

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Care and Treatment of Patients-
Restrictive Procedures

POLICY # TX III-8
PAGE 1 of 3

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

EFFECTIVE DATE: August 2010
SUPERCEDES DATE: May 2010

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 inmate

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. Ordinarily, the inmate's medical record should be reviewed by the medical personnel to determine whether the inmate has any diseases or conditions which would be dangerously affected if chemical agents or non-lethal weapons are used. This includes, but is not limited to asthma, emphysema, bronchitis, tuberculosis, obstructive pulmonary disease, pregnancy, angina pectoris, cardiomyopathy, or congestive heart failure, multiple sclerosis. Epilepsy, muscular dystrophy, patients with a pacemaker or any patient housed in inpatient mental health units.

Each facility must establish procedures where 24 hour medical coverage is not available. These procedures should note involvement of the Triage Nurse. Special cases such as mentally ill, disabled, or pregnant inmates, after consultation with clinician providing their care, must be assessed carefully to determine whether the situation is grave enough to require use of force intervention.

Following any Incident of Trauma, Use of Force and/or Use of Control Agent, and as soon as control is restored, Custody will notify medical staff if they are on-site. Medical staff will provide direct visual assessment and examination of the inmate to determine if there are areas of injuries. Vital signs will be obtained and documented. Medical care is initiated based on the findings during the assessment. First Aide is to be initiated immediately, if needed.

If trained medical staff **are not available on site**, following an Incident Involving Trauma, Use of Force and/or Use of Control Agents, the **Officer in Charge (OIC) will determine if medical attention is needed**. If the OIC determines:

- The inmate **needs** immediate medical attention; the inmate will be transported to an appropriate medical facility. The triage nurse **will be** informed of the transport to the medical facility **but will not** provide a medical assessment.
- The inmate **does not** require immediate medical attention; the inmate will be evaluated as soon as trained medical staff returns to duty.

This will be done in accordance with the Division of Prisons Policy & Procedure Manual, Chapter F., Section .1500, Use of Force, which outlines Custody staff responsibilities and definitions of the types of Use of Force and Control Agents.

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PROCEDURE

A number of control agents have been selected for use by the Division of Prisons. Below we outline the medical staff healthcare management following the use of these agents:

Pepper Spray

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

SPECIALTY IMPACT MUNITIONS

- 1) Assess inmate for any injuries that may have been sustained.
- 2) Treat as indicated.

INDIVIDUAL CONTROL DEVICES (BATON, SHIELDS)

- 1) Assess inmate for any injuries that may have been sustained.
- 2) Treat as indicated.

STUN SHIELDS

- 1) Assess inmates 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.

DOCUMENTATION

All inmate's refusal of treatment will be documented on the DC 442-Refusal of Treatment form, the DC 387-Chronological Record of Health Care and the DC 798-Medical Incident Report.

All findings shall be documented as noted on the following forms:

DC 802- Segregation Log of Healthcare
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



8/31/10

Paula Y. Smith, MD, Director of Health Services Date

SOR: Standards Director

Knowledge of Use of Force (UOF) to be initiated

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

No disease or
condition present

Custody informed
of Medical Review

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

Custody notifies Medical
Following UOF/ Trauma

Medical staff on site

No

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

Yes

Medical staff to
provide health
Care management
According to policy
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Medical staff to
document on the
DC-387-D form