



MEDICAL RESPONSE TO JAIL USE OF FORCE INCIDENTS (Critical Policy)

POLICY.

The Deschutes County Sheriff's Office – Adult Jail (AJ) Medical Unit will assist deputies by assessing and documenting the safety and health management of any inmate involved in a use of force incident. *This is a critical policy, as lack of attention to the inmate may lead to injury or death and may violate the inmate's constitutional rights.*

PURPOSE.

The purpose of this policy is to ensure the safety and well-being of inmates involved in use of force incidents occurring while in our custody.

OREGON JAIL STANDARDS:

- E-506 Restraint Chairs or Restraint WRAP
- E-507 Crisis Intervention
- E-510 Medical Examination and Treatment
- E-511 Documentation Requirements

REFERENCES:

- DCAJ [Policy CD-8-5, Use of Restraints](#)

DEFINITIONS.

Emergency Restraint Chair (ERC). A specially designed chair with straps that hold down the arms and legs of an inmate.

Medical Unit. The Medical Director, Behavioral Health Specialists (BHS) and nurses assigned to the AJ and licensed or certified to provide health care services in Oregon.

Serious Medical Risk. A potential medical problem which appears to require immediate medical attention and/or is life threatening.

The WRAP. A specifically designed device that secures the arms and legs of an inmate.

PROCEDURES.***SECTION A: GENERAL GUIDELINES***

- A-1.** Timely treatment of serious medical needs is constitutionally required. Therefore, the Medical Unit should provide medical examination and needed treatment for any inmate involved in a use of force incident as soon as reasonably feasible. Examination should:
- a. Identify obvious injuries requiring treatment.
 - b. Discover and treat undetected injuries.
 - c. Document the absence of injuries.
 - d. Provide medical documentation to protect members from false or exaggerated claims of injury.
- A-2.** When it is necessary to use restraint devices (including the ERC or The WRAP) to control a violent inmate, crisis intervention should be initiated after the inmate has been restrained and brought under control. In such cases, a shift supervisor should refer the inmate for assessment and treatment to a BHS.

SECTION B: MONITORING of INMATES in the ERC or the WRAP

- B-1.** Once the inmate is secured in the ERC, a nurse will examine the inmate for any serious medical risks shortly after inmate is restrained, at 2-hour intervals and after restraints are removed. In the absence of a nurse, the shift supervisor will assume responsibility for this task.
- a. Check circulation of appendages that are restrained, repeat and document every two (2) hours.
 - b. If inmate is having difficulty breathing, or has signs of medical instability, a pulse oximeter will be applied and results recorded. Call 9-1-1 Dispatch for EMS response if their oxygen level is less than 90%, coupled with extreme agitation and symptoms of delirium.
 - c. The supervisor will determine when it is safe to complete other necessary physical assessments.
 - d. If inmate appears warm, has an abnormally high temperature, or is severely agitated with diaphoresis (sweating profusely), attempts will be made to cool inmate with wet cool compresses and/or oral fluids.

SECTION C: MEDICAL DOCUMENTATION

- C-1.** Nurses will document the examination of inmates involved in all use of force incidents and:
- a. Identify obvious injuries requiring treatment.
 - b. Examine and treat inmate for any undetected injuries.
 - c. Document the absence of injuries.

- C-2.** Deputies will document medical evaluations and visual checks on the *Use of Force Form No. 409* and in their report.
- C-3.** The shift supervisor will review all reports written by nurses and deputies and forward reports through the chain of command as required.

FORMS USED:

- [Use of Force Form No. 409](#)