



## Paramedic Assessment Of Less Than Lethal Weapons Used By Law Enforcement Personnel

APPROVED: \_\_\_\_\_

EMS Medical Director

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### 1. Definitions:

- 1.1. Taser Device – an electroshock weapon that uses electrical current to disrupt voluntary control of muscles. Its manufacturer, Taser International, calls the effects "neuromuscular incapacitation" and the devices' mechanism "Electro-Muscular Disruption (EMD) technology". Someone struck by a Taser experiences stimulation of his or her sensory nerves and motor nerves, resulting in strong involuntary muscle contractions. Tasers do not rely only on pain compliance, except when used in Drive Stun mode, and are thus preferred by some law enforcement over non-Taser stun guns and other electronic control weapons.
- 1.2. Stun Device – A weapon (except taser devices) designed to stun or temporarily immobilize a victim, especially by delivering a high-voltage electric shock.
- 1.3. Irritant Device - Any chemical that is not listed in the Chemical Weapons Convention, which, in humans, rapidly produces sensory irritation or disabling physical effects ie. Tearing or dyspnea that disappear within a short time following termination of exposure.
- 1.4. Flexible Baton Round - A "bean bag" round filled with No. 9 buckshot wrapped in a fabric and fired from a 12 gauge shotgun.

### 2. Assessment of Taser Patient

- 2.1. Ensure that the scene is safe and secured by Law Enforcement.
- 2.2. Before touching any patient who has been subdued using a Taser ensure that the Officer has disconnected the wires from the hand held unit.
- 2.3. Identify the location of the probes on the patient's body. If any of the probes are embedded in the patient do not remove. Transport the patient to an Emergency Department. Leave the barb(s) in place (the wire between the taser device and the patient may be cut to allow for ease of movement and/or treatment).
- 2.4. Confer with the officer and determine the patient's condition from the time of the Taser discharge until EMS arrival.

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- 2.5. Complete a full assessment on all patients with particular attention to level of consciousness, vital signs, including ECG monitoring for potential cardiac abnormalities.
- 2.6. Obtain a detailed history if possible from the patient including
  - 2.6.1. Any ingestion of any mind-altering stimulants (Phencycline, PCP, Cocaine, etc).
  - 2.6.2. Any medical history, especially cardiac or cardiac rhythm problems
  - 2.6.3. Date of last tetanus immunization:
- 2.7. Treatment for Taser Patients
  - 2.7.1. Determine if barbs or a stun type shock was applied
  - 2.7.2. Cleanse puncture sites and bandage as appropriate.
  - 2.7.3. Provide symptomatic treatment based on current ALS protocols
  - 2.7.4. Every patient shall be transported by EMS to an Emergency Department for further evaluation.
    - 2.7.4.1. Treatment/transport refusal – Instruct patient to seek medical attention immediately or contact 911 if they experience any signs or symptoms.
3. Assessment of the Irritant/sprayed patient
  - 3.1. Consider decontaminating the patient
  - 3.2. Use care when treating as irritant can affect provider
  - 3.3. Get the follow information
    - 3.3.1. Time elapsed since contact with the substance
    - 3.3.2. Behavior
    - 3.3.3. Type of substance
    - 3.3.4. Prior treatment
  - 3.4. Treatment
    - 3.4.1. Bronchospasm
      - 3.4.1.1. Treat using the Respiratory Distress Protocol
    - 3.4.2. Eye irritation
      - 3.4.2.1. Irrigation with normal saline
    - 3.4.3. Allergic reaction:
      - 3.4.3.1. Treat using the Allergic Reaction Protocol
4. Special Information:
  - 4.1. Paramedics should not provide real or implied “medical clearance”. Any non-transport of a patient should fall under the current policy for Refusal of Care or Transportation, Operations 22.
  - 4.2. Any patient who has experienced taser use or irritant spray should be evaluated in a medical ED as only a physician can provide medical clearance..
  - 4.3. All of these assessment findings should be documented thoroughly in the Patient Care Report.

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