Tees, Esk and Wear Valleys
NHS Foundation Trust

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Taser Electrical Incapacitation Device post exposure aftercare guidance

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Status: Approved
Document type: Guidelines

Contents

1 Introduction

Electrical Incapacitation Devices (EID) such as Taser are single or multiple shot weapons designed to temporarily incapacitate a subject through the use of an electrical current, which temporarily interferes with the body's neuromuscular system. The decision to deploy an EID will always be made by a trained police officer following a risk assessment made by them of the situation.

In the United Kingdom, the Taser used is laser-sighted and uses cartridges attached to the end of the 'barrel'. The cartridges project a pair of barbs or darts attached to insulated copper wires. The device delivers a sequence of very high voltage pulses of very short duration (seconds) through the copper wires.

The normal reaction of a person exposed to the discharge of the Taser is the loss of voluntary muscle control resulting in the subject falling to the ground or 'freezing' on the spot. Once the electricity stops flowing, the person immediately regains control of their body. The device does not rely on pain per se to incapacitate the subject.

Some Taser devices can also be operated in 'stun drive' mode, which does rely on pain as a means of control.

Tasers are considered a less-lethal weapon and a safer alternative to other means available to the police for incapacitation.

This policy aligns with and supports the delivery of Our Journey To Change: the next chapter.

2 Purpose

The purpose of this guidance is to:

- Advise staff about potential risks associated with the use of Tasers and the actions that must be taken when caring for a patient immediately before and after a Taser has been deployed

2.1 Objectives

Minimise the risk of an adverse event occurring when a Taser is deployed.

3 Scope

3.1 Who this guidance applies to

All staff who are employed in health care roles.

3.2 Roles and responsibilities

Role	Responsibility
Service Managers	• Guideline implementation and monitoring in their areas of responsibility.
Modern Matrons, Ward and Unit Managers	• Ensuring that staff are aware of the risks associated with Taser use and the advice in the guidance.
Healthcare staff	• To be familiar with the information and advice in this guidance and understand their individual role in the event of providing care for a patient immediately before and after an Electrical Incapacitation Device (EID) e.g. Taser has been deployed. • To ensure they access appropriate training to carry out the procedures identified within the guidance. • To provide the appropriate interventions in circumstances described within the guidance. • To be aware of: o competencies required to implement this guidance; o professional codes of conduct; o national guidance; o ongoing personal development needs. • Take action to rectify any deficits in the competencies required.

4 Related documents

- Rapid Tranquilisation Policy
- Supporting Behaviours that Challenge (BtC) Policy
- Resuscitation Policy
- Health and Wellbeing Policy
- Procedure for Using the National Early Warning Score (NEWS) 2 for the Early Detection and Management of the Deteriorating Patient in Adults (aged 16 and above)

5 Key issues

After Taser use, a **full clinical assessment and physical health monitoring** is essential.

Patients are considered at **high risk of an adverse event** particularly if used in combination with any of the following:

- High arousal;
- Recent or continuing over-exertion;
- Recent use of illicit drugs and alcohol;
- Recent use of rapid tranquilisation;
- Prescribing of psychotropic medication;
- Underlying cardiac condition and if a pacemaker fitted;
- Underlying neurological condition;
- Underlying neuromuscular condition.

5.1 High risks and adverse responses

The main health risks are due to:

- The electrical current itself;
- Local thermal (heat) damage to tissues;
- Incorrect removal of the barbs;
- Falls.

There is an increased risk of adverse responses where:

- a person has been taking drugs or medicines, including alcohol;
- they have a pre-existing medical condition such as asthma, diabetes, epilepsy, cardiovascular disease;
- they are over-aroused, displaying extreme irrational and violent behaviour towards others.

5.1.1 Electrical current

- Critics argue that EIDs can cause cardiac arrhythmias in susceptible subjects, which may lead to cardiac arrest.
- A literature review by Vilke et al (2011) found no evidence of dangerous laboratory abnormalities, physiologic changes, or immediate or delayed cardiac ischemia or dysrhythmias after exposure to IED electrical discharges of up to 15 seconds.

5.1.2 Incorrect removal of barbs

TEWV staff are not authorised to remove Taser barbs following the device being deployed. This should be undertaken by the police as part of their aftercare protocols, or by A&E staff if the barb is in a sensitive area or the person has pulled the barb out themselves and medical attention is required

If a member of staff cuts themselves with a barb, this must be treated as a needlestick injury (see accidental inoculation procedure)

5.1.3 Falls

Staff caring for the patient will observe for head, neck, fracture injuries, back injuries and cuts and call for a medical examination as soon as possible if concerned.

5.1.4 Risk issues: before deploying Taser

Given the potential risks associated with deployment of an EID, it is reasonable to inform the police officer of any pre-existing medical or mental health condition the patient may have, the recent use of drugs or alcohol, and any medication prescribed and length of any physical exertion applied.

5.1.5 Risk issues: after deploying Taser

- There must be a period of monitoring of a patient's physical observations after deployment of an EID. The nature of this will depend upon the individual's previous history and recent events. It is therefore important to discuss what is required with medical staff as soon as possible
- The use of an EID is primarily to incapacitate a dangerous non-complaint individual. The patient may still be violent and non-compliant after the deployment of the EID. This needs to be borne in mind by staff.

6 Actions before deploying Taser

6.1 Information to give to the police before deploying Taser

Inform the police officer where possible of the following:

- Any recent over-exertion of the patient;
- Recent use of drugs or alcohol by the patient;
- Medication recently taken by the patient;
- Any rapid tranquilisation recently received by the patient;
- Any of the following pre-existing medical conditions: asthma, diabetes, epilepsy, cardiovascular disease;
- Any pre-existing mental health conditions;
- If the person is carrying or covered in a flammable liquid;
- Any environmental risks, such as nearby explosive gases (includes oxygen in the resuscitation bag).
- If the patient has a pacemaker in situ
- If the patient is pregnant

6.2 Equipment needed

- Ensure the following equipment is available:
    - Resuscitation bag;
    - Defibrillator machine.
    - Oxehealth/ Lio (if available on ward or seclusion unit where patient is refusing NEWS2)

6.3 Who needs to be informed?

- Alert on-call medical staff.

7 Actions immediately after deploying Taser

- Observe whether the patient falls and in particular if they have sustained a likely head injury.
- Allow the police officer to instigate their Taser Aftercare Protocols to remove barbs etc.
- Observe the patient for head, neck, fracture and back injuries, and cuts or burns to the skin.
- Arrange for a medical examination as soon as possible.
- Ensure cuts, barb entry wounds and burns are kept clean and dressed.
- Record the use of Taser in the patient's care record on Electronic Patient Record and submit an InPhase patient safety incident form
- Inform family where appropriate to do so

8 Ongoing actions after deploying Taser

8.1 Monitoring needed after deploying Taser

- Set observation levels and physical healthcare checks for the individual as you would do for someone who has been restrained and received rapid tranquilisation;
- Observe the patient for over-exertion as this may further increase the risk of an adverse event;
- Seek medical attention if any adverse signs or symptoms present themselves.
- Conduct NEWS2 immediately after incident as soon appropriate and medic to decide on frequency of monitoring from the first medical review
- To consider Oxehealth / LIO monitoring if patient refusing NEWS2 if available following deploying taser

8.2 What to do if the person continues to be violent or aggressive

- Seek advice from the on-call consultant or specialist registrar;
- A decision to use rapid tranquillisation and/or seclusion will be based on the balance of risk and must be recorded as such.

9 Medication risks

9.1 Considerations after deployment

- There is no robust published evidence to guide safe medication prescribing after Taser deployment.
- Refer to the Rapid tranquillisation (RT) policy for guidance on prescribing medication to control violence and aggression:

- Apply principles as if prescribing in cardiac disease;
- Benzodiazepines are likely to be safer than antipsychotics (particularly antipsychotics that increase the QT interval e.g. haloperidol);
- Concomitant use of two or more antipsychotics should be avoided because of the risk associated with QT prolongation especially where the patient's physical state predisposes to cardiac arrhythmia.

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  - Concomitant use of two or more antipsychotics should be avoided because of the risk associated with QT prolongation especially where the patient's physical state predisposes to cardiac arrhythmia.

⚠ A discharge of an electrical current could theoretically bring about cardiac arrhythmias, seizures, or adverse metabolic changes. Some such events have been reported, although cause-and-effect has not been proved, and the interactions between Taser use and medication has not been studied. Medication linked to these theoretical risks is listed below.

Staff should be aware of these theoretical considerations during post deployment monitoring and observations.

Risk	Medication

Some concern has been expressed as to whether the unsynchronised electrical discharge of a Taser may precipitate a malignant ventricular dysrhythmia[1]. There may be increased risk to those patients who are taking drugs for cardiac arrhythmias or drugs which may precipitate arrhythmia as a side effect.	• amiodarone, flecainide
	• tricyclic antidepressants
	• antipsychotics
	  ○ chlorpromazine
	  ○ promazine
	  ○ pipotiazine
	  ○ fluphenazine
	  ○ trifluoperazine
	  ○ haloperidol

Medication which lowers the seizure threshold could make the person more susceptible to risk of seizure under stress	• All antipsychotics & antidepressants
The Taser shock may bring about a centrally-initiated response via the sympathetic nervous system[2], resulting in tachycardia, raised blood pressure etc.,	• methylphenidate, moclobemide, amphetamine

which may be amplified in those patients taking sympathomimetic drugs and also those taking drugs which inhibit noradrenaline re-uptake	• cocaine, tricyclic antidepressants, reboxetine, venlafaxine, duloxetine, fluoxetine, fluvoxamine

10 Definitions

Term	Definition
EID	• Electrical Incapacitation Devices (Taser)
EWS	• Early Warning Signs of deterioration

11 How this procedure will be implemented

The policy should be available on the trust intranet and trust website identified as *Taser Electrical Incapacitation Device post exposure aftercare guidance*.

All locality managers, matrons, ward managers, clinical leads should be made aware of this policy.

Line managers will disseminate this procedure to all Trust employees through a management briefing.

The policy is compatible with the trust values in using the least restrictive method to ensure safety of the patient and others.

11.1 Implementation action plan

[This section is only used for introducing **new processes** and sets out the explicit steps needed for the procedure to work.]

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
n/a				

11.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training

All training needs are identified in the Related documents section 4			

12 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	n/a		

13 References

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14 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	15 April 2026
Next review date	15 April 2029
This document replaces	v2
This document was approved by	ECLS
This document was approved	15 April 2026
This document was ratified by	Drugs and therapeutics committee (for information only)
This document was ratified	28 May 2026
An equality analysis was completed on this policy on	16 March 2026
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
1.0	06 Mar 2014	New document	Withdrawn
2.0	26 Sept 2019	Full review – minor changes to names, job titles and references	Withdrawn
2.0	30 Mar 2021	Review date extended to 26 Mar 2023	Withdrawn
2.0	May 2023	Review date extended to 30 Aug 2023	Withdrawn
v3	01/04/2026	Full review with minor updates: Updating monitoring, OJTC, notification of family members, training needs analysis, information before deploying, job titles, recording on InPhase and references.	Approved

Appendix 1 - Equality Impact Assessment Screening Form - current format must be updated

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Trustwide
Title	Taser Electrical Incapacitation Device Post exposure aftercare guidance
Type	guidance
Geographical area covered	Trustwide
Aims and objectives	Advise staff about potential risks associated with the use of Tasers and the actions that **must** be taken when caring for a patient immediately before and after a Taser has been deployed. Minimise the risk of an adverse event occurring when a Taser is deployed
Start date of Equality Analysis Screening	06 January 2026
End date of Equality Analysis Screening	13 March 2026

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Staff caring for a patient immediately before and after a Taser has been deployed Patients who have been exposed to a Taser
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men and women) **NO** • **Gender reassignment** (Transgender and gender identity) **NO**

	• **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families) **NO** • **Human Rights Implications NO** (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	
Describe any positive impacts / Human Rights Implications	The aftercare provided is not impacted by any of the protected characteristic groups. All patients are required to be individually assessed.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See references section
Have you engaged or consulted with patients, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	n/a

If you answered No above, describe future plans that you may have to engage and involve people from different groups	None planned

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	n/a
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

Title of document being reviewed:	No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2. Rationale		
Are reasons for development of the document stated?	Y	
3. Development Process		
Are people involved in the development identified?	Y	
Has relevant expertise has been sought/used?	Y	
Is there evidence of consultation with stakeholders and users?	n/a	
Have any related documents or documents that are impacted by this change been identified and updated?	n/a	
4. Content		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	
Are the statements clear and unambiguous?	Y	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	Y	

Are supporting documents referenced?	Y	
6. Training		
Have training needs been considered?	Y	
Are training needs included in the document?	Y	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	n	
8. Equality analysis		
Has an equality analysis been completed for the document?	Y	
Have Equality and Diversity reviewed and approved the equality analysis?	y	
9. Approval		
Does the document identify which committee/group will approve it?	Y	D&T(for information only) and ECLS (or approval)
10. Publication		
Has the policy been reviewed for harm?	y	No harm
Does the document identify whether it is private or public?	y	public
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)		
Do all pictures and tables have meaningful alternative text?		

Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')		

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.