

OC/Chemical Agents Medical Contraindications Form

Institution: _____

UOF #: _____

Inmate Name: _____

Commitment #: _____

The following is to be completed by the Medical Provider prior to a planned use of force. **All questions MUST be answered with a “√.”** Answering “Yes” to any of the following may constitute a contraindication for the use of OC and/or Chemical Agents:

Yes___ No___ Does the inmate have Asthma?

Yes___ No___ Does the inmate have Cardio Obstructive Pulmonary Disease (COPD)?

Yes___ No___ Does the inmate have current acute respiratory infection (i.e. bronchitis, pneumonia)?

Yes___ No___ Does the inmate have significant heart disease manifested by frequent angina?

Yes___ No___ Does the inmate have recent Myocardial Infarction?

Yes___ No___ Does the inmate have a recent hospitalization/medical condition that would preclude the use of OC and/or Chemical Agent?

Yes___ No___ Does the inmate have open skin lesions/burns?

Yes___ No___ Other, please specify: _____

Yes___ No___ Are there contraindications for the use of OC and/or Chemical Agents? If “No,” and any line above has been answered “Yes,” please explain: _____


Qualified Healthcare Professional Completing Form Name (PRINT) (If MD/NP/PA, Leave Blank)

Reviewing Qualified Healthcare Professional’s Name (MD/NP/PA) (PRINT)

Qualified Healthcare Professional Signature (MD/NP/PA)

Date

Time

 <p>Massachusetts Department of Correction</p> <p>Director of Operational Services</p> <p>USE OF FORCE REVIEW EXTENSION REQUEST</p>	<p>In accordance with:</p> <p>103 CMR 505, <i>Use of Force</i></p>
<p>USE OF FORCE PACKAGE REVIEW EXTENSION REQUEST (Attachment #2 to the 103 CMR 505, <i>Use of Force</i>) Dates reflect “business days” in accordance with 103 CMR 505, <i>Use of Force</i> (To be completed electronically in PowerDMS)</p>	

UOF #:[UOF # Here](#)

Inmate’s Name: [Inmate Name Here](#)

Commitment #:[Inmate Comm. # Here](#)

Check ONE: Initial Extension Request Subsequent Extension Request (# _____ request)

Original Incident Date: [Click to enter a date.](#)

Date Received by Director of Operational Services: [Click to enter a date.](#)

Length of Extension Request: _____

New Due Date: [Click to enter a date.](#)

Reason for Extension Request: [Click or tap here to enter text.](#)

Signed electronically by the Director of Operational Services in PowerDMS.

Deputy Commissioner, Prison Division

Check ONE: Approved Denied (Explain Below)

Comments: [Click or tap here to enter text.](#)

Signed electronically by the Deputy Commissioner of the Prison Division in PowerDMS.