

## Procedural: Conducted Energy Devices – Barb Removal

### EMR

- Not in scope of practice



### EMT

### ADVANCED EMT

- EMS personnel may be requested to assess patients after a Conducted Energy Device (“conducted energy weapon”, electric control device”, electronic restraint”, tazer, “taser”, or “stun gun”) deployment, and/or to remove barbs lodged in someone’s skin. Be aware that secondary injuries may result from falls sustained after the device has been deployed. Subjects should not be dazed or confused following device deployment.
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- Procedure
  - Assessing patients following conductive energy device deployment
    - Confirm device has been shut off and the barb cartridge has been removed from the device.
  - Barb Removal
    - Utilize appropriate PPE (gloves.) Inform all caregivers of the intent to remove the contaminated sharp.
    - Remove one barb at a time. Stabilize the skin surrounding the Conducted Energy Device barb. Firmly grasp the barb and with one smooth hard jerk, remove barb from patient’s skin.
    - Visually examine the barb tip to ensure it is fully intact. If any part of the barb remains in the subject, transport the patient to a medical facility for removal.
    - The Conducted Energy Device barb is considered a sharp and EMS personnel should take all precautions to avoid accidental needle sticks when removing barbs.
    - Ensure the barb is placed in an appropriate container and return the barb/container to the law enforcement officer for evidence.
    - Provide wound care by cleansing the affected area with and cover with an adhesive bandage.
    - Inform subject of basic wound care and the need to seek additional care in the event that signs of infection occur (redness-pain-drainage-swelling-fever.) The subject will need a tetanus shot if he or she has not received one within the previous 5 years.