



CONDUCTED ENERGY WEAPONS

PURPOSE

EMS providers may be called by law enforcement agencies to assess patients either when conducted energy weapon deployment is anticipated or after conducted energy weapons have been deployed.

Conducted Energy Weapons [also referred to as Electronic Control Devices, Conducted Energy Devices (CED), etc.] are used by law enforcement as an alternative to ballistic devices and other physical force in order to gain compliance with a non-cooperative person. These devices send an electrical charge of up to 50,000 volts per pulse with 12 to 20 pulses per second up to five seconds per cycle. The electrical current is about 2.1-3.5 milliamps. The delivered energy is between 0.7 to 1.76 joules. The number of discharges and the duration of discharges can, and in some cases, be controlled by the operator. The discharge can either be through probes fired from the device with a range of up to 35 feet or with a contact discharge where the device is held against the subject. Either method will work through clothing. Either method uses electricity to cause the skeletal muscles between the probes to contract and release, rapidly preventing voluntary control of the affected muscles. The barbs that contact the patient have an end that is similar to a fishhook and may imbed as much as 1.5cm.

The device may cause a brief altered mental status, but subjects regain normal mentation and muscle control almost immediately, although some subjects may take up to a minute to recover.

POLICY

1. Assure patient is not a danger to providers, and if necessary, appropriately restrained.
2. Assess patient and treat per appropriate protocol. The device does not cause sustained altered mental status. Any altered level of consciousness must be assessed and treated in accordance with the appropriate protocol (i.e. Excited Delirium, Hypoglycemia, Trauma, etc.)
3. Assess the patient for high-risk criteria. Most patients who have been exposed to a CED will be in police custody and treatment decisions should be a cooperative venture. Presence of one or more of the following risk factors should prompt an ALS evaluation and transport to an Emergency Department is encouraged:
 - Sustained altered mental status
 - Extended physical struggle including multiple discharges or cycles
 - Known cardiac history including pacemaker/implantable defibrillator
 - Known seizure disorder
 - Pregnancy
 - Known or suspected drug use/misuse/abuse
4. Do NOT remove probe if implanted in patient's genitals, eye, or other sensitive area.



5. To remove the probe, stabilize the soft tissue around the probe. With a gloved hand, remove the probe by pulling firmly outward. If there is resistance when removing the probe, leave the probe in place and transport to the Emergency Department. Clean the area with an alcohol or betadine prep and dress appropriately.

Approved by the Monroe-Livingston REMAC 7/17/2017