

<b>DATE:</b>	MAY 19, 2017
<b>NUMBER:</b>	J
<b>SUBJECT:</b>	TABLE OF CONTENTS

**SPECIAL MANAGEMENT INMATES**

- J.1 Safety Cell Use
- J.2 Sobering Cells; Definition and Use
- J.3 Segregation; Definition and Use
- J.4 Enhanced Observation Housing (EOH); Definition and Use
- J.5 Inmate Suicide Prevention Practices & Inmate Safety Program
- J.7 Emergency Transportation of Mentally Disordered Inmates
- J.8 Contraband Watch
- J.9 Dayroom Waist and Leg Chains

<b>DATE:</b>	FEBRUARY 8, 2019
<b>NUMBER:</b>	J.1
<b>SUBJECT:</b>	SAFETY CELLS; DEFINITION AND USE
<b>RELATED SECTIONS:</b>	<a href="#">I.52</a> , <a href="#">I.89</a> , <a href="#">J.4</a> , <a href="#">J.5</a> , <a href="#">M.25</a> , <a href="#">MSD S.10</a> ; TITLE 15 & 24

## PURPOSE

To ensure that safety cells throughout Sheriff's detention facilities are used for their intended purpose.

## POLICY

Inmates who have been assessed for Inmate Safety Program (ISP) housing may be temporarily placed in a safety cell when the inmate is actively self-harming or actively assaultive. Book and Release (B&R) inmates at risk for suicide may be temporarily placed in a safety cell even when not exhibiting active self-harming or active assaultive behaviors. The staff recommending the safety cell placement will notify the watch commander.

Inmates returning from the Emergency Psychiatric Unit at San Diego County Psychiatric Hospital (EPU) with orders for Inmate Safety Program housing shall be housed according to DSB P&P J.5.

Safety cells are not to be used for punishment or a substitute for treatment.

## DEFINITION

A safety cell is a single occupancy temporary housing unit constructed with a padded surface and other security features as outlined in Part 2, Section 1231.2.5 of Title 24-Minimum Standards for Local Detention Facilities. (Refer to DSB P&P section J.5 for additionally related definitions)

## PROCEDURE

### I. PLACEMENT

- A. Inmates may be placed in a safety cell temporarily if they are actively self-harming or actively assaultive. B&R inmates may be temporarily placed in a safety cell even when not exhibiting active self-harming or active assaultive behaviors. If the inmate is cooperative, all attempts should be made to obtain photos and fingerprints. A deputy will remain with the inmate and escort the inmate through the booking process prior to placement into a safety cell.
- B. An inmate placed into a safety cell shall have all of their clothing and property removed, including shoes, belts, removable rings, wristband, etc. Such property shall be stored in a secure location until the inmate is cleared. For security purposes, deputies will remain with the inmate during the process to ensure all items listed above are removed.
- C. All inmates placed in a safety cell must be issued a safety garment.

1. The safety garment is the only item of clothing the inmate may possess while in the safety cell.
2. The safety garment may only be removed from the inmate when specific identifiable risks to the inmate's safety are displayed after the initial placement (e.g., tearing, swallowing, covering his/her mouth with the garment, etc.). When a safety garment is removed the following notifications shall be made:
  - a. The mental/medical health staff shall be notified immediately.
  - b. The watch commander shall be notified immediately of the removal of the safety garment.
  - c. The reason the safety garment was removed must be articulated in an incident report.
3. All safety garments shall be cleaned and disinfected after each use.

## II. DOCUMENTATION

- A. A Jail Information Management System (JIMS) incident report, utilizing the SCP (safety cell placement) as the primary incident type code, shall be written on each inmate placed in a safety cell.
  1. Depending on the reason for placement, the following additional incident type codes shall be utilized.
    - a. Placement due to homicidal reasons the additional type code 1 shall be ZTH (ISP Type-Homicidal).
    - b. Placement due to self-injury reasons the additional type code 1 shall be ZTS (ISP Type-Self-Injury).
    - c. When staff determines the placement was due to either verbal or written communication, the additional type code 2 shall be ZMV (ISP Method-Verbal).
    - d. When staff determines the placement was due to active behavior, the additional type code 2 shall be ZMA (ISP Method-Active).
  2. The report shall also indicate if any force was used (refer to DSB P&P I.89).
- B. The need for continued retention must be documented by sworn staff in a JIMS incident report, utilizing SCU (safety cell update) as the primary incident type code every 4 hours to document the facility gatekeeper's authorization for continued retention in a safety cell.

## III. TRANSFERS

- A. If an inmate is transferred from one facility to another for placement into a safety cell, the following procedures will be followed:

1. The deputy from the originating facility will articulate in an incident report (utilizing primary type code SCP) the reason for the safety cell placement and will transport the inmate to the new facility.
2. Deputies assigned to the receiving facility will assume custody of the inmate at intake/processing and will conduct the actual placement of the inmate into a safety cell.
3. The deputies conducting the safety cell placement will write a supplemental safety cell placement report utilizing primary incident type code SCU.

#### IV. MONITORING

- A. Staff shall closely monitor any inmate placed in a safety cell. All checks, observations, assessments, and reviews will be documented on the Inmate Observation Log (J-19A Form).
  1. Every inmate in a safety cell shall be directly observed by sworn staff at random intervals not to exceed 15 minutes between checks. Such observations shall be documented on the J-19A Form. The inmate should be observed for the following:
    - a. Responsive to verbal commands.
    - b. Difficulty in breathing.
    - c. Evidence of vomiting or any other condition that may require medical attention.
    - d. Deputies should be cognizant of the inmate's physical condition. Medical staff must be notified immediately if the inmate exhibits any signs of medical distress, including agitated psychosis and/or agitated delirium.
    - e. A physician shall be contacted for an opinion anytime the inmate's status or condition warrants an evaluation.
  2. Each inmate shall have a nursing assessment within 30 minutes of placement into the safety cell. A medical assessment shall be completed every 24 hours thereafter or when clinically indicated. Such observations shall be documented on the J-19A Form and inmate health record.
  3. The facility gatekeeper shall observe the inmate within every 4 hours (from placement or last gatekeeper observation) to determine if continued retention in the safety cell is required. At any time within the 4 hours, the facility gatekeeper determines the inmate is no longer actively self-harming or actively assaultive, the inmate shall be moved from the safety cell to Enhanced Observation Housing (EOH). Such observations shall be documented on the J-19A Form and the inmate health record.

- a. If under exigent circumstances a watch commander determines to override the direction of the facility gatekeeper and requests the inmate be retained in a safety cell, the watch commander is required to articulate why the inmate was retained in a JIMS incident report.
4. A mental health consultation by a Qualified Mental Health Provider (QMHP), to determine the inmate's need for mental health services and suitability for retention in the safety cell, must occur within 12 hours of placement in a safety cell and no later than every 12 hours thereafter for as long as the inmate remains in the safety cell.
5. At the beginning and end of their shift, the watch commander or designee shall directly observe every inmate in a safety cell and review the J-19A Form.

## V. NUTRITIONAL REQUIREMENTS

- A. Deputies are responsible for providing meals during normal meal times. The deputy providing the meal must ensure there are no items that the inmate may use to inflict injury to self or cause damage to the cell, such as plastic utensils. All offerings or refusals of meals will be documented on the J-19A Form.
- B. All food and water served to inmates in a safety cell shall be served in disposable containers.
- C. All offerings or refusal of water will be documented on the J-19A Form using the checkboxes.
  1. Sworn staff shall offer water:
    - a. During normal meal times (breakfast, lunch, dinner).
    - b. When the inmate is awake.
    - c. Upon request by the inmate.
  2. The facility gatekeeper shall offer water during their observation of the inmate, which is every 4 hours.

## VI. REMOVAL

- A. The facility gatekeeper shall observe the inmate within every 4 hours (from placement or last gatekeeper observation) to determine if continued retention in the safety cell is required. If the facility gatekeeper determines the inmate is no longer actively self-harming or actively assaultive, the inmate shall be moved from the safety cell to EOH. Removal or clearance from the ISP is determined solely by a QMHP (refer to MSD P&P S.10 for further details).

B&R inmates removed from a safety cell will be cleared from the ISP for the purpose of release from custody. Inmates not seen by a QMHP and not cleared from ISP will be referred to EPU for further evaluation.

1. If under exigent circumstances a watch commander determines to override the direction of the facility gatekeeper and requests the inmate be retained in a safety cell, the watch commander is required to articulate why the inmate was retained in a JIMS incident report.
- B. When the medical or mental health condition of an inmate would be threatened by continued retention in any ISP housing, the inmate shall immediately be removed and transported to an emergency department. If a watch commander removes an inmate from ISP housing under such exigent circumstances and without consultation with a QMHP, the watch commander is required to articulate why the inmate was removed in a JIMS incident report.
- C. If the inmate is removed from the safety cell for the purpose of release from custody, the watch commander will consult with Sheriff's Medical personnel and arrange for transportation of the inmate to EPU
1. A Request for 72 Hour Detention (MH-302 Form) and a NetRMS incident report shall be completed by sworn staff prior to transfer to EPU.
  2. An inmate in custody under the Lanterman-Petris-Short Act (LPS) hold as defined in the Welfare and Institution Code (WIC) Sections 5000 (mental health or psychiatric hold), an MH-302 Form and NetRMS report are not required. Once an LPS hold is verified by medical personnel, a JIMS incident report shall be written referencing the court order associated with the case.
  3. The medical staff shall notify EPU of the impending transfer of the inmate.
  4. A deputy will transport the inmate to EPU and required documents to the psychiatrist. The deputy will remain with the released inmate until a safe and orderly transfer of services is completed and the psychiatrist on duty releases the deputy from further standby duties.

## VII. SANITATION

Safety cells shall be cleaned and disinfected using facility approved disinfectants or bleach solution after every use and every 24 hours when occupied.

## VIII. FIRE SAFETY

- A. Personnel responding to a fire in a safety cell should be aware of the toxicity of the smoke and shall use a self-contained breathing apparatus when suppressing the fire or evacuating inmates.
- B. A fire hose or a multi-purpose extinguisher shall be located within twenty (20) feet of all safety cells.

<b>DATE:</b>	JUNE 7, 2018
<b>NUMBER:</b>	J.2
<b>SUBJECT:</b>	SOBERING CELLS
<b>RELATED SECTIONS:</b>	<a href="#">I.52</a> , <a href="#">I.89</a> , <a href="#">MSD S.5</a> ; TITLE 24

## PURPOSE

To ensure that sobering cells throughout Sheriff's detention facilities are used for their intended purpose.

## POLICY

Sobering cells shall only be used for the holding of inmates who are a threat to their own safety or the safety of others and require a protective environment due to their state of intoxication (e.g., under the influence of drugs, alcohol, etc.). This excludes inmates who have life threatening withdrawal symptoms or need long-term detoxification. Sobering cells shall never be used for disciplinary purposes.

## PROCEDURE

### I. CAPACITY

Sobering cell capacity is governed by Part 2, Section 1231.2.4 of Title 24-Minimum Standards for Local Detention Facilities. Each facility shall draft a green sheet, outlining the capacities of its sobering cells and should include:

- A. 20 square feet of floor area per inmate.
- B. Limit of 8 inmates per cell.

### II. PLACEMENT

- A. An inmate being placed in a sobering cell shall have all property removed, including removable rings, shoes, belts or any other article of clothing that could be used as a weapon or used to damage the cell. Clothing articles, such as pants, shirts, skirts or dresses that must be removed due to their construction, shall be replaced with appropriate jail-issued clothing.
- B. The steps outlined above are not for the purpose of conducting a visual inspection. If a deputy has reasonable suspicion to believe an inmate is concealing drugs or weapons in a manner that would not be detectable by a pat down search, they must follow the steps outlined in Detentions Policy and Procedure Section [I.52](#), Inmate Searches.
- C. Regardless of the inmate's booking status his/her property shall be inventoried, placed in a property bag, labeled and retained.
- D. Matches or igniters of any type, cigarettes, pencils, etc., are strictly prohibited in sobering cells.

### III. REPORTS

- A. A Jail Information Management (JIMS) incident report, utilizing the SOB (sobering cell placement) incident code, shall be written on each inmate placed in a sobering cell.
  - 1. The incident report must clearly articulate the reasons for placement in the sobering cell.
  - 2. The report shall also indicate if any force was used (refer to I.89).
- B. The need for continued retention must be documented by sworn staff in a JIMS incident report, utilizing the SOU (sobering cell update) incident code, every 6 hours until the inmate is cleared from the sobering cell. Medical staff will provide input to the deputy responsible for writing the sobering cell update in JIMS.

### IV. OBSERVATION

- A. An Inmate Observation Log (J-19A form) shall be maintained adjacent to the sobering cell. All checks, observations, assessments and reviews conducted by sworn and medical staff, will be documented on the J-19A form by filling out applicable fields (e.g., Arjis, date, time, inmate behavior, etc.).
- B. A nurse's assessment must be obtained, as soon as possible, or no later than 30 minutes after the initial placement. After the placement time, medical staff will check the inmate a minimum of every 4 hours. If the inmate remains in the sobering cell up to 12 hours from the time of the initial placement, then medical shall conduct an immediate assessment (MSD S.5).
- C. Sworn staff shall observe any inmate in a sobering cell at least every 20 to 30 minutes. Staff will document the observed behavior of the inmate and time of observation on the J-19A form.
- D. Each on-coming watch commander shall review documentation of observations and the inmate's condition at the beginning of each shift. The watch commander shall document their review of the J-19A form by signing his/her initials, the date and the time.
- E. An inmate shall be released from the sobering cell when he/she appears able to continue with processing.
- F. If it is observed by sworn or medical staff that an inmate's medical and/or mental status is declining, the watch commander will ensure the inmate is promptly evaluated by medical staff, and as soon as possible receive a psychiatric evaluation.
- G. For a placement greater than 24 hours, the watch commander will:
  - 1. Ensure a medical assessment is obtained by a medical physician or psychiatric doctor, who will be physically present, to determine if the inmate should remain in the sobering cell.

2. Confer with the medical physician and psychiatric doctor to determine if the inmate's condition warrants a transfer to the Emergency Department, MOB or Psychiatric Security Unit for further treatment and observation.

## V. NUTRITIONAL REQUIREMENTS

Deputies are responsible for providing meals during normal meal times. Meals provided to inmates in the sobering cell will consist of a sack lunch and a beverage, served in a disposable container. No metal is permitted inside the sobering cell. All offerings of meals will be documented on the Inmate Observation Log.

## VI. SANITATION

Sobering cells shall be cleaned and disinfected immediately after every use, or in the event of constant use, shall be cleaned and disinfected at least once each shift. In the event an inmate soils (e.g., urinates, vomits, etc.) the sobering cell, it shall be cleaned and disinfected as soon as possible.

## VII. FIRE SAFETY

- A. Some sobering cell materials are flammable, and when ignited, produce potentially lethal toxic smoke. Because of the great potential for injury and the loss of life represented by fires started in sobering cells, extreme care must be exercised to ensure that no matches or lighters enter sobering cells.
- B. Personnel responding to a fire in a sobering cell should be aware of the toxicity of the smoke and shall use a self-contained breathing apparatus when suppressing the fire or evacuating inmates. They shall immediately call the fire department of jurisdiction. Caution should be exercised when opening the door of an involved sobering cell to rescue its occupant(s).
- C. A fire hose or an extinguisher, of the appropriate type, shall be mounted within twenty (20) feet of every sobering cell.

<b>DATE:</b>	FEBRUARY 1, 2019
<b>NUMBER:</b>	J.3
<b>SUBJECT:</b>	SEGREGATION: DEFINITION AND USE
<b>RELATED SECTIONS:</b>	<a href="#">O.1</a> , <a href="#">R.3</a> , <a href="#">Q.9</a> , <a href="#">M.25</a> , <a href="#">M.26</a> , PRISON RAPE ELIMINATION ACT OF 2003, NCCHC J-E-09

**PURPOSE**

To ensure all inmates are assessed and screened with an objective screening instrument. After individual review of inmate history, criminal charges, and information obtained from the inmate interview and/or medical staff, specified inmates will be properly segregated from the inmate general population. Reasons include, but are not limited to, inmates who require special housing for their own safety, staff safety, facility security or pending a disciplinary action hearing.

**POLICY**

The guidelines for inmate segregation shall conform to all local and state laws. Inmates shall not be segregated solely because of race, color, creed, national origin, gender identity or sexual orientation. Each inmate housing assignment will be made based on an individual assessment. Segregation shall be used only for those inmates who are classified for safety and/or security reasons, are pending disciplinary action or for investigative purposes.

**PROCEDURE**

**I. DEFINITIONS**

Segregation is a general term used to encompass the following types of separate housing for inmates who cannot remain in the general inmate population:

- A. Administrative segregation
- B. Protective custody
- C. Acute mental health (Psychiatric Stabilization Unit/Jail Based Competency Treatment)
- D. Disciplinary separation

**II. ADMINISTRATIVE SEGREGATION**

- A. Administrative segregation shall consist of separate and secure housing but shall not involve any other deprivation of privileges other than is necessary to obtain the objective of protecting the inmates, staff, or public.

- B. The following are types of inmates who may be placed into administrative segregation:
1. Those pending a hearing or investigation for a rule violation or criminal act.
  2. Those who have displayed a continual failure to adjust and conform to the minimum standards expected of those in mainline housing or designated special housing. The inmate's behavior is either criminal in nature or disruptive to the safe operation of the facility.
  3. Those who have shown a propensity for violence towards other inmates and/or staff, or participatory action in a conspiracy, or known premeditated thoughts or indications by a single inmate, to assault or harm other inmates and/or staff.
  4. Inmates who have paroled, or been released from, or are anticipated to be housed in a security housing unit (SHU) or administrative segregation unit (ASU) or similar restrictive housing in a correctional setting.
  5. Those who have a case with a high profile nature or an extreme act of violence which jeopardizes public safety.
  6. Those who demonstrate influence over other inmates, including influence to promote or direct action or behavior that is criminal or disruptive to the safety and security of other inmates and/or facility staff, as well as to the safe operation of the facility.
  7. Those suspected of being a juvenile. (Shall remain segregated until he/she is determined to be an adult, or is transported to Juvenile Hall.)
  8. Inmates sentenced to death.
  9. Per Jail Population Management Unit (JPMU) approval.
- C. All inmates placed in administrative segregation will require an Incident Report or rule violation report and a Segregated Housing Order (J-72 form). Inmates in administrative segregation shall be served a copy of the J-72 form signed by JPMU staff or a supervisor.
- D. When administrative segregation is used as pre-disciplinary housing pending a hearing, the decision must be based on the need to segregate for security reasons, rather than an attempt to limit privileges pending a hearing.
- E. Inmates who are housed in administrative segregation may be eligible to share the dayroom with another compatible inmate or inmates housed in administrative segregation. JPMU will determine if the inmates are compatible based on their classification and will document the approval for shared dayroom in an inmate status report. Inmates who agree to share the dayroom may be provided with a three-hour block of dayroom time. A shared dayroom program can serve as a step towards a return to mainline or designated special housing however, it is not required.

### III. PROTECTIVE CUSTODY

- A. Protective custody (P/C) is the voluntary or involuntary placement of an inmate into separate and secure housing when there is a verified threat against his/her life, whether stated or implied or when an inmate's circumstances render him/her a target for physical violence. Examples of use would be when one inmate is a witness against another or the inmate's relationships or affiliations may be unpopular or considered threatening by the general population (e.g., a law enforcement officer or prior law enforcement officer).

Involuntary P/C housing should only be used after an assessment of all available housing alternatives have shown there are no other means of protecting the inmate. Involuntary housed P/C inmates shall have all possible access to programs and services for which the inmate is otherwise eligible.

Protective custody shall consist of separate and secure housing but shall not involve any other deprivation of privileges other than is necessary to obtain the objective of protecting the inmates, staff, or public. The following examples are types of inmates who may warrant placed into protective custody:

1. Has been determined by the mental health staff to be developmentally disabled, and does not require treatment for a disease, injury or psychiatric disorder (e.g., Regional Center Clients [RCC]) and requires separate and secure housing for the inmate's own safety.
2. By virtue of his/her small size, advanced age, gender nonconformance or other risk factors and characteristics, may be in danger of abuse or sexual victimization from inmates in the general population.
3. Has been accused of a crime of nature and sufficient publicity that would place him/her in physical jeopardy if housed in general population (e.g., child victim charges).
4. Is a material witness in a high profile case or employment as law enforcement (past or current).
5. Inmates who are held pending the civil process under the sexually violent predator (SVP) law shall be held in protective custody. They shall be kept separate from all other inmates. When an SVP demonstrates a failure to conform to the rules of the facility or is a danger to staff or inmates, he may be placed into administrative segregation.
6. Has paroled from or is anticipated to be housed in a protective custody environment (e.g., sensitive needs yard (SNY) in a correctional setting.
7. Inmates segregated at their own request after all, other housing options have been exhausted and the inmate has been interviewed by JPMU staff and with JPMU supervisor approval.

- B. "Keep separate all" (KSA) is a housing status that further restricts housing options within protective custody. The following inmates may be placed in KSA for the safety and security of the inmate and the facility:

1. Prior or active members of law enforcement.
2. Gang dropouts from Northern California gangs; “Norteños” or “Fresno Bulldogs.”
3. RCC, these individuals may be classified protective custody-KSA if they require separate and secure housing from mainline inmates, per a mental health staff evaluation. If they do not require any separate and secure housing for their safety or the safety of others, per mental health staff, they will be housed in mainline or designated special housing.
4. Additional exceptions may be approved by the JPMU lieutenant.

Although KSA inmates are to be kept separate from other inmates, they may be housed with other inmates with similar P/C-KSA criteria.

- C. LGBTQ+ inmates will be individually assessed and placed in the most suitable housing, with consideration to individual needs and ability to maintain facility security. Staff will familiarize themselves with LGBTQ+ terminology to better understand LGBTQ+ individuals and make the best housing determination.
- D. Inmates initially being placed into P/C will require an Incident Report and a J-72 form. Inmates returning to custody who will remain in P/C will not require an Incident Report, but will still need a J-72 form. All P/C inmates shall be served a copy of the J-72 form signed by JPMU staff or a supervisor.

#### IV. ACUTE MENTAL HEALTH

The Psychiatric Stabilization Unit (PSU/WPSU) and the Jail Based Competency Treatment (JBCT) consist of a mixed classification population, where some inmates may have safety concerns in other housing assignments. Inmates who are admitted to the PSU/WPSU or the JBCT require segregation from other populations. Inmates who are housed in the PSU/WPSU and the JBCT are admitted as patients, at the order of a mental health professional or by court order, without regard for the inmate's individual classification status. When an inmate is discharged from the PSU/WPSU or JBCT, JPMU must be consulted to determine the appropriate housing assignment for the inmate.

#### V. DISCIPLINARY SEPARATION

- A. Disciplinary separation may be used when other less stringent methods have failed to correct behavior or when the violation is of such a nature that other methods would be ineffective or inappropriate.
1. The use of separation as a disciplinary measure should be reserved for major sanctions and/or multiple of cumulative offenses. An example would be assaultive behavior or violence towards staff.
  2. Inmates placed in disciplinary separation status may lose all privileges as ordered on the Incident Report by the Disciplinary Hearing Officer except legal mail, attorney/professional visits, sick call and phone calls to an attorney.

- B. All disciplinary separation actions against inmates must be approved by the disciplinary review officer prior to the discipline being imposed.

## VI. BEDDING AND LINEN IN ADMINISTRATIVE SEGREGATION

Cotton/wool blankets and sheets are prohibited in administrative segregation housing units. Inmates in an administrative segregation housing unit to include those pending a disciplinary hearing or serving disciplinary separation will be provided with two security blankets, one of which may be used as a mattress cover.

## VII. MONITORING

### A. Sworn staff:

1. JPMU will ensure the status of all segregated inmates, as listed in sections II and III.B is reviewed at least every seven (7) days. The objective will be to return them to the general inmate population or designated special housing when appropriate.
2. The seven (7) day review will be documented in JIMS. Comments will be entered into each inmate's JIMS history to describe the need for continued placement. The removal of an inmate from Administrative Segregation will be documented in JIMS on an incident report.
3. JPMU will monitor the counts in all segregation modules and cells to ensure maximum effectiveness and compliance with the Armstrong lawsuit agreement.
4. If a request for placement in protective custody/administrative segregation is denied, it will be documented on an incident report and approved by JPMU supervisors.

### B. Medical Staff:

1. Upon receiving the JIMS notification (inmate placed into Ad-Seg and/or disciplinary separation status as per mental health recommendation based on increased risk for self-harm), mental health and medical staff will review the inmate's health record to determine whether existing medical, dental or mental health needs contraindicate the placement or require accommodation. Example of such conditions includes but may not be limited to withdrawal, dementia, Alzheimer's, diagnosed mental illness, history of self-harm and/or prior ISP placement or diagnosed obstructive sleep apnea. Medical staff will document the review in the inmate's health record and notify the watch commander of any contraindication/accommodation identified.
2. Medical staff will monitor the inmate's health. The medical staff's monitoring of a segregated inmate will be based on the degree of isolation. Documentation of segregation rounds will be made on individual logs, cell cards, or in the inmate's health record.

<b>DATE:</b>	FEBRUARY 8, 2019
<b>NUMBER:</b>	J.4
<b>SUBJECT:</b>	ENHANCED OBSERVATION HOUSING (EOH); DEFINITION AND USE
<b>RELATED SECTIONS:</b>	<a href="#">I.52</a> , <a href="#">J.1</a> , <a href="#">J.5</a> , <a href="#">M.25</a> , <a href="#">MSD S.10</a>

PURPOSE

To set forth uniformed procedures ensuring inmates who meet the criteria (as outlined in DSB P&P J.5) are housed in Enhanced Observation Housing (EOH), to prevent suicides.

POLICY

Inmates who have been determined by the facility gatekeeper to warrant placement in the Inmate Safety Program (ISP) because they present an increased risk for suicide and who do not require placement in a safety cell, shall be temporarily housed in EOH for the purpose of receiving closer observation and assessment for permanent housing (refer to DSB P&P J.5). The recommending staff will notify the watch commander of the placement. Inmates in EOH shall be closely monitored and directly observed by sworn staff at random intervals not to exceed 15-minutes between checks. Such observations shall be documented in the Jail Information Management System (JIMS).

Inmates in Book and Release (B&R) status will not be placed in EOH. EOH is not to be used for punishment or a substitute for treatment.

DEFINITION

EOH can be single cells, multiple occupancy modules, or medical isolation for temporary housing. EOH provides close observation and assessment of inmates who may be at an elevated risk for suicide. (Refer to DSB P&P section J.5 for additionally related definitions)

PROCEDURE

I. PLACEMENT

- A. When placement into EOH is deemed necessary during the intake process, a deputy will remain with the inmate and escort the inmate through the booking process prior to being placed in EOH. The inmate will be given the opportunity to use the telephone per section 851.5 of the Penal Code.
- B. An inmate placed in EOH shall have all of their clothing, wristband, and property removed. Such property shall be stored in a secure location until the inmate is cleared. For security purposes, deputies will remain with the inmate during the process to ensure all items listed above are removed.
  - 1. All inmates placed in EOH will be issued a safety garment, two security blankets, and shower shoes.

2. A safety garment is the only item of clothing the inmate may possess while in EOH. Shower shoes may be removed if they are used for any other purpose than intended. Documentation in an incident report is needed if shower shoes are not given. All safety garments shall be cleaned and disinfected after use. If the inmate is housed in EOH over 48 hours, a new garment will be issued as needed based on sanitary conditions.
  3. Showers, dayroom, television, and social phone calls will be offered in accordance with Title 15 guidelines.
  4. Hygiene items will be provided as needed by the housing deputy and immediately returned after use.
  5. Access to personal property, recreation yard time or social visits is not permitted.
  6. Access to reading material (books, magazines, newspapers) is permitted. Staff must ensure magazines or other reading material is free of staples or bindings of such nature.
  7. Professional visits and phone calls shall be permitted in accordance with DSB P&P sections N.5 and P.15. Inmates shall be dressed in inmate clothing to attend professional visits (no safety garments).
  8. Inmates housed in EOH with low-risk designation may attend court. Inmates shall be dressed in inmate clothing to attend court (no safety garments). Inmates deemed high risk, will not attend court. Notification to the court will be made per DSB P&P M.44.
- C. EOH is available at Las Colinas Detention and Reentry Facility, Vista Detention Facility, San Diego Central Jail, and George Bailey Detention Facility.
1. Inmates who are housed at other facilities who are determined to warrant EOH housing shall be transferred to an EOH-enabled facility.
  2. Each EOH-enabled facility will designate and identify an appropriate housing area within the facility for placement of the EOH unit.

## II. DOCUMENTATION

- A. A JIMS incident report, utilizing EOH (enhanced observation housing) as the primary incident type code shall be written on each inmate placed into EOH.
  1. The incident report must clearly articulate the reasons for placement in EOH. Depending on the reasons for placement, the following additional incident type codes shall be used.
    - a. Based on the facility gatekeeper's assessment, for placement due to homicidal reasons, the additional type code 1 shall be ZTH (ISP Type-Homicidal). A recommendation for a single cell, multiple occupancy modules, or medical isolation EOH housing will be made.

- b. Placement due to self-injury reasons the additional type code 1 shall be ZTS (ISP Type-Self-Injury).
  - c. When staff determines the placement was due to either verbal or written communication, the additional type code 2 shall be ZMV (ISP Method-Verbal).
  - d. When staff determines the placement was due to active behavior, the additional type code 2 shall be ZMA (ISP Method-Active).
2. A JIMS incident report utilizing EOU (enhanced observation update) as the primary incident type code shall be documented by sworn staff at least every 24 hours or after each Qualified Mental Health Provider (QMHP) assessment to document the continued need or clearance from ISP housing.

### III. TRANSFERS

- A. In the event an inmate is transferred from one facility to another for placement into EOH, the following procedures will be followed:
  1. Placement into EOH during the intake process, refer to aforementioned subsection I.B.
  2. The deputy from the originating facility will articulate in an incident report the reason for the EOH placement and will transport the inmate to the new facility. The originating facility's watch commander will approve the incident report and contact and brief the watch commander or designee at the receiving facility.
  3. Deputies assigned to the receiving facility will assume custody of the inmate at intake/processing and will coordinate with the facility charge nurse to have the inmate medically assessed prior to placement into EOH. A supplemental incident report will be written documenting placement and of the assessment by facility medical staff.

### IV. MONITORING

- A. Deputies will closely monitor and directly observe inmates in EOH at random intervals not to exceed 15-minutes between checks.
  1. At the conclusion of the safety check, the deputy will document the safety check in JIMS utilizing the EOH Welfare Check event type. The description field of the entry shall include the name(s) and or ARJIS(s) of the sworn staff that conducted the check and accurate disposition. The count field of the EOH Welfare Check entry must indicate the number of inmates in the cell/module. Pertinent information (e.g., checks okay, observations, assessments, reviews, etc.) encountered during the safety checks, shall be noted in the notes section of the entry. Once all necessary fields are completed, the sworn staff making the entry will immediately close the EOH Welfare Check.

2. In the event an EOH Welfare Check requirement cannot be met, the deputy of the affected area shall provide a documented explanation in the notes field of the EOH Welfare Check entry and must immediately notify the housing unit supervisor. Upon review of the JIMS area activity log, the supervisor shall make a notation in the notes field utilizing the Supervisor's Log Review event type. The entry shall state the area supervisor is aware that the EOH Welfare Check was not conducted within the required time period.
  3. Deputies should be cognizant of the inmate's physical condition that may require medical attention. Medical staff must be notified immediately if the inmate exhibits any signs of medical distress, including agitated psychosis and/or agitated delirium. A physician shall be contacted for an opinion anytime the inmate's status or condition warrants an evaluation.
  4. Modification to the documentation of safety checks and or information identifying EOH units shall be outlined via a facility green sheet.
- B. Each inmate shall have a nursing assessment within 30 minutes of placement into EOH. A nursing assessment shall be completed every 24 hours thereafter or when clinically indicated. (Refer to MSD.S.10 for further details).
  - C. Within 24 hours of placement into EOH, and every 24 hours thereafter, an inmate shall have a mental health consultation/evaluation by a QMHP to determine the inmate's need for mental health services and their suitability for continued retention in the ISP. (Refer to MSD.S.10 for further details).
  - D. At least once per shift, the watch commander will observe EOH inmates and document such in the JIMS Area Activity Log.

#### V. NUTRITIONAL REQUIREMENTS

- A. All food and water shall be served in soft, disposable containers.
- B. Deputies are responsible for providing meals during normal meal times. The deputy providing the meal must ensure there are no items that the inmate may use to inflict injury such as plastic utensils. Disposable cardboard utensils are the only utensil authorized in EOH.
- C. Any refusals of meals will be documented in the inmate's JIMS history.

#### VI. REMOVAL

- A. Inmates can be moved from one housing assignment to another within the ISP based on the observations and direction of the facility gatekeeper. An inmate that becomes actively-self harming or actively assaultive may be moved from EOH to a safety cell.
- B. When the medical or mental health condition of an inmate would be threatened by continued retention in any ISP housing, the inmate shall immediately be removed and transported to an emergency department. If a watch commander removes an inmate from

ISP housing under such exigent circumstances and without consultation with a QMHP, the watch commander is required to articulate why the inmate was removed in a JIMS incident report.

- C. When an inmate is removed from EOH for the purpose of release from custody, the watch commander will consult with a QMHP to determine whether the inmate is likely to pose a threat to themselves or others. If the inmate does not pose a threat, they will be released following established release procedures. If the inmate is actively expressing suicidal ideations the following will occur:
1. A Request for 72 Hour Detention (MH-302 Form) and a NetRMS incident report shall be completed by sworn staff prior to transfer to the Emergency Psychiatric Unit at San Diego County Psychiatric Hospital (EPU).
  2. The medical staff shall notify EPU of the impending transfer of the inmate.
  3. A deputy will transport the inmate to EPU, and provide the required documents to the psychiatrist. The deputy will remain with the released inmate until a safe and orderly transfer of services is completed and the psychiatrist on duty releases the deputy from further standby duties.

## VII. SANITATION

EOH units, to include single cells, multiple occupancy modules, or medical isolation shall be cleaned and disinfected using facility approved disinfectants or bleach solution after every use and every 24 hours when occupied.

**San Diego County Sheriff's Department Detention Services Bureau – Manual of Policies and Procedures**

<b>DATE:</b>	MAY 15, 2019
<b>NUMBER:</b>	J.5
<b>SUBJECT:</b>	INMATE SUICIDE PREVENTION PRACTICES & INMATE SAFETY PROGRAM
<b>RELATED SECTIONS:</b>	<a href="#">J.1</a> , <a href="#">J.3</a> , <a href="#">J.4</a> , <a href="#">M.25</a> , <a href="#">MSD S.10</a>

PURPOSE

To set forth procedures for detention staff to identify those inmates who may be an elevated risk for suicide.

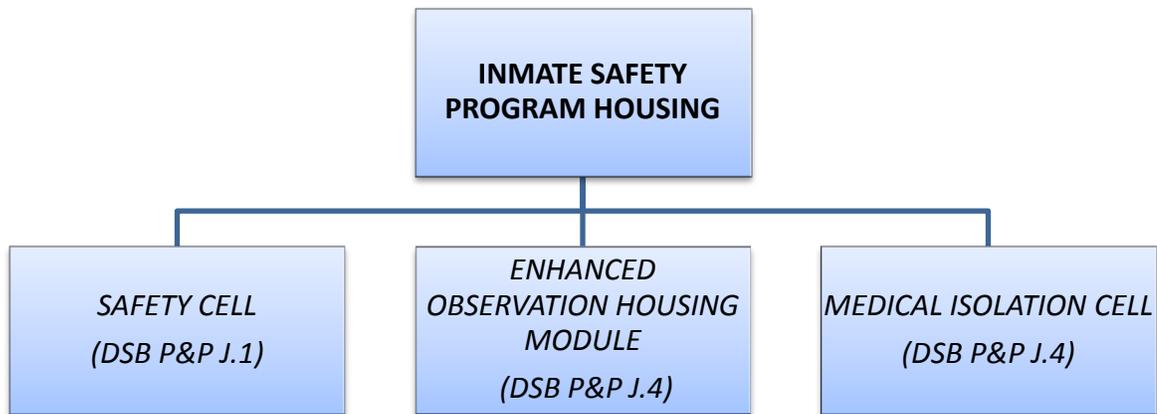
POLICY

Inmates who are recognized and observed as being a potential suicide risk shall be assessed for consideration of placement into one of the defined Inmate Safety Program (ISP) housing options. Sworn staff shall immediately notify medical staff and the watch commander of any inmate that presents a potential danger to self, danger to others or unable to care for self.

Suicide risk assessment for the ISP will be conducted by the facility gatekeeper. The gatekeeper is a Qualified Mental Health Provider (QMHP), or assigned designee in their absence.

DEFINITION

ISP housing is defined as placement into any of the following housing options for the purpose of providing proper intervention, close observation, and assessment of inmates who may be at an elevated risk for suicide.



**Qualified Mental Health Provider (QMHP)** - Refers to Psychologist, Psychiatrist, Licensed Mental Health Clinician (MHC), Psychiatric Nurse Practitioner (PNP), or a contracted Psychiatric Registered Nurse (PRN).

**Assigned Designee** - Refers to staff assigned to perform certain tasks when a QMHP is not present in the facility. The assigned designee will be an assigned registered nurse for the shift at each facility.

The following definitions will be used by QMHP in their reports. Sworn staff should be familiar with the definitions.

**Suicide** - Death caused by self-directed injurious behavior with intent to die as a result of the behavior.

**Suicide Attempt** - A non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior; might not result in injury. This includes behavior that would likely have resulted in death or serious injury had staff not intervened.

**Non-Suicidal Self Injury** – Direct and deliberate destruction of one’s own body tissue in the absence of the intent to die.

**Suicidal Ideation** - Thinking about, considering, or planning suicide.

## PROCEDURE

### I. RISK FACTORS FOR ISP HOUSING ASSESSMENT

- A. The following are identified high suicide risk factors that when identified, require further assessment by the facility gatekeeper for consideration of placement into an ISP housing.
  - 1. High publicity case with possible evasion of arrest or SWAT/SED standoff with serious felony charges, including but not limited to: homicide, rape, or child-victim crimes.
  - 2. Severe, life or death sentences.
  - 3. The inmate states they are suicidal and or made suicidal statements to sworn staff.
  - 4. Previous suicide attempts (within the past five years).
  - 5. Staff observation of depressed/emotional turmoil.
- B. Other risk factors that could cause circumstantial concerns and may initiate an assessment for consideration of placement into an ISP housing include, but are not limited to, the following:
  - 1. History of psychiatric illness.
  - 2. First time offender.

3. Intoxication/withdrawal.
4. Severe Aggressiveness
5. Physical signs of depression (sadness, crying, withdrawal or silence, sudden loss or gain in appetite, insomnia, mood variations, lethargy, etc.).

## II. ASSESSMENT FOR PLACEMENT INTO AN ISP HOUSING

- A. All inmates requiring an assessment and consideration for placement into an ISP housing due to suicidal risk shall be evaluated by the facility gatekeeper.
- B. If the facility gatekeeper determines the inmate requires placement into the ISP, they shall determine the appropriate ISP housing (e.g. safety cell vs. EOH). Actively self-harming or actively assaultive inmates may be temporarily placed in a safety cell. The watch commander shall be notified of placements into ISP.
- C. If under exigent circumstances a watch commander determines an inmate requires placement in ISP housing either without consultation or recommendation from the facility gatekeeper, the watch commander is required to articulate why the inmate was placed in a JIMS incident report.
- D. All calls through the Mental Health Advocacy Hotline will be answered by a detentions information assistant (DIA) assigned to SDCJ. The DIA will complete the Mental Health Advocacy Hotline caller log. The information received will be shared, without delay, with the on-duty watch commander at the inmate's assigned housing facility. The watch commander will contact the on-duty gatekeeper to determine the inmate's need for a mental health evaluation.

## III. INMATES PLACED INTO A SAFETY CELL (REFER TO DSB P&P J.1)

## IV. INMATES PLACED IN ENHANCED OBSERVATION HOUSING MODULE OR MEDICAL ISOLATION (REFER TO DSB P&P J.4)

## V. INMATES PLACED IN THE PSU (REFER TO DSB P&P M.25)

## VI. DURING INTAKE

- A. Every inmate shall be screened during the intake process for the suicide risk factors indicated in Section I and assessed in accordance with the procedures outlined in this policy. If the facility gatekeeper determines placement into an ISP housing is required, the following shall occur:
  1. Actively self-harming or actively assaultive inmates may temporarily be placed in a safety cell (refer to DSB P&P J.1).
  2. Inmates not actively self-harming and not actively assaultive may be housed in an EOH, except inmates in Book and Release (B&R) status (refer to DSB P&P J.1.).

3. The watch commander is to receive notification of the ISP placement.
4. When an arrestee is medically unstable, the facility shall medically reject the arrestee and refer the arresting officer to an emergency department for evaluation.
5. At intake medical screening at SDCJ, VDF or LCDRF, if an arrestee states they are suicidal or the facility gatekeeper determines the arrestee would require placement in the ISP, the inmate shall be accepted for placement. If the inmate is in urgent need of an assessment with a psychiatrist for immediate psychotropic medication to control symptoms of aggression or psychosis, the arrestee will be medically rejected and the arresting officer will be referred to the Emergency Psychiatric Unit at the San Diego County Psychiatric Hospital (EPU) for evaluation. Inmates initially rejected from VDF should be transported to SDCJ after the evaluation at EPU.
6. For arrestees/inmates with suicidal risk evaluated by an EPU psychiatrist and returning to a facility:
  - a. The EPU psychiatrist orders the arrestee/inmate to be admitted to a psychiatric stabilization unit, the inmate shall be housed according to the order (refer to DSB P&P M.25).
  - b. If the EPU psychiatrist recommends ISP housing and/or safety restrictions (e.g. a recommendation for a safety cell placement or no safety garment) the facility gatekeeper shall determine the appropriate ISP housing and/or safety restrictions. When EOH is deemed appropriate instead of a safety cell, the facility gatekeeper will call the EPU psychiatrist for further consultation and updated order.

## VII. POST SUICIDE ATTEMPTS (While in custody)

- A. For a post-suicide attempt inmate that does not require transportation to the emergency department, the inmate will be evaluated by facility medical staff and assessed by the facility gatekeeper for ISP housing.
- B. For a post-suicide attempt while in custody an inmate that requires immediate treatment for physical medical problems in an emergency department, the inmate shall be transported to the closest emergency department. The inmate shall also be evaluated immediately by a psychiatrist at EPU for appropriate care prior to the inmate returning to a detention facility. Upon return to a facility, the facility gatekeeper will review the EPU documentation and determine the appropriate housing assignment.

## VIII. REMOVAL/CLEARANCE FROM THE INMATE SAFETY PROGRAM

- A. Inmates can be moved from one housing assignment to another within the ISP based on the observations and direction of the facility gatekeeper. An inmate that is no longer self-harming or actively assaultive shall be moved from a safety cell to EOH and conversely, an inmate that becomes actively-self harming or actively assaultive may be moved from EOH to a safety cell.

1. If under exigent circumstances a watch commander determines to override the direction of the facility gatekeeper and requests the inmate be retained in ISP housing, the watch commander is required to articulate why the inmate was retained in a JIMS incident report.
- B. Removal/clearance from the ISP is determined solely by a QMHP (refer to MSD P&P S.10 for further details).
- C. When the medical or mental health condition of an inmate would be threatened by continued retention in any ISP housing, the inmate shall immediately be removed and transported to an emergency department. If a watch commander removes an inmate from ISP housing under such exigent circumstances and without consultation with a QMHP, the watch commander is required to articulate why the inmate was removed in a JIMS incident report.

DATE:	SEPTEMBER 14, 2018
NUMBER:	J.7
SUBJECT:	EMERGENCY TRANSPORTATION OF MENTALLY DISORDERED INMATES
RELATED SECTIONS:	<a href="#">M.9</a> , <a href="#">M.5</a> , <a href="#">M.6</a> , <a href="#">J.1</a> , <a href="#">M.25</a> , <a href="#">MSD.M.10</a>

**PURPOSE**

To provide guidelines for an inmate needing transportation to access mental health care meeting 4011.6 P.C., 5150 W&I, 5250 W&I, 5356 W&I, 5300 W&I, and 5256 W&I criteria.

**POLICY**

All inmates shall be provided with adequate and timely transportation services to meet their health needs.

**PROCEDURE**

**I. IDENTIFICATION OF MENTALLY DISORDERED INMATES**

- A. If an inmate appears to be a danger to himself/herself or others, or if he/she appears gravely mentally disabled, the inmate shall be removed from the mainline population.

“Gravely mentally disabled” shall refer to any inmate who does not appear able to appropriately utilize the food, clothing and/or shelter provided by the detention facility.

- B. The inmate shall be immediately evaluated by a physician. If a physician is not readily available, the inmate shall be evaluated by a physician at the next sick call, or within 24 hours, whichever is earlier.

- II. Any inmate who is believed to be a danger to himself/herself or a danger to others, shall be immediately evaluated by a Qualified Mental Health Provider (QMHP) (psychiatrist, psychologist, Mental Health Clinician, or psychiatric nurse practitioner). If a QMHP is not available, the inmate will be placed into EOH (safety cell only if actively self harming or actively assaultive) until cleared by a QMHP.

- A. Detention facilities without mental health services shall transport the inmate to a 24 hour detention facility where a QMHP is available to assess the inmate or to be placed into EOH pending a review by QMHP. If both a QMHP and EOH are unavailable, the detention facility will transport the inmate offsite to San Diego County Psychiatric Hospital (SDCPH), or Emergency Psychiatric Unit (EPU) for an evaluation.
- B. Medical Services staff shall complete the Offsite Emergency Mental Evaluation (J-211) form.

In the absence of medical staff at the detention facility, the Watch Commander or designee shall complete the form.

1. Complete this form by filling in the inmate/patient name, booking number. Write a brief statement describing the inmate's behavior that indicates the need for an emergency psychiatric evaluation. Include nursing assessment and history if pertinent. The watch commander or designee filling out this form should ensure their signature is legible.
  2. Prior to transporting the inmate/patient, the nursing staff shall notify EPU by telephone of the impending referral, documenting in the medical record the name of the EPU staff person to whom they spoke regarding the referral.
  3. Two copies of the J-211 form shall be made. Place one copy, along with copies of pertinent health notes and medication records into a Confidential Transfer J-232C envelope and give it to the transporting deputy. Place the other copy into the inmate's custody record.
- C. The watch commander shall be notified by medical and/or sworn staff of any pending transfer.
- D. The watch commander or his designee shall notify the booking staff to prepare all custody record material to be taken by the transporting deputy.
- E. On return from EPU, the transporting deputy will return the paperwork from EPU to the appropriate receiving facility's medical staff for their review and implementation of the EPU psychiatrist's orders.

### III. RELEASED INMATES

- A. All inmates to be released from custody to include any inmate housed in a psychiatric stabilization unit (PSU/WPSU) or inmate safety program (ISP) is to be released from custody, the inmate may require transportation to San Diego County Psychiatric Hospital/Emergency Psychiatric Unit (EPU) or Tri-City Medical Center (TCMC).
1. If the inmate is in ISP or if the inmate is voluntarily admitted to PSU/WPSU and requires further mental health evaluation and/or treatment on release, a Request for 72 Hour Detention (MH-302 form) needs to be completed. Inmates pending release that are evaluated by a Psychologist or Psychiatrist and are recommended for further treatment at EPU, no NetRMS incident report is required by sworn staff. However, in the absence of a Psychologist or Psychiatrist; a NetRMS incident report shall be completed by sworn staff prior to transfer to EPU or TCMC.
  2. If the inmate is voluntarily admitted to PSU/WPSU or is in ISP and does not require further mental health evaluation and/or immediate treatment, he/she is released with medication and a list of resources with which to continue mental health care.

3. If the inmate is involuntarily admitted to PSU/WPSU under legal hold (5150 W&I, 5250 W&I, 5356 W&I, 5300 W&I, or 5236 W&I), he/she is transported to EPU with the original current legal hold documents, copies of his/her most recent progress notes, and medication record in a sealed envelope.
4. Prior to the inmate being transported, the medical services staff shall notify SDCPH/EPU of the referral and give a verbal report.
5. The transporting deputy will transport the inmate to EPU, delivering the inmate and required documents to the psychiatrist before leaving. The deputy will remain with the released inmate, until a safe and orderly transfer of services is completed and the psychiatrist on duty releases the deputy from further standby duties.
6. The SDCPH/EPU psychiatrist shall determine if the inmate meets the criteria for admission to EPU or may be released to the street.

**San Diego County Sheriff's Department Detention Services Bureau – Manual of Policies and Procedures**

<b>DATE:</b>	AUGUST 21, 2015
<b>NUMBER:</b>	J.8
<b>SUBJECT:</b>	CONTRABAND WATCH
<b>RELATED SECTIONS:</b>	<a href="#">1.52</a>

**PURPOSE:**

To establish guidelines and procedures for inmates with potential contraband within their body.

**POLICY:**

Inmates suspected of concealing contraband within their body, and determined by medical staff as non-life threatening to the inmate will be placed on Contraband Watch (CW). Placing an inmate on CW will be done in an attempt to retrieve the suspected contraband, ensure contraband is not circulated into the inmate population, and to provide safeguard for the health and safety of the inmate suspected of having the concealed contraband.

**PROCEDURE:**

When it becomes apparent through a body scan, Emergency Room Medical Examination, direct observation, or reasonable suspicion that an inmate has concealed contraband in their body, either physically or through ingestion the inmate will be placed on CW in a medical observation cell. If a medical observation cell is not available, the watch commander and medical staff will identify another appropriate housing cell where the inmate can be observed by sworn and medical staff to be utilized for CW. The inmate will be isolated and un-restrained until the contraband can be retrieved through natural means, voluntarily surrendered or staff are reasonably assured the inmate is contraband free.

**I. APPROVAL**

Placing an inmate on CW shall be authorized by the on duty watch commander or designee and medical staff. CW retention shall be approved every three (3) days by the on duty watch commander or designee and medical staff.

**II. PLACEMENT ON CONTRABAND WATCH**

A. Prior to the inmate being placed on CW in an observation cell, the following shall be accomplished and documented:

1. The watch commander or designee shall ensure that an initial medical assessment of the inmate is completed by medical staff prior to the inmate's placement on CW as part of the inmates ongoing treatment and care.
2. The nurse shall document the nursing assessment in the medical record according to Medical Services Division Policy and Procedure as part of the inmate's ongoing treatment and care.

3. The inmate shall be strip searched according to Detentions Policy I.52.
4. The observation cell shall be thoroughly searched and cleaned.

### III. REPORTS

A JIMS Incident Report shall be written on each inmate placed on CW. The JIMS Incident Report must clearly articulate the reasons for placement and actions taken by sworn and medical staff as required by "placement" section above.

### IV. OBSERVATION

Regular hourly security checks will be conducted according to Detentions Services Bureau Policy I.64; Security Checks of Housing Units and Holding Cells.

- A. Sworn staff shall be responsible for providing meals at regular meal times.
- B. An inmate shall be released from CW as soon as possible or when reasonably assured the suspected contraband has been expelled.
- C. Medical staff and the on duty watch commander or designee will ensure the status of the inmate is reviewed at least every three (3) days to determine the need for continued retention on CW. The review will be documented in a JIMS Incident Report, documenting the need for continued CW.

### V. HEALTH AND SAFETY CONCERNS

During the course of the CW, if for any reason sworn staff observes a decline in the inmate's health, or it is believed that the inmate's health is affected by the concealed contraband, the watch commander shall ensure medical personnel are immediately contacted to conduct an assessment of the inmate's condition and determine if outside emergency responders should be called.

### VI. REMOVAL FROM CONTRABAND WATCH

- A. The inmate may be removed from CW when it is reasonably believed that the contraband has been relinquished or it is determined the inmate is contraband free after having undergone a body scan. Termination of an inmate's placement on CW must be authorized by the on duty watch commander.
- B. A JIMS Incident Report shall be written to include the date of CW termination and the findings relative to the body scan and or contraband recovered.

<b>DATE:</b>	MAY 19, 2017
<b>NUMBER:</b>	J.9
<b>SUBJECT:</b>	DAYROOM WAIST AND LEG CHAINS
<b>RELATED SECTIONS:</b>	

PURPOSE

To provide guidelines for the use of leg and waist chains during an inmate's scheduled dayroom time.

POLICY

Inmates whose actions have demonstrated a propensity for violence and or the destruction of property, to include other justifiable factors, may be recommended to wear waist and leg chains during their designated dayroom time. Recommendations for Dayroom Waist and Leg Chains (DRC) must be clearly articulated on an Inmate Status Report (ISR) in the Jail Information Management System (JIMS). The facility commander will designate a DRC coordinator to review, approve and or deny all recommendations for DRC. The Jail Population Management Unit (JPMU) will be responsible for adding the DRC hazard to the inmate's classification code.

PROCEDURES

I. REQUIREMENTS

Deputies must submit an ISR to the DRC coordinator when recommending an inmate for DRC. The ISR must include specific reasons and or incidents as to why the inmate must wear waist and leg chains while in the dayroom. The DRC coordinator will review and evaluate all information prior to approving or denying the recommendation. Upon approval of a DRC, the DRC coordinator will:

- A. Notify JPMU; JPMU will place the DRC hazard in the inmate's classification code.
- B. Send a notification email to all team supervisors notating placements into DRC. Team supervisors shall brief their staff of those placed in DRC.

II. CLASSIFICATION LEVEL AND HOUSING

All inmates requiring the DRC hazard will be reclassified to a Level 6-High Maximum, be dressed in jail green clothing and wear a green wristband. All inmates requiring the DRC descriptor will be housed in a lower tier cell in administrative segregation.

### III. REVIEW AND RETENTION/REMOVAL

On the first day of each month, the DRC coordinator will generate a list of inmates with a DRC hazard using the "Active Inmates with Selected Hazards" report, via the JIMS Web. The DRC coordinator will assess the necessity to retain or discontinue the DRC. In either instance, the review and decision to retain or discontinue must be documented in an ISR. Upon completion of the review, the DRC coordinator will:

- A. Notify JPMU of those recommended for removal of DRC; JPMU will remove the DRC hazard from the inmate's JIMS history.
- B. Send a notification email to all team supervisors notating the review and decision to retain or remove DRC. Team supervisors shall brief their staff of those retained/removed from DRC.