Clinical Practice Guidelines:
Behavioural disturbances/Taser® incidents

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<tr>
<th>Policy code</th>
<th>CPG_BD_TI_0317</th>
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<tr>
<td>Date</td>
<td>March, 2017</td>
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<td>Purpose</td>
<td>To ensure a consistent management of patients who have been exposed to Taser® incidents.</td>
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<td>Scope</td>
<td>Applies to Queensland Ambulance Service (QAS) clinical staff.</td>
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<td>Health care setting</td>
<td>Pre-hospital assessment and treatment.</td>
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<tr>
<td>Population</td>
<td>Applies to all ages unless stated otherwise.</td>
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<tr>
<td>Source of funding</td>
<td>Internal – 100%</td>
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**Taser® incidents**

Taser® is a brand name of several weapons in the general category of ‘conducted energy devices’. They are a ‘less than lethal’ use of force option that may assist officers to resolve incidents involving violent people. The Taser® X-26 currently utilised by QPS[1] is a handheld, neuro-muscular disruption device capable of incapacitating a person through the application of an electrical current.[2]

**The Taser® has two main capabilities:**[2]

- Propelled wired probe embed in the targeted person, followed by a short duration high voltage electrical pulse, which affects the sensory and motor functions of the nervous system (*probe mode*).
- Direct contact of the Taser® to the body, or clothing of a person (*drive-stun mode*).

**Clinical features**

- Taser® have the potential to cause strong muscle contractions and serious secondary injury including:
  - fractures
  - spinal injuries
  - head injuries
  - soft tissue injuries
  - hyperthermia.
- Cardiac arrest immediately following Taser® use has been reported.[3]

**Risk assessment**

- Ensure the wires from the Taser® have been disconnected or cut from the probes.
- Treat all probes as you would any potentially contaminated sharp.
**Probe removal**

To remove the probes, one hand should be used to stabilise the skin around the probe and the other hand should be used to grasp the probe firmly and pull straight out in a rapid motion.[4] Do not attempt to pull the probes out by the wires, as they are very fragile and will easily break. The process is usually painless due to the electrocautery effect on the surrounding tissue.

**Once removed the probes should be:**

- inspected to see they are intact, with the straightened barbs still attached to the probe body.
- separated, or removed from the copper coated wires. (These wires are thin and can be cut by scissors or will break easily if pressure is applied).
- disposed of in a sharps container.

**Probes should not be removed if embedded in:**

- eyes
- genitals
- face or neck.

Manage as per foreign body/penetrating injury and transport to medical facility.

**Transport is indicated in patients where:**

- probes cannot be removed
- the patient requires a psychiatric evaluation
- assessment of injuries (other than probe injuries) is required
- the patient is affected by substances other than alcohol.

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**Tasered patients can be left in the care of QPS if they do not meet the above indications for transport and their vital signs, 12-Lead ECG and BGL are within normal limits.**