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](#)