

DEPARTMENT: Information Protection and Security	POLICY DESCRIPTION: Conducted Energy Device (CED)
PAGE: 1 of 5	REPLACES POLICY DATED:
EFFECTIVE DATE: March 1, 2021	REFERENCE NUMBER: IP.PS.011
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: All HCA Healthcare facilities that have approved Security personnel's use of Conducted Electrical Devices (CED).

PURPOSE: To provide Security personnel with procedures and framework around the use of a CED that are in alignment with the Company's Use of Force Policy, IP.PS.009.

DEFINITIONS:

CED Restraint – an activation of the CED “arc” or “painting the Subject with the laser” in an attempt to stop the Subject.

Conducted Energy Device (“CED”) – a tool that provides an electric shock aimed at temporarily disrupting muscle functions and/or inflicting pain (e.g., Taser® or stun-gun).

Force – the application of physical techniques or tactics, chemical agents or weapons to another individual. Voluntary search or escort is not a use of force.

Forensic Evidence – collection of blood, body fluids, hair, photographs or any other items taken for the primary purpose of being evidence in a criminal investigation.

Illegal Act – refers to an act(s) condemned as illegal by the government (e.g., physical assault).

Law Enforcement Official – a government employee appointed to enforce the law (e.g., police officer or sheriff).

Legal Restraints – legal devices used to restrict physical movement with the intent to detain and/or protect patients, employees and/or visitors from criminally violent behavior (e.g., handcuffs and/or shackles).

Physical Injury – impairment of physical condition or substantial pain.

Physical Violence – considered a more severe form of aggression, it is any act where a Subject attempts to harm another through physical contact (e.g. shoving, slapping, kicking, and punching).

“Security” Personnel – individuals employed or contracted by the facility to protect patients, people, assets, systems and facilities; excludes law enforcement officials.

Subject – an individual actively (in the moment) exhibiting verbal resistance or physical violence to other individuals and/or property.

POLICY:

1. This policy does not restrict or provide guidance to law enforcement officials acting on behalf of their sworn duty.
2. It is the responsibility of Security to comply with this policy and/or to assess situations and act within reasonable guidelines or professional judgement.
3. CED use by Security will comply with the Use of Force Policy, IP.PS.009.

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4. Security will only use a CED to defend themselves or others against physical violence and will immediately cease to use force when the Subject is no longer causing physical violence to themselves or others.
5. Centers for Medicare and Medicaid Services (CMS) does not consider the use of weapons in the application of restraint or seclusion as a safe, appropriate health care intervention. For the purposes of this policy, the term “weapon” includes, but is not limited to pepper spray, mace, a nightstick, Taser®, cattle prod, stun gun, and/or pistol. Security colleagues may carry weapons as allowed by hospital policy, State and Federal law. However, the use of weapons by a Security colleague is considered a law enforcement action, not a health care intervention. CMS does not support the use of weapons by any hospital colleague as a means of subduing a patient in order to place that patient in restraint or seclusion. **If a weapon is used by Security or law enforcement personnel on a person in a facility (i.e., patient, colleague, or visitor) to protect people or facility property from harm, the event is expected to be handled as criminal activity, and the perpetrator be placed in the custody of local law enforcement.**¹
6. Use of a CED on a Subject in restraints is strictly prohibited.
7. Approved CED training is conducted by a TASER® International, Inc. certified CED Instructor (or equivalent).
8. Security who have completed the approved CED training, including both written and practical test to demonstrate their knowledge and understanding, and are credentialed, may be issued a CED.

GUIDELINES:

A. Use of Force Level

The use of a CED, arc or deployment, is considered a less-lethal force.

B. Issuance, Maintenance and Carrying CEDs

1. Security will only use the CED device and cartridges which have been issued to them.
2. Security will use a minimum of Level 2 CED holster on their duty-belt to secure the CED.
3. Security carrying the CED should perform a spark test on the unit prior to every shift.
4. Security should carry two or more cartridges on their person when carrying the CED, whenever practicable.
5. Security is responsible for ensuring their issued CED is properly maintained and in good working order.

¹ Only designated facilities have been provided an exception to utilize firearms as they are high risk and unable to hire or contract off-duty law enforcement due to State law.

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C. Verbal and Visual Warnings

1. A verbal warning of the intended use of the CED should precede its discharge, unless it would otherwise endanger the safety of others or when it is not practicable due to the circumstances. The purpose of the warning is to:
 - a. provide the Subject with a reasonable opportunity to voluntarily comply; and
 - b. provide other individuals with a warning the CED may be deployed.
2. If, after a verbal warning, a Subject is not stopping their physical attack, Security may display the electrical arc or the laser in a further attempt to gain compliance prior to the CED discharge. The aiming laser should never be intentionally directed toward the Subject's head.
3. In an attempt to minimize the number of CED discharges needed for an individual to stop, Security should, while deploying the CED, reasonably direct the individual as the incident mandates. Such verbal commands may include, "stop fighting," "lie flat," etc. The fact a verbal warning was given or the reasons it was not given will be documented in the Security Incident Report.
4. The CED should only be used when its operator can safely approach the Subject within the operation range of the device.

D. Special Deployment Considerations

1. A CED should be utilized for self-defense against physical violence or if the totality of the circumstances indicate other available options reasonably appear ineffective, impractical or would present a greater danger to the others, or the Subject.
2. Because discharge of the CED in the drive-stun mode (i.e., direct contact without probes) relies primarily on pain compliance and requires close proximity to the Subject, additional caution should be exercised. A CED used in drive-stun mode will not reliably or foreseeably incapacitate the Subject. Security should not use CEDs in drive-stun mode if they reasonably believe discomfort will not cause the Subject to cease assault, (e.g., CED use in drive-stun mode on a drug induced, highly pain-resistant Subject). The discharge in drive-stun mode should be limited to brief discharges in which pain compliance would reasonably appear necessary to achieve control.

E. Multiple Discharges of the CED

If the first CED discharge appears to be ineffective in stopping the attack and if circumstances allow, Security should consider the following before additional discharges:

1. whether the probes are making proper contact;
2. whether the CED discharge is interfering with the Subject's ability to comply; and/or
3. whether verbal commands, other options or tactics may be more effective. This, however, should not preclude Security from deploying multiple, reasonable discharges of the CED.

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F. Medical Treatment

1. When a Subject has been exposed to an activation of the CED, affected individuals should immediately receive a medical examination.
2. Absent extenuating circumstances or unavailability, only qualified medical personnel, including certified paramedics or colleagues who are trained to perform this procedure, should remove CED probes from a Subject's body. Used CED probes will be considered a Sharps biohazard, similar to a used hypodermic needle. Universal precautions should be taken accordingly. Individuals who have been struck by CED probes or who have been subjected to the electric discharge of the device should be medically assessed.
3. If any Subject refuses medical attention, such refusal should be witnessed by medical personnel and should be fully documented in related reports.

G. Security Supervisor Responsibilities

The Security Supervisor should:

1. respond to all incidents where the CED was activated;
2. review each incident for objective reasonableness where a Subject has been exposed to a CED discharge;
3. review the circumstances under which the CED was used with the involved security personnel; and
4. notify facility leadership of the event.

H. Post Incident Response Investigation

1. Each discharge, display "test arc," or "painting," of the Subject, including accidental discharge of a CED should be documented on the Use of Force Report.
2. When Security discharges a CED, including stun on a Subject, the facility will notify law enforcement.
3. If the anti-felon identification (AFID) was deployed, when possible, it should be photographed at the scene. If the AFID's are not maintained as forensic evidence, the photographs should include an image which clearly shows the serial number on an AFID. The photograph or forensic evidence should be included in the Use of Force Report.
4. The CED device history should be downloaded and included with the Use of Force Reports.

I. Training

1. In addition to the initial approved training required to carry and use a CED:
 - a. Security carrying a CED will demonstrate proficiency annually;

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- b. Security who have not carried a CED as part of their assignment for a period of six months or more, will require recertification by a certified CED instructor before carrying or using the device;
 - c. A reassessment of the Security's knowledge and/or practical skill may be required at any time if deemed appropriate by the Security Administrator; and
 - d. All training and proficiency for CEDs will be documented in the Security's training file.
2. The Security Administrator should ensure annual training includes:
 - a. review of this policy;
 - b. review of the Use of Force Policy, IP.PS.009;
 - c. de-escalation techniques;
 - d. target-area considerations, to include techniques or options to reduce the intentional discharge of probes near the head, neck, chest and groin; and
 - e. application of legal restraints, after discharge of the CED (e.g., handcuffs).
3. Security personnel who are not armed with CED should receive minimal "safe handling" training in case the credentialed user becomes unable to secure/protect the device.
4. Clinical Staff should receive training on how to care for patients post CED incident.

REFERENCES:

1. CMS §482.13(e)
2. Physical Security Program Policy, [IP.PS.001](#)
3. Theft and Workplace Violence Policy, [IP.PS.002](#)
4. Use of Force Policy, [IP.PS.009](#)
5. Patient Restraint/Seclusion Policy, [COG.COG.001](#)
6. Forensic Patient Management Policy, [IP.PS.010](#)