

TASER Dart Removal Protocol

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Preamble

EMS staff may be called by police after a TASER has been used on a suspect. EMS personnel may be requested to remove probes from skin. Once probes have been removed paramedics need not transport of patient refuses EMS transport.

Requirements

1. Fully licensed Technician-Paramedic.
2. Certification in TASER dart removal protocol by the medical director.

Indications

1. When TASER darts have been deployed by Police Officers to subdue adult (17 years and older) perpetrators.

Contraindications

As listed under procedure

Drug Dosages and Frequencies

Not applicable

Procedure

1. The attendant recognizes that once a TASER has been used against a perpetrator and the scene has been secured, a medical evaluation is required to ensure the perpetrator is safe to be taken into custody.
2. The attendant is aware that if patients meet refusal of transport criteria, have their darts removed, and do not request transport to hospital, they may be released into police custody, without hospital attendance.
3. The attendant is fully aware that the **default procedure is always transport to hospital** by ambulance with police in attendance and that this is always an option, regardless.
4. The attendant recognizes that TASER dart removal in the field should proceed only if **ALL** criteria for refusal of transport are met.

Removing TASER Darts in the Field without Transport to an Acute Care Facility

Criteria for treatment and subsequent refusal of transport:

5. After a fifteen minute observation period in the field (starting from arrival at patient's side) all of the following criteria must be met:
 - Patient must have a GCS of 15
 - Patient must have a heart rate of <110 bpm, respiratory rate >12, O₂ saturation >94%, systolic blood pressure >100mmHg and <180mmHg
 - No dart has penetrated the eye, face, neck, breasts (females), axilla or genitals
 - Patient has no other acute medical or psychiatric condition requiring medical evaluation, such as:
 - Traumatic injury sustained in TASER induced fall or police encounter
 - Hypoglycemia
 - Acute psychiatric disturbance or agitated delirium
 - No tetanic muscle contractions
 - Patient is not requesting transport to hospital.
 - Patient is 17 years of age or older
 - Patient has had tetanus booster in last ten years. If tetanus status is unknown, the patient may be taken to hospital by police if all other treat and release criteria are met. (Police are to be informed that it is the responsibility of the police service to ensure that the patient receives a tetanus booster within 72 hours. This advice must be documented of the PCR.)
 - All darts which have been deployed are accounted for

6. The attendant recognizes that if all of the above criteria are met, the following steps may be followed for TASER dart removal:
 - i. Ensures that the TASER device is no longer applying electrical charge prior to contacting the patient, darts, or wires.
 - ii. Use scissors to cut the wire at the base of each dart cylinder to disconnect the dart(s) from the TASER cartridge.
 - iii. Wearing gloves, grasp the cylinder of the TASER dart between the thumb and index finger of one hand. Remove the dart with a quick, firm pull directed perpendicular to the skin surface. Dispose of the dart in a sharps container, being careful not to poke oneself with the barb. Repeat this step for each embedded dart.
 - iv. Cleanse each dart wound and the surrounding skin with saline-soaked gauze or alcohol pad.
 - v. Cover each area with a Band-Aid or other sterile dressing. Inform the patient and police that this may be removed in 24 – 48 hours.
 - vi. Ask the patient if they would like to be taken to the hospital. If the patient refuses, document the patient's refusal as per guideline. If the patient wishes transport to hospital, then transport is to be initiated.
 - vii. If the patient refuses transport, instruct the patient to seek medical attention immediately, if he/she develops any signs of infection around one or more of the wounds (fever, increased pain, redness, heat, swelling, purulent discharge).

Documentation Requirements

The following information must be documented on the patient care report form:

1. Patient's presenting signs and symptoms, including vital signs, level of consciousness and oxygen saturation.
2. Indications for protocol use.
3. Time of removal
4. Location (anatomic) of dart embedment
5. Findings / results of dart removal
6. Repeat assessment, including vital signs, level of consciousness and oxygen saturation, as indicated.
7. Changes from baseline, if any, that occur during treatment or transport.
8. Signature and license number of EMS personnel performing any transfer of function skills.

Certification Requirements

1. Attend in-depth classes and lectures on TASER dart removal.
2. Demonstrate an understanding TASER date removal.
3. Pass a written examination.
4. Certification is by the Medical Director.

Recertification Requirements

1. Review class and recertification is done every 12 months.
2. A record will be kept to document all cases where this protocol is used.

Decertification

1. Decertification is at the discretion of the Medical Director or the Provincial Medical Director, Emergency Medical Services, Manitoba Health & Healthy Living.

Quality Assurance Requirements

1. Appropriate quality assurance policies must be in place. The Medical Director or designate must review all instances where this protocol is used. As a minimum, the following must be assessed:
 - i) appropriateness of implementation
 - ii) adherence to protocol
 - iii) any deviation from the protocol
 - iv) corrective measures taken, if indicated
2. Yearly statistics for protocol use compiled and forwarded to Emergency Medical Services, Manitoba Health & Healthy Living.