## HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety Prison SECTION: Care and Treatment of Patients- Restrictive Procedures

POLICY # TX III-8 PAGE 1 of 4

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** 

4<sup>th</sup> 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.

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**SECTION:** Care and Treatment of Patients- Restrictive Procedures

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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

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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

5/26/2014

Paula Y. Smith, MD, Chief of Health Services

Date

SOR: Standards Director

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

