

## **TASER Barb Removal**

### **EMT-Basics | EMT Intermediates | Paramedics**

The TASER is a less-than-lethal law enforcement device designed to temporarily subdue and incapacitate a combative subject. The pistol-shaped device fires two tethered darts that deliver 19 short pulses per second with a typical peak voltage of 1300 V. The pulse is designed to capture alpha motor neurons, causing Neuromuscular Incapacitation (involuntary stimulation of both the sensory nerves and the motor nerves). The pulse is designed to have minimal cardiac effects.

Any subject having received a TASER pulse should be evaluated by an EMT. The field protocol for removal of TASER barbs is for specifically trained Seaside Fire Department Emergency Medical Technicians. All department EMTs should bare in mind that Medix Ambulance is not normally dispatched for TASER deployments and further, Medix EMTs and Paramedics are not authorized to remove TASER barbs.

### **INDICATIONS**

TASER deployment with barb removal as requested by Seaside Police.

### **CONTRAINDICATIONS**

TASER barbs shall not be removed if:

- Barbs have penetrated any of the following:
  - Face/eye
  - Neck
  - Groin
  - Spinal column
- Patient has a GCS < 15 (altered mental status)
- Patient has abnormal vital signs:
  - Heart rate < 60 or > 110
  - Systolic blood pressure < 90 mmHg or > 180 mmHg
  - Respirations < 12 or > 30

Presence of secondary medical or traumatic event (chest pain, respiratory distress, hypoglycemia, injuries sustained from fall, etc).

Patient or police are requesting transport to the hospital (ER staff will remove TASER barbs).

Patient < 18 years of age (request Medix for transport)

### **PROCEDURES**

1. Ensure scene safety and appropriate BSI.
2. Assess patient for 15 minutes prior to barb removal. Treat per appropriate protocols.
3. Obtain a baseline set of vitals.
4. Place patient on ECG monitoring, if able.
5. Assure all TASER barbs have been accounted for (always deployed in pairs).
6. Ensure that TASER barb is no longer delivering a charge.
7. Using trauma shears, cut both wires.
8. Grasp the TASER barb cylinder with one hand or using a pair of pliers. Place the second hand near the impact site and apply counter-pressure. Pull the barb out in a

- single, quick motion, perpendicular (90°) to the skin surface. Place the barb in a sharps container, or into the TASER deployment cartridge supplied by the officer.
9. Repeat for all impaled TASER barbs.
  10. Swab each impact site with an alcohol swab and cover with a bandaid.
  11. Obtain a repeat set of vitals before departing the scene.

### **DOCUMENTATION REQUIREMENTS**

TASER barb removal requires complete and accurate documentation since the PCR may become a part of evidence.

1. Obtain patient's name, date of birth, home address, phone number, etc.
2. Obtain a SAMPLE history
3. Record both sets vital signs
4. Officer's name and badge number
5. Officer's signature on the PCR or refusal form

### **SPECIAL NOTE**

There have been several reports of deaths following the deployment of a TASER on combative patients. When closely reviewed, these deaths have almost always involved improper or prone patient restraint, agitated delirium, hyperdynamic drugs, hyperthermia, or other major co-morbid factors. TASER International maintains that the TASER has "minimal cardiac effects," however risk factors still exist and research is ongoing.

Special consideration should be given to patients with cardiac history, respiratory history, and those under the influence of drugs or alcohol. It is imperative that every patient subject to TASER deployment receives a thorough medical exam and that the event is carefully documented.