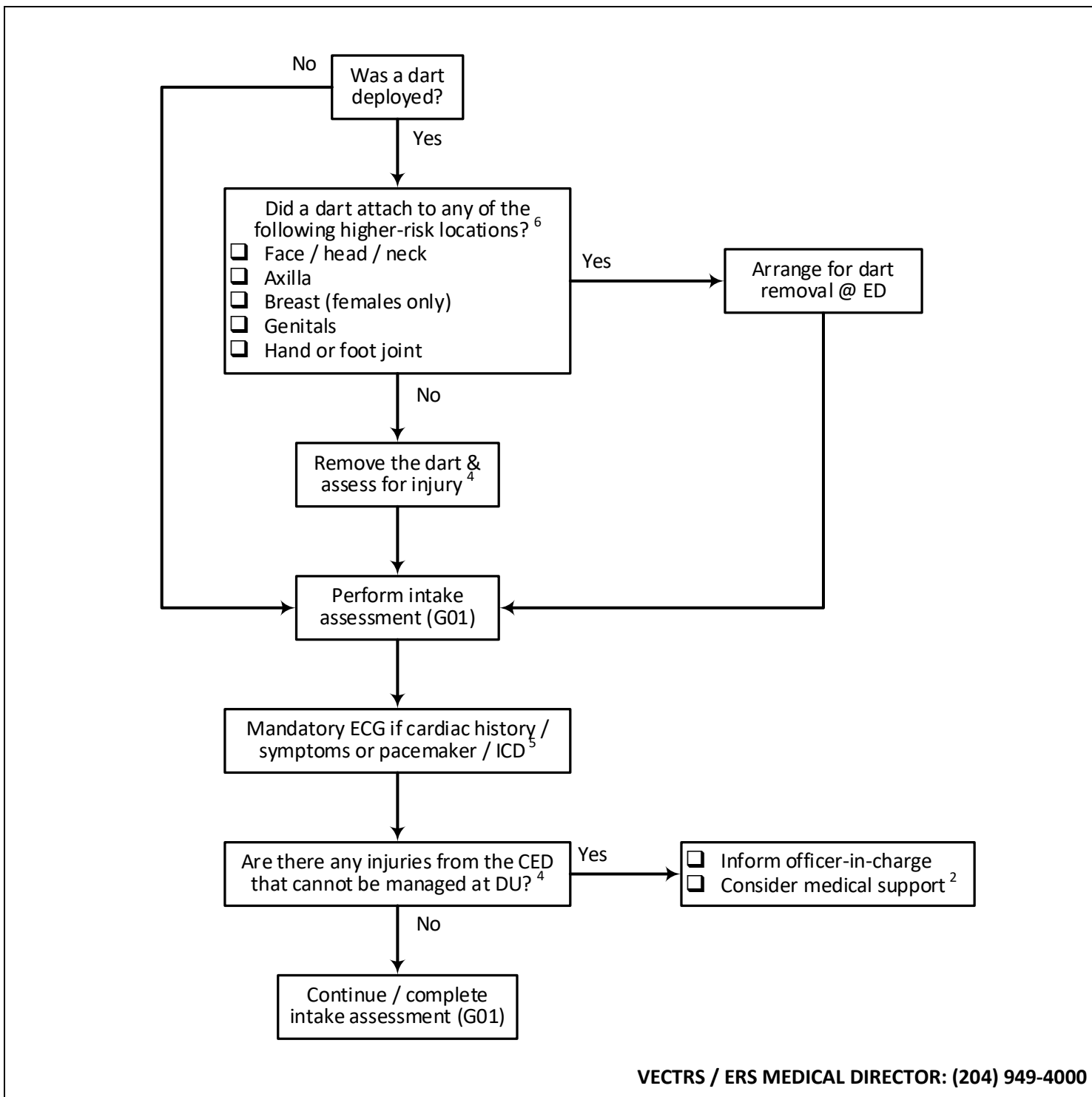
 <b>Shared health</b> <b>Soins communs</b> Manitoba	<b>G03 - MANAGEMENT AFTER CONDUCTIVE ENERGY DEVICE DEPLOYMENT</b>	
	Version date: 2025-06-24	Effective Date: 2025-07-02 (07:00)
CPP - DETENTION UNIT PARAMEDICS	ADULT	



### INDICATIONS

- Assessment and care of the patient after the deployment of a conductive energy device (CED), including removal of a Taser dart

### WARNINGS:

- Injuries can result - careful assessment is essential

### NOTES

1. While in the Brandon Police Service Detention Unit (BPSDU) the individual is considered a patient under the care of Shared Health ERS, and *informed consent* from the patient (or their health care proxy) is required for any medical intervention (A05), including dart removal and wound care.
2. A paramedic may contact the Virtual Emergency Care & Transport Resource Service (VECTRS) and consult with the ERS medical director at any time, especially you are uncertain about a patient's condition, the safety of dart removal, and whether or not they are medically safe for detention.
3. These devices are used by law enforcement to temporarily immobilize a person. The device most commonly used in Manitoba is the Taser (figure 1).
4. While universally considered a nonlethal method for incapacitating, injuries can result from the impact of the dart itself, the application of energy, or the fall that usually accompanies deployment. Pregnancy, lower body mass index, and preexisting health conditions increase the risk of complications.
  - Cutaneous burns are usually limited in size and minor (fire or explosion from unidentified hazards have been reported).
  - Fractures or dislocations can sometimes occur as a result of severe muscle contraction.
  - Seizures are rare, but have been reported in individuals with (or without) underlying epilepsy.
  - Cardiac dysrhythmias, sometimes serious, are more common in persons with underlying cardiac disease and those who have consumed cardiotoxic medications or stimulants. Energy application directly overlying the heart increases the risk.
  - Electrical injury to other internal organs is rare and does not usually result in significant issues. Rhabdomyolysis is unlikely to result alone from one or a few "shocks" and other causes must be considered.
5. Any patient with cardiac symptoms, a history of cardiovascular disease, a pacemaker, or an implanted cardioverter-defibrillator should have a 12 lead electrocardiogram performed before detention. If any abnormality is discovered, they may require a period of continuous cardiac monitoring in hospital.
6. If the dart has been deployed and attached to a higher-risk location, it must be removed by a qualified health care provider at an acute care facility. Otherwise the dart should be removed by the detention unit paramedic (P06.2).
7. If the patient's immunization status is unknown or it has been 5 years or more since their last booster, advise or ensure that the patient receives, or is advised to receive, a tetanus booster dose within 72 hours.

FIGURE 1

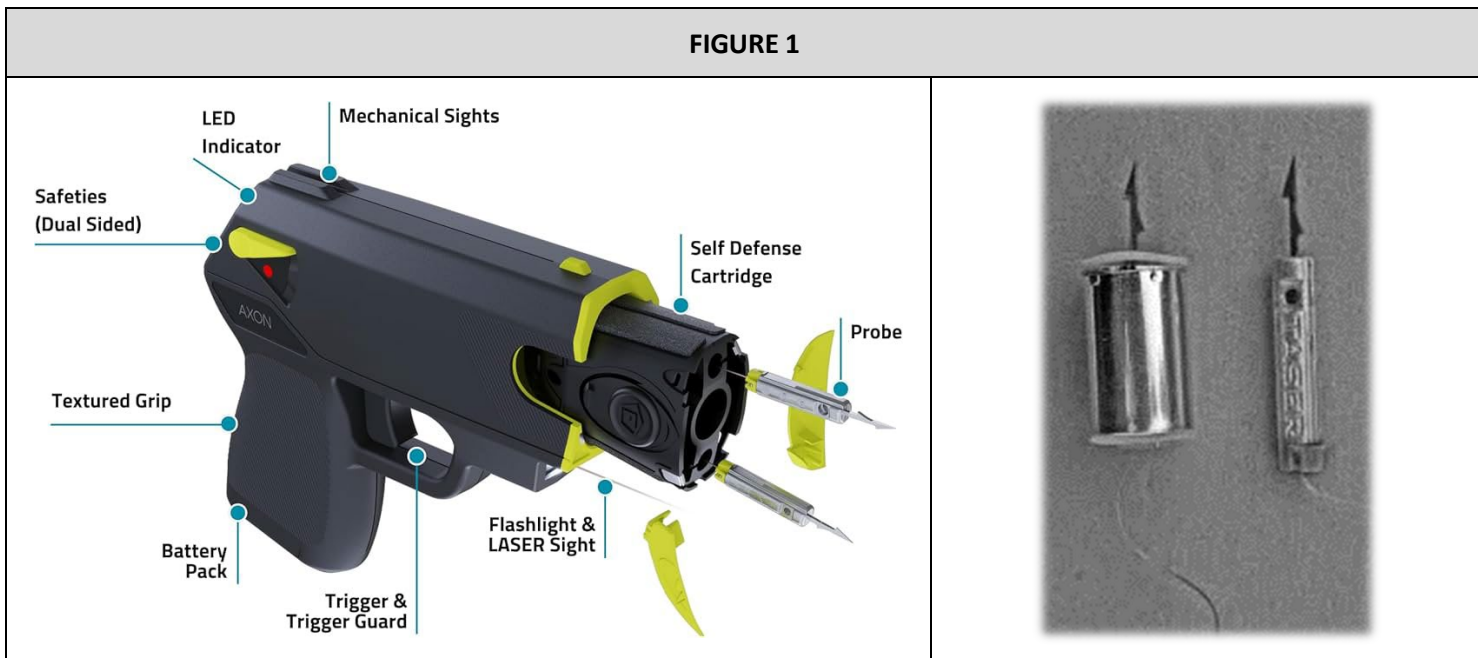
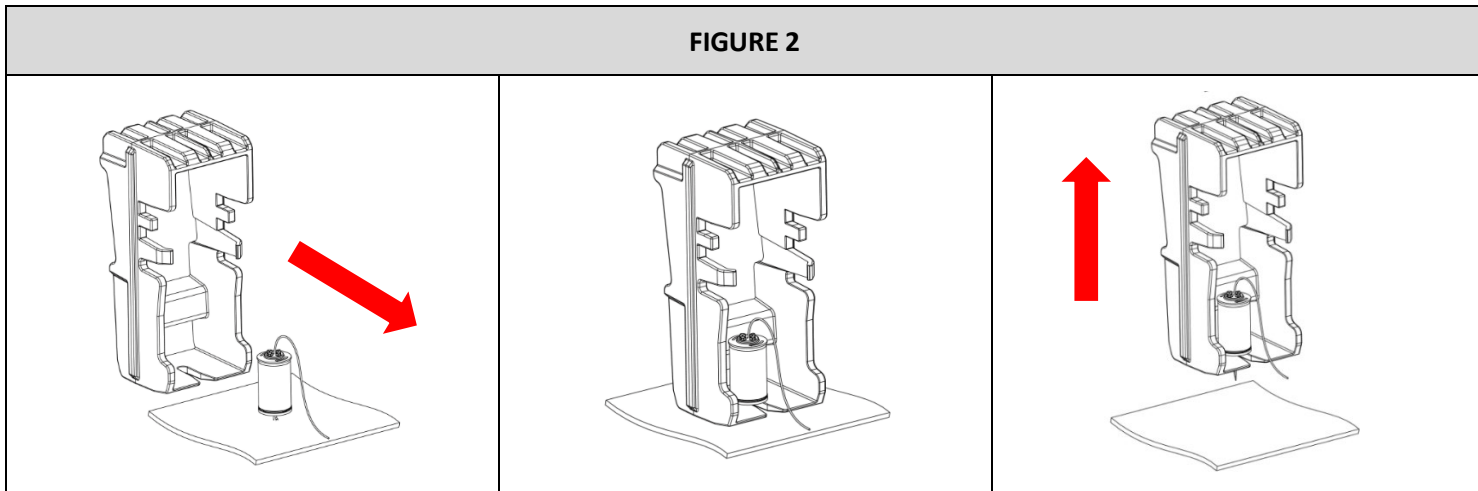


FIGURE 2



LINKS

- A05 - Consent & Refusal
- G01 - Brandon Police Service Detention Unit
- P06.2 - Taser Dart Removal

APPROVED BY

*[Signature]*

EMS Medical Director

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EMS Associate Medical Director

**VERSION CHANGES (refer to X07 for change tracking)**

- New