HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety Prison

SECTION: Care and Treatment of Patients- Restrictive Procedures

POLICY # TX III-8

SUBJECT: Medical Care With Use of Force and/or Incidents Involving Trauma to an Offender

EFFECTIVE DATE: October 2014
SUPERCEDES DATE: October 2012

References

Related ACA Standard 4th Edition Standards for Adult Correctional Institutions 4-4203
NCDOP Policy & Procedure Manual Chapter F., .1500, Use of Force

PURPOSE

To provide guidelines for the medical staff involvement:

- Prior to and following a Use of Force and/or Use of Control Agents
- Following incidents involving trauma to an offender

POLICY

The Provider or Nurse shall be consulted prior to custody staff using chemical agents or non-lethal weapons, unless the circumstances require an immediate response. When healthcare staff (nursing and/or provider) is onsite at time of planned intervention, the offender’s medical record should be reviewed by the staff to determine whether the offender has any diseases or conditions which would be dangerously affected if chemical agents or non-lethal weapons are used. Diseases or conditions that should be assessed include, but are not limited to, asthma, emphysema, bronchitis, tuberculosis, obstructive pulmonary disease, pregnancy, angina, cardiomyopathy, congestive heart failure, presence of pacemaker or internal defibrillator, multiple sclerosis, epilepsy and muscular dystrophy. Any offender with an M grade of 3 or greater must be referred to facility psychological staff prior to use of force or use of control agents.

PROCEDURE

I. Facility Responsibility
   A. Each facility must
      1. Establish procedures where 24 hour medical coverage is not available
         a. Note involvement of the Triage Nurse via its SOPs
      2. Establish procedures for the evaluation of special cases by a provider (clinician)
         a. Types of special cases include:
            i. Mentally ill
            ii. Disabled
            iii. Pregnant
         b. Must be assessed carefully to determine whether the situation is grave enough to require use of force intervention.

II. Medical Staff Responsibility following any Incident of Trauma, Use of Force and/or Use of Control
   A. When control is restored:
      1. Custody will notify medical staff if they are on-site
      2. Medical staff will:
         a. Provide direct visual assessment and examination of the offender
            i. To determine if there are areas of injuries
         b. Obtain and document vital signs
         c. Initiate medical care based on the assessment
         d. Document offender’s treatment or refusal of treatment in the electronic record or on forms noted at end of policy.
Custody Responsibility When No Medical Staff on-site

B. 1. Follows Prisons Policy & Procedure Manual, Chapter F, Section 1500, Use of Force
2. Officer in Charge (OIC) will determine if medical attention is needed.
3. If the OIC determines:
   a. the offender needs immediate medical attention
      i. the offender will be transported to an appropriate medical facility.
      ii. the triage nurse will be informed of the transport to the medical facility but will not provide a medical assessment.
   b. the offender does not require immediate medical attention
      i. the offender will be evaluated as soon as trained medical staff returns to duty.

LIST OF CONTROL AGENTS

A number of control agents have been selected for use by Prisons. Below we outline the agent and treatment guidelines for medical staff management following the use of these agents:

Pepper Spray
1) Assess offender for any injuries that may have been sustained.
2) Refer to Nursing Protocol for Pepper Spray.
3) Treat as indicated.

Chemical Mace/Munitions
1) Assess offender for any injuries that may have been sustained.
2) Assess offender for any breathing difficulties.
3) Refer to Nursing Protocol for Chemical Burns
4) Treat as indicated.

SPECIALTY IMPACT MUNITIONS
1) Assess offender for any injuries that may have been sustained.
2) Treat as indicated.

INDIVIDUAL CONTROL DEVICES (BATON)
1) Assess offender for any injuries that may have been sustained.
2) Treat as indicated.

ELECTRONIC CONTROL DEVICES (ELECTRIC SHIELD, ELECTRIC FABRIC SLEEVE)
1) Assess offenders for any contact points or injuries that may have been sustained.
2) If any abnormal pulse or abnormal heartbeat is detected notify the provider immediately.
3) Reassess patient in twenty-four (24) hours looking for new contact points.

SPECIAL MANAGEMENT FACIAL SHEILD
1) Monitor restrained offender for airway, circulation, respiratory, and change in mental status.
2) Observe for drainage from mouth or nose.
3) Treat as indicated.
All findings shall be documented as noted in the electronic record or on the following forms:
DC 442- Refusal of Care
DC 798-Medical Incident Report
DC 387-Chronological Record of Health Care
DC 752 –Provider Progress Notes (if Provider sees patient)
DC- 387D- Use of Force/Trauma Assessment Form
DC- FCR1 – Special Management Facial Shield Status Request Form

Attachment: Flow Sheet: Medical Management with Use of Force

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5/26/2014

Addendum:
DC 387-Chronological Record of Health Care
DC- 387D- Use of Force/Trauma Assessment Form
DC 442- Refusal of Care
DC 752 –Provider Progress Notes (if Provider sees patient)
DC 798-Medical Incident Report
DC- FCR1 – Special Management Facial Shield Status Request Form
Medical Management
In Use of Force Incident

**Custody notifies Medical Prior to UOF/Trauma**

- Medical Staff on Site
  - No → OIC to contact Triage To review Problem List
  - Yes
    - Medical record/ problem list reviewed by nurse or Provider to determine if Diseases or conditions listed In policy TX III-8 exist
      - Yes disease or condition present
        - Custody informed of control agents that are inappropriate for use based on disease or condition
          - Medical staff to provide healthcare Management according to policy TX III-8
      - No disease or condition present
        - Custody informed return on site

**Custody notifies Medical Following UOF/ Trauma**

- Medical staff on site
  - No
  - Yes → Medical staff to provide health Care management According to policy TX III-8
    - OIC to determine if medical is needed
      - Transport to appropriate Medical facility and inform triage nurse
        - Medical staff to review Medical record when return on site
      - Medical staff to document on the DC-387-D form