

8.04 L. Taser Injury

A. TASER Device

1. A conducted electrical weapon deemed “less than lethal” on the use of force continuum.
2. Although the TASER device uses high voltage (50,000 volts), it uses very low current and energy (0.0021 amps or 0.026 joules to 0.0036 amps or .176 joules). For comparison, HFD’s Life Pack 15 defibrillators deliver up to 360 joules of energy. Once the TASER stops generating an electrical current, the individual immediately regains control of skeletal muscle function and the electrical pulse is immediately dissipated.

B. Injuries / Evaluation

1. The most commonly reported injuries are secondary in nature, meaning the TASER did not cause them. The secondary injuries are usually contusions, sprains, fractures and abrasions caused when the individual falls to the ground during muscle “lock up”. The TASER devices electrical current should not affect individuals with pacemakers.
2. Simply because an individual received a TASER discharge is not reason enough to warrant hospital transport for evaluation. However, it is important to note that the individual shall receive a medical evaluation from HFD personnel, regardless of TASER use. Keep in mind the TASER device is generally not deployed on cooperative individuals. It is very important to determine why the individual is having that type of behavior. Often, it is because of a medical reason (such as illicit substance abuse, hypoglycemia, mental health issues, excited delirium associated with an overdose, etc.). First and foremost, evaluate the individual for a life-threatening emergency.
3. One of the greatest life threats surrounding deployment of a TASER device is when an individual experiences a toxic overdose or the condition know as “Excited Delirium”. It is important to assess the individual for any signs or symptoms of a toxidrome or excited delirium. Signs and symptoms and findings of excited delirium include, but are not limited to: fever, vital sign abnormality, uncontrolled and unexpected agitation, diaphoresis, altered mental status, cardiac arrhythmia, acidosis and rhabdomyolysis. Failure to control their agitation will worsen their acidosis and lead to potential death. Any patient who exhibits any signs or symptoms of a medical or traumatic emergency should be transported to the hospital.

C. Removal

1. Individuals with darts embedded in anatomically sensitive locations such as the face, neck, groin, breast and possibly the hand should be transported to a hospital for removal. Removal of darts located in non-sensitive areas is performed simply by grabbing the probe and giving it a quick tug/yank in a direction perpendicular to the plane of the skin. In the rare circumstance a dart embedded in a non-sensitive area cannot be removed by tugging on it, these individuals should be transported to the hospital for dart removal as well. Also, keep in mind that a large number of darts will not penetrate through an individual’s clothing and, therefore dart removal is a moot point. Once the dart is removed, inspect it to ensure it is whole. If it is not whole, the retained foreign body needs to be removed at the hospital.
2. The Houston Police Department guidelines allow their officers to remove the TASER darts as long as they are not in the above-mentioned sensitive locations (face, neck, groin or breast). Any patient with darts in these areas should be transported to the hospital for dart removal by a physician. HFD should not be routinely called for dart removal in non-sensitive locations. An HPD supervisor should be contacted if this is a repeated occurrence.
3. Caution should be used when handling darts that have been removed because they now represent a sharp biohazard and should be handled and discarded as such. Keep in mind that HPD may want the removed dart to be saved as evidence and you should inquire about this before discarding it.