

HEALTHEAST MEDICAL TRANSPORTATION
MEDICAL OPERATIONS MANUAL

4F TASER and CHEMICAL IRRITANTS

PATIENT CARE GOALS

- Assist law enforcement with management and transport of restrained patients, especially those at risk for medical complications while in custody.
- Identify and manage potential life threats and physiological compromise that may be associated with the behavioral emergency or methods of restraint.
- Identify and treat underlying medical conditions or traumatic injuries that may be contributing to behavior problems.
- Provide decontaminations of chemical agents to prevent clinical deterioration of the patient and ensure safety during transport.

EMT

1. In addition to the initial assessment and care per **1B General Assessment and Care**:
 - Consider underlying medical conditions, previous trauma, or exposure to chemicals or controlled substances that may have contributed to the patient's behavior before control and restraint actions by law enforcement.
 - Assess for injuries that may be present following control and restraint actions by law enforcement (e.g., from falls sustained after being tazed).
2. Use physical restraints as needed to maintain control and restraint actions by law enforcement, per **3J Behavioral Emergencies**.
3. Decontaminate following use of chemical agents (e.g., Mace, pepper spray, tear gas):
 - If possible, move the patient to a ventilated area to allow chemicals to dissipate.
 - For severe exposure, decontaminate by removing the patient's clothing and flushing the contaminated areas with water or saline. Decontamination should be performed in cases where respirations or cardiovascular status are compromised, or when contamination may affect transport safety.
 - For persistent discomfort following direct eye exposure, remove contact lenses and flush the eyes with normal saline. After ensuring adequate decontamination, transport patients who exhibit evidence of allergic reaction, unstable vital signs, or persistent or severe irritation.
 - When Mace, pepper spray, or other chemical agents have been used, ensure that the patient has been sufficiently decontaminated so that safe vehicle operation will not be compromised.
4. If Taser probes are in place, ensure that the wire from the Taser darts has been disconnected from the Taser gun.
5. If a Taser probe has become impaled in the patient's face, neck, axilla, or groin, the dart should be left in place and bandage used to protect the area. Transport to an emergency department by EMS is mandatory for these patients.
 - Darts impaled in any other area may be removed with a gentle tug and the remaining wound cleaned and covered. These patients may be transported by law enforcement at their discretion.
6. For patients who have been tazed, provide transport as specified in **3J Behavioral Emergencies**

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when the following criteria apply:

- A Taser probe has struck a major vessel with resultant hematoma or uncontrolled bleeding.
 - The tazed patient continues to excessively struggle against restraints or requires administration of chemical restraint for control.
 - The patient has exhibited behavior suggestive of excited delirium (ED) before or after being tazed or restrained.
 - The history or clinical presentation suggests that the patient is under the influence of a stimulant or hallucinogenic drug such as cocaine, PCP, LSD, methamphetamine, or lithium.
 - A period of unconsciousness, apnea, or suspected cardiac arrest, however brief, was observed following a Taser or stun gun shock.
 - The patient has evidence of a possible head or spinal injury or any other trauma that normally requires assessment and treatment at a hospital.
 - The patient has a history of heart disease.
 - Any non-chronic dysrhythmia is present, especially tachycardia or ventricular irritability.
 - The patient has any chronic medical conditions or general poor health that could put them at risk when combined with the stress of being tazed or restrained.
7. All patients who are physically or chemically restrained must be transported on the stretcher.

PARAMEDIC

8. As needed, use chemical restraint to control continued agitation and resistance, as described in **3J Behavioral Emergencies**.
9. Treat pain, if indicated, as outlined in **1C Pain and Nausea Management**.

DOCUMENTATION KEY POINTS

- Description of the patient's behavior before and after the use of submission devices and restraints by law enforcement.
- Description of submission methods and any physical or chemical restraints utilized.
- Frequent assessments of distal circulation and motor-sensory (CMS) status of restrained extremities.
- For chemically restrained patients, initial and repeated assessments of level of consciousness and vital signs.
- Position of the patient during transport.
- Involvement of law enforcement, Medical Control, medical practitioners, or court orders in deciding to use restraints or in exercising involuntary transport of patients.
- Initial and ongoing assessments, monitoring, interventions, patient response, and complications (if any) encountered.

NOTES

None