



## **MEDICAL RESPONSE TO JAIL USE OF FORCE INCIDENTS**

### **POLICY.**

It is the policy of the Deschutes County Sheriff's Office – Adult Jail (AJ) that Medical Unit staff will assist deputies by assessing and documenting the safety and health management of any inmate involved in a corrections 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
- 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 (E.R.C.).** A specially designed chair with straps that hold down the arms and legs of an inmate.

**Medical Staff.** Any professional who is licensed or certified to provide health care services in Oregon, including physicians.

**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, medical staff should provide medical examination and needed treatment for any inmate involved in a corrections use of force incident as soon as reasonably feasible, in order to:
- a. Identify obvious injuries requiring treatment.
  - b. Discover and treat undetected injuries.
  - c. Document the absence of injuries.
  - d. Provide medical documentation to protect staff members from false or exaggerated claims of injury.
- A-2.** In the event it is necessary to use restraint devices (including the Emergency Restraint Chair 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 behavioral health staff. As a last resort, a shift supervisor may request that medical or mental health staff consider whether the use of chemical restraints would be appropriate if the inmate remains out of control after being restrained.
- A-3.** The Emergency Restraint Chair and The WRAP are prohibited as forms of punishment, and inmates are kept in the chair only for as long as necessary to control their behavior.
- A-4.** The Emergency Restraint Chair and The WRAP will only be used in accordance with DCAJ [Policy CD-8-5, Use of Restraints](#).

***SECTION B: MONITORING OF INMATES IN THE E.R.C. OR THE WRAP***

- B-1.** Once the inmate is secured in the emergency restraint chair, 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 nursing staff, the shift supervisor will assume responsibility for this task.
- a. Check circulation of appendages that are restrained, repeat and document every 2 hours.
  - b. If inmate is having difficulty breathing, or has signs of medical instability, a pulse oximeter will be applied and results recorded. An oxygen level of <90% coupled with extreme agitation and symptoms of delirium will necessitate examination by EMTs.
  - c. Other physical assessments will be done as necessary, and as possible, under circumstances at the time. This will be determined by the shift supervisor based on safety and security.

- 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.** Medical staff 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.** Corrections Deputies will document the 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 medical staff and deputies and forward reports through the chain of command as required.

**FORMS USED:**

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