Introduction

Use of the "TASER X26™ Electronic Control Device (ECD) by law enforcement to control agitated and potentially violent persons in society is becoming common. The ECD is generally considered an "intermediate weapon" similar to chemical irritant spray or impact batons. The ECD is considered to be a non-lethal weapon per federal guidelines.

Unlike intermediate weapons that create pain compliance only, the ECD operates by physiologic skeletal muscle incapacitation in addition to painful stimulus. It does so by providing brief neuro-muscular interruption via low current, brief duration, pulsed electrical charges.

ECDs are known to provide a visual deterrent to escalating behavior when the LASER sighting device is activated ("Red Dot Compliance"). ECD use by healthcare security and protection personnel has not previously been described. Our objective is to report on the utility of the Introduction of the ECD into a hospital environment.

Methods

The study took place in an urban, teaching Level I Trauma Center with an emergency department census of approximately 103,000 patients per year. Prior to 2006, the Medical Center Protection Officers carried chemical irritant spray and impact batons as their only force option tools. In January, 2008, they began carrying ECDs. Standardized reports describing ECD use on human subjects by the Medical Center Protection Officers have been made and these reports were retrospectively reviewed for this project.

Collected data points included other force options used, potential injuries avoided, witness comments, outcomes, and whether or not the ECD required full incapacitation or if visual laser light introduction of the ECD was sufficient to control the situation. Data was tabulated in spreadsheet format.

References