10-3-2013

PA Interactions with Law Enforcement

Jed Grant
University of the Pacific, jgrant@pacific.edu

PA Interactions with Law Enforcement

Jed Grant, MPAS, PA-C
Staff PA, SJCH ED
Faculty, SJVC PA Program
Member, PA Board
Reserve Police Officer

Trending…

Disclaimer / Conflicts

- This presentation does not reflect the official position of the State of California, Department of Consumer Affairs, Physician Assistant Board, Visalia Police Department, or San Joaquin Valley College.
- Presenter has no conflicts of interest to disclose

Objectives

- Following this presentation attendees should be able to:
  - Demonstrate understanding of mandatory reporting requirements and subsequent legal responsibilities
  - Describe appropriate management of injuries associated with law enforcement activities

Duty to 3rd party?

- Tarasoff Case (1974)
  - Psychologist's patient told him he was going to kill Tatiana Tarasoff.
  - Eventually he succeeded and the Tarasoff family sued the psychologist for not notifying the intended victim
  - Case made it to the CA Supreme Court who held the responsibility of the health care provider to notify the third party exceeds the responsibility to protect patient privacy.

Your duty to 3rd party

- Patients currently in your clinic or treatment area
- Any credible specific threat to harm another person
- Any condition that results in loss of consciousness or impairment in operation of a motor vehicle or other dangerous equipment
- Infectious diseases which may represent a public health hazard

§ 11160 PC, 103900 H&S

Duty to report

- You have a duty to protect those that are not capable of protecting themselves from harm*
- All states have laws that require reporting of child and elder abuse**
- All states have laws requiring reporting of gun shot wounds.***

*§5150 W&I, **In CA, §11164-11166 PC, ***in Ca §11160 PC

Mandatory Reporting

- Where the injury is by means of a firearm…or where the provider reasonably suspects the injury is the result of assaultive or abusive conduct.
  - Section includes extensive list… basically any victim of any violent crime or wound involving a firearm

§11160 PC

Mandatory Reporting

- Any reasonably suspected child abuse or neglect
- These sections also protect you from any sanction resulting from reporting.
- Failure to report is a misdemeanor.
- If in doubt, report it.
- Your charting needs to be meticulous

§11164-11166 PC

How do I report?

- When you make the report there are options
  - Telephonic
    - If you are concerned about immediate safety
    - Keep the patient with you in the clinic
  - Fax/online
    - No immediate concern for safety but would like law enforcement to follow up.
    - Patient goes home

Then what happens?

- Law enforcement officers will respond if you feel the patient may not be safe at home
- They will determine where the patient goes after you medically clear them for discharge.
- This process can take several hours.

What happens next?

- Authorities will decide if they want to file charges. If so, you may be called as a witness
- The district attorney will contact you, and you will receive a subpoena.
- The deputy DA handling the case should keep you informed.

What happens next?

- Arraignment
  - If they plead guilty or NC you are done
- Preliminary Hearing
  - Hearing to determine if there is enough cause to hold the accused to stand trial for the charges when they plead not guilty
  - Prop 115
    - Allows the DA to testify for you
    - They will interview you, probably on the phone.
  - Court can find there is sufficient cause for trial, or can dismiss the charges

Trial

- Dates will change and the court will try to accommodate your schedule.
- Close contact with the DDA handling the case will be helpful
  - What are they looking for in terms of your testimony
  - Ask if there are any concerns
  - Be VERY familiar with your chart.

Trial

- Arrive early on the day you are to testify and dress appropriately.
- You will be waiting for a while.
- Take a copy of the chart with you
- Expect to wait in a hallway or separate room rather than in the courtroom until you are called
  - The DDA or a representative will keep you posted on what is happening

Trial

- In general you are there to testify, not read from the chart. If you are reading from the chart there will be some objections. This is normal.
  - If you are not sure about an answer and need to refer to the chart, ask to do so.
- Think of yourself as an impartial observer who is reporting what was seen
  - You should not be taking sides

Giving testimony

- The prosecution will ask you a series of questions about your background, training and experience.
  - This is called a "voir dire" and establishes you as an expert.
- You will be asked very detailed questions such as what time did you see the patient etc.

Giving testimony

- It is important to remember you are testifying about what you saw and did. Avoid opinion unless specifically asked.
  - You can't say what others thought or why others did things. (hearsay)
- A good rule to follow is to just answer the question exactly, nothing more or less.
  - If you don't understand a question, ask for clarification

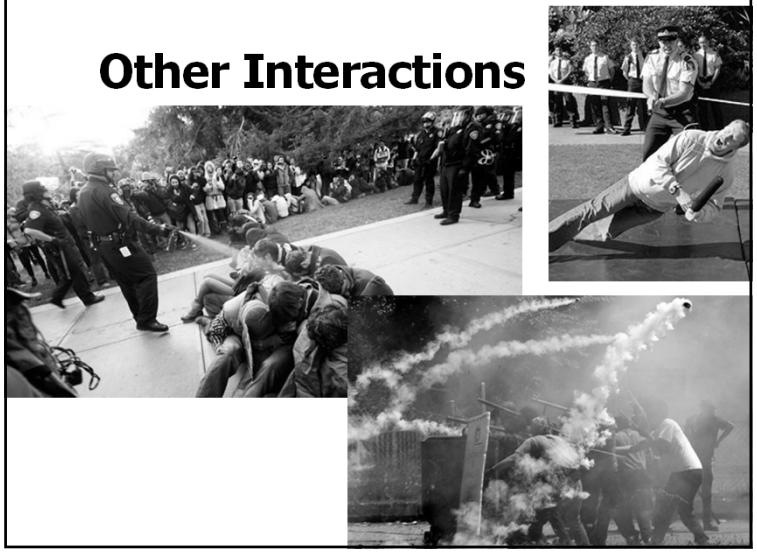
Giving testimony

- When the prosecution is done the defense will ask you questions.
  - They may say things that are disparaging or inflammatory. Its not personal.
  - Just answer the questions as best you can, and if you are not sure about the answer, say so.
  - Make sure you understand the question and its implication before answering.

Giving testimony

- After the defense the prosecution will have another chance to clarify and may or may not ask you more questions
- You will then be dismissed.
- If they do not tell you, ask if you are subject to recall

Other Interactions



Less Lethal Injuries

- Ethically tricky situation
- Your primary responsibility is to the patient.
  - Be objectively concerned for their health.
  - Respect their desire for privacy as much as possible.
- The law enforcement officer also has a job to do.
  - Public safety, evidence collection, also responsible for safety of his arrestee.

Tear Gas

- Uses various airway and skin irritants to cause discomfort.
- CS is an aerosol that smells faintly of pepper.
- CN is an aerosol that smells faintly of apple blossoms. Higher toxicity than CS
- Both cause burning of the skin, immediate tearing and burning of the eyes and respiratory tract. Vomiting occurs at longer exposures.

CS/CN Treatment

- Immediate removal from the gas usually results in resolution of symptoms within minutes
- No further treatment needed
- CS/CN are particulates so they remain in clothing and on skin
  - Can result in latent reactions
  - Can be problematic for asthmatics

Oleoresin Capsicum

- Capsaicin is the active ingredient, which is derived from peppers
- Causes almost immediate closing of the eyes, difficulty breathing, runny nose, burning of the skin and coughing
- The duration of effects depend on the strength and amount of the spray used.
- Usually lasts around thirty to forty-five minutes, with diminished effects lasting for hours
- No permanent damage to corneas or skin

Oleoresin Capsicum

OC Treatment

- OC is insoluble in water and will not easily wash off the skin
  - Baby shampoo removes it but symptoms will continue
- Continuous irrigation with cool water provides relief
- Irrigation of the eyes with saline
- Consider topical anesthetic to the eyes

ECD / Conducted Energy Weapons

- TASER
- Several versions
  - Pistol shaped
  - Other versions
- Length of electrical discharge is set at 5 seconds per trigger pull
  - Can deliver multiple 5 second shocks, or continuously discharge if trigger is held

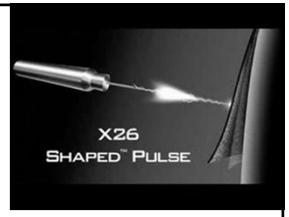
TASER

- Three delivery methods
  - Projectile
  - Probes
  - Contact

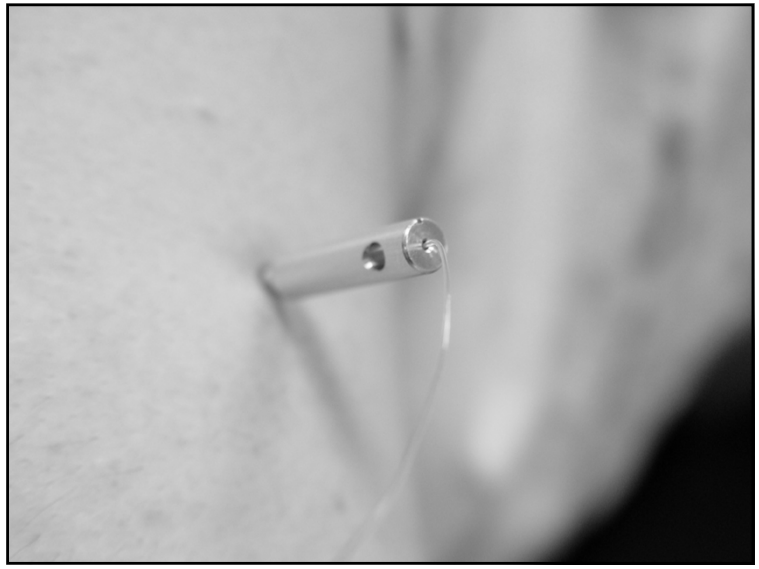
TASER Projectile (XREP)

- Fired from modified 12g shotgun
- Delivers shock for 20 seconds

TASER X26



- Probes
  - 10mm #8 strait fish hook
  - Barb is on same side as notch
  - Very thin wires connected to probe from ECD
    - Length varies and is indicated by color on doors of cartridge
      - Green is commonly used (25 feet)
  - Fired at 180fps from a compressed nitrogen charge



TASER X26

- "Drive stun" direct contact
  - Does not cause muscle contraction
    - Insufficient spread of electrodes
  - Pain only

ECD Physiology

- High voltage, low current (amperage)
  - 50k volts, 2.1milliamps, 1.76 joules
  - Similar concept to static shock
- Pulsed current, not continuous
- Cycles 19x per second
- Similar to high power TENS unit
- Breathing does not stop during deployment

ECD Physiology

- Current causes strong repetitive contractions of the muscles between the probes, and some contraction of more distant muscles
  - Distant effect depends on:
    - muscle mass and conduction of the impulses through tissues or clothing
    - Victim knowledge and motivation
- Incapacitates victim through contraction
  - "Neuromuscular Incapacitation" (NMI)
- Can cause uncontrolled contractions of extremities

ECD Physiology

- Like any profound muscular exertion
- Can affect
  - pH, lactic acid
  - Adrenergic discharge, catecholamine
  - Blood pressure
  - Ca+, K, electrolytes
  - CK, myoglobin
- Generally effect of ECD is less than physical struggle for equivalent amount of time

ECD Physiology

- Cardiac effect negligible
- ECD related VF/VT is 1:100k applications
  - Risk involves dart-heart distance and transcardiac vectors as well as pt weight
- Not studied in
  - Pregnancy, elderly, small children, low BMI

Routine Treatment

- Tetanus
- Remove probes
  - Stabilize skin and quick pull out
    - No anesthetic is needed- skin will usually be numb for quite some time
  - Bone may require pliers
  - If cutting down barb is on grooved side
- Local wound care
  - Superficial burns

Probe Removal

Routine Treatment

- Short exposure (<15sec) and awake/alert patient
- Does NOT require
  - EKG/Cardiac work-up
  - Laboratory or imaging studies
  - Prolonged ED stay or admission

When to do more work up

- Prolonged exposure
- CP, SOB, palpitations, cardiac history
- Muscle contraction related sx
- Consider underlying condition that caused deployment
  - alcohol or drug intoxication
  - altered mental status
  - excited delirium or psychiatric conditions
  - physical exhaustion

Complications

- Primary cause for deployment
  - Excited delerium/hypermetabolic states
  - Length of exposure
- Secondary injury
  - Falls
  - Flammable/combustible materials
- Muscle contractions
- Problematic probe location
  - Eye
  - Bone/joint
  - larynx
  - Penis
  - Breast?

ALOC/Psychosis

- Emotionally disturbed, agitated persons or those with ALOC should be evaluated for conditions that led to the application of the ECD
  - Glucose/Metabolic acidosis
  - Toxicology- Drugs/ETOH/poisoning
  - Psychiatric
  - Excited delirium
- ECD usually less harmful than prolonged physical struggle

Secondary Injury

- Falls
  - Especially from height, but even from ground level are capable of significant injury
- Aspiration/drowning
- Spark from probes can ignite combustibles

Secondary Injury - Fall

Muscle Contractions

- ECD causes maximal muscle contraction
  - Compression fractures can occur
    - Increased risk in elderly or those with underlying osteoporosis
  - If prolonged can lead to myopathy

Problematic Probe Deployments

- Ocular probe deployment is devastating and may lead to loss of eye
  - Treat as open globe
  - Ophthalmology consult
- Bone
  - Difficult to remove but usually accomplished in same manner as skin using pliers
  - May cause small avulsion fx
  - Antibiotics your choice but probably not needed

Problematic Probe Deployments

- Joint
  - Remove probe as in skin
  - Antibiotics
- Neck/Larynx
  - Careful imaging (contrast CT)
  - Consider consultation if structures deep to the platysma are involved

Problematic Probe Deployments

- Penis/Testicle
  - Problematic; urology consult unless superficial
- Breast
  - Not a problem
    - Most implants are submuscular
    - Remainder are subglandular

Summary

- You have a duty to 3rd parties
- Don't be afraid to report
- Make sure your charting is excellent
- Don't be afraid of the legal process
- Put the patient first
- Tear gas is usually benign
- OC lasts a long time but is usually benign

ECD Summary

- Identify those that are at risk for arrest related death
  - ECD application is not the main problem and doesn't increase the risk of death per se
  - ECD application is the symptom that should lead to the work-up
- Some dart applications can be problematic: falls, eyes, urology
- The vast majority of ECD applications only require simple treatment and can be rapidly discharged.

Questions?

Jed Grant, PA-C
PO Box 2186
Tulare, CA 93275
559-622-1976
jedg@sjvc.edu
twoyrguy@yahoo.com

Sources

- Shoenberger, JM; "Maintain a proper balance between patient care and cooperation with law enforcement officers", Avoiding Common Errors in the ED, Ch 151.
- Martin, ML; Fernandez, JA; "Be certain to protect patients or third parties from harm"; Avoiding Common Errors in the ED, Ch 170
- Smith CG, Stopford W (1999). "Health hazards of pepper spray". *N C Med J* **60** (5): 268–74. PMID 10495655.
- Vesaluoma et al.; "Effects of Oleoresin Capsicum Pepper Spray on Human Corneal Morphology and Sensitivity"; 41 (8): 2138 - Investigative Ophthalmology & Visual Science; Iovs.org.
- "A Randomized Controlled Trial Comparing Treatment Regimens for Acute Pain for Topical Oleoresin Capsaicin (Pepper Spray) Exposure in Adult Volunteers - Prehospital Emergency Care" Informaworld.com. 2008-09-04.

Sources

- Vilke, GM; Bozeman, WP; Chan, TC; "Emergency Department Evaluation After Conducted Energy Weapon Use", J. Emerg Med. 2011;40(5):598-604
- Dawes DM, Ho JD, Reardon RF, Miner JR. "Echocardiographic eval uation of TASER X26 probe deployment into the chests of human volunteers." Am J Emerg Med 2010;28:49–55
- Bozeman WP, Hauda WE 2nd, Heck JJ, Graham DD Jr, Martin BP, Winslow JE. "Safety and injury profile of conducted electrical weapons used by law enforcement officers against criminal suspects", Ann Emerg Med 2009;53:480–9.
- Strote J, Walsh M, Angelidis M, Basta A, Hutson HR. "Conducted electrical weapon use by law enforcement: an evaluation of safety and injury", J Trauma 2010;68:1239–46
- Vilke GM, Sloane CM, Bouton KD, et al. "Physiological effects of a conducted electrical weapon on human subjects", Ann Emerg Med 2007;50:569–75
- http://www.taser.com/research-and-safety/science-and-medical
- Dawes, DM, personal email, 1/28/12
- Ho, JD, personal email, 1/29/12