	<b>DEPARTMENT OF CORRECTIONS AND REHABILITATION</b> <b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> January 01, 2024	<b>POLICY NO.:</b> COR.10.E.12
		<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.10.1E.15 of December 10, 2014	
<b>SUBJECT:</b> <b>REPORTING OF PATIENT INJURIES</b>		Page 1 of 5	

## 1.0 PURPOSE

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

## 2.0 SCOPE

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

## 3.0 REFERENCES, DEFINITIONS & FORMS

### .1 References

- a. Hawaii Revised Statutes, Section 26-14.6, Department of Corrections and Rehabilitation; Section 353-A, Director of Corrections and Rehabilitation, Powers and Duties.
- b. Standards for Health Services in Prisons. National Commission on Correctional Health Care, (2018).
- c. Standards for Health Services in Jails. National Commission on Correctional Health Care, (2018).
- d. Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care, (2015).

### .2 Definitions

- a. **Emergency Care:** Medical care for an unexpected illness or injury with the potential to threaten life or limb.
- b. **First Aid:** The provision of help or assistance to a person who is sick or injured. It can be providing basic interventions that can be performed by an untrained layperson or critical interventions performed by a trained medical professional.
- c. **Health Authority:** The facility Clinical Section Administrator.

**NOT-CONFIDENTIAL**

<b>COR P &amp; PM</b>	<b>SUBJECT:  REPORTING OF PATIENT INJURIES</b>	<b>POLICY NO.:</b> COR.10.E.12
		<b>EFFECTIVE DATE:</b> January 01, 2024
		<b>Page 2 of 5</b>

- d. Minor Injuries: An injury that can be treated with basic first aid and does not require skilled medical intervention.
- e. Outside Workline: Defined for the purpose of this policy and procedure to mean a patient 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. Significant Injuries: An injury requiring the intervention of a physician, such as 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.

#### **4.0 POLICY**

- .1 Patients shall receive appropriate and timely medical intervention in the event of an injury. All medical care provided to an injured patient and the circumstances of the injury shall be documented.
- .2 Health Care Division staff shall report significant incarcerated individual injuries, or trends identified in incarcerated individual injuries where the mechanism of injury does not match the injury sustained, up the chain of command.
- .3 Medical confidentiality shall not preclude health care staff from reporting injuries up the chain of command and to the facility Warden, Chief of Security or Watch Commander.

#### **5.0 PROCEDURES**

- .1 The responding DCR staff shall immediately call 911 for all obvious life threatening injuries, initiate first aid measures, and notify the facility Health Care staff to respond. If Health Care is not on duty, the Watch Commander shall contact the on-call physician for further instructions.
- .2 Health Care shall be notified immediately when a patient sustains a significant injury. If possible, the staff member aware of the details of the incident shall bring the patient to the health care section. When it is not possible to transport

**NOT-CONFIDENTIAL**

COR  P & PM	<b>SUBJECT:</b>  <b>REPORTING OF PATIENT INJURIES</b>	<b>POLICY NO.:</b> <b>COR.10.E.12</b>
		<b>EFFECTIVE DATE:</b> <b>January 01, 2024</b>
		<b>Page 3 of 5</b>

the injured patient, the health authority shall dispatch qualified medical staff to the location of the injured patient.

- .3 Nursing shall complete an injury template at the first reporting of the injury regardless of the amount time between the injury occurrence and the date of reporting.
- .4 Health Care staff shall assess the severity of an injury and provide first aid or, if possible, definitive treatment to the injured patient. Health Care staff is responsible to determine the appropriate disposition of an injured patient.
- .5 Health Care staff shall document the patient's injury using the Patient Injury template and complete the assessment documentation.
  - a. The nature and description of the injury shall be recorded as told by the patient and/or witnesses. The names of witnesses shall be recorded.
  - b. 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.
  - c. A photograph of the injury shall be taken by health care staff, regardless of the severity of the injury and scanned into the medical record using the format yyyy/mm/dd Pt Injury location such as left arm, labeling format (20140608 Pt injury left arm).
  - d. Nursing treatment shall be in accordance with nursing protocols and documented on the Patient Injury template.
  - e. All significant injuries shall be referred to a physician, whose orders shall be documented on the Patient Injury template. A timely follow-up appointment with a provider shall be made.
  - f. The disposition of the injured patient shall be recorded along with follow-up instructions, and documentation of any medical needs memos in relation to treatment and/or recovery.

**NOT-CONFIDENTIAL**


COR  P & PM	<b>SUBJECT:</b>  <b>REPORTING OF PATIENT INJURIES</b>	<b>POLICY NO.:</b> <b>COR.10.E.12</b>
		<b>EFFECTIVE DATE:</b> <b>January 01, 2024</b>
		<b>Page 4 of 5</b>

- g. Patients with significant injuries where the mechanism of injury is incongruent with the degree of injury sustained or where an injury pattern appears to be developing shall, as a safety precaution, have their injuries reported up the chain of command and to the Warden, Chief of Security or Watch Commander.
  - h. Patients reporting injury causation as incarcerated individual-on-incarcerated individual or ACO-on-incarcerated individual whether at the time of the initial injury or during a future visit requesting confidentiality shall be told that Health Care cannot guarantee confidentiality in situations where a person's safety is at stake. These types of allegations must be reported up both Health Care's and security's chain of command.
  - i. All completed Patient Injury templates where the injury is significant shall be assigned to a physician for review and co-signature.
- .6 Patients requiring special housing relative to their injury shall have the necessary arrangements made with the facility Warden or designee.
  - .7 Nursing staff shall print a copy of the completed Patient Injury template and distribute it to the facility safety officer.
  - .8 In the event of a non-life threatening 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 sixty (60) minutes; the patient shall be transported to the nearest hospital emergency room for medical services/evaluation.
  - .9 The Health Care Division shall distribute the physician-on-call roster to the facility health care sections and the Health Authority shall ensure that the roster is available in key places throughout the facility.
  - .10 Patients 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. Patients with minor injuries may receive onsite first aid if available and/or follow-up care at their facility health care section.

**NOT-CONFIDENTIAL**

COR P & PM	SUBJECT:  REPORTING OF PATIENT INJURIES	POLICY NO.: COR.10.E.12
		EFFECTIVE DATE: January 01, 2024
		Page 5 of 5

APPROVAL RECOMMENDED:

  
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Deputy Director for Corrections                      JAN 01 2024  
Date

APPROVED:

  
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DIRECTOR    JAN 01 2024  
Date

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