

The TASER International, Inc. policy regarding the removal of probes is that the law enforcement agencies may have a supervisor remove the probe. This is done on a regular basis by many of the law enforcement agencies while others rely on EMTs, nurses, and doctors.

Generally speaking, if the only medical conditions are the removal of probes, it is safe to remove them on scene by EMTs or police supervisors if they have not hit soft tissue. Some departments still require nurses, doctors or ER to remove the probes -- and it should be your agency's SOP to have ER remove the probes especially if the probes are imbedded in the eye, neck (particularly in the larynx), breast or groin (more of a sensitivity issue) -- which by the way has happened in field without any long-term injuries.

As for the probes, don't treat the probes on a ADVANCED TASER as you would a fish hook even though the probes are #8 straightened fish hooks by McGill & Wright Fishing Co. They can penetrate with a very slight hook to a maximum of 1/4 inch. Again, our manufacturer's recommended procedure is to: "grab firmly a pull out with the strong hand while the weak hand provides counter pressure. (I have a video that shows this method which I can email to someone with a high capacity download speed.)

The best method is to firmly grip the probe with the strong hand and pull straight out firmly and quickly while the weak hand should be used as counter pressure. To apply the counter pressure properly, the hand placement is key. The weak hand should have the probe located in between the forefinger and the thumb (spread apart in a "L" pattern to keep the removed probe from striking these fingers with the hook on the way out.)

NOTE: A training point is that whoever removes the probe must check the probe body and insure that the probe is intact and that the straightened barb is still attached to the probe body. There have been two cases documented out of the hundreds of probe shots in which the probe was removed from a body but the pin/straightened barb pulled free of the body and remained in the skin. Needlenose pliers will be required to remove this to get a firm grip or by hemostat by EMS or hospital.

Again, we suggest rubber gloves be worn, too. The proper followup care is to treat the puncture wound with alcohol or iodine swipes and bandages. NOTE: The removed probes must be treated as a biohazard if they have penetrated skin and safely put into a sharps container. There may some redness from what appears to be a light burn but is actually a "signature mark," which is redness from the expansion of enlarged blood vessels. The expanded blood vessels bring more blood to the surface and this redness often gets mistaken for burns according to our in house medical consultant, Dr. Robert Stratbucker.

Some ERs have made incisions to remove the probes as they don't know the length or the amount of the slight hook. Others have poked the hook out the skin and clipped the barb. The Annals of Emergency Medicine many years ago, still recommended the grab firmly and pull method.

#### CRITICAL SIDE ISSUE:

Many of the subjects hit by the M26 are emotionally disturbed, but a significant number of these subjects have been on serious chemical cocktail combinations. Our one warning to officers is that in cases of particularly high levels of narcotics use (if the subject is exhibiting bizarre behavior, especially coupled with violent and irrational behavior that the individual is in hypothermia and removing his clothing), we strongly suggest you get them to medical ASAP.

The reasoning is simply that this individual may well be on their way to an overdose induced cardiac arrest or is in the state of excited delirium -- which would obviously be better if it occurred under medical supervision than in the back of a patrol car. This is a typical reaction for someone

overheating. In the words of Dr. Czarnecki, MD of the American Society of Law Enforcement Trainers: "You can see typical signs of excited delirium, very likely to be drug-induced. Subject number one was naked, which means almost always excited delirium (with elevated body temperature).

Further, your officer should be aware of the following especially now that the ADVANCED TASER is being used more frequently, particularly on subjects who fit the above category:

#### HYPERTHERMIA:

Psychostimulant drugs such as amphetamines, amphetamine derivatives, and cocaine can produce a number of potentially lethal effects

Psychostimulant overdoses can cause cardiovascular compromise, seizures, and hyperthermia.

Hyperthermia is a common result due to severe doses or overdoses

Hyperthermia also occurs in lower doses of psychostimulants and may cause rhabdomyolysis.

Activation of particular dopamine receptors in the central nervous system may cause psychostimulant induced hyperthermia.

#### EXCITED DELIRIUM:

Continued fatality studies revealed behavioral similarities between cocaine psychosis victims and those under the influence of other drugs.

Sometimes even the lack of having taken certain prescription drugs could cause a similar response in abnormal behavior (such as lithium in the case of certain manic depressants)

New term now is - excited delirium

#### Symptoms and behavioral patterns:

bizarre and aggressive behavior

dilated pupils

fear

high temps (106-108)

hiding behind things

irrational, incoherent speech

jumping into water

#### Symptoms:

panic

paranoia

profuse sweating

public disrobing

self-inflicted injuries

shivering

shouting

seizures

unexpected physical strength

violent behavior (general)

violence towards others

violence towards objects (glass)

THE KEY IS TO WATCH FOR MORE THAN ONE SYMPTOM

#### Drugs, Death, and Blame:

Always keep in mind that people that exhibit symptoms and behavioral patterns suggesting cocaine psychosis or excited delirium are experiencing a medical emergency

Manic depressants taking Lithium will sometimes discontinue taking their meds. These subjects often appear to be in a state of Excited Delirium and may well be.

Excited Delirium is regarded as a "medical emergency with a psychological presentation"

**BEWARE of SUDDEN TRANQUILITY**

Try to minimize the appearance of "mishandling" suspect.

Please feel free to contact me at 800-978-2737 ext. 2006, fax 480-991-0791 or email me at [steve@TASER.com](mailto:steve@TASER.com) with any questions.

The probes in the attached photos are graphic. Both of these probes were pulled out without surgical incisions at all and without complications.

The probe in the face was removed on scene by EMS. The probe shot in the penis was removed approximately two hours later at a local hospital. No legal or other repercussions followed. Here are the details from Seminole Co. Sheriff's Dept: "Three deputies arrive at a domestic disturbance. Male suspect flees from house into woods. They set up perimeter. One deputy flushes suspect out towards deputy armed with Taser (certified and equipped two days prior). Deputy gives command for suspect to stop. Suspect continues to run towards deputy, drops head down as if to tackle the deputy and he simultaneously fires. One probe in right cheek, one in center of chest. He takes the 5 second ride. As assisting deputies tried to handcuff him, he begins fighting again. He took another 5 second ride. He was then secured. No complaint of any injury. I'll have the JPEGs forwarded to you!" Lt. Allen: [eallen@seminolesheriff.org](mailto:eallen@seminolesheriff.org)

The penis shot man was shot by Clay County Sheriff's Dept during drug. The suspect tried to evade deputies and jumped through a plate glass window. When he stood up he was confronted immediately by a M26 and shot with one probe hitting the man in the penis.

The man who was shot in the face was in the process of attempting to tackle Osceola County Sheriff's Dept deputy with his head down in a football stance tackle.



Probe Removal samples.doc



Probe Removal issues.doc



Probe face shot.jpg



Probe Face shot2.jpg



Penis probe shot.jpg



Penis probe shot 2.jpg

Sincerely,  
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TASER International, Inc. (NASDAQ: TASR and TASRW) provides advanced less-lethal weapons for use in the law enforcement, private security, and personal defense markets. Our flagship ADVANCED TASER® product uses proprietary technology to incapacitate dangerous, combative, or high-risk subjects that may be impervious to other less-lethal means. Our technology reduces injury rates to suspects and officers, thereby lowering liability risk and improving officer safety. The ADVANCED TASER is currently in testing or

deployment at over 1,500 law enforcement and correctional agencies in the U.S. and Canada. For more information or to see real world videos of the ADVANCED TASER, visit our website at [www.TASER.com](http://www.TASER.com).