

Solano County Health & Social Services Department



Mental Health Services
Public Health Services
Substance Abuse Services
Older & Disabled Adult Services

Eligibility Services
Employment Services
Children's Services
Administrative Services

Patrick O. Duterte, Director

EMERGENCY MEDICAL SERVICES AGENCY

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Richard C. Lotsch, D.O.
EMS Agency Medical Director

POLICY MEMORANDUM 6607

DATE: 20 November 2008

REVIEWED/APPROVED BY:

Handwritten signature of Richard C. Lotsch.

RICHARD C. LOTSCH, D.O., EMS AGENCY MEDICAL DIRECTOR

Handwritten signature of Michael A. Frenn.

MICHAEL A. FRENN, EMS AGENCY ADMINISTRATOR

SUBJECT: TASERED PATIENTS AND THE REMOVAL OF BARBS

AUTHORITY: CALIFORNIA HEALTH & SAFETY CODE, §1797.204, §1797.220

I. PURPOSE/POLICY:

To establish guidelines for paramedics in the treatment of a tasered patient and the possible removal of the taser barbs from the patient.

II. GENERAL CONSIDERATIONS:

- A. Law Enforcement has several options to use when controlling a violent or combative subject including the use of a Taser. A Taser is designed to transmit electrical impulses that temporarily disrupt the body's central nervous system. Its Electro-Muscular Disruption (EMD) technology causes an uncontrollable contraction of the muscle tissue, allowing the Taser to physically debilitate a target regardless of pain tolerance or mental focus.
- B. The scene must be safe and secured by law enforcement before Emergency Medical Services (EMS) will evaluate or treat the patient.
- C. Assess the patient for any potential cause of the abnormal or combative behavior such as but not limited to hypoglycemia, hypoxia, psychosis or intoxication and treat per the appropriate protocol.

- D. Assess the patient for any potential injury after the Taser was deployed. Remember the Taser may cause the patient to fall to the ground.
- E. A careful medical history should be obtained, including but not limited to cardiac history and substance abuse problems including stimulant or cocaine use. Thought should be given to the condition of agitated delirium and treat if necessary. Follow Policy 6143, Patient Restraint and use of sedating drugs.

III. PROCEDURE:

- A. Remove Taser darts only if they in a location which could interfere with safe, secure patient packaging for transport. **Removal of the taser darts does not constitute medical clearance of the patient. Every patient who has taser darts removed by EMS must be transported to a hospital ED for medical evaluation.** If the police want EMS to remove the darts, then they must agree to have the patient taken to a hospital. If police do not agree with that, then EMS will not remove the darts.
- B. Never remove taser darts from the eye, neck or groin.
- C. Before touching any patient who has been tasered, insure that the police officer has disconnected the wires from handheld unit or cut the wires.
- D. Utilize PPE. Place hand in the form of a “V” around the taser dart in order to stabilize the surrounding skin and to keep loose skin from coming up with the dart. Firmly grasp the dart and with one smooth hard jerk, remove the dart from the patient’s skin.
- E. Prior to dart removal inform all caregivers that you are about to remove the contaminated sharp.
- F. If the barbs do not come out with a firm tug; then leave them in place and have the ER remove the barbs. The darts may have penetrated deeper into the dermis.
- G. Visually inspect the dart to make sure the tip did not break off during removal and dispose of the sharp in the appropriate container.
- H. Cleanse the wound with saline and apply a covering over the area.

IV. PCR DOCUMENTATION:

The following must be documented on the PCR:

- A. The patients’ presenting behavior or signs and symptoms which lead law enforcement to tase the patient.
- B. Baseline patient assessment including but not limited to Oxygen Saturation; Blood Glucose level, neurologic assessment including pupil assessment, vital signs including skin signs and Level of Consciousness and repeat patient assessment at least every 10 minutes until arrival at the emergency department.

- C. Time of Removal.
- D. Anatomic location of the darts.
- E. Whether or not taser darts are intact after removal.

V. QUALITY IMPROVEMENT:

- A. Each ALS department and their Medical Director annually will review this policy as will all personnel and provide documentation of training when asked by the EMS Agency.
- B. Each ALS department will annually conduct a random audit of PCRs to evaluate the thoroughness of documentation for each case.

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