCMP revise its policy on use of the Taser gun to include clear and strict usage guidelines, as is the case for firearms, that will include clear restrictions on multiple discharges.

Recommendation 3

The Committee recommends that the RCMP modify its training on Taser gun use to place more stress on the potential risks of death and injury that such use may entail and on the gaps in the knowledge about this technology and its effects.

Recommendation 4

The Committee recommends that the RCMP amend its policy by introducing the requirement that Taser gun use certification be renewed at least every two years.

Recommendation 5

The Committee recommends that the RCMP improve the training of its members on mental health and addiction issues. The RCMP should make sure that the training given to its members reflects the findings of independent research in these areas, particularly in regard to the relationship between mental health disorders, addiction and use of the Taser gun.

Recommendation 6

The Committee recommends that, wherever possible, the RCMP make use of psychiatric support staff to assist them in providing assistance when an intervention is expected to involve a person suffering from mental illness or drug addiction.

Recommendation 7

The Committee recommends that Health Canada, through the Health Human Resource Strategy and the Canadian Mental Health Commission, look into the lack of psychiatric programs and drug addiction programs.

Recommendation 8

The Committee recommends that the Government of Canada encourage the three federally subsidized research councils (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council and the Social Sciences and Humanities Research Council) to fund scientific research into Taser gun technology as well as comparative research on use-of-force methods.

Recommendation 9

The Committee recommends that the Government of Canada commission independent, scientific studies on Taser gun safety and encourage that these results be submitted to peer review journals.

Recommendation 10

The Committee recommends that Statistics Canada's Canadian Centre for Justice Statistics be given the mandate to create and manage a national database on in-custody deaths, including, at least, the method of restraint used, the authority involved and the context of incidents, such as mental illness or drug use.

Recommendation 11

The Committee recommends that Statistics Canada's Canadian Centre for Justice Statistics also be given the mandate to create and manage a database on the use of the Taser gun and other restraint methods.

Recommendation 12

The Committee recommends that the RCMP include in its annual report to Parliament data on the use of Taser gun and other use-of-force methods. The RCMP must, at least, provide the following information about Taser gun use in its annual report: the number of officers accredited to handle Taser guns; the number and nature of incidents involving Taser gun use; the type of use (demonstration, probe mode, stun mode etc.); the number of complaints received; the injuries related to its use; and the number of deaths soon after Taser gun use.

Recommendation 13

The Committee recommends that the Government of Canada recognize the urgency of the situation by introducing in the House of Commons, as soon as possible, legislation to establish a civilian oversight body for RCMP activities. This body must be given the mandate to systematically review all RCMP activities, including use-of-force guidelines and practices, and process complaints involving RCMP members. It must also be vested with broad powers, including the power to decide what information is necessary to fulfill its mandate and to compel any federal, provincial, municipal or private organization or official to produce documents and to appear before it.

Recommendation 14

The Committee recommends that the Canada Border Services Agency, working with Canada's international airports authorities, implement a system designed to facilitate communication between staff working in controlled areas and those in public areas in Canada's international airports. This system must allow people in the reception areas or in the controlled areas in airports to find passengers, while respecting the passengers' privacy and safety.

Recommendation 15

The Committee recommends that the Canada Border Services Agency install reconciliation software that would make it possible to follow international passengers from the first check point in the Customs Controlled Area (that is, the primary inspection line) until they leave the area.

Recommendation 16

The Committee recommends that all Canada's international airport authorities ensure a sufficient number of telephones in terminals that provide access to interpretation services when needed.

Recommendation 17

The Committee recommends that the Chair of the Standing Committee on Public Safety and National Security call a meeting six months following the tabling of this report in order to receive a progress report on the implementation of our recommendations involving the RCMP.

APPENDIX A LIST OF WITNESSES

Organizations et individuals	Date	Meeting
<p>Canadian Police Research Centre Steve Palmer, Executive Director</p>	2008/01/30	13
<p>Taser International Inc. Tom Smith, Chairman</p>		
<p>Ontario Police College Chris Lawrence, Instructor</p>	2008/02/25	18
<p>Royal Canadian Mounted Police Richard Groulx, Sergeant Tactical Training Section</p> <p>Darrell LaFosse, Assistant Commissioner, Community, Contract and Aboriginal Policing Services</p> <p>Troy Lightfoot, Inspector, Officer in Charge, Operational Program</p> <p>Bruce Stuart, National Use of Force Coordinator, National Use of Force Program, Community, Contract and Aboriginal Policing Services</p>		
<p>Vancouver Police Department Joel Johnston, Staff Sergeant British Columbia Use of Force Coordinator</p>		
<p>Toronto Police Service Michael Federico, Senior Officer Staff Superintendent, Staff Planning and Community Mobilization</p>	2008/02/27	19
<p>Toronto Police Services Board Alok Mukherjee, Chair</p>		
<p>Commission for Public Complaints Against the Royal Canadian Mounted Police Paul E. Kennedy, Chair</p> <p>Michael P. MacDonald, Director Strategic Policy and Research</p>	2008/05/03	21

APPENDIX A LIST OF WITNESSES

Organizations et individuals	Date	Meeting
<p>Office of the Police Complaints Commissioner of British Columbia Dirk Ryneveld, Commissioner</p>	2008/05/03	21
<p>As an individual John C. Butt, Consultant Pathfinder Forum Christine Hall, Emergency Department Physician Bernard Lapierre, Ethicist, philosopher and lecturer École Polytechnique, University of Montreal Pierre Savard, Professor École Polytechnique, University of Montreal</p>	2008/12/03	22
<p>As an individual Riki Bagnell, Mother of Robert Bagnell Zofia Cisowski, Mother of Robert Dziekanski Patti Gillman, Sister of Robert Bagnell Walter Kosteckyj, Lawyer</p>	2008/04/16	25
<p>Government of Alberta Graeme Dowling, Chief Medical Examiner Office of the Chief Medical Examiner</p> <p>Government of Ontario Andrew McCallum, Regional Supervising Coroner for Eastern Ontario Ministry of Community Safety and Correctional Services</p>	2008/04/28	26
<p>House of Commons Stockwell Day, Minister of Public Safety</p>	2008/05/28	32

**APPENDIX A (CONTINUED)
LIST OF WITNESSES
TRAVEL TO VANCOUVER
INTERNATIONAL AIRPORT**

Organizations and individuals	Date
<p>The Committee traveled to the Vancouver International Airport on April 3 and 4, 2008, within the context of its study of the Conductive Energy Weapon and heard the following witnesses:</p>	
<p>Canada Border Services Agency Brian Flagel, Executive Director Yvette-Monique Gray, Director</p>	2008/04/03
<p>Vancouver International Airport Authority Paul Levy, Vice President Operations Michael O'Brien, Vice President Corporate Secretary</p>	
<p>Royal Canadian Mounted Police Gregg Gillis, Caporal Use of Force Expert Annie Linteau, Constable Strategic Communications Al Macintyre, Assistant Commissioner Rendall Nessel, Inspector Operations Officer Doug Wright, Staff Sergeant</p>	
<p>As an individual John C. Butt, Consultant Pathfinder Forum Christine Hall, Emergency Department Physician Cameron Ward, Lawyer</p>	2008/04/04
<p>British Columbia Schizophrenia Society John Gray, Board Member</p>	
<p>British Columbia Civil Liberties Association Murray Mollard, Executive Director</p>	

APPENDIX B LIST OF BRIEFS

Organizations et individuals

British Columbia Civil Liberties Association

British Columbia Schizophrenia Society

Butt, John C.

Campbell, Pat

Government of Ontario

Hall, Christine

Kostecky, Walter

Payeur, Bernard

Royal Canadian Mounted Police

Savard, Pierre

Schizophrenia Society of Ontario

Taser International Inc.

Vancouver International Airport Authority

Vani, Jain

APPENDIX C

ROYAL CANADIAN MOUNTED POLICE

Operational Manual - Chapter 17.7 - Conducted Energy Weapon

1. General

1. 1. Only the advanced Taser M26 (model 44000) and Taser X26E (Law Enforcement) (model 26012) conducted energy weapons (CEW) are approved for RCMP operational use as intervention devices to control individuals and avert injury to members and the public.

see also:

[Chapter 17.7.1 - Approved Holsters](#)

[Chapter 17.7.2 -- Taser Model M26 Battery-Charging Method](#)

[Operational Manual Bulletin: Conducted Energy Weapon \(CEW\) Deployment](#)

NOTE: As any Taser M26 reaches its life expectancy, it will be replaced by a Taser X26E. No new Taser M26 will be purchased.

1. 2. The fluorescent yellow stickers on the CEW are intended to differentiate it from the pistol and must not be removed or altered under any circumstance.

1. 3. Only trained members and certified instructors who have successfully completed the CEW User Course or the CEW Instructor Course are permitted to use the CEW.

1. 4. Members certified to operate the CEW must re-qualify every three years.

1. 5. CEW training and member re-certification must be documented on HRMIS.

2. Definitions

2. 1. **CEW Challenge** means the declaration issued by a member before using the CEW: "Police, stop or you will be hit with 50,000 volts of electricity!"

2. 2. **push stun mode** means pressing or pushing an activated CEW onto designated push/stun locations on an individual, allowing electrical energy to be transferred to that individual.

2. 3. **probe mode** means deploying an activated CEW by propelling and discharging two electrical probes, equipped with small barbs that hook onto a person's clothing or skin, allowing electrical energy to be transferred to that person.

2. 4. **use of the CEW** means:

2. 4. 1. the CEW Challenge (see sec. 2.1.) has been issued to a person whether or not the CEW is

activated;

2. 4. 2. the CEW is activated without a CEW Challenge; or

2. 4. 3. the CEW is drawn from its holster and used in controlling a situation, whether or not the CEW Challenge is given.

2. 5. **operational cartridge** means an RCMP-approved cartridge for operational use and training, except scenario-based training.

2. 6. **training cartridge** means the RCMP-approved blue simulation air cartridge for scenario-based training.

2. 7. **excited delirium** means "a state of extreme mental and physiological excitement, characterized by extreme agitation, hyperthermia, hostility, exceptional strength and endurance without apparent fatigue" (Morrison and Sadler, 2001).

2. 7. 1. Excited delirium is a medical emergency which may be brought on by stimulant use, psychiatric illness or a combination of both. Subjects may exhibit the following symptoms or behaviour:

2. 7. 1. 1. removal of clothing;

2. 7. 1. 2. bizarre and violent behavior;

2. 7. 1. 3. running in heavy street traffic;

2. 7. 1. 4. hyperactivity;

2. 7. 1. 5. aggression;

2. 7. 1. 6. smashing objects, particularly windows and glass;

2. 7. 1. 7. non-responsive to police presence or verbal intervention;

2. 7. 1. 8. extreme paranoia;

2. 7. 1. 9. incoherent shouting, unintelligible speech, animal sounds;

2. 7. 1. 10. flight behavior;

2. 7. 1. 11. lid lift (eyes opening so wide the whites of the eyes are completely visible);

2. 7. 1. 12. unusual strength;

2. 7. 1. 13. impervious to pain;

2. 7. 1. 14. ability to resist numerous police officers over an extended period of time;

2. 7. 1. 15. overheating (hyperthermia); or

2. 7. 1. 16. profuse sweating or no sweating at all.

2. 8. **data download** means retrieving information, recorded and stored in the Taser M26 or Taser X26E about its deployment, through the data port-function by connecting the data port to a computer. By conducting a data download, information is provided about CEW usage which provides accountability and which can be valuable to an investigation.

3. **Deployment**

3. 1. **General**

3. 1. 1. The CEW must be used in accordance with CEW training and the principles of the Incident Management/Intervention Model (IM/IM). See also ch. 17.1.

3. 1. 2. Before using the CEW, when tactically feasible, give the CEW Challenge. See sec. 2.1.

3. 1. 3. Multiple deployment or continuous cycling of the CEW may be hazardous to a subject. Unless situational factors dictate otherwise (see IM/IM), do not cycle the CEW repeatedly, nor more than 15-20 seconds at a time against a subject.

3. 1. 4. Unless situational factors dictate otherwise (see IM/IM), make every effort to take control of the subject as soon as possible during a CEW probe-mode deployment.

3. 1. 5. For cold-weather limitations for model M26, see sec. 7.3.

3. 2. **Excited Delirium**

3. 2. 1. All members must familiarize themselves with the common signs of excited delirium outlined in sec. 2.7.

3. 2. 2. Individuals experiencing excited delirium require medical treatment which first requires that they be restrained.

3. 2. 3. In considering intervention options for excited delirium cases, the use of the CEW in a probe-mode deployment may be the most effective response to establish control.

NOTE: The CEW in push stun mode is primarily pain compliance.

3. 2. 4. If you suspect that an individual is experiencing an excited delirium medical emergency, when possible create a response strategy before deploying the CEW and include Emergency Medical Services (EMS) attendance in your strategy.

3. 2. 4. 1. An optimal response strategy should include the following:

3. 2. 4. 1. 1. EMS to attend with members;

3. 2. 4. 1. 2. ensure there are enough members on the scene for a quick and effective "hands on" (control) in an effort to minimize the incidence of physical confrontation;

NOTE: On its own, the CEW is not intended as a restraint device.

3. 2. 4. 1. 3. one member on CEW;

3. 2. 4. 1. 4. effective control of arms and legs during CEW deployment cycle;

3. 2. 4. 1. 5. apply approved restraints;

3. 2. 4. 1. 6. when safe to do so, remove the subject from the prone position as soon as possible after control is established;

3. 2. 4. 1. 7. if no EMS is present at the scene and the subject suddenly becomes quiet and stops resisting, EMS should be summoned and preparation be made for CPR; and

3. 2. 4. 1. 8. as excited delirium is a medical emergency, all subjects should be transported via EMS, where possible, and placed in Health Services care as soon as possible.

3. 2. 5. If possible promptly go to the hospital to relay your observations to health care personnel to ensure information is properly relayed.

3. 2. 6. If there is evidence of substance abuse, seize as an exhibit.

4. Voluntary Exposure

4. 1. Only candidates taking the CEW User Course or the CEW Instructor Course are permitted to participate in the CEW Voluntary Exposure Exercise, conducted by a CEW Instructor.

NOTE: Do not permit any member of the public to participate in a CEW voluntary exposure exercise.

5. Deployment Aftercare

5. 1. Advise the individual that he/she has been subjected to a CEW deployment and that the effects will be short term.
5. 2. Ensure the individual receives medical attention if any unusual reactions occur or if you think that he or she is in distress.
5. 3. If the CEW was used in probe mode, a member currently certified in first aid may remove the probes. It is not necessary to have a medically trained person examine the individual, unless a probe is lodged in a sensitive part of the body, such as the eye or the groin, or the individual's physical condition warrants medical attention.
5. 4. Remove the probe from an individual in a manner that least interferes with the privacy and dignity of that individual, ensuring the safety of the member and the individual.
5. 5. If a medical or physical affliction is claimed or observed, to the best of your ability:
 5. 5. 1. Make note of the actual or alleged affliction/injury.
 5. 5. 2. Photograph the actual or alleged affliction/injury.
 5. 5. 3. Obtain a statement.

6. Reporting

6. 1. General

6. 1. 1. As soon as practicable each time the CEW is used, notify your supervisor.
6. 1. 2. Record on the investigative file any apparent or alleged affliction/injury caused by the CEW.
6. 1. 3. Complete form 3996 before the end of a shift every time the CEW is used, and place a completed copy on the operational file.
6. 1. 4. Where applicable, follow division reporting directives.
6. 1. 5. For occupational health and safety reporting requirements, see OSM ch. 3.

6. 2. Supervisor

6. 2. 1. Ensure members submit form 3996. Review forms for quality assurance.
6. 2. 2. To make changes or additions after submission of form 3996, resubmit the form in its entirety. The system will automatically purge the old form and replace it with the new one. Place a copy of the revised

form on the operational file.

6. 3. Commander

6. 3. 1. Ensure that members under your command are aware of the directives in this chapter.

6. 3. 2. Ensure the original CEW package received contains one CEW, four operational cartridges, two fully charged battery packs, one instruction book, one black carrying case, and one holster.

6. 3. 3. Maintain a control log for each CEW assigned to the unit by recording the time, date and name of each member who has a CEW.

6. 3. 4. Keep an adequate supply of CEWs, RCMP-approved holsters, CEW operational cartridges and replacement batteries on hand.

7. Maintenance and Control

7. 1. General

7. 1. 1. The CEW is a prohibited firearm. The CEW and its cartridges must be secured in accordance with the [*Public Agents Firearms Regulations*](#).

7. 1. 2. A member operating a CEW must safely dispose of spent cartridges.

7. 1. 3. Spent probes will be placed in a biomedical waste container.

7. 1. 4. The CEW must be carried in an RCMP-approved holster (see App. 17-7-1) on the member's non-dominant side, e.g. opposite the sidearm.

7. 1. 5. For use of the M26 in -20°C, see sec. 7.2.3.3.

7. 2. Batteries

7. 2. 1. Model X26E

7. 2. 1. 1. The X26E uses a model-specific, digital power magazine (DPM).

7. 2. 1. 2. Replace the DPM when the percentage life reads below 20% on the digital display.

7. 2. 1. 3. DPMs below 20% may be used for training.

7. 2. 1. 4. Dispose of the DPM when it drops to 1%.

CAUTION: Continued use at 0% may damage the CEW.

7. 2. 2. **Model M26**

7. 2. 2. 1. Given the specialized and particular power supply requirements for the M26, only RCMP-approved batteries must be used. See sec. 7.2.4.2. See also App. 17-7-2 for battery-charging method.

7. 2. 2. 2. The M26 battery indicator is a simple "power indicator" light when used with NiMH batteries. A spark test is the only approved and reliable method to assess the state of the NiMH batteries and the functionality of the CEW.

7. 2. 3. **Model M26 Precautions**

7. 2. 3. 1. Ensure batteries are properly charged at all times, particularly during severely cold temperatures.

7. 2. 3. 2. Avoid exposing the M26 to temperatures below -10°C for extended periods.

7. 2. 3. 3. At -20°C or below, when practicable, carry the CEW and cartridges in a warm area or under your storm coat.

7. 2. 4. **Model M26 Battery Cooling Period**

7. 2. 4. 1. Do not cycle the CEW more than 10 times consecutively. When the CEW is continuously recycled, a cooling-off period of 10 minutes must be allowed to prevent internal damage.

7. 2. 4. 2. These batteries can only be purchased through M.D. Charlton. See App. 17-7-2.

7. 2. 5. **Model M26 Battery Care**

7. 2. 5. 1. You can only use the following authorized AA batteries listed in order of preference: Taser International (Rechargeable NiMH 44700); and Eveready Energizer ACCU (Rechargeable NiMH in 2100 mA or more).

7. 2. 5. 2. Recharge CEW NiMH batteries every two weeks. The NiMH batteries do not retain a full charge over time. When not used, NiMH batteries lose 1% or more of their charge each day at room temperature.

7. 2. 5. 3. Do not charge both the CEW and a separate battery pack at the same time on the same charger.

7. 2. 5. 4. To ensure that the CEW NiMH batteries are capable of accepting a full charge, CEW NiMH batteries must be conditioned when received and drained semiannually according to the manufacturer's instructions.

7. 2. 5. 5. Purchase these batteries through the authorized distributor of Taser, M.D. Charlton, because of the unique construction of the battery and to meet the demands of the Taser.

7. 2. 5. 6. Upon receipt of a new CEW and every six months thereafter, recharge the batteries three times consecutively. Remove the batteries or CEW from the charger when the green light indicates that the batteries are fully charged. Wait five seconds, then reinsert the batteries or CEW into the charger, and repeat a third time. Repeat these steps when the CEW batteries are drained or battery problems are experienced. See App. 17-7-2.

7. 2. 5. 7. If battery problems persist after the batteries have been conditioned, return the CEW, the batteries and the charger to the Armourer for inspection/repairs.

7. 3. Model M26 and Cartridges Cold-weather Limitations

7. 3. 1. At -10° C or colder, the M26 may deploy improperly or not at all.

7. 3. 2. At or near -20° C, the following limitations have been observed:

7. 3. 2. 1. trigger is stiff and requires excessively hard pull to activate,

7. 3. 2. 2. reduced cycle rate,

7. 3. 2. 3. deployment range limited to 15' or 4.5 m maximum,

7. 3. 2. 4. one to two seconds delay in cartridge firing, and

7. 3. 2. 5. rapid transition from cold to warm areas may cause laser sight to frost.

7. 3. 3. The X26E does not have the same limitations as the M26.

7. 4. Operational/Training Cartridges

7. 4. 1. Operational Cartridges: TASER Standard Air Cartridge model 44200 with 21-foot filament - for operational use with both the M26 and X26E.

NOTE: This is a newer version of the currently approved TASER Standard Air Cartridge model 34222 which is no longer available for purchase. Model 34222 is still approved and will be phased out through attrition.

7. 4. 2. Training Cartridges: blue TASER simulation Air Cartridge model 44205 with a 21-foot, non-conductive nylon wire for use in RCMP scenario-based training. This training cartridge is intended to be purchased only by CEW instructors or Division Training Coordinators.

7. 4. 3. Monitor operational cartridges. They are marked with a five-year expiration date.

7. 4. 4. If the operational cartridge has not been deployed in five years, immediately replace it with a new operational cartridge.

7. 4. 5. You may use expired operational cartridges for training purposes, except for scenario-based training.

7. 4. 6. An operational cartridge should not be stored for a long term and carried in the extended DPM of the Taser Model X26E. Cartridges are to be stored in the cartridge carrier/holder provided on the holster.

7. 5. Repair/Replacement

7. 5. 1. In compliance with the [Canada Labour Code](#), malfunctioning CEWs must be marked or tagged to indicate that they are faulty and to be removed from service.

7. 5. 2. The supervisor will:

7. 5. 2. 1. ensure faulty or malfunctioning CEWs are removed from service, are properly tagged and immediately sent to a qualified person designated by the Cr. Ops. Officer to conduct CEW data downloading. See shipping procedures in FM ch. 6.4.4.

7. 5. 2. 2. after the download is complete, ensure the CEW is returned to the Senior Armourer, "Depot" Division for repair or replacement. See FM ch. 6.4.

7. 5. 3. If the CEW is being shipped for independent testing as part of an investigation, follow the same shipping procedures. See FM ch. 6.4.4.

8. Data Downloads

8. 1. General

8. 1. 1. The following individuals are qualified to conduct CEW downloads: CEW Instructor Trainers, the RCMP Armourer, and any other qualified person designated by the Cr. Ops. Officer.

8. 1. 2. Follow the same shipping process (see FM ch. 6.4.4.) if the CEW is being shipped specifically for a data download for an investigation about CEW usage or yearly storage of data and resetting of the internal clock to Greenwich Mean Time.

8. 2. Division

8. 2. 1. Develop a system for downloading and storing the data from all CEWs in your division a minimum

of once a year.

8. 2. 2. Ensure the CEW's internal clock is reset to the correct Greenwich Mean Time a minimum of once a year.

9. Independent CEW Testing

9. 1. The Canadian Police Research Center (CPRC) will conduct independent testing of a CEW when:

9. 1. 1. someone is seriously injured or dies when a member resorts to lethal force because a CEW was ineffective or malfunctioned;

9. 1. 2. a member is seriously injured or dies as a direct or indirect result of a CEW malfunction; or

9. 1. 3. any incident in which it is in the public interest or the member's interest to determine the working state of a CEW.

9. 2. Testing will be conducted at division expense.

9. 3. The CEW must be packaged and shipped in accordance with FM ch. 6.4.4. to the following address:

Canadian Police Research Centre
National Research Council
Building M-55
1200 Montreal Rd.
Ottawa, ON K1A 0R6

References

- Morrison, A., & Sadler, D. (2001). Death of a psychiatric patient during physical restraint. Excited delirium--a case report. *Medicine Science and Law*, 41(1), 46 - 50.
- British Columbia: Office of the Police Complaints Commissioner, *TASER Technology Review - Final Report*, File number 2474, April 2005.
- Manojlovic et al (for the Canadian Association of Chiefs of Police - August 22, 2005). *Review of Conducted Energy Devices - Canadian Police Research Center, Technical Report, TR-01-2006.*
- [Criminal Code](#)

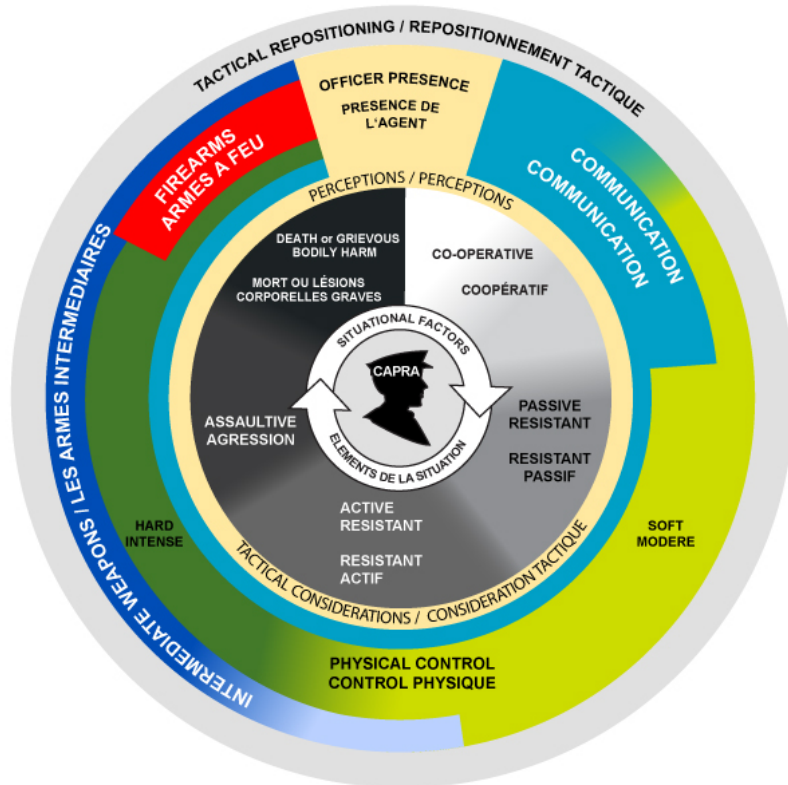
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APPENDIX D

RCMP INCIDENT MANAGEMENT INTERVENTION MODEL

RCMP Incident Management Intervention Model (IMIM) currently in force

Incident Management Intervention Model
Modèle d'intervention pour la gestion d'incidents

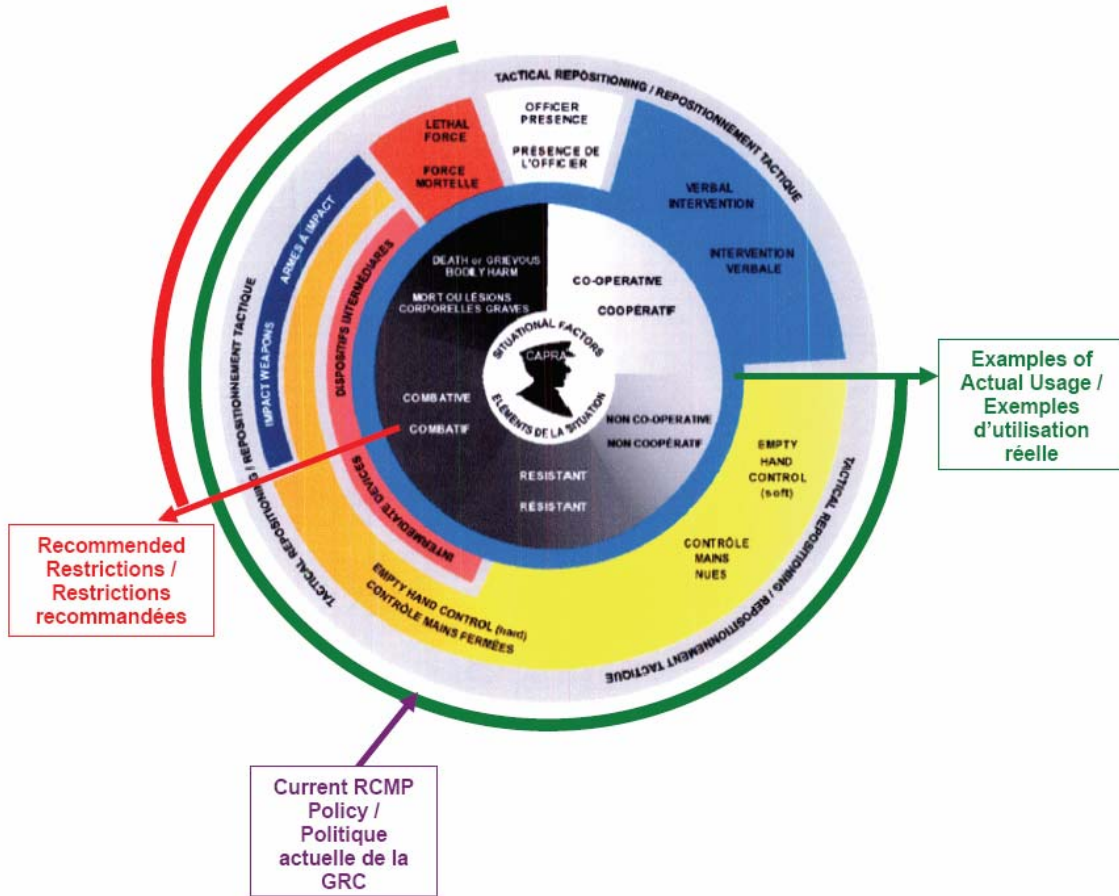


The officer continuously assesses risk and applies the necessary intervention to ensure public and policy safety.

L'officier évalue continuellement les risques et applique la forme d'intervention convenable afin d'assurer la sécurité du public et des services policiers.

version 11/03/08

Proposed Restrictions on Incident Management/Intervention Model
 Restrictions proposées concernant le Modèle d'intervention
 pour la gestion d'incidents



Source : Commission des plaintes du public contre la GRC, *Utilisation de l'arme à impulsions (AI) à la GRC*, Rapport intérimaire, décembre 2007/ Commission for Public Complaints Against the RCMP, *RCMP Use of the Conducted Energy Weapon (CEW)*, Interim Report, December 2007.

MINUTES OF PROCEEDINGS

A copy of the relevant Minutes of Proceedings ([Meetings Nos.13,18,19,21,22,25,26,32](#)) is tabled.

Respectfully submitted,

Garry Breitkreuz, MP
Chair

