Ì	POLICY: 200.38 TASER INJURIES			
MORRIS	APPROVAL:	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS;		
HOSPITAL & HEALTHCARE CENTERS	EFFECTIVE DATE: 2/16/2024			ORIGINAL EFFECTIVE DATE: 8/2022
People You Know. Extraordinary Care.	DEPART	MENT SPECIFIC	<b>EMERGENCY M</b> A	ANAGEMENT SERVICES

## I. Purpose:

To give guidance to prehospital providers on the care of a patient that has had a Taser used on them

## II. Policy:

This policy is designed to be used for patients who have been subdued by the use of any electroshock devices, i.e. TASER. Tasers typically have two barbs. Do NOT remove/come in contact with the barbs if they are still attached to the Taser.

- A. Assess scene and personal safety. Safety is the first priority in any situation involving deployment of an electroshock device (Taser). Law enforcement should secure the scene and ensure the safety of EMS personnel before the patient is assessed or treated.
- **B.** Initial Trauma Care
  - Assess for injury and/or altered mental status and treat per appropriate SMO. • Obtain baseline vital signs • If ALS, include ECG monitoring for cardiac abnormalities
  - **2.** If ALS and patient is > 35 years of age, consider 12 lead ECG evaluation.
  - **3.** Identify location of probes on the patient's body. Evaluate depth of skin penetration.
- C. The removal of Taser barbs, probes or darts is outside of the paramedic scope of practice. Paramedics should not remove or ask for the removal of the barbs UNLESS they interfere with the patient's airway or they interfere with the placement of defibrillator pads. In the event barbs do need removal to ensure airway or pad placement, first attempt to have a Law Enforcement Officer do the removal. If no one from law enforcement is available and waiting for removal would be detrimental to the patient's heath, remove the barbs in the following way ONLY after they have been disconnected from the Taser device and Medical Control has been contacted.
  - **1.** Place one hand on the patient where the dart is embedded to stabilize the skin surrounding the puncture site.
  - 2. Firmly grasp the probe with your other hand.
  - **3.** Remove by gently pulling the dart straight out along same plane it entered the body.
  - **4.** Assure that the dart is intact.
  - 5. Repeat procedure with second dart, if embedded and if necessary.
  - 6. Return the darts to law enforcement officials, utilizing BSI.
  - 7. Document the procedure
- **D.** Control minor hemorrhage and cleanse the wound area with saline. If indicated, cover the wound area with a dry dressing.

- **E.** Transport Decision:
  - **1.** Transport decisions regarding patients subdued by Electroshock devices should be based on patient condition.
  - 2. If the patient has not had a tetanus shot in the last 5-10 years, they should be advised to get one.

**Approval:** 

James Kirchner Date Vice President of Professional Services

Kathleen Geiger MSN, RN Date Manager of EMS & Emergency Management