In-Custody Management of Detainees Subjected to TASER CED Discharge

Advice to Custody Officers and other non-medical staff

- The detainee should be assessed as soon as possible by a doctor to certify fitness to detain and to document injuries, including those caused by use of a TASER CED. Prior to assessment by a doctor, it may be appropriate for another health care professional (HCP), such as a nurse or paramedic to review the detainee. Advise the HCP of the circumstances of TASER use to inform the clinical review.

- Before the HCP arrives, first aid or resuscitation procedures (if required) should be given and the detainee transferred to hospital by emergency ambulance if there are any medical concerns, particularly if the detainee has shown signs of severe acute behavioural disturbance (ABD) or after a prolonged or violent arrest. If needed, urgent HCP advice should be obtained by phone.

- If not already done, probes may be removed from clothing. Probe extraction from skin should be done by an HCP, especially if located in sensitive areas (head, neck, eye, genitalia) and particularly if the probe dart has entered the skin and underlying tissue beyond a superficial depth. Removal of probes may be necessary in hospital if they are embedded in a sensitive area. Ensure that the shaft of the probe is intact and that no metal fragments have sheared off (requiring surgical removal).

- If possible, take a photograph of each probe in situ before removal. Taking close-up and distance images will aid subsequent orientation of probe positions.

- Non-medical staff should remove skin-penetrating probes only if there is an operational necessity to do so to prevent the detainee harming himself or others or for other reasons.

- Removed probes should be retained and exhibited. Probes removed from skin are a biohazard and appropriate precautions should be taken during and after their removal. Skin around the exit wound should be cleansed using antiseptic wipes in the Custody Suite.

- Medical help should be sought immediately if the detainee shows unusual signs, such as dizziness, imbalance, double vision, slurred speech, difficulty breathing or loss of consciousness. These may be due to intoxication or for other reasons, such as head injury, epilepsy or uncontrolled diabetes. Call an ambulance or HCP urgently if you are in doubt.

- Close watch of the detainee, before and after HCP assessment, is vital. The level of supervision should be the same as that provided for someone intoxicated with alcohol or drugs (as specified in PACE).

- Taking the above into account, the Custody Officer should conduct a risk assessment before placing the detainee in a cell.

- The detainee should be given a copy of the leaflet Advice to People Subjected to TASER Discharge using the services of an interpreter where necessary.