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MANAGEMENT OF TASER/STUN DEVICE PATIENTS

REVISION: 03/25

(Signature On-file)
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PURPOSE:

To establish guidelines for El Dorado County EMS personnel for treatment of patients on whom a Taser or stun device has been deployed.

DEFINITIONS:

Agitated Delirium – an acutely excited state, which may include paranoia, aggression, apparent immunity to pain which is often associated with stimulant use and/or certain psychiatric disorders. May have signs of hyperthermia and acidosis.

Stun Device – any weapon or other device (except taser devices), which emits an electrical pulse capable of temporary paralysis .

Taser Device – a weapon firing barbs attached by wires to batteries that send a short electrical pulse, causing temporary paralysis when they hit the subject.

POLICY:

- 1) El Dorado EMS personnel may remove taser device barbs on the request of law enforcement, pursuant to the procedure outlined below.
- 2) The scene must be secure by law enforcement prior to EMS making patient access.
- 3) Barb removal shall precede a complete assessment to include:
 - a) cardiac history,
 - b) implantable cardiac devices,
 - c) use of stimulants (i.e. cocaine, methamphetamine, etc.)
 - d) vital signs, including temperature
 - e) blood glucose measurement,
 - f) 12-lead ECG.
 - g) altered mental status,
 - h) trauma, and/or hyperthermia.
- 4) EMS personnel shall recommend that individuals subdued by a taser/stun device be evaluated at the Emergency Department (Refer to **Refusal of Care and/or Transportation Policy (913)**) for instances where individuals refuse assessment, treatment and/or transport.)
- 5) For patients that are under arrest, a law enforcement officer should accompany the patient to the hospital. Restraints applied by law enforcement require the officer to remain available at the scene or during transport to remove or adjust the restraints for patient safety. Refer to **Physical Restraint Policy** if necessary.

PROCEDURE: TASER BARB REMOVAL

- 1) Don appropriate PPE.
- 2) Ensure that the police officer has disconnected the wires from the handheld unit.
- 3) Do not remove probes located in the eye, face, neck, breast (female), pregnant abdomen, axilla, genitals or any other potentially vulnerable area.
- 4) Place the first hand on the area where the probe is embedded and stabilize the skin surrounding the puncture site with a finger on either side of the probe but not touching.
- 5) With second hand firmly grip the weighted rear portion of the dart.
- 6) In one fluid motion, pull the probe straight out from the puncture site.
- 7) Repeat procedure for second probe, if needed.
- 8) Cleanse puncture sites with chlorhexidine and bandage as appropriate.
- 9) Inspect probe(s) to assure that they are intact and that no part of the probe remains in the patient. If the probe is not intact, transport the patient to the E.D.
- 10) Extracted probes are evidence and shall be offered to law enforcement officers. If refused by law enforcement, place in sharps container.
- 11) Suggest patient be re-evaluated within 48 hours by a medical provider.
- 12) If no tetanus vaccine within past 5 years, advise patient to obtain tetanus vaccine within 72 hours.
- 13) Do not use forceps or other device to remove the probe. If the probe cannot be removed by hand, transport the patient to the ED.

DOCUMENTATION

The following information should be documented on the patient care report:

- 1) Patient's presenting behavior and/or reported signs/symptoms which resulted in Taser use.
- 2) Findings of patient assessment
- 3) Anatomic location of the Taser probes (note: if Taser probes were removed by EMS, document time of removal and if probes were intact following removal).