

Policy 2100 – Medical and Health Services

2100 - Medical Program Administration and Policies

Correctional Health Services (CHS) is a division of the County Health Care Agency (HCA). Correctional Health Services is responsible for providing health care services in all county Jail Operations facilities. The responsibilities and authority for the delivery of health care services are set forth in the Memorandum of Understanding (MOU) between the Health Care Agency and the Sheriff's Department, effective November 1, 1985.

2100.1 – Medical Administrative Structure / Correctional Health Services (CHS)

- a) Correctional Health Services (CHS) shall have as its director a physician licensed by the State of California Medical Board. He/she must hold a valid license issued by that agency. The licensee is must be in good standing with the state. The director shall be responsible for overseeing the delivery of medical care services to all County Jail Operations facilities.
- b) The selection and appointment of the medical director (Public Health Medical Officer II) will be the joint responsibility of the Sheriff and HCA. The Sheriff's Department is included in the selection process as authorized by Penal Code Section 4023. Under Penal Code Section 4023 it is the Sheriff-Coroner's responsibility to appoint a Medical Director-Physician.
- c) The Medical Director and Program Administrator shall meet quarterly, or as needed, with the Division Commander and Assistant Sheriff of Jail Operations, to discuss and review the CHS health delivery system and health environment. Written findings are submitted to the Assistant Sheriff when required and include the following:
 1. The effectiveness of the medical care delivery system processes;
 2. Description of any health environment factors which are substandard;
 3. Changes effected since the last reporting period;
 4. Quarterly statistics; and
 5. Recommended changes
- d) Program Administrator
 1. The Program Administrator is responsible for all non-medical administrative decisions affecting CHS in Jail Operations. The Program Administrator shall report to the Deputy Assistant Director of Medical Services at the HCA.
- e) Nursing Manager Supervising Correctional Nurse
 1. The Nursing Manager is responsible for all decisions pertaining to nursing. The manager shall be responsible for the direction and supervision of all nursing staff assigned to the facility.

2100.2 – Mental Health Administrative Structure/ Correctional Health Services (CHS)

- a) Psychiatric Director

1. The Psychiatric Director of Correctional Health Services (CHS) shall be a board certified/eligible psychiatrist, licensed by the Medical Board of California, and he/she shall be in good standing with the State of California. The director shall be responsible for overseeing the delivery of mental health treatment services to the inmates in custody of the Sheriff. The Psychiatric Director will assist all staff in resolving clinical problems.
- b) Service Chief
 1. The CHS Service Chief is responsible for supervising the Mental Health Correctional Health Services staff in the delivery of program services to the facilities; for assisting with and facilitating the resolution of clinical program operations and administrative problems; and for maintaining a line of communication and coordination to the CHS Program Administrator.

2100.3 –Areas of Responsibility/Goals – Medical

- a) It shall be the goal of the Correctional Health Services (CHS) program to comply with the "American Medical Association Standard for Health Services in Jails - September 1981".
- b) Matters of judgment regarding health care services will be the sole province of the health services staff. This is limited to diagnosis of illness and injury and development of medical treatment plans which include recommendations to the Sheriff's Department regarding housing and safety precautions.
- c) CHS staff will evaluate the medical needs of inmates in the County's jail facilities and provide medical treatment necessary to prevent deterioration, to improve the condition of injuries or illness present on admission, and/or to treat injuries or illnesses arising during the period of detention.
- d) CHS will provide 24-hour health screening of all arrestees in a timely manner prior to booking.
- e) CHS staff will treat injuries or illnesses arising during incarceration. This includes:
 1. Clinical care rendered to an ambulatory patient with medical care complaints which are evaluated and treated at "sick call" or by special appointment.
 2. Infirmary care provided by, or under, the supervision of a registered nurse for an illness or diagnosis which requires limited bed care observation and/or management.
- f) 24-hour nursing coverage and medical emergency response will be provided.
- g) CHS personnel will be responsible for purchasing, dispensing, administering and maintaining records for all medications and pharmaceutical items.
- h) Proper medical records and medical histories on all inmates in the facility will be maintained. Medical files will be available to the Division Commander and Watch Commander upon request after approval of the Medical Director or Program Administrator.
- i) CHS will determine the need for referral of inmates to outside contract medical or hospital facilities for treatment.
- j) Emergency and palliative dental care, and when feasible definitive dental care, will be provided to the inmates assigned to Jail Operations.

- k) Health services staff will not be asked to provide body cavity searches. However, CHS will maintain a contract with a qualified medical provider for these services where medical supervision is required.
- l) In-service training for CHS and for Sheriff's Department personnel regarding the delivery of medical services to inmates will be provided.
- m) Necessary communications with Sheriff's Department staff will be maintained in order to be aware of the general health condition of inmates. Meetings to discuss concerns and issues to be scheduled as needed.
- n) CHS employees will conform to appropriate dress requirements of civilian employees of the Sheriff's Department.
- o) Personnel shall comply with all security procedures within the County's jail facilities.

2100.4 - Areas of Responsibility/Goals –Mental Health

- a) 24 hour a day, 7 day a week on-site mental health services will be provided.
- b) Correctional Health Services (CHS) staff will evaluate and treat mentally ill inmates in order to provide necessary onsite mental health treatment during their incarceration.
- c) Treatment plans will be developed which may include recommendations to the Sheriff's Department regarding housing and safety precautions. Such recommendations will be communicated in a timely manner, in writing, to the Watch Commander and Classification staff.
- d) Confidential mental health records will be maintained pursuant to Welfare and Institutions Code Section 5328.
- e) CHS will administer the Alternative Community Treatment Program.
- f) CHS will determine the need for referral of inmates for psychiatric in-patient treatment. The assistance of Classification staff may be used as a resource in making this determination.
- g) In-service training for CHS and for Sheriff's personnel regarding the delivery of mental health services to inmates will be provided.
- h) CHS staff will be responsible for ensuring compliance with Short/Doyle Mental Health Laws and Regulations.
- i) CHS employees will conform to appropriate dress requirements of civilian employees of the Sheriff's Department.
- j) CHS personnel shall comply with all security procedures within the County's jail facilities.

2100.5 - Areas of Responsibility/Goals - Sheriff's Department

- a) The Sheriff's Department shall retain control over and set policies for maintaining security with the jails, and jail premises. This shall include the identification of proper housing for inmates.
- b) Security will be provided for those inmates confined in the medical areas, in order to ensure the safety of the inmates and the Medical and Mental Health Services staff.

- c) Necessary communications with the Medical and Mental Health Services staff will be maintained in order to be aware of the general health condition of inmates. Monthly meetings to discuss concerns and issues will be scheduled as needed.
- d) Staff will monitor and ensure compliance with established procedures for referral of inmates to the medical and mental health units for treatment, including sick call, placement into the infirmary, etc.
- e) Relevant information will be provided by employees to Medical and Mental Health Services so that proper services can be provided. This will include routing booking information, basis for referral, and any other information specifically requested, subject to the approval of the Watch Commander.
- f) During certain instances where security, administrative, or other considerations must take precedence over medical procedures or considerations, the action will be brought to the attention of and discussed with the appropriate Health Care Agency's (HCA) Program Administrator.
- g) The Sheriff's Department will assist in the orientation of new HCA employees. The orientation will include, but will not be limited to, security regulations, Sheriff's Department policy and procedures, disaster planning, etc.
- h) It shall be the goal of the Sheriff's Department, in conjunction with the HCA, to comply with the "American Medical Association Standards for Health Services in Jail - September 1981."
- i) Correctional Health Services (CHS) staff will participate in Standards and Training for Corrections.
- j) The Watch Commander will be responsible for answering calls from the AIDS Surveillance and Monitoring staff and releasing home address information on inmates no longer in custody. Members of the AIDS Surveillance Team are permitted to receive this information via telephone.

2100.6 - General Policies

- a) Inmates will not be used for medical, pharmaceutical or cosmetic experiments. This does not preclude the use of a new medical procedure for the individual treatment of an inmate by his/her physician, subsequent to a full explanation of the positive and negative features of the treatment by the inmate's physician. (CPC 4023)
- b) Health appraisals will be conducted by medical personnel on all new inmates within 14 days after arrival at the facility, or at the discretion of the medical staff, in order to determine any health problems which may need immediate attention and to determine if the individual needs any further health care.
- c) Inmates will not be used for the following duties:
 1. Performing direct patient care services.
 2. Scheduling health care appointments.
 3. Determining access of other inmates to health care services.
 4. Handling or having access to:
 - i. Surgical instruments

- ii. Syringes
 - iii. Needles
 - iv. Medications
 - v. Health Records
- d) First aid kits will be available in designated areas of the facility as determined by Correctional Health Services (CHS). First aid kits will also be located in the medical units.
1. These designated areas shall include, but are not limited to the following:
- i. All Facility Guard Stations
 - ii. All Programs Buildings/Classrooms
 - iii. Records/Classification
 - iv. Administrative Offices
 - v. Clothing/Property Room
 - vi. Lobby Areas
 - vii. Visiting
 - viii. Recreation Yard
- e) Jail personnel will be required to attend classes taught by CHS staff during the Basic Jail Academy. Personnel are also required to attend biennial CPR training and first aid instruction.
- f) The HCA shall be responsible for determining adequate staffing levels and personnel requirements in order to provide necessary health care services to inmates.
- g) All appropriate state and federal licensure, certification or registration requirements and restrictions apply to personnel who provide health care services to inmates. The duties and responsibilities of such personnel are governed by written job descriptions approved and on file in the County Personnel Department.

2102 - Health Care Facilities and Equipment

Inmates will be provided medical care from the time of their admission, throughout their period of incarceration, and until released. Health care services and equipment will be provided at a level appropriate to meet individual and group needs. Inmates whose health care needs cannot be satisfactorily met at the jail will be transported to a fully licensed and accredited local hospital for treatment.

2102.1 - Health Care Resources

- a) Each Jail Operations facility is equipped with a variety of resources designed to meet the health care needs of the incarcerated individual. Adequate space, equipment, supplies and personnel have been provided as determined by the Medical Program Administrator.
- b) Outside Hospital
1. The Health Care Agency (HCA) Administration maintains contracts with outside hospitals/clinics [REDACTED] which are fully licensed and accredited. These hospitals will provide health care for inmates who require in-patient or

out-patient care for illness or injury which require optimal observation or management in a licensed hospital as determined by the facility physician.

2102.2 - Prosthesis

- a) Medical and dental prosthesis will be provided when the health of the inmate would otherwise be adversely affected, as determined by the examining medical personnel.

2102.3 - Dental Care

- a) Provisions are made for 24-hour emergency dental care. Routine dental care is provided to those requesting this service.
 - 1. Dental treatment includes oral prophylaxis, restorative dentistry, endodontics, oral surgery, periodontics and referrals.
- b) Dental care shall be provided to inmates under the direction and supervision of a dentist, fully qualified and authorized to provide care in accordance with state licensure requirements; and a dental assistant.
- c) The unique nature of dental care delivery with its vast instrumentation requirements precludes the delivery of all definitive treatment within the constraints of Correctional Health Services (CHS).

2104 - Mental Health Care Services

The Mental Health Care Services Program is designed to screen, evaluate and treat mentally ill inmates in order to provide necessary on-site mental health treatment during their incarceration.

2104.1 - Psychiatric Evaluation

- a) Correctional Health Services (CHS) is a division of the County Health Care Agency (HCA). They are responsible for providing 24-hour on-site mental health care services to inmates.
- b) All inmates, as a part of their intake medical screening interview/exam, shall have their mental health evaluated. Inmates will be questioned by the duty nurse about present or past suicidal thoughts or attempts. Inmates identified as needing a more extensive evaluation will be referred to CHS.
- c) If CHS determines that the inmate needs special restrictions or housing they shall complete a "Notice of CHS Restrictions/Housing" form. A copy of the form shall be forwarded to Classification staff for use in assigning a housing location. CHS shall work closely with Classification staff in gathering and relating information about the inmate and what safety precautions, if any, need to be taken. Whenever an inmate is identified as being mentally disordered, a physician's opinion shall be secured within 12 hours of identification or at the next daily sick call, whichever is earliest.
- d) If at any time a deputy feels that an inmate is exhibiting signs of abnormal mental health (e.g., disorientated, depressed, withdrawn, etc.), he/she shall notify CHS, in writing, on a "Notice of

Need For Evaluation or Treatment" (form J-105). One copy shall be forwarded to the CHS and one copy to Classification staff. CHS will be responsible for following up on all evaluation requests.

2104.2 - Psychiatric Emergencies

- a) Psychiatric evaluations shall be performed on inmates whenever the inmate exhibits behavior, which may be suicidal, homicidal or otherwise extremely inappropriate.
- b) Correctional Health Services (CHS) will provide 24 hour per day coverage, 7 days per week.
 1. Facilities that do not provide 24 hour CHS coverage will refer the inmate to CHS to determine if the inmate needs to be transferred to a facility with 24 hour coverage.

2104.3 - Safety Cell

A safety cell is a single occupancy temporary housing unit constructed with padded surfaces and is designed to confine violent inmates to prevent imminent physical harm to themselves or others, or destruction of property.

- a) Placement Based on Correctional Health Services (CHS) Evaluation/Authorization
 1. The Watch Commander may refer an inmate to CHS to be evaluated for placement in a safety cell. CHS has primary authority to determine whether an inmate will be placed in a safety cell. If there is a difference in opinion between CHS and the Watch Commander, the decision of CHS controls.
 2. Required Authorization
 - i. If, upon evaluation, CHS determines an inmate should be confined in a safety cell in order to prevent imminent physical harm to the inmate or others, or the destruction of property, then CHS will complete a written authorization for such placement.
 - ii. CHS will assess the inmate's medical and mental health prior to authorizing placement of an inmate in a safety cell.
 - A. After an inmate is authorized by CHS for placement in a safety cell, CHS should medically clear the inmate every 24 hours thereafter, until the inmate is removed from the safety cell.
 - iii. In the event CHS is unable to conduct a medical and/or mental health evaluation at the time the inmate is authorized for placement in a safety cell, CHS policy is to conduct a medical assessment within 60 minutes of placement; a mental health assessment will occur within 12 hours of placement.
- b) Placement by Watch Commander
 1. If CHS staff is unavailable to authorize placement of an inmate who the Watch Commander believes to present an imminent threat of harm to him/herself or others, or destruction of property, the Watch Commander may authorize the inmate to be placed into a safety cell.

2. The Watch Commander will document any authorization to place an inmate in a safety cell on the Custody Operations Supervisors Log. The Watch Commander should note the specific conduct that the inmate was engaging in that led to placement in the safety cell. The Watch Commander should also document any less restrictive means of restraint used to de-escalate the situation with the inmate, including, if applicable, the reasons why a particular less restrictive means of restraint was not used.
 3. The Watch Commander shall ensure that CHS is notified, as soon as possible, of the placement of an inmate in a safety cell and ensure that the following events occur within the noted timeframes:
 - i. A medical assessment within 12 hours of placement or at the next daily sick call, whichever is earlier. (CHS policy is to conduct a medical assessment within 60 minutes of placement; Title 15 provides for up to 12 hours of placement to conduct the medical assessment).
 - ii. A mental health evaluation within 12 hours of placement.
 - iii. A medical clearance every 24 hours following the initial assessment.
- c) Supervisor to be present at time of placement
1. A supervisor (a Lieutenant or Sergeant) will be present prior to placing an inmate in a safety cell and will remain until the inmate is secured inside the cell. If no supervisor is available at the time an inmate is placed in a safety cell, the supervisor shall check on the inmate that has been placed in the safety cell as soon as the supervisor becomes available.
 2. When an inmate is placed in a safety cell, he/she will be given the following items or privileges while they are in the safety cell:
 - i. A mattress
 - ii. Access to toilet paper
 - iii. Opportunity to wash hands after using the toilet and before meals
 - iv. Safety gown
 3. CHS or the Watch Commander may withhold the above items if deemed a safety hazard. If the Watch Commander determines to withhold any of the above items, the Watch Commander will document the safety and security reasons for withholding any of the items on the Custody Operations Supervisor's Log. If CHS staff determine to withhold any of the above items, CHS staff will document the safety and security reasons for withholding any of the items.
- d) Safety Checks
1. The Inmate Personal Safety Monitoring Form will be used to document safety checks of the inmate.
 2. A deputy will check the condition of each inmate in a safety cell within 15 minutes of the beginning time of the previous security staff check. At least once during each assigned shift,

the area sergeant shall review and sign the Inmate Personal Safety Monitoring Form to ensure the checks are being completed in a timely manner.

e) Continued Retention in a Safety Cell

1. Continued retention of an inmate in a safety cell shall be reviewed by CHS at least every 4 hours from the time of initial placement. In the event CHS staff is unable to conduct a retention review within any given four hour period, the Watch Commander shall be responsible to conduct that review. It is the joint responsibility of CHS staff and the Watch Commander to ensure that the retention review occurs every four hours and communicate with each other to comply with this requirement.
2. The Watch Commander will review the circumstances of every inmate in safety cells throughout the facility, once during their assigned shift.
3. For continued retention, the following factors should be considered: does the inmate continue to display violent behavior, imminent physical harm to themselves or others, or destruction of property.
4. If the determination is made to keep an inmate in a safety cell after 4 hours, the Watch Commander will document the continued retention on the Custody Operations Supervisor's Log.

2104.4 - Mental Health Transfers

- a) Any inmate whose condition is beyond the range of services available at a facility may be temporarily transferred to another capable jail facility or an outside mental health facility for treatment. The Sheriff has delegated its authority to Correctional Health Services (CHS) to transfer inmates to a mental health facility. CHS will make that determination under supervision of a fully licensed psychiatrist who is a member of the CHS staff. All associated paperwork and notifications are the responsibility of CHS (PC 4011.6).
- b) Mental Health Expedite
 1. When an inmate is determined a mental health expedite by CHS and there is housing available at the Intake Release Center in Module "L", a deputy will conduct a safety check of each inmate pending mental health housing within 30 minutes of the beginning time of the previous security staff check.
 2. The safety checks conducted by OCSD staff will be documented on the area safety check log.
- c) Unavailable Housing
 1. If an inmate is a mental health expedite and there is no housing available in a mental health housing unit, inmates will be placed in a cell alone on the booking loop. While inmates are pending housing, all CHS precautions will be followed.
 2. The safety checks conducted by OCSD staff will be documented on the area safety check log.

3. A deputy will conduct a safety check of each inmate pending mental health housing within 30 minutes of the beginning time of the previous security staff check, reference CCOM Policy 1716 - Safety Checks.
4. If the inmate is a Mental Health Expedite, a Jail Information Report shall be required when there is no mental health housing available. The report shall include the reason for the placement in the cell and the time of the entry to the cell.

2104.5 - Developmentally Disabled

- a) Developmentally Disabled inmates are screened by Correctional Health Services (CHS) to determine if the inmate can follow the rules of the jail, comply with deputy's directives and avoid conflicts with other inmates. Those who cannot be maintained in regular housing will be transferred by CHS to a more appropriate housing location. Support services are available to the developmentally disabled inmate upon his/her release from custody. These services may be provided by the Regional Center of Orange County (RCOC) or a Regional Center located in the inmate's county of residence. During the intake process, CHS will screen the inmate and contact the Regional Center.

2106 - Sick Call/Hospital Referrals

Inmates with non-emergency health care complaints will be seen by the appropriate health care professional during scheduled sick call hours. Severe medical conditions will be referred to contract medical facilities.

2106.1 - General

- a) Sick call will be conducted daily.
- b) Sick call hours will generally be from 0700 to 2000 hours.
- c) A licensed physician, registered nurse, or nurse practitioner will conduct sick call.

2106.2 - Sign-Up Procedure

- a) Inmates in the housing units requesting routine, non-emergency medical attention shall submit an Inmate Medical Message Slip directed to the medical staff, describing the nature of their complaint. Forms are available from the Deputies and medical staff.
- b) The Message Slips will be handed directly to a nurse or placed in the medical message box. During the medication call, the Correctional Health Services (CHS) Nurse will unlock the box and remove all of the Inmate Medical Message Slips.
- c) The medical clerk will prepare a roster of inmates to be seen during sick call hours. A copy of the list will be given to the Deputy who will coordinate the necessary inmate movement.

- d) Except for emergency situations, inmates other than those on the scheduled sick call list will not be sent to the exam room; they must first submit an Inmate Medical Message Slip to the nurse so that they can be placed on scheduled sick call.
- e) It is the responsibility of CHS to give prompt attention to all medical requests made by an inmate through the Inmate Medical Message Slip. CHS will retain each Inmate Medical Message Slip as a permanent record.
- f) Nothing in this section relieves a deputy, or other employee, of the responsibility to provide for the health and safety of an inmate. If an inmate is obviously ill or injured, or if at any time an inmate expresses the need for immediate medical attention, or the inmate does not appear to have fully recovered after a short period of time, CHS will be informed.
 - 1. Staff will document the incident on the proper form (JI only, unless the incident requires additional medical attention outside the facility, excluding normal medical appointments at a hospital or clinic reference CCOM Policy 2106.3(b) – Hospital Referrals and Returns, then a DR is required). At the discretion of the Supervisor or Watch Commander, any medical/casualty occurrence may be directed to be documented on a department Casualty Report form.

2106.3 - Hospital Referrals and Returns

- a) Emergency medical conditions may require an inmate to be sent to a hospital for specialized treatment not available in the facility. Medical staff will make this determination.
 - 1. Correctional Health Services (CHS) will notify the Main Control staff member of the type of emergency transportation needed.
 - 2. Main Control staff members will call for a contract ambulance service or paramedics as needed and fill out the medical transport authorization form. The transporting ambulance will take the white and pink copies of the medical transport authorization form and the deputy will take the canary form back to Main Control. The Main Control staff member will notify the Operations Sergeant
 - 3. Main Control staff member will also notify the Classification Deputies.
 - 4. Security for inmates to any hospital will be provided by the facility where the inmate is housed. Arrangements will be in accordance with CCOM Policy 2200 - Hospital Deputy.
- b) The medical staff will coordinate normal medical appointments at hospitals or clinics.
 - 1. CHS will generate an appointment slip that will specify the inmate's name, booking number, charges, housing location and the date, time and location of the medical appointment. Copies will be distributed to the inmate's housing location and the Transportation office.
 - 2. Transportation will schedule the necessary means of conveyance and security for the inmates during short term appointments and clinics.
 - 3. Housing Deputies will call inmates with appointments out of the housing areas in time to prepare them for transportation to the assigned location.

4. Any missed appointment must be brought to the attention of CHS. Rescheduling of appointments is the responsibility of the medical staff.
 5. Distribution of corrected, changed or added appointment slips is the responsibility of CHS.
- c) Non-Emergency Hospitalized inmates will be assigned to the Security Ward at Anaheim Global Medical Center.
1. The Hospital Deputy will prepare secure bed space at the hospital for inmates who are, by a doctor's request, required to remain at the hospital.
 2. The Hospital Deputy will notify the Classification Deputy of the housing reassignment.
 3. Classification staff will notify:
 - i. CHS to update their file.
 - ii. The housing Deputy at the inmate's last housing location to gather inmate's property and module card to be sent to the hospital.
 4. Upon returning from the hospital, the inmates will be re-screened by the nurse at Triage. The nurse will examine each inmate and make a determination as to whether they need to be housed in Medical Housing.
 5. CHS will notify Classification staff with the housing recommendation: regular or medical housing. Classification staff will assign the inmate to a facility, module and sector and notify the necessary parties.
- d) Emergency Hospitalized Inmates will be transported to the nearest Receiving hospital as determined by the Fire Department Paramedics.
1. A Sergeant will assign a Deputy to accompany the inmate in the transporting ambulance and to provide security in the Hospital.
 2. Inmates admitted for Medical Observation will be guarded by a Deputy until the inmate has been medically cleared for return to custody, admitted to the Jail ward at Anaheim Global Medical Center or other arrangements are made to provide security for the inmate. The Facility the inmate is transported from will be responsible for the security of the inmate admitted for care for the first 24 hours.

2106.4 - Immobile Inmates and Emergency Care

- a) When an inmate appears to be, or claims to be, ill or injured and cannot, or in the deputy's judgment should not, be moved, Correctional Health Services (CHS) will respond to the location.
- b) The urgency of the response will be conveyed to CHS by the deputy via the intercom. If the nature of illness or injury is severe, one deputy will notify his/her supervisor who will contact Main Control and request that the paramedics respond. CHS will be informed that paramedics are responding to the scene.
- c) Lifesaving first aid for emergency conditions will initially be performed by deputies, with due regard to security. CHS will relieve the deputy of first aid care when they arrive at the scene.

- d) CHS will determine the nature and extent of on-site care to be administered to the inmate. Deputies will provide security for the site. CHS may also, after arriving at the scene, request an ambulance be dispatched to transport the inmate to the hospital. All requests for ambulance/paramedics must be coordinated through Main Control.
- e) Gurneys or stretchers will be available for use in emergencies.

2106.5 - Medical Approval for Inmate Shoes

- a) All inmates are expected to wear standard issue footwear, i.e., slippers/sandals. Deviation from standard issue footwear is allowed only for medical reasons. Correctional Health Services (CHS) has exclusive authority to recommend/authorize an inmate to wear footwear that is different from the standard issue. CHS's accommodation policy provides that inmates may wear jail issued canvas shoes only after CHS determines a medical necessity for such shoes. Inmates are not allowed to wear personal shoes. Authorization to wear the jail issued canvas shoes will be written on a Medical Miscellaneous Message Slip. Under rare circumstances, personal shoes with built in lift prescribed for leg length discrepancy may be allowed when CHS determines the OCS canvas shoes cannot address the inmate's specific medical issue.
- b) Inmates requesting/requiring Orange County Jail issued canvas shoes must have their request approved by CHS. A court order is not a substitute for a CHS recommendation for Orange County Jail issued canvas shoes. Inmates should not be told to get a court order if they request shoes; they should be told to make the request to CHS. If a court order is received that directs the inmate to be given shoes, but the inmate does not have CHS approval, the inmate should be referred to CHS for evaluation. If CHS approves the canvas shoes, the order may need to be referred to County Counsel for modification if the order requires "personal shoes", "athletic shoes" or some type of shoe different from the canvas shoes. If CHS disapproves canvas shoes, the order should be referred to County Counsel for a motion to set aside. No order should be referred to County Counsel for an objection unless CHS's position on shoes is first determined.
- c) CHS staff may also approve the use of prescribed orthotic inserts to be used in the Orange County Jail issued canvas shoes based on the inmate's medical need.
- d) The following procedure shall occur in order to allow an inmate to wear Orange County Jail issued canvas shoes:
 1. The inmate must submit an Inmate Message Slip directed to the medical staff describing the need for Orange County Jail issued canvas shoes. Forms are available from the Deputies and medical staff.
 2. CHS will evaluate the inmate to determine if there is a medical necessity to wear jail issued canvas shoes.
 3. If an inmate provides a signed recommendation for canvas shoes from CHS, the inmate should be provided jail issued canvas shoes without delay and without need for any court order.

2106.6 - Inmates Refusing Off Compound Medical Appointments

a) Deputy responsibilities:

1. When an inmate refuses to attend an off compound medical appointment, the deputy will make every effort to resolve the situation verbally.
 - i. The inmate should be notified that the refusal will be documented and the refusal will need to be in the presence of Correctional Health Services (CHS).
2. If the refusal continues, the deputy will notify CHS and the sergeant assigned to the inmate's housing location.
3. If the inmate cites a medical or mental health-related issue as the reason for refusal, CHS will be notified to determine the validity of the statement.
4. A refusal to attend an off compound medical appointment will be documented on a department Information Report. The deputy will request a jail incident number and an entry will be made on the 24 Hour Log under "Off Compound Medical Refusal." The inmate will **not** be written up for Failure to Obey a Directive in this situation.

b) Sergeant responsibilities:

1. A sergeant will respond and speak directly with the inmate to verify the inmate is refusing to go to their off compound medical appointment.
 - i. A handheld video camera will be used to record the inmate's refusal as well as the physical and mental state of the inmate. If possible, the Sergeant will coordinate with CHS and capture on video the inmate refusing to CHS.
2. The sergeant should attempt to convince the inmate to voluntarily go to the medical appointment.
3. If the inmate continues to refuse, the sergeant will notify the watch commander and document the refusal and all other relevant details in the Custody Operations Supervisor's Log. The sergeant's documentation will include the following:
 - i. Reason for refusal
 - ii. Mental and physical state of the inmate
 - iii. Living conditions of the inmate
 - iv. CHS personnel present

2108 - Intake Screening

At the time of booking or admission to any jail facility, Correctional Health Services (CHS) will perform a health screening procedure on the inmate. Inmates are examined in order to determine any health problems requiring immediate attention, and to determine if the individual needs any follow-up care. Information regarding the inmate's physical and mental status may be used to determine housing and activity restrictions.

2108.1 - Screening Process

- a) A Correctional Health Services (CHS) staff member will make inquiries into the arrestees:
 1. Current illness and health problems, including dental problems,
 2. Communicable diseases.
 3. Medications taken and special health requirements.
 4. Use of alcohol and other drugs, which includes types of drugs used, mode of use, amounts used, frequency used, date or time of last use and a history of problems, which may have occurred after ceasing use (e.g., convulsions).
 5. Past and present treatment or hospitalization for mental illness or suicide.
 6. Other health problems.
- b) Observations of:
 1. Behavior, which includes state of consciousness, mental status, appearance, conduct, tremor and sweating.
 2. Body deformities, trauma markings, bruises, lesions, jaundice, ease of movement, etc.
- c) CHS staff will complete the Intake and Screening Triage form based upon their personal assessment and interview of the inmate.
- d) If the CHS staff member feels, that based upon his/her personal observations and interview, that special restrictions or housing recommendations are needed, he/she shall complete a [REDACTED] form. If the process should be expedited, the CHS staff will check [REDACTED] and [REDACTED] or [REDACTED] box as appropriate. A copy of the form will be forwarded to Classification staff for use in assigning a housing location.
- e) If the CHS staff member feels that based upon his/her observation an inmate needs to be housed in medical housing and cannot complete the booking process, he/she shall stamp the Pre-Booking form "Medical Expedite".
 1. In some instances an inmate may need to be expedited but may not require medical housing (e.g., late term pregnancies, insulin dependent diabetics, wheelchair bound, excessively obese or elderly and hospital returnees).
 - i. The Receiving Guard Station Deputy will assign an available deputy to escort the inmate through each phase of the booking process (e.g., ID, shower, classification, etc.). After the inmate has been classified, the assigned deputy will escort the inmate to his/her assigned housing location.
- f) It is the responsibility of CHS to determine if an inmate is medically or mentally unsuitable for housing at a particular facility or specific housing area.
- g) Inmates determined confirmed by CHS to be pregnant shall be afforded certain rights in accordance with CCOM Policy 1604.6 - Pregnant Inmate Rights.
- h) Pregnant inmates housed in multitier housing units shall be assigned lower bunk and lower tier housing.

- i) Orthopedic or Prosthetic Appliance/Assistive Devices
 - 1. Inmates who enter any facility with orthopedic or prosthetic appliance for their personal use shall be allowed to retain the appliance based on the following:
 - i. Security check by custody staff will determine that the appliance does not contain contraband and does not constitute an immediate risk of bodily harm to any person in the facility or threatens the security of the facility.
 - ii. The appliance has been prescribed by a physician or dentist and approved by CHS staff.
- j) Once all security checks are completed a CHS staff member will contact Classification staff for special housing requirements. CHS will follow established CHS procedure for documentation in the inmate's medical chart and complete a Miscellaneous Message Slip authorizing the use of the appliance.
- k) Any orthopedic or prosthetic appliance that is brought into the facility by a family member or others shall go through a complete security check.
- l) The department does not accept responsibility for damage to an orthopedic or prosthetic appliance caused by the inmate.
- m) Any repair of an orthopedic or prosthetic appliance shall be the responsibility of the inmate, and the inmate shall make arrangements with CHS for repair.
- n) Removal of Orthopedic Prosthetic Appliances
 - 1. If custody staff believes that possession of the orthopedic or prosthetic appliance constitutes an immediate risk of bodily harm to any person in the facility or threatens the security of the facility, the Watch Commander will be notified. If the Watch Commander has probable cause to believe possession of such orthopedic or prosthetic appliance constitutes an immediate risk of bodily harm to any person in the facility or threatens the security of the facility, such appliance may be removed (Pen. Code § 2656(b)).
 - i. If such appliance is removed, the inmate shall be deprived of such appliance only during such time as the facts which constitute probable cause for its removal continue to exist; if such facts cease to exist, then the Watch Commander shall return such appliance to the inmate.
 - ii. When such appliance is removed, the inmate shall be examined by a physician within 24 hours after such removal.
 - iii. If the examining physician determines that removal is or will be injurious to the health or safety of the inmate, he/she shall inform the inmate and the Watch Commander.
 - iv. Upon receipt of the physician's opinion, the Watch Commander shall either return the appliance to the inmate or refuse to return the appliance to the inmate, informing the physician and inmate of the reasons for such refusal and promptly providing the inmate with an Orthopedic or Prosthetic Appliance Removal Petition Form.
- o) Orthopedic or Prosthetic Appliance Removal/Petition To the Orange County Superior Court

1. The Watch Commander will provide the inmate with an Orthopedic or Prosthetic Appliance Removal/Petition Form by which the inmate may petition the Orange County Superior Court for return of the appliance.
2. These forms are located on the intranet.
3. When the inmate has signed the form, the Watch Commander shall promptly cause the completed form to be filed with the Orange County Superior Court.

2110 - Medical-Legal Reporting & Records

2110.1 - Informed Consent

- a) The informed consent of the inmate shall be required for all examinations, treatments and procedures governed by informed consent standards in the community. Access to inmate medical records shall be strictly controlled.
- b) Explanation of Risk - Prior to the initiation of a medical procedure, surgery or any medical procedure which is considered dangerous and involving risk to the individual's life or health status, the physician or dentist shall explain the procedure, alternatives and risks to the inmate.
- c) Written Consent - The inmate shall be requested to sign a written consent form authorizing the specific surgical procedure. This shall be included in the inmate's medical record.
- d) Medical Refusal - If an inmate chooses to refuse any medical appointment, treatment, medication or other medical procedure recommended as necessary by Correctional Health Services (CHS), the appropriate medical release and/or refusal form(s) shall be provided for signature by CHS. It is the responsibility of a CHS staff member to witness the form by signature. The medical release and/or refusal form(s) may be signed at medical, triage, the dispensary, the inmate's housing location or any other area in the jail. This form shall be filed in the inmate's medical record in accordance with related facility specific CCOM Policies: IRC - CCOM Policy 3002.14(j), CMJ - CCOM Policy 4000.12(h), CWJ - CCOM Policy 5000.13(l), and TLF - CCOM Policy 7000.13(k)
- e) Refusal of Appointment of Examination. Where a scheduled appointment with facility health care staff has been refused by the inmate, the appropriate medical release and/or refusal form(s) shall be provided by the Medical Director, and witnessed by a nurse, for the inmate's signature. This refusal also shall be in the inmate's medical record.
- f) Records of Refusal - Any refusals for treatment shall be recorded by the treating health care staff on the progress notes sheet of the inmate's medical record.
- g) Minors - For minors, the treating physician or dentist shall obtain the informed consent of the inmate's parent, guardian, legal custodian, or the court. The treating physician shall notify the Medical Director of the need for this informed consent. Appropriate arrangements for contacting the responsible guardian shall then be made by the appropriate medical staff member.
- h) Consent Waivers - The informed consent requirement shall be waived for the following:
 1. An emergency which requires immediate medical intervention for the safety of the inmate.

2. Emergency care involving inmates who do not have the capacity or ability to understand the information given.
- i) Communicable Disease - For inmates diagnosed with a communicable disease and refusing appropriate treatment, medical quarantine authorized by the treating physician shall be used. Treatment, other than in an emergency situation, shall not be forced by any CHS staff member. For such cases, a court order for treatment may be sought by the Medical Director after consultation with the Sheriff.

2110.2 - Communicable Disease Exposure

- a) All employees and volunteers exposed to a person diagnosed with a communicable disease shall be evaluated, counseled and offered appropriate prophylactic treatment by HCA/ Employee Health Services or another treatment facility. Communicable disease exposures that may require prophylactic treatment or medical follow-up are listed below:
 1. Hepatitis A – Ingestion of food prepared by communicable person with poor hygiene habits. Care of infants or toddlers with lack of sufficient hand washing.
 2. Hepatitis B – Percutaneous or mucous membrane exposure to blood or body fluids, very rarely saliva.
 3. Hepatitis C – Percutaneous or mucous membrane exposure to blood or body fluids.
 4. AIDS/HIV Infection – Percutaneous or mucous membrane exposure to blood or body fluids.
 5. Syphilis - Percutaneous or mucous membrane exposure to blood or body fluids.
 6. Meningococcal Infection – Face-to-face contact with a communicable person. Resuscitation, intubation or suctioning of a patient before antibiotics have begun.
 7. Tuberculosis – Prolonged face-to-face contact with communicable person; risk increased during CPR.
 8. Measles – Face-to-face or room contact with communicable person.
 9. Rubella – Face-to-face or room contact with communicable person.
 10. Chicken Pox (Varicella Zoster) – Prolonged face-to-face contact with communicable person (until all lesions are crusted). Prophylaxis only for pregnant females, HIV infected or severely immunosuppressed persons.

2110.3 - Communicable Diseases Reporting

- a) All personnel who observe or are informed of any activity among persons in custody that may cause the transmission of AIDS or other communicable diseases shall immediately report the incident in writing to the I.R.C Watch Commander by completing the "Report of Activity Known to Cause Transmission of AIDS" form. This form will be attached to any other required reports.
 1. Additionally, the Facility Shift Commander shall make a telephonic report to Employee Health Services as soon as possible. If after business hours or on weekends, the telephonic report shall be made to the on call Public Health Medical Officer.

- b) Reportable activities include, but are not limited to the following:
1. Sexual activity resulting in the exchange of bodily fluids.
 2. Intravenous drug use.
 3. Incidents involving injury to inmates or staff in which bodily fluids are exchanged.
 4. Tattooing among inmates.
 5. Inmates who state they are infected or have been exposed to AIDS, an AIDS related condition, or other communicable disease
- c) Employee who believes they have been exposed to communicable disease will report possible exposure to their Supervisor immediately.
1. During office hours contact HCA/Employee Health Services [REDACTED], or if directed to do so by Supervisor, fill out the County of Orange Communicable Disease Exposure Reporting Form.
- d) After being advised by an employee of possible exposure to a communicable disease the Supervisor shall do the following:
1. During office hours (7:30am-5:00pm M-F), contact HCA/Employee Health Services at [REDACTED] to report the exposure incident or use the County of Orange Communicable Disease Exposure Reporting Form.
 2. After office hours contact Sheriff Communication Center [REDACTED] and ask for the Public Health Official on-call and report the exposure incident. Report the exposure to HCA/Employee Health Services the next working day.
 3. If the employee is unable to be seen at HCA/Employee Health Services, the employee is referred to a designated Workers' Compensation Clinic.
 4. If the communicable disease exposure is a direct result of a physical injury: Complete Employer's Report of Occupational Injury or Illness [REDACTED] and Supervisor's Investigation of Employee Injury/Exposure within one working day of the incident and transmit original to CEO/Risk Management.
 5. Provide employee with Workers' Compensation Claim form [REDACTED] and a copy of the pamphlet "You and Your Injury, Facts for Injured Workers" within one day of the incident.
- e) The I.R.C. Watch Commander will provide a copy of all reports to H.C.A. Medical Services, who, in turn will evaluate any transmission incident and all involved inmates and/or staff.
- f) When an inmate voluntarily consents to the drawing of blood for testing purposes, H.C.A. personnel will be responsible for the collection of samples. Samples will be drawn in the medical area of their respective facility.
- g) When there is a refusal to submit to a blood test, an "Employee Contact with Bodily Fluid Report" will be submitted to H.C.A. The Health Officer will review the request for court ordered testing. All court ordered forcible blood extractions will be performed at [REDACTED]

2110.4 - Medical Records

- a) Within Correctional Health Services (CHS), the problem orientated medical record structure will be used as much as practicable. The medical record will list all medical encounters, the diagnosis thereof, subsequent findings, treatments, rehabilitation, maintenance and patient education. An inmate's perceived health problems will be recorded as well as the dispositions thereof.
- b) All inmate medical files will be under the control of CHS. CHS staff will photocopy any necessary medical records to be sent with inmates transferring to other facilities or agencies.
- c) At no time will any inmate or other unauthorized persons be allowed access to inmate medical records. The files will be kept separated from the inmate's confinement record, including after the time they are released. All access to inmate medical files will be controlled and regulated by the Custodian of Records.

2112 - Utilization of Pharmaceutical Products

All personnel shall adhere to state and federal regulations relating to the dispensing, distributing, or administering of medications. Medications shall only be distributed or administered by a qualified member of the medical staff in accordance with the physician's orders.

2112.1 - Pharmacy Management

- a) A full time Pharmacist is employed by the County Health Care Agency (HCA) and CHS. All pharmacy procedures shall adhere to applicable state and federal laws and to the regulations established by the Federal Controlled Substances Act relating to controlled substances.
- b) All pharmaceuticals shall be prescribed in accordance with the Central Drug Formulary which shall govern the approved prescription and non-prescription medications allowed for use in the facility.
- c) All prescriptions must be signed by a qualified health professional licensed and authorized by the appropriate jurisdiction.
- d) All health care personnel shall conform to the ordering and inventory procedures as established by the Medical Director and Pharmacist. These guidelines include frequent inventory of all controlled substances, syringes and needles.

2112.2 - Medication Distribution or Administration

- a) CHS is responsible for dispensing, administering and maintaining records for all medications and pharmaceutical items given to inmates in each facility.
- b) All over-the-counter medications may be distributed by qualified medical personnel without prior physician approval, subject to the written procedures contained in the Health Care Agency's (HCA) Administrative Policies and Procedures Manual.

- c) The administration of all medications shall be recorded on the approved form and shall become a part of the inmate's medical record. Each dose shall be documented with respect to date and time of administration and shall be signed or initialed by the person administering the medication.
- d) If an inmate refuses a prescribed medication, the inmate will be required to sign a refusal form which will be placed in the inmate's medical record. If the inmate refuses to sign the form, a CHS staff member and a security staff member will both witness the form by signature, and write, "Refused to sign" in place of the inmate's signature.
- e) If an inmate arrives at the facility with his/her own medication, or if the inmate states he/ she is on prescribed medication, CHS will verify the prescription with the inmate's doctor (after obtaining the inmate's consent). CHS will dispense any authorized medications from its own controlled supply.
- f) The application of involuntary medication in Jail Operations is an option only when every other effort to gain the voluntary compliance of the inmate has been attempted. When situations occur where CHS requests a deputy's assistance in the application of involuntary medication, CHS will be called upon to assist in an attempt to obtain voluntary compliance. If CHS is unable to obtain compliance, medication may be administered involuntarily.

2114 - Inmate Death or Serious Illness/Injury

2114.0 - Inmate Death or Serious Illness/ Injury

- a) Any inmate death that occurs while the inmate is assigned to any Jail Operations facility will be immediately reported and investigated in compliance with all formalized local agreements and state laws.
- b) In cases where an inmate suffers injury which is life-threatening while incarcerated in the Orange County Jail system, the Orange County District Attorney will be notified of the circumstances but may decline to respond.
- c) In the event of an inmate with a serious injury which is life-threatening, timely notifications will be made based on information provided by the inmate at the time of booking by the Watch Commander.
- d) Death of a Minor
 - 1. In any case in which a minor dies while detained in a jail, lockup, or court holding facility:
 - i. The administrator of the facility shall provide to the Board of State and Community Corrections (BSCC) a copy of the report submitted to the Attorney General. A copy of the report shall be submitted within 10 calendar days after the death.
 - ii. Upon receipt of a report of death of a minor from the administrator, the BSCC may within 30 calendar days inspect and evaluate the jail, lockup, or court holding facility.

2114.1 - Inmate Death - Verbal Notification

- a) Notifications will be made immediately by the Watch Commander. Time of notification will be indicated by the Watch Commander for inclusion in the intra-department memo.
- b) The Jail Operations staff member making the discovery of an inmate death will immediately notify his/her supervisor and Correctional Health Services (CHS).
- c) Facility supervisors will make the immediate notification of an inmate death to the Watch Commander and respond to the scene.
- d) The Watch Commander will immediately notify:
 1. Division Commander
 2. Assistant Sheriff of Jail Operations
 - i. Verify with Assistant Sheriff if he/she will be notifying the Sheriff, Chairman of the Board of Supervisors and the CEO or Assistant CEO of the death or delegating this task to another staff member.
 3. Department Commander (ECB)
- e) The Assistant Sheriff of Jail Operations will make the following notifications during morning business hours, except in cases of homicide, suicide, or unexpected death then notification will be immediate:
 1. Sheriff
 2. Chairman of the Board of Supervisors
 3. CEO or Assistant CEO
 - i. CEO shall only be notified after hours when deaths involve unusual circumstances or deaths generating media interest.
- f) The Watch Commander will ensure the Department Commander has been notified. The Watch Commander will confirm the Department Commander will notify the following:
 1. Coroner's Office, Shift Supervisor
 2. Orange County District Attorney's Office Investigation Staff
 3. Investigation Division Commander, Lieutenant and/or Homicide Detail Sergeant
 4. Forensic Science Services
 5. S.A.F.E. (Strategy, Accountability, Focus, and Evaluation)
 6. Public Information Officer
 7. Professional Services Division (if necessary)
- g) The Coroner's Office will make all official notifications to relatives of deceased inmates.
- h) The Public Information Officer (PIO) will make the initial release of general information to the media. After the initial release, all subsequent media releases will be handled by the District Attorney's Office including the final release for each such incident.

2114.2 - Public Defender's Office Notifications

- a) It will be the responsibility of the on duty Watch Commander at the facility in which an inmate death occurs to e-mail the two designees from the Orange County Public Defender's Office as soon as reasonably possible with the basic information regarding the death. The information will include and be limited to the inmates' name, date of birth, booking number, date of arrest, booking and hold charge(s), housing location and date and time of death.
- b) The names of the two Public Defender's Office designees and e-mail addresses are:

■ [REDACTED]
■ [REDACTED]

2114.3 - Written Notification

- a) Inmate Records Manager will prepare the written notification for the Assistant Sheriff of Jail Operations who will submit the written notification to:
 1. Orange County Board of Supervisors
 2. California State Attorney General
 3. Orange County Grand Jury
 4. California Youth Authority (if involving a juvenile)

2114.4 - Priorities

- a) If a serious injury or possible death occurs, medical staff will be notified to respond for initiating life saving measures. Once death is determined, protection of the scene is essential in determining whether the death is a result of criminal violation. Although no crimes may be suspected or initially alleged, physical evidence will be protected from contamination.
- b) As in any criminal or death investigation, witnesses, suspects, informants, etc., will be separated for subsequent interviews. A list of individuals who may possess pertinent information relative to the situation will be provided to responding personnel from the Coroner's Division, District Attorney's Office and Sheriff's Investigators.
- c) Upon being notified of an inmate's death, the Inmate Records Supervisor will retrieve the inmate's records file for the Inmate Records Manager, leaving a "dummy file" in its place. The dummy file will contain an entry stating [REDACTED] with the date of death.
- d) The Record's Supervisor will make 6 copies of the inmate's records file (1 certified copy and 5 regular copies) and deliver all 6 copies of the inmate's records files to the Watch Commander. The Inmate Records Manager will maintain the original inmate's records file.
- e) The Watch Commander will request six copies of the inmate's SDS file from Classification staff. Each SDS copy will be added to the inmate death file. For investigative purposes, information contained within the inmate's death file will be made available to authorized investigative personnel.

- f) At the request of the Watch Commander, the Inmate Records Supervisor will forward one certified copy and five additional copies of the inmate's death file (including the inmate's Module Card which the Classification Sergeant will supply) to the Watch Commander.
- g) The certified copy will be provided to investigations. The five remaining copies will be submitted (along with the inmate's records file, SDS file and the Watch Commander's memo), to:
 - 1. Both Assistant Sheriffs over Custody and/or Court Operations Command
 - 2. Office of Independent Review (OIR)
 - 3. Risk Management/SAFE
 - 4. Commander of the Facility where the death occurred.
- h) Per Government Code Section 27491.3, all personal property belonging to the inmate, including funds from the Cashier, clothing, bulk property, property from Release and personal items in housing, will be collected. These items will be inventoried and an appropriate receipt will be prepared for the Deputy Coroner to sign. The Deputy Coroner will take possession of the property from the Watch Commander.
- i) The Watch Commander will coordinate the activities of the investigation with the sergeant at the scene. The Records Supervisor will NOT change the inmate's status to "deceased" until given approval by the Facility Watch Commander. The Facility Watch Commander will coordinate with Sheriff's Investigation to obtain authorization for the inmate's status change.
- j) Every effort will be taken to provide necessary medical treatment by security and Correctional Health Services (CHS) staff if the inmate is alive or suspected to be alive. Per Government Code Section 27491.2, "The body of one who is known to be dead under any of the circumstances enumerated in section 27491 shall not be disturbed or moved from the position or place of death without permission of the Division Deputy Coroner."
- k) A Department Report (DR) number will be drawn with a Casualty Report completed by the assigned staff member.
- l) If a death occurs, the Watch Commander shall adhere to the following reporting guidelines:
 - 1. It shall be the responsibility of each facility to complete the required documentation for any death which may occur within the confines of that facility.
 - 2. If an inmate is transferred to the hospital and dies within 24 hours, the facility from which the inmate was transported will complete the required documentation.
 - 3. If an inmate dies more than 24 hours after transfer to the hospital, the Theo Lacy Watch Commander will complete all required documentation.
- m) Notification and staff reporting guidelines for in-custody deaths shall also be followed for the following deaths:
 - 1. Death of a person within 24 hours of release from custody, including Compassionate Releases.
 - 2. Death of a baby born by an in-custody female inmate.
- n) Per Orange County Coroner's Office (October 2012) - A death investigation is required if the inmate has a miscarriage of a human fetus. A human fetus is defined as being more than twenty

(20) weeks gestation or weighs more than four hundred (400) grams and is more than twenty-eight (28) centimeters from heel to crown as determined by a qualified medical personnel at the receiving hospital or Coroner personnel.

- o) The Inmate Records Manager will maintain all original inmate files for inmates who have died in custody, as well as the master in-custody death file. The Division Commander's copy will be retained at each facility.
- p) The Watch Commander will complete an intra-departmental memo directed to the Division Commander detailing the circumstances of the death. The intra-departmental memo will include the following:
 - 1. Name, Booking, Physical Description, Date of Birth, Last Known Address, Phone Number
 - 2. Social Security number, Driver's License number, Location of Death, Date/Time of Death, DR#
 - 3. OCSH Homicide Investigator, Forensics Case number, Coroner Case number, Deputy Coroner
 - 4. District Attorney Case number, District Attorney Investigator, Jurisdiction, Arresting Agency
 - 5. Day/Date/Time Arrested, Day/Date/Time Booked, Charges, Status, Disposition of Property
 - 6. Summary, Medical History, Notifications
- q) The Watch Commander will send the completed intra-department memo electronically to the Inmate Records Manager.
- r) The Watch Commander will compile all data into indexed sections (i.e., reports, correspondence, administrative information) and attach to the left inside cover of the inmate's jail file. The Watch Commander's intra-department memo will be attached to each copy of the death file.

2114.5 - Next of Kin Notification

- a) At the time of booking, all inmates will be asked to identify their next of kin; his/her address and phone number. This information will be recorded on the Pre-Booking Record and Identification Record.
- b) If a deputy or medical staff determines that an inmate's medical condition is of a serious nature that may result in death, they will notify the Watch Commander of the situation.
- c) The Watch Commander will attempt to make telephone notification to the inmate's next of kin. If possible, permission for notification will be obtained from the inmate prior to notification taking place.
- d) If the inmate is unable to speak or otherwise indicate the person to be contacted, the Watch Commander will attempt to make telephone notification(s) to the inmate's next of kin. No medical information may be provided to the inmate's next of kin without prior written authorization by the inmate. In the absence of the written authorization form from the inmate, information provided to the next of kin will be limited to identifying the hospital where the inmate was transferred and that the next of kin should try to contact the hospital. The Watch Commander may authorize public visits if approved by the hospital for public visitation.

- e) When necessary, a request may be made of the Department Commander to send a patrol unit to the relative's residence to make the notification if the address is within Orange County.
- f) If the address is outside of Orange County, the local police agency will be requested to make contact and have the party contact the Watch Commander.
- g) Documentation of notification, or attempts, will be made on a memorandum from the Watch Commander to the Division Commander.

2114.6 - Death Review

- a) At the direction of County Counsel, the OCSD and Correctional Health Services will conduct an initial review of every in-custody death within 30 days as required by Title 15 of the California Code of Regulations, Section 1046. The purpose of this review is to (1) determine the appropriateness of clinical care; (2) whether changes to the policies, procedures, or practices are warranted; (3) identify issues that require further study; (4) assess and consult with County Counsel about the risk of exposure to liability; (5) identify areas of concern and recommend any necessary remedial actions; and (6) address such other matters as deemed necessary and appropriate by the review team. The review team may seek further review by the County's Risk Manager, as appropriate. All discussions, any findings, and/or reports generated from or as the result of this review will be confidential and attorney-client privileged communications, and the privilege may only be waived by the concurrence of both the OCSD and Orange County Health Care Agency. Any written reports or documentation generated from this review will be marked as attorney-client privileged and confidential, and retained in the in-custody death file to be preserved in accordance with the Department's Retention Schedule.
- b) The review team shall consist of the Assistant Sheriff of Custody Operations or designee, Constitutional Policing Advisor, Correctional Health Services (CHS) Director, CHS Medical Director, CHS Chief of Operations, CHS Director of Nursing, CHS Mental Health and Operations Administrative Managers, Division Commander, Captain of the involved facility, County Counsel deputy assigned to the OCSD, County Counsel deputy assigned to CHS, and any other staff deemed appropriate by the Assistant Sheriff of Custody Operations.
- c) The Division Commander will coordinate with Correctional Health Services to set up the initial death review.

2115 - Notification of Family Death

2115.1 – Purpose

- a) The purpose of this document is to establish a policy to provide notification to inmates in the event of a family death.

2115.2 – Policy

- a) It is the policy of the Orange County Sheriff's Department (OCSD) to provide appropriate notification of family deaths to inmates while making mental health services readily available to them.

2115.3 – Procedure

- a) The Sheriff may receive acceptable notice of the death of an inmate's next of kin from the following:
 - 1. The Coroner's Office.
 - 2. Law enforcement of the jurisdiction where the death occurred.
 - 3. A family member of the inmate.
- b) Upon receiving notification of the death of an inmate's next of kin from one of the above three sources, the Watch Commander or his/her designee shall contact the Housing Sergeant at the inmate's housing location.
- c) The inmate shall be allowed to make at least one completed non-collect phone call to obtain additional information regarding the death of the family member.
- d) The Housing Sergeant will advise the Mod Deputy of the inmate's housing location to monitor the inmate for any violent or suicidal behavior. The Housing Sergeant shall also contact Correctional Health Services (CHS) to notify mental health staff regarding a family death of an inmate. CHS will be available to speak with the inmate if requested by either the inmate and/or deputy referral. The Mod Deputy shall contact CHS to advise them of any abnormal activity of the inmate.
- e) Mental Health shall schedule an appointment with the inmate to provide counseling services if needed.

2116 - Blood Extractions

It is the policy of the Orange County Sheriff's Department (OCSD) that no blood extractions, including those court ordered, will be taken forcibly from a suspect or inmate/arrestee by an outside law enforcement agency at any jail facility. OCSD deputies will perform the forced blood extractions in either the D.U.I. Room at the Intake and Release Center (IRC) or in the event a contract phlebotomist is not available at the IRC, a deputy will utilize an approved county area hospital. Only OCSD deputies are authorized to perform a forced blood extraction at the jail pursuant to court order or search warrant, and is limited only to the D.U.I. Room where the entire encounter is memorialized on a department issued handheld video camera. All other forced blood extractions will be performed at an area hospital.

2116.1 - Court Ordered Blood Extractions

- a) Blood extractions will be performed due to issuance of a court order or a search warrant.

- b) When a court order or search warrant for drawing of blood is received, the Watch Commander will advise the sergeant. The sergeant will direct a deputy to take the inmate/arrestee and the court order to the D.U.I. Room at the IRC. In the event a contract phlebotomist is not available at the IRC, a deputy will utilize an approved county area hospital.
- c) After obtaining supervisory approval, only reasonable force may be used to restrain the inmate/arrestee.
- d) If a forced blood draw is conducted at the IRC, a sergeant/supervisor shall be present and a department issued handheld video camera will be used to record the entire encounter.
- e) If a contract phlebotomist is not available at the IRC, the deputy will utilize an approved county area hospital. The inmate/arrestee will be escorted to the Triage area to await transportation by a Transportation or Patrol Deputy.

2116.2 – Voluntary Compliance

- a) In those situations where blood is voluntarily taken, the inmate/arrestee will be escorted to a facility medical station or other secure area for blood extraction by a department approved laboratory technician. A deputy will remain with the inmate/arrestee until the process is completed and the inmate/arrestee returned to his/her regular housing location or the booking loop.

2116.3 - Blood Sample - Chain of Custody

- a) The laboratory technician who responds for blood withdrawal will maintain the chain-of custody of the blood sample. The inmate/arrestee will then be returned to his/her housing location or the booking loop from either the hospital or D.U.I. Room.

2116.4 – Documentation

- a) The assigned deputy will document the day, date, time, and names of the laboratory technician and inmate/arrestee on a Jail Incident Report. He/she will give a brief description on the circumstances and attach a copy of the court order. If the inmate/arrestee is escorted to an area hospital, the Jail Incident Report will contain the name of the Transportation Deputy and the reason for transport.
- b) In the event a Use of Force occurs, reference the Orange County Sheriff-Coroner Department Policy Manual (Lexipol) 300 - Use of Force and CCOM Policy 1800 - Use of Force.
- c) The video footage from the department issued handheld video camera will be placed into the Sheriff's Property/Evidence Room using the procedures in accordance with Orange County Sheriff's Department Field Operations Manual Section 19 - Evidence, Section 44 - Tagging and Booking Property, and Orange County Sheriff-Coroner Department Policy Manual (Lexipol) 802 – Property and Evidence.

2116.5 – Custody Supervisory Responsibilities

When a use of force occurs, a custody supervisor will process the use of force report.

a) Sergeant Responsibilities

1. For more information, reference the Orange County Sheriff-Coroner Department Policy Manual (Lexipol) 300.8 - Supervisor Responsibility.

b) Watch Commander Responsibilities

1. For more information, reference the Orange County Sheriff-Coroner Department Policy Manual (Lexipol) 300.9 - Captain or Lieutenant Responsibility.

c) Division Commander Responsibilities

1. For more information, reference the Orange County Sheriff-Coroner Department Policy Manual (Lexipol) 300.10 - Commander Responsibility.