

Tuolumne County Emergency Medical Services Agency
EMS System Policies and Procedures

Policy: Taser Probe Removal

#233.50

Medical Director:



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EMS Coordinator:



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I. AUTHORITY

California Code of Regulations, Title 22, Section 100169 Health & Safety Code, Sections 1797.204, 1797.220, 1798

II. PURPOSE

To establish guidelines for Tuolumne County EMS personnel in the treatment of patients on whom a TASER® has been used.

III. GENERAL CONSIDERATIONS

- A. 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. Before touching any patient who has been subdued using a Taser, ensure that the police officer has disconnected the wires from the handheld unit.

IV. POLICY

- A. Assess vital signs including ECG monitoring and pulse oximetry.
- B. If patient's age is greater than 35, perform 12-lead ECG.
- C. Obtain patient's history including: tetanus vaccination, cardiac history and possible use of stimulants such as Phencyclidine (PCP) or Cocaine.
- D. If a Taser has been used on a patient with a pacemaker/ICD or other Implanted device, the patient must be transported to an Emergency Department.
- E. Assess for:
 - i. Respiratory effort and fatigue
 - ii. Body temp/Hyperthermia
 - iii. Oxygen Saturation
 - iv. Blood Glucose level
 - v. Symptoms of Cardiac Stress
 - vi. Agitated Delirium, Altered LOC
 - vii. Trauma related to ground level fall when tased.

- F. All of the above findings shall be documented on the patient care record.
- G. If potential for complications exist, contact on-line medical control or transport to appropriate hospital. The patient may be released to the relevant law enforcement agency if, after a fifteen minute observation period in the field (starting from arrival at patient's side) all of the following criteria are met:
 - i. Patient must have a GCS of 15
 - ii. Patient must have a heart rate of <110 bpm, respiratory rate >12, O2 saturation >94%, systolic blood pressure >100 mmHg and <180 mmHg
 - iii. No dart has penetrated the eye, face, neck, breasts (females), axilla or genitals
 - iv. Patient has no other acute medical or psychiatric condition requiring medical evaluation, such as:
 - a. Traumatic injury sustained in TASER induced fall
 - b. Hypoglycemia
 - c. Acute psychiatric disturbance or agitated delirium
 - d. Tetanic muscle contractions
 - e. Patient is not requesting transport to hospital.
 - f. Patient is 18 years of age or older
- H. Training in the removal of Taser probes shall consist of no less than one (1) hour to result in the EMS personnel being competent in the removal of Taser probes and managing potential complications related to the use of a Taser.

V. PROCEDURE

- A. Place one hand on the area where the probe is embedded and stabilize the skin surrounding the puncture site.
- B. Place second hand firmly around the probe.
- C. In one fluid motion, pull the probe straight out from the puncture site.
- D. Do not use forceps or other device to remove the probe. If the probe cannot be removed by hand, transport the patient to the Emergency Department.
- E. Repeat procedure for second probe, if needed.
- F. Cleanse puncture sites and bandage as appropriate.
- G. Suggest patient be evaluated within 48 hours by physician.
- H. If no tetanus vaccine within 5 years, advise patient to obtain tetanus vaccine within 72 hours.
- I. Inspect probe(s) to assure that they are whole and no part of the probe remains in the patient.
- J. Extracted probes are evidence and shall be given to law enforcement officers.

VI. CONTRAINDICATIONS

- A. When a probe is embedded in a potentially vulnerable region (i.e. face, eye, neck, groin, axilla or female breast) do not remove and transport the patient to the closest appropriate emergency department.