



ARROWHEAD REGIONAL MEDICAL CENTER Security Policies and Procedures

Policy No. 101.871 Issue 1
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SUBJECT: ELECTRONIC IMMOBILIZING DEVICES (EID)

APPROVED BY: _____
Assoc. Administrator Support Services

PURPOSE

To ensure the safe and effective deployment of the **Electronic Immobilizing Device** (EID), post use procedures, infection control associated with deployment, and the safety of the Subject as well as staff and other affected parties. The EID is used to safely close the gap, when physical intervention is needed, and reduce the incidence of injury. Discretion to deploy the EID is based on the Security Officer's compliance with this Policy. The officer has reasonable cause to use the EID as a less lethal tool to cease a physical threat.

POLICY

Preamble to Policy

*The Joint Commission 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 regulation, the term **weapon** includes, but is not limited to, pepper spray, mace, nightsticks, tasers, cattle prods, stun guns, and pistols. Security staff may carry weapons as allowed by hospital policy, and State and Federal law. However, the use of weapons by security staff is considered an action, not a health care intervention. The Joint Commission does not support the use of weapons by any hospital staff 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 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. The use of handcuffs, manacles, shackles, other chain-type restraint devices, or other restrictive devices applied by non-hospital employed or contracted law enforcement officials for custody, detention, and public safety reasons are not governed by this rule. **The use of such devices is considered law enforcement restraint devices and would not be considered safe, appropriate health care restraint interventions for use by hospital staff to restrain patients.** The law enforcement officers who maintain custody and direct supervision of their prisoner (the hospital's patient) are responsible for the use, application, and monitoring of these restrictive devices in accordance with Federal and State law. However, the hospital is still responsible for an appropriate patient assessment and the provision of safe, appropriate care to its patient (the law enforcement officer's prisoner).*

It is the policy of Arrowhead Regional Medical Center (ARMC) to provide a safe environment for healthcare delivery. The Security personnel are responsible for ensuring a safe environment, protecting themselves, staff, patients and visitors from injury by violent or potentially violent subjects who pose a threat to Security Officers or to others. Security Officers shall use only that force which is reasonable and necessary to accomplish this goal. When used appropriately, the EID is an effective tool that can be used to safely control violent behavior that could result in great bodily harm or death to patients, visitors and staff when other methods do not work and eminent threat to safety is present. The EID is designed to immobilize a subject during episodes of violence and reduces the likelihood of injury to responders as well as the aggressor. EIDs are defined as "Less Lethal Weapons" and are not Deadly Weapons such as knives,

batons or firearms. EIDs are not intended to replace ARMC sponsored de-escalation techniques. Security Officers authorized to carry and use EIDs must be in accordance with current Departmental training. EID shall not be used as a means or method of punishment.

PROCEDURES

Security Officers assigned to carry an EID shall be trained by a certified EID instructor. ARMC will have on-site certified instructors. Only staff that have successfully completed the required training shall be allowed to carry these devices, specifically when authorized to do so as part of assigned duties. Successful completion of training will not constitute automatic authorization.

Certifications must be current in order to carry or use the EID device.

In addition to the EID standard training, ARMC Security Officers will receive specialized training in handling sensitive patient situations. Training will integrate techniques already taught, such as identifying warning signs of violence and techniques that can be used to de-escalate or respond appropriately to varying levels of assaultive behavior.

I. How to Carry the EID

- A. Only authorized holsters will be used to carry the EID.
- B. EIDs will be worn in accordance with manufacturer training guidelines.
- C. EIDs will always remain holstered unless it is being tested or being deployed for use in response to an incident.
- D. Readiness and Safety of the EIDs will be maintained and tested in accordance with the manufacturer's instructions.
- E. EIDs will not be left unattended. EIDs will be stored in a locked cabinet when not in a holster on a person's body.

II. Deployment of the EID

- A. The EID can be used by deploying/discharging the probes from the cartridge, or while in the "drive stun" mode, after probes have been deployed or if a cartridge is not attached.(Security will collaborate with local law enforcement).
- B. An EID is used in defense of another or in defense of oneself. Follow these procedures:
 1. When possible, notify the subject of the intention to use the EID, by providing a verbal warning. The warning provides the individual with a reasonable opportunity to voluntarily comply with the technician's commands, and to provide other technicians and individuals with a warning of a possible EID deployment. Exception: If making such an announcement would pose a danger to technicians or others, or otherwise impractical, no verbal announcement shall be required. Such exceptions are, but not limited to:
 - a. A person who is actively causing great bodily harm to someone else, at which point an EID would be immediately deployed.
 - b. Another example would be an individual who is actively causing harm to themselves, cutting of wrist, neck at which time a verbal warning would not be

permissible. In these situations, it becomes a life/death situation which requires immediate action.

- c. The verbal command shall be authoritative and firm: "Mr/Mrs/Ms Last Name; my name is Security Officer (last Name). I have a taser pointed right now at your body. If you do not comply with my orders, I will deploy the taser on you. Do you understand what I just said?" Waiting for your answer, if no response and deployment is necessary then explain what to expect next thoroughly.
- d. EID Probe placement would be made in the highlighted areas noted below. Shooting probes directly on the chest may cause major injury or death if person has a cardiac problem. (Security will collaborate with local law enforcement).

C. Security Department personnel in the commission of their duties and while performing in the capacity as a Security Officer, when confronted by an individual(s) committing an assault suggesting the present capabilities to commit a battery OR commits a physical battery upon the Security Officer or another person and post deploying their EID. (Security will collaborate with local law enforcement).

III. Post-Deployment

- A. All attempts shall be made to reduce injury by assisting the subject to the ground, but not at the risk of injury to parties involved.
- B. Dispatch should be notified immediately following deployment of the EID and the situation is under control. Colton Police will be notified of status. Immediately notify the Security Supervisor or designee, and/or Department Director of the deployment. Also immediately notify the House Supervisor and Administrator on Call.
- C. Do not attempt probe removal if the subject is combative or if the location of the barb/probe is in the face, ear, breast, groin, or deeply imbedded.

Probes should be removed only by Emergency Department (ED) personnel in the ED, or appropriate medical personnel within the medical center whichever is applicable. Break the wire at the probe and escort the subject to the ED for medical attention.

D. The process of probe removal would include, but is not limited to, the following:

- 1. The Emergency Department (ED) personnel or appropriate medical personnel within the medical center will assess the subject and provide the appropriate medical assistance.
- 2. Security personnel will take photographs of the subject and probe/drive locations each time and for each location where probes entered. Take photographs of the area in which the EID was activated and surrounding structures, obtrusions, or objects that later could be identified as blunt force objects.
- 3. If applicable, medical personnel will assist with cleaning the wound with antiseptic and bandage.
- 4. Medical personnel will use universal precautions and personal protective equipment for blood borne pathogens.
- 5. Place the removed probes in the spent cartridge barb side first.
- 6. Securely tape the cartridge and probes. Mark as a biohazard. Place spent cartridge with probes into evidence bag with the reporting officer's name and Incident Report number written on the evidence bag. The evidence bag will be turned over immediately to the responding law enforcement officer.
- 7. Retrieve as many of the EID prongs, spent from the cartridge, as possible and save.

- E. Officer Safety Devices shall be placed on the subject for safety and immediate transport to the Emergency Department for medical evaluation and/or probe removal.
- F. Safety Devices shall remain in place until the subject is turned over to law enforcement. If the subject is a patient, the handcuffs should be replaced with medically ordered patient restraints as soon as possible.

IV. Prohibited Use of EID

- A. At no time shall the Drive Stun technique be used on a restrained subject unless done so in self-defense or defense of a third party.
- B. At no time shall the EID be used on a subject in full behavioral restraints.
- C. At no time shall the EID be used on a subject as a threat to gain compliance with Staff's directives to allow the application of restraints.
- D. Users must be certified annually. Instructor certification is valid for 2 years, per Taser International guidelines.

V. Documentation

- A. Each drive stun and probe discharge, including accidental discharges, of an EID shall be immediately documented by entering into RL, initiating an Incident Report (IR), and Use of Force form. The Officer responsible for the discharge shall ensure that the applicable reports are completed and submitted for review by end of shift by the On-Duty Security Supervisor or shift lead. The On-Duty Security Supervisor shall make certain all additional and supplemental reports and forms are completed and forward for review by Administration, Security Department Manager, Risk Management, and Safety Officer.
- B. Presence-Display-Deployment Record: Whenever the Presence (EID remains holstered) or Display (EID is removed from the holster) creates an apparent de-escalation of a subject's violent behavior, a record shall be made through a department IR. Whenever a Deployment (EID is activated and probes dispatched towards intended target) occurs, a record shall be made through a department IR. The IR shall be approved by the On-Duty Security Supervisor and forwarded to Administration.
- C. Arrowhead Regional Medical Center shall maintain a EID Deployment Review Board. All actual deployments of a EID on a subject shall be reviewed as soon as possible. The Deployment Review Board, at a minimum, shall be represented by the Security Department Manager, Risk Management and a representative from Hospital Administration. Additional members to a EID Deployment Review Board can include, but is not limited to, a Law Enforcement representative, Legal Counsel; additional representatives are on an ad-hoc basis. Security Shift Supervisors shall perform a debriefing between security staff involved as soon as possible.
- D. Any contact with the media shall be handled following Security Department Policy "Press Release" and all inquiries shall be referred to the Public Information Officer or the Administrator on Call.

VI. Maintenance and Quality Control Section

A. Use of EIDs for any purpose other than the reasons listed above will open the offending Security staff to disciplinary action and/or possible legal prosecution.

REFERENCES: CMS, TJC, IAHSS, BSIS, Taser® Internation Guidelines, CalOSHA

DEFINITIONS: **EID:** Electronic Immobilizing Devices

Deployment: When the EID is used to deliver electricity to a subject. This could be done either by expanding the cartridge and projecting the probes or by drive stun.

Drive Stun: Where the EID is held against the target without firing the projectiles. This can be done without an air cartridge in place or after an air cartridge has been deployed.

ATTACHMENTS: Attachment A – Body Diagram

APPROVAL DATE: 7/21/2025 **Chris Conner, Hospital Security Manager**

Department/Service Director, Manager or Supervisor

7/23/2025 **Patient Safety and Quality Committee**

Applicable Administrator, Hospital or Medical Committee

9/4/2025 **Quality Management Committee**

Applicable Administrator, Hospital or Medical Committee

1/27/2026 **Board of Supervisors**

Approved by the Governing Body

REPLACES: N/A

EFFECTIVE: 7/21/2025

REVISED: N/A

REVIEWED: N/A

