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The Honorable Robert J. Bryan

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UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT TACOMA

JAMES HORTON, JAMES BARNHART,)	CLASS ACTION
JEROME PAYTON, J.B., through his)	
next friend, LORRAINE WEST, and)	NO. C94-5428 RJB
K.M., through his mother DEBBIE)	
MOORE, on behalf of themselves)	
and all others similarly situated,)	DECLARATION OF DEAN P.
)	DEMULLING
Plaintiffs,)	
)	
vs.)	
)	
BOB WILLIAMS, in his official)	
capacity as Superintendent of)	
Green Hill School; JEAN SOLIZ,)	
in her official capacity as)	
Secretary of the Department of)	
Social and Health Services; and)	
SID SIDOROWICZ, in his official)	
capacity as Assistant Secretary)	
of the Juvenile Rehabilitation)	
Administration; and the Chehalis)	
School District,)	
)	
Defendants.)	

Dean P. Demulling declares:

I am the health center supervisor at Green Hill School. I graduated with a B.S. Degree in Nursing from Pacific Lutheran University in 1985. My position involves supervising six other nurses at the health center. Also on staff are a ~~full-time~~

1 physician, contracted physician, physician's assistant, a
2 contracted psychiatrist, and a part-time dentist.

3 Upon entering Green Hill a resident receives a health
4 screening and physical examination. A follow-up examination is
5 done each year. Allergies and sensitivities to food, medications,
6 and environmental antagonists are documented.

7 If a resident reports that he has an allergic reaction
8 to Oleoresin Capstun (pepper spray), we will check the medical
9 file for verification. We also will contact previous medical care
10 providers, parents, or other persons who might have knowledge of
11 the allergic reaction. If an allergic reaction ever was verified,
12 cottage and security staff would be notified, and spraying of that
13 resident would be prohibited. To date, however, there have been
14 no cases in which an allergic reaction to pepper spray has been
15 verified on a Green Hill resident. Nor has there been a case in
16 which a resident has exhibited an allergic reaction to pepper
17 spray.

18 Prior to the use of pepper spray on a resident, clearance
19 must be obtained from the nursing staff. Records are checked to
20 determine whether there are any allergy, illness, or injury that
21 would compromise the resident's health if he was sprayed.

22 After a resident is sprayed, the following protocol applies.

23 1. The resident as soon as possible is given a cold shower
24 to eliminate the residue and limit the length of time the irritant
25 is active.

26

1 2. The resident is given a thorough assessment by the
2 nursing staff. Particular attention is paid to areas where the
3 spray made contact, to body fluids, and to overall cardiopulmonary
4 function. (This assessment will be done prior to showering if
5 medically necessary.)

6 3. Assessment findings are documented in the medical logs
7 and records.

8 4. In case of unexpected side effects, the nursing staff
9 will implement the following procedures:

10 a. Eyes: Utilize eye wash stations, perform eye
11 examination, administer eye ointments and drop medications upon
12 approval by a physician.

13 b. Skin: Wash and flush tissue until the residue is removed
14 completely.

15 c. Asthma: Follow standing orders of physician, contact the
16 physician, and if necessary utilize inhalers, oxygen, nebulizer,
17 and medication.

18 d. Allergies/Anaphylactic Reaction: Contact physician,
19 follow anaphylactic standing order protocol, utilize oxygen,
20 nebulizer, suction machine, ambu bag, epinephrine, beneddryl, and
21 prednisone medications, and transport to hospital emergency room
22 if necessary.

23 Administration of the procedures listed in #4(c) and (d) have
24 never been necessary. There has never been a case in which a
25 resident has exhibited an exacerbation asthma, allergenic, or
26 anaphylactic reaction to pepper spray. Based on medical

1 information, we do not expect such a case ever will arise.
2 Nevertheless, the procedures are in place in case they are ever
3 unexpectedly needed.

4 The health center is open 8 a.m. to 11:30 p.m. on weekdays,
5 8 a.m. to 10 p.m. on Saturday, and 10 a.m. to 10 p.m. on Sunday.
6 Only several times has spraying occurred outside of these hours.
7 If it does, security staff and the officer in charge are
8 instructed to call 911 emergency response should any medical
9 problems arise. An emergency can be responded to in about three
10 minutes. To date, a 911 emergency call has not been necessary for
11 a pepper spray exposure. If a resident is sprayed during a time
12 the health center is closed, the resident is medically examined
13 first thing in the morning.

14 After a resident is sprayed and showered, the medical
15 examination takes place in the cottage or in the health center.
16 By that time, the symptoms generally have largely subsided. The
17 most common complaint is burning skins or eyes. Sometimes
18 residents complain of trouble breathing, though we have yet to see
19 any resident with objective cardiopulmonary compromise.
20 Generally, it takes no more than 30 minutes for all irritation to
21 subside.

22 As the infection control nurse at Green Hill, I believe the
23 use of pepper spray reduces the need to use physical restraint in
24 which the combatants often bleed. It thereby reduces the potential
25 of exposure to blood-borne pathogens such as the HIV and Hepatitis
26

1 B. The HIV virus causes death in 100 percent of the cases, and
2 the Hepatitis B virus is rapidly spreading and can lead to death.

3 I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ
4 THE FOREGOING, AND THAT TO THE BEST OF MY KNOWLEDGE IT IS
TRUE AND CORRECT.

5 DATED this 21st day of ^{November}~~August~~, 1994.
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9 DEAN P. DEMULLING

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