Are Tasers the right choice for your hospital?

About four years ago, Lisa B. Pryse, BS, CHPA, CHSP, chief of campus police and director of public safety at WakeMed Health and Hospitals, Inc., in North Carolina, faced the problem of security staff member injuries due to violent confrontations. WakeMed’s anchor hospital, a large trauma center in Raleigh, was located in a high crime area and its combined force of police officers and security officers frequently handled criminally violent individuals, putting other patients, staff members, and visitors at risk.

There were several injuries among security staff members, and officers appealed to Pryse for options other than hands-on confrontations or the use of deadly force. Pryse says she wondered whether arming her security force with electronic control devices, commonly referred to as Tasers, might be the answer. Note: Although frequently used as a synonym for electronic control devices, Taser is a registered trade name of TASER International, Inc.

“I was very skeptical about Tasers,” Pryse says. But after thorough investigation, she says she was convinced of their merits and equipped the WakeMed security force with the devices. “We ended up with just an unbelievable, positive response,” she says. In the four years since officers began carrying Tasers, they have only deployed them about 10 times.

WakeMed isn’t alone: Other hospitals faced with assailants’ violent behaviors are also turning to Tasers. It isn’t clear how many hospitals are using Tasers, since no one is keeping national statistics.

However, in a 2007 survey of healthcare security and safety directors by GE Security and the International Association for Healthcare Security and Safety, 16% of the 70 respondents whose hospitals had armed security officers said their officers carry Tasers.

“Based on the number of phone calls I get, there are a growing number of hospitals that have, or are considering, Tasers as a use-of-force option for their police or security officers,” says Thomas A. Smith, CHPA, CPP, director of hospital police and transportation at UNC Hospitals in Chapel Hill, NC, whose officers have carried the devices for about two years.

The weapons, which can incapacitate assailants’ neuromuscular systems and leave them unable to flee or fight, are still controversial. Skeptics question whether Tasers are appropriate in healthcare settings; concerns have grown after instances of Taser use have resulted in injury and death, and federal regulations place some restrictions on their use in healthcare. Despite those drawbacks, Pryse, Smith, and other hospital security chiefs say Tasers are the right choice for their organizations,
but advise others to proceed thoughtfully. If you’re thinking of equipping security officers with Tasers, consider the following:

➤ **Determine whether risk factors justify the use of Tasers.** Tasers aren’t the answer for every hospital’s security concerns. Conduct a risk assessment to determine whether Tasers are needed in your facility. For example, Pryse considered the fact that with the use of metal detectors, WakeMed confiscates more than 3,000 weapons per year, from guns and knives to razors.

Tasers added to the tool box of options the WakeMed security force had available to handle violent situations, Pryse says. Tasers are also considered a lower level of force than other security measures to control a violent person. Police officers at WakeMed carry handguns and police and security officers carry batons—options that can result in injury or even death. Although Tasers carry risk, they are considered a less lethal option.

At UNC hospitals, officers also carry handguns, pepper spray, and batons. “Our officers have deadly force options. I thought a Taser was a good lower level of force,” says Smith about stopping a violent encounter with a lower probability of injury.

But it’s not only handgun-equipped security departments that have opted for Tasers. At the Carolinas Healthcare System in Charlotte, NC, security officers don’t carry firearms, but they do carry steel tactical batons. “Tasers have been shown time and time again that they are much safer than batons,” says Bryan Warren, CHPA, acting director of security at Carolinas.

“[A baton is] an impact weapon. Someone is going to be injured hands down if you ever deploy it. That’s not a question,” Pryse says.

Whether Tasers are right for a hospital depends on that hospital’s patient base and volume, the number of violent incidents that occur, the criminal activity in the area, response times from local police officers to violent confrontations, and the philosophy of the organization, says Smith.

➤ **Do your homework.** If you think Tasers might be an option, conduct a lot of research. Take a look at the scientific studies on the effects of Tasers. Studies show the number of injuries is dramatically reduced when Tasers are used, says Smith. You can find reports about them on TASER International’s Web site at www.taser.com.

Pryse says statistics helped convince her that Tasers would be appropriate for her organization. She viewed a video presentation by the Orange County, FL, sheriff in which he detailed the decrease in the number of injuries after he introduced Tasers to his deputies. In 2000, that sheriff’s department had 120 injuries of deputies and suspects, including some that were severe. After the introduction of Tasers, the number dropped to 24 injuries, and most were minor, Pryse says. She had members of her department talk to members of the sheriff’s department about their experience using Tasers.

Talk with your local law enforcement agency, where officers may already be using Tasers, says Warren. They may be willing to let you observe their training.

Research whether other hospitals in your area employ Tasers or whether you are blazing new ground, says Smith.

Be realistic about Taser studies. “There have been deaths that were either directly or indirectly associated
with electronic control devices. It’s something we can’t ignore. You have to look at that and weigh the needs to protect your officers and those on the front line, as well as the suspect,” says Pryse, adding that “the biggest thing is it’s a very, very useful tool, but it also, if used inappropriately, could have very adverse effects. It’s extremely important your officers are trained, monitored, and you do your homework [continually].” You need to stay abreast of new studies as they appear, she says.

After you educate yourself, the next step is educating hospital administrators and risk managers. Common misconceptions will cause some employees to be suspicious, says Warren. At Carolinas, Tasers were introduced on a three-month trial basis. “It proved their effectiveness. At that point, it wasn’t an issue at all. If anything, it was a funding issue,” he says. With an average price of about $1,000 each, Tasers can be expensive.

**Develop a comprehensive policy.** If you decide to equip your security officers with Tasers, you will need to develop a policy for their use. Pryse recommends a separate policy on Taser use, although some facilities attach an addendum to their use-of-force policy. Involve your legal department and risk managers. Your policy should complement your model, such as your use-of-force continuum.

Your policy should describe a Taser and specify when security police or officers are authorized to use one. At Carolinas, officers have rarely deployed their Tasers, says Warren, adding that “all of our officers are trained in de-escalation tactics. We always try to do everything we can to diffuse a situation. A Taser is considered our defense of last resort to protect our officers or someone else in imminent danger of harm. Since 2005, we have used it just a handful of times.” Cases in which officers should never use a Taser, such as when an assailant has perched on a great height and could be injured in a fall, when flammable liquids are present, or when a woman is pregnant, are addressed in policies and procedures, he says.

Hospitals also need to have a use-of-force report that is filled out whenever an officer deploys a Taser, Pryse says. To view WakeMed’s policy, visit [www.hospitalsafetycenter.com](http://www.hospitalsafetycenter.com), and check under New Forms on the home page. Other samples are available at the International Association of Chiefs of Police’s Web site at [www.theiacp.org](http://www.theiacp.org).

**Emphasize training.** Be sure you train all officers who will carry a Taser. Such training is offered by the companies that manufacture the electronic control devices. At WakeMed, Carolinas, and UNC, the hospitals provide security officers with initial training at orientation and annual training and recertification.

At WakeMed, Pryse sends one of her supervisors to TASER International’s train-the-trainer program for recertification, so he or she may come back to teach classes at the healthcare facility. Pryse also uses cases reported in the news, such as the 2007 incident in which hospital security officers tasered a man who was attempting to enter an elevator with his newborn baby without authorization, to train officers. “We did a drill,” she says, in which officers met with managers of the maternity unit and discussed this scenario. Was it appropriate to deploy...
the Taser in this situation? What if the man had a knife or a gun? Was there another way to keep the man from leaving with the baby? At Carolinas, officers are tested on real-life scenarios they might expect to encounter in an ER, waiting room, or parking lot, says Warren. Officers must respond to the scenarios enacted by training officers, who then critique each security officer’s performance and indicate what they should have done.

Don’t forget to educate other staff members as well. Before Tasers were used at WakeMed, Pryse held an in-service for physicians so they understood the use of the devices and the volts they can deliver. At Carolinas, security created a pamphlet that describes how the Taser works. It is invaluable to the education of nursing and administrative personnel, Warren says.

➤ Be aware of federal and state regulations on Taser use. Centers for Medicare & Medicaid Services (CMS) regulations contained in the State Operations Manual address the use of patient restraints and prohibit hospitals from using weapons to restrain a patient. (See “What CMS regulations state” on p. 3.) The interpretive guidelines used by surveyors to understand the regulations specifically mention the use of Tasers. “It’s certainly on their radar,” says Smith. “The distinction is when is it patient care and when is it a forensic situation. You have the balance of safety of staff, safety of patients, safety of visitors. When does it become a forensic or law enforcement issue and when is it patient care? Sometimes it depends on which surveyor you get.”

In June, the Northfield City Hospital in Minnesota was cited by federal and state health officials for violating a patient’s rights. The citation stemmed from an incident in February in which emergency department staff members thought a patient was about to become violent and called in local police. Officers used a Taser on the patient, who was then medicated by staff and transferred to a psychiatric unit at another hospital, according to a report in the Star-Tribune. The Minnesota Department of Health cited the hospital because it said the level of force was unwarranted.

Your security staff should understand federal regulations and restrictions placed on the use of Tasers and other weapons. “It’s clear the Taser and other law enforcement-type restraint devices are not a tool to be used on patients. When it goes beyond the patient care arena, when there’s a violent criminal act taking place, that’s where these tools come into play. It takes a lot of judgment on the part of people carrying them,” Smith says.

Hospitals must be able to rely on training and experience, as well as hiring the right people, to help ensure that security officers make the right decisions, he says. However, the Minnesota incident highlights a growing concern about the use of Tasers on patients. Canadian police came under fire this past spring for using a Taser on an 82-year-old man who wielded a knife at a British Columbia hospital. The American Psychiatric Association has called for national guidelines on Taser use in hospitals.

At Carolinas, a special education program details CMS regulations. Officers take a posttest that includes scenarios in which they are asked whether they should use a Taser, Warren says. Remember, if your hospital hires off-duty police officers to provide security in your emergency department, you need to train and educate them as you would your own security officers, he says.

➤ Consider equipping Tasers with cameras. Tasers that include cameras to record when the device is in use can be helpful. “Our officers know they are on tape,” says Pryse, who reviews all videos after an officer uses a Taser. Attaching cameras costs about $200 per Taser, and the resulting video can contribute plenty of useful information about whether officers behaved appropriately in a given situation.

“That has been used in several instances in the last year to exonerate our officers of accusations of wrong doing or excessive use of force,” says Warren.

WakeMed also uses the videos from its own incidents in which officers have drawn their Tasers as part of its ongoing training. “We always ask, ‘Could this have been handled in another way?’” says Pryse.