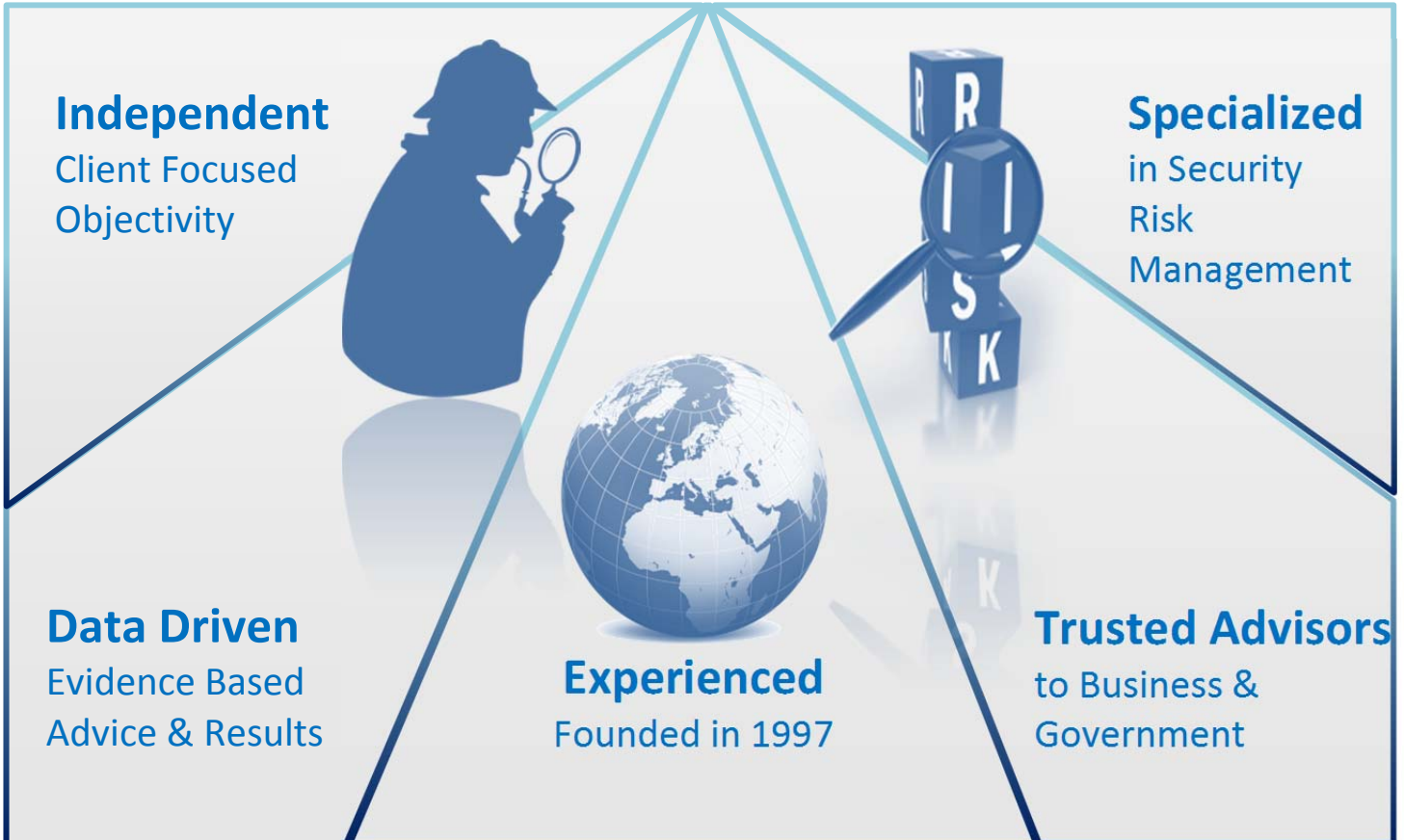


Conducted Electrical Weapons in the Healthcare Environment



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INTRODUCTION

Conducted Electrical Weapons – also called Conducted Electrical Devices – are more commonly known as stun guns or TASERS (the latter is a brand name often used generically to include similar devices by other brands). Many people already associate these devices with use by police departments, but more recently they have become increasingly common in hospital and healthcare environments for use by security personnel.

What are the benefits of Conducted Electrical Weapons (CEW) use by security personnel in the healthcare environment? What are the drawbacks? What other considerations should be taken into account? We'll review some of the most recent studies and literature on this topic.

CEWs, such as TASERS, have seen a large increase in use in the hospital setting. A recent survey showed 47% of hospitals had these devices available to security staff (IHSS Foundation, 2014). This is a notable increase from just a few years earlier, when 12% (Meyer and Hoppszallern, 2011) to 26% (Campus Safety Magazine, 2011, as cited in Greene, 2011) of hospitals reported their security personnel carried TASERS or similar devices. This increase may be the result of the a more recent adaptation of these devices in the hospital setting in comparison to other weapons used by security, as well as a potentially changing profile of the types of security personnel to more police and/or sworn security personnel (IHSS Foundation, 2014).

BENEFITS OF CEW USE IN HOSPITALS

Risk Reduction

CEW use at healthcare facilities appears to have several notable advantages. Hospitals with TASERS available for use by security personnel had a 41% lower risk of physical assault, even when controlling for other factors (IHSS Foundation, 2014). A CEW can be used at a distance, much like a gun or spray, preventing the user from having hands on contact with the offending subject (Colling and York, 2010).

Visual Deterrent

Other studies have shown that simply the visual presence of a CEW to an offending subject appeared “to deter behavioral escalation” (Ho, Clinton, Lappe, Heegaard, Williams, and Miner, 2009) and “de-escalate violent situations” without further use of force (Norton and Granger, 2007). This indicates the visual presence alone of a CEW can potentially prevent more problematic or violent scenarios.

Enhanced Control

Additionally, a CEW or TASER can offer more control by the user; the effect on the offending subject ends at the end of the device’s five-second cycle, unlike other weapons (Colling and York, 2010). CEWs may also reduce chances of potential harm to bystanders in comparison to bullets from guns, which can ricochet, and mace, which may misfire or spread from the source (Lefton, 2014).

DRAWBACKS AND RISKS OF CEW USE IN HOSPITALS

Regulatory Hurdles

Although CEW use by hospital security personnel is allowed by law, the practice has not gone unnoticed by government regulators such as CMS (Centers for Medicare & Medicaid Services). Because CMS considers CEW use as law enforcement action, it does not condone its use on patients, including events where a patient may need to be subdued (Colling and York, 2010; CMS, 2014). More specifically, CMS Interpretive Guidelines §482.13(e) states: “...If a weapon is used by security or law enforcement personnel on a person in a hospital (patient, staff, or visitor) to protect people or hospital property from harm, we would expect the situation to be handled as a criminal activity and the perpetrator be placed in the custody of local law enforcement.”

Additional Responsibilities

CEWs do require some amount of maintenance, including daily checks and testing; and though the responsibility assumingly is with security, hospital leadership should probably be familiar with these (Lefton, 2014). Additionally, hospitals would need to take the responsibility for developing their own use of force policy (Colling and York, 2010), and administrators would have to provide

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hospital guidelines on TASER use, being that specific policy recommendations aren't provided by TASER (Tuttle, 2010). Security personnel would need some basic medical instruction, such as training on the removal of any embedded probes from the offending subject, instruction to perform first aid if necessary after probe removal, and the use of biohazard containers when disposing of any probes that penetrated the skin of the offending subject (CNA, 2012). And there is also the question of the offending subject, particularly if he or she is a family member of a patient; in the case of CEW deployment, when does that person become a patient themselves? (Lefton, 2014).

Potential Safety Hazards and Injuries

Because CEWs could potentially ignite flammable materials, liquids, fumes, gases or vapors, they should not be used near oxygen tanks, flammable alcohol, even some clothing or specific hair products (Tuttle, 2010).

Although there has been some debate and controversy over the injury rate of CEWs, a study of 1,201 subjects who had TASERs used on them by law enforcement demonstrated just a 0.25% rate of significant injury resulting from CEW use, with the other 99.75% having no injuries or only mild injuries such as abrasions, contusions, or minor lacerations (Bozeman, Hauda, Heck, Graham, Martin, and Winslow, 2009).

Training

If a hospital or healthcare facility decides to make the move to CEW use by their security personnel, they would need a certified instructor (such as a security team member to become certified in TASER instruction) to train each security staff member user (Tuttle, 2010). Recertification for users would be required annually, and specialized training in handling sensitive situations may be warranted (Tuttle, 2010). As previously mentioned, security staff would also need to be trained in some basic medical procedures such as probe removal, proper probe disposal procedure, and first aid (CNA, 2012).

CONCLUSION

Research dedicated to the topic demonstrates several potential benefits to the use of Conducted Electrical Weapons (CEWs) by security personnel at hospitals and healthcare facilities, though a comprehensive and thorough security plan as well as other considerations would be needed. If an institution is prepared to offer the additional training required and stays aware of maintenance involved and regulations that must be followed, these devices can serve as a visual deterrent to potential offenders, offer additional protection and control for the user, and are less likely than other weapons to negatively affect bystanders.

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