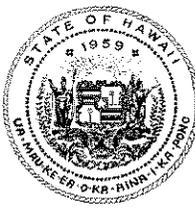


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|  | DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES | EFFECTIVE DATE: SEP 18 2009 | POLICY NO.: COR.10.1E.15 |
| | | SUPERSEDES (Policy No. & Date): COR.10.1E.15 (10/09/07) | |
| | SUBJECT: REPORTING OF INMATE INJURIES | | Page 1 of 4 |

1.0 PURPOSE

The purpose of this policy is to provide guidelines for the provision of health services to inmates in the case of injury.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes; Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. National Commission on Correctional Health Care, Standards for Health Services in Prisons and Jails, (2008), Emergency Services, E-08.

.2 Definitions

- a. Minor Injuries: An injury that can be treated with basic first aid and does not require skilled medical intervention.
- b. Significant Injuries: An injury requiring the intervention of a physician including injuries of the face, head or eyes; stab or puncture wounds (especially to the chest or abdomen); deep cuts or lacerations in which bleeding is not easily controlled; injury that causes swelling or deformity of an extremity; blunt trauma; injury that causes moderate to severe pain; injury to the back causing difficulty in walking; and any injury due to an industrial accident, assault or self-mutilation including eye injuries.
- c. First Aid: The provision of help or assistance to a person who is sick or injured. It can run the gamut of providing basic interventions that can be performed by an untrained layperson to critical interventions requiring performance by a trained medical professional.
- d. Emergency Care: Medical care for an unexpected illness or injury having potential to threaten life or limb.

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- e. Outside Workline: Defined for the purpose of this policy and procedure to mean an inmate who is participating in worklines (such as community services) outside of the correctional grounds and whose injury requires immediate medical attention from the nearest medical facility such as a hospital emergency room.
- f. Health Authority: The facility Clinical Section Administrator.

3.0 POLICY

Inmates shall receive appropriate and timely medical intervention in the event of an injury.

All medical care provided to an injured inmate and the circumstances of the injury shall be documented.

4.0 PROCEDURES

1. 911 shall be called, first for all obvious life threatening injuries, immediate first aid measures shall be initiated and Health Care summoned. If Health Care is not on duty the Watch Commander shall notify on-call physician.
2. Health Care shall be notified immediately when an inmate sustains a significant injury. If possible, the staff member aware of the details of the incident shall bring the inmate to the health care section. When it is not possible to transport the injured inmate, the health authority shall dispatch qualified medical staff to the injured inmate.
3. Health Care staff shall assess the severity of an injury and provide first aid or, if possible, definitive treatment to the injured inmate. Health Care staff is responsible to determine the appropriate disposition of an injured inmate.
4. Health Care staff shall document on Form DOC 0422, Inmate Injury Medical Report, a complete the assessment of the injured inmate. At a minimum the assessment shall include:
 - a. The inmate's name, date, time, place where the injury occurred and the date of the report.
 - b. The nature and description of the injury shall be recorded as told by the inmate and/or witnesses. The names of witness shall be recorded.

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- c. The nurse or provider's objective observations shall be recorded. The medical assessment of the injury shall include, but is not limited to a description of the specific body location, presence or absence of deformity, edema, erythema, discoloration, if a wound is present document the size, depth, edge appearance and approximation, the presence/absence of active bleeding, condition and color of wound bed and associated signs and symptoms such as pain severity based on pain scale.
 - d. A photograph of the injury shall be taken by health care staff and placed in the medical record.
 - e. Nursing treatment shall be in accordance with nursing protocols and documented on the Inmate Injury Report.
 - f. All severe injuries shall be referred to a physician, whose orders shall be documented on the Injury Report. A timely follow-up appointment with a provider shall be made.
 - g. The disposition of the injured inmate shall be recorded along with follow-up instructions, and documentation of any medical needs memos in relation to treatment and/or recovery.
 - h. A physician must review and counter-sign all injury reports.
- .4 Upon the thorough completion of the Inmate Injury Form, DOC 0422 no additional medical record documentation is required with the exception of a timed and dated progress note referencing the Injury Report.
 - .5 Inmates requiring special housing relative to their injury shall have the necessary arrangements made with the facility warden or designee.
 - .6 In the event of a non-life threatening significant injury occurring when health care staff is not on duty, the Watch Commander shall notify the physician-on-call. If there is no response within a reasonable time; the inmate shall be transported to the nearest hospital emergency room for medical services. The Health Care Division shall distribute the physician-on-call roster to facility health care sections and the Health Authority shall ensure the roster is available in key places throughout the facility.

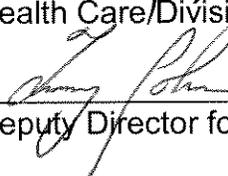
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.8 Inmates sustaining significant injury on outside worklines shall be transported to the nearest emergency room for medical care. The facility Health Authority shall be notified of the transfer no later than the next working day. Inmates with minor injuries may receive onsite first aid if available and/or follow-up care at their facility health care section.

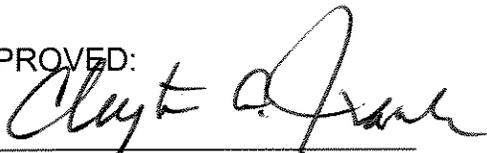
5.0 SCOPE

This policy and procedure applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

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|  | 7/17/09 |
| Medical Director | Date |
|  | 7/15/09 |
| Health Care/Division Administrator | Date |
|  | 9/16/09 |
| Deputy Director for Corrections | Date |

APPROVED:


 Director
 9/18/09
 Date