

# KERN COUNTY SHERIFF'S OFFICE

## Detentions Bureau Policies and Procedures

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**TITLE: PREGNANT OR POSTPARTUM INCARCERATED PEOPLE H-100**

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<b>EFFECTIVE:</b>	<b>REVIEWED:</b>	<b>REVISED:</b>	<b>UPDATED:</b>
June 30, 1990	04-04-23	04-04-23	04-04-23

**APPROVED BY:** Detentions Bureau Chief Deputy David Stephens  
**REFERENCE:** Yeager v. County of Kern (Case #CV-F-87-493);  
Penal Code 4023.8; DBPPM C-300, C-400, E-500, H-200, I-200

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### **POLICY**

It shall be the policy of the Kern County Sheriff's Office that all of the terms and conditions listed in the final settlement agreement in the case of Yeager v. County of Kern (Case #CV-F-87-493) will be fully implemented and will be strictly enforced by all staff members.

Section Managers will be responsible for ensuring that their personnel are properly trained in these policies and procedures.

All personnel assigned to the Sheriff's Detentions Facilities shall adhere to the policies and procedures involving the confinement of class members identified as being either pregnant or postpartum.

### **DEFINITIONS:**

**Pregnant Incarcerated Person:** Includes any female incarcerated person who is currently confirmed to have a baby or babies developing inside her body or who states she is, or appears to be pregnant or postpartum, and any woman who states she is unsure of her pregnancy status.

**Postpartum Incarcerated Person:** For the purposes of the pregnancy regimen, shall be defined as three (3) months or less from having given birth, miscarried, or aborted.

For the purposes of medical assessment and treatment, specifically including psychological assessment and counseling, "Postpartum" shall be defined as one (1) year or less from having given birth, miscarried, or aborted.

### **BACKGROUND**

On September 2, 1987, Plaintiffs (pregnant and postpartum women in the custody of the County of Kern) filed the Complaint in this lawsuit, Case #CV-F-87-493 (the "Complaint", in the United States District Court, Eastern District of California, alleging, among other things, that they had been deprived of adequate prenatal, postnatal and emergency medical and other care by Defendants (County of Kern, et al.), all in violation of the Eighth and Fourteenth Amendments to the United States Constitution, and of Section 1983 of Title 42 of the United States Code. The Complaint sought declaratory and injunctive relief. Defendants answered the Complaint on or about September 28, 1987, denying the material allegations therein. On March 28, 1989, a Stipulated Order was entered certifying the action as a class action as defined.

On or about July 19, 1989, Plaintiff Class and Defendants agreed, subject to the Court's approval, to settle this lawsuit upon the terms and conditions set forth in the Final Settlement Agreement.

On October 2, 1989, the Court held it's hearing to approve the proposed settlement. With no substantive objections, the settlement was approved as fair and equitable with an effective date of December 1, 1989.

**DIRECTIVE #1**

The following provisions shall be adhered to at all times:

- A notice of class action and hearing on proposed settlement described in the settlement as attachment "C" shall be posted in each female incarcerated person housing unit. Periodic checks by staff shall ensure that the notice is intact and available to class members and other interested incarcerated people.
- In accordance with this settlement, a "care plan" shall be established by the responsible physician. This care plan shall provide for each class member, among other things, future medical appointments, all necessary care, exercise, diet, and vitamins. Detentions staff shall fully comply with the care plan provided by medical staff.
- Questions involving the propriety of such a plan relative to security or other important issues shall be brought to the attention of supervisory personnel who will in turn contact the section manager for clarification or resolution. Under no circumstance shall sworn or civilian staff maliciously interfere with the care plan provided. The care plan shall be carried out in a timely manner as long as the class member remains in the custody of the Sheriff.

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- Personnel assigned to the Sheriff's Detentions Facilities shall be periodically trained and knowledgeable in emergency procedures involving pregnancy complications and emergency situations.
- At all times, class members shall have access to security and medical personnel who have responsibility for initiating the emergency and other protocols.
- Detentions staff shall provide to any incarcerated person who states that she is unsure of her status or states she is pregnant or postpartum and within four (4) hours of her statement, a pink wrist band.
- Detentions staff shall provide each class member with the pregnancy diet beginning with the next scheduled mealtime, vitamin regimen, housing, exercise, education, and medical treatment program required for class members. The "pregnancy regimen" for each class member will be provided by medical staff and shall continue for each and every class member for so long as the class member is incarcerated and until the responsible physician orders otherwise.

**DIRECTIVE #2**

Pursuant to Penal Code Section 4023.8(m), a pregnant incarcerated person may elect to have a support person present during labor, childbirth, and during postpartum recovery while hospitalized. The support person may be an approved visitor or the jail's staff designated to assist with prenatal care, labor, childbirth, lactation, and postpartum care.

- Any request by an incarcerated person for such a support person will be forwarded to the shift supervisor, who will coordinate with medical staff to facilitate the attendance of the support person.
- If the request is for a visitor to serve as the support person, the shift supervisor will approve or deny the visitor as detailed in Section E-500 of this manual. If the request is denied, the supervisor will document the reason in a JMS incident.

**Note:** For the purpose of a visitor serving as a support person as described above, the incarcerated person does not need to be hospitalized for more than ten days in order for such a visitor to be approved and the support person may attend outside of regular hospital visiting hours, if allowed by the hospital.

- If the incarcerated person requests jail staff to serve as the support person or the requested support person is denied approval to visit the incarcerated person in labor, the shift supervisor will coordinate with medical staff to send the appropriate medical personnel to the hospital to serve as the support person.

### **Directive # 3**

Penal Code Section 4023.8(h) strictly prohibits the use of a TASER, Oleoresin Capsicum (pepper spray), or exposures to other chemical weapons on an “incarcerated” pregnant female. Sheriff’s Office policy extends this prohibition to include the Electronic Immobilization Shield (or Stun Shield).

- Reference **Chapter F** of the Sheriff’s Office Policy and Procedures Manual and **Chapter O** of this manual for specific information on these force options.
- Incarcerated people identified by medical staff as being pregnant will be issued a **pink shirt** and pants of the color designated for the facility in which the incarcerated person is housed. The issuance of a pink shirt to pregnant incarcerated people is to clearly identify them to staff during a situation in which the use of force may be required (see Section D-400 of this manual).

### **Compliance Assurance**

All staff shall provide prompt assistance to any person designated as a court appointed Compliance Assessor in matters relative to this Agreement. The Compliance Assessor shall be allowed admittance into the Sheriff’s Detentions Facilities at all times and can be identified by an I.D. tag bearing the title, “Compliance Assessor” and photograph affixed to the identification.

Under no circumstances shall there be any retaliation against class members subject to this agreement.

### **Section Manager Responsibilities**

The Section Manager shall:

- Diligently attempt to ensure compliance with the terms of this agreement by all of their employees and all independent contractors performing work for the Sheriff’s Office.
- Ensure that all employees are trained to effectively carry out the provisions of the agreement.
- Take the appropriate steps to ensure that prenatal care and family planning information and education is provided to class members housed in the Sheriff’s Detentions Facilities in accordance with the provisions set forth in the agreement

- Ensure that staff under their span of control are generally aware of the terms of this agreement.
- Review and attempt to resolve all individual complaints and grievances when they are received in accordance with the agreement and Section I-200 (Incarcerated Person Grievances) of this manual.
- Be responsible for reporting to the Compliance Assessor the outcome of any complaint relating to Yeager v. County of Kern issues initiated by class members.

### **Shift Supervisor Responsibilities**

The Shift Supervisor shall:

- Ensure that the terms of the agreement are understood by staff under their direct supervision, including civilian and contract employees and that the conditions set forth in the agreement and the policies involving this case are carried out by subordinate staff;
- Be responsible for staff training as directed by the section manager;
- Review and attempt to resolve all individual complaints and grievances when they are received in accordance with the agreement and Detentions Bureau Policy and Procedure, Section I-200 (Incarcerated Person Grievances).

### **Staff Responsibilities**

Whenever a class member states that she is experiencing complications in pregnancy, staff will ensure that the incarcerated person receives appropriate care by the medical staff. Active labor is to be treated as an emergency. Once staff becomes aware of an incarcerated person in active labor, they shall immediately contact medical personnel on duty.

Detentions staff shall treat postpartum class members who have medically significant symptoms, or who are having complications or a medical emergency following birth as an emergency. In the event a class member states that she is experiencing complications resulting from an abortion or miscarriage, staff will ensure that the incarcerated person receives care by medical staff.

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Pursuant to Penal Code Section 4023.8(l), staff will treat an incarcerated person in labor or presumed to be in labor as an emergency. The incarcerated person will be transported to a hospital as directed by medical staff.

Staff shall provide a pink band to any female incarcerated person who states that she is unsure of her status or states she is pregnant or postpartum. The pink bands may be removed upon notification by medical staff that the incarcerated person is no longer included in this class.

Staff shall transport class members to all medical appointments in a timely manner.

Detentions staff shall ensure that class members have access to at least 32 ounces of milk or nutritionally equivalent milk products per day. Milk products will be made available during the mealtime; however, any disruption in this provision shall be immediately brought to the attention of the on-duty food service staff and Shift Supervisor so that the problem can be quickly resolved.

Detentions staff shall ensure that class members receive night snacks as ordered by medical staff. Conflicts relative to who should receive night snacks shall be immediately brought to the attention of the medical staff. In the event that a situation occurs where verification cannot be made, staff shall supply the night snack until verification can be made at a later time.

Class members have the right to refuse medication; however, refusals shall be documented as outlined in Section H-200 (Refusal of Medical, Dental and Mental Health Care) of this manual.

Detentions staff shall make available an interview room for private consultation between the compliance assessor and class members.

Detentions staff will provide all class members with a bottom bunk. Additionally, staff shall monitor bed assignments to ensure that class members are not displaced from their assigned bottom bunk.

- Pursuant to Penal Code Section 4023.8(g), staff will ensure that pregnant incarcerated people assigned to a multitier housing unit are assigned a **bottom bunk on a bottom tier**.

Upon notification by medical staff that an incarcerated person is no longer considered a class member, Detentions staff may re-assign the incarcerated person to an upper bunk if necessary to ensure availability of bottom bunks for class members.

Class members shall be restrained in accordance with Sections C-300 (Restraints – Protection of Incarcerated Person or Staff) and C-400 (Restraints – Security of Incarcerated People) of this manual .

### **Procedure A: General Duties with Regard to Class Members**

#### **DIRECTIVE A-1**

The treatment and handling of class members requires different accommodations than non-class member incarcerated people receive. The following is a list of responsibilities the Housing Deputy and Search and Escort Deputy will perform when dealing with class members.

#### **The IRC/Receiving Deputy will:**

- Ask all new arrival female incarcerated people if any are pregnant or postpartum;
- Apply a pink band on all class members;
- Check with medical staff to see if a pregnancy test has been done;
- Notify laundry if class members request thermals;
- Instruct the incarcerated people on location of Yeager settlement posting;
- Instruct class members on their ability to refuse medical care (including prenatal care) in accordance with Section H-200 of this manual.

#### **The Housing Deputy will:**

- Dress out all incoming class member female incarcerated people in pink clothing once they are assigned a housing location;
- Make sure each class member is assigned a bottom bunk;
  - If a pregnant incarcerated person is housed in a multitier housing unit, ensure the incarcerated person is placed in a bottom bunk on a bottom tier (P.C. 4023.8(g))
- Change the count sheet to reflect each class member's location;

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- On each class member's station card, highlight their name and location with a pink highlighter to identify the incarcerated person as either pregnant or postpartum;
- Fill out medical refusal form in the event that a class member opts to refuse any pregnant or postpartum care or treatment;
- Ensure that each class member either participates or signs a refusal form for the exercise yard, each meal, PM snack and health education class;
- Immediately forward all medical refusal forms to medical staff;
- If a female Search and Escort Deputy is not available to immediately forward any refusal forms, the female Housing Deputy will perform both duties.

**If a class member is administratively separated, the Housing Deputy will:**

- Ensure the class member receives any PM snack as prescribed by medical staff;
- Ensure the class member is provided a minimum of three (3) hours per week of exercise time and daily access to a walking area;
- Ensure the class member is closely monitored and ensure medical and/or mental health referrals are provided upon request or as needed.

**ADDENDUM – Summary of the settlement terms**

Pursuant to the terms of this settlement agreement, Defendants (County of Kern, et al.) promise to take all such action as is necessary to assure that pregnant and postpartum incarcerated people receive the following medical and other care, and conditions while confined in the Kern County Jails:

At all times while in jail, pregnant and postpartum incarcerated people who require immediate medical attention, including attention for drug or alcohol treatment or withdrawal, have the right to an immediate referral to a health care provider. A health care provider can be any number of medical professionals, including doctors and nurses.

Each incarcerated person who states that they are pregnant, or unsure if they are pregnant, and each incarcerated person who has had a baby, miscarriage, or an abortion within one (1) year of their entry into the jail, has the right to a medical assessment, screening, evaluation, examination, and treatment by medical staff while they are in jail according to the following schedule:



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1. A question-and-answer screening by a medical provider is required to occur within two (2) hours of booking.
2. Within forty-eight (48) hours of booking, a health care provider shall do a more detailed medical review.
3. Examinations by a physician shall occur at different times, depending upon the duration of pregnancy - if twenty-six (26) weeks or further advanced, within one (1) week; three (3) to six (6) months, within two (2) weeks; if three (3) months pregnant or less, within one (1) month of booking.
4. An examination schedule and care plan shall be set at the initial physician's examination and shall be followed.
5. Missed appointments shall be rescheduled to occur within two (2) weeks or sooner.
6. An incarcerated person in labor shall be supervised by a health care provider at the jail throughout labor or until they are transported to Kern Medical.
7. Postpartum incarcerated people shall be examined by a physician within two (2) to six (6) weeks after delivery, abortion or miscarriage.
8. Incarcerated people are entitled to abortions, unless medically or legally impermissible, and counseling.
  - a. Abortion counselling will be nondirective, unbiased, and noncoercive, and staff are prohibited from urging, forcing or influencing a pregnant incarcerated person's decision, and disallows conferring authority or discretion to non-medical jail staff to decide if a pregnant incarcerated person is eligible for an abortion.<sup>1</sup>
9. Pregnant and postpartum incarcerated people shall not be housed with incarcerated people who have communicable diseases.
10. Pregnant and postpartum incarcerated people shall receive a nutritionally adequate diet and vitamin supplements.
11. Jail sanitation shall be adequate.
12. Pregnant and postpartum incarcerated people shall be housed in bottom bunks.

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<sup>1</sup> While not a part of the settlement agreement, language complies with updates to California Penal Code 4028 et. Seq.

13. There shall be monthly classes on various topics, including family planning, prenatal care, childbirth preparation, parenting, abortion, nutrition, exercise, and general prenatal care. Pregnant and postpartum incarcerated people shall be permitted to attend the classes.
14. Pregnant and postpartum incarcerated people are entitled to receive clean underwear frequently, and to receive personal hygiene products and toilet paper as needed.
15. Pregnant and postpartum incarcerated people shall receive the opportunity to walk daily and exercise three (3) hours per week.

**Note:** The restraint stipulations contained in item number 15 are included in this policy as a result of the Yeager v. County of Kern settlement agreement issued in 1989. Subsequently, laws regarding the restraint of pregnant and postpartum incarcerated people have changed. Refer to **Section C-400** (Restraints – Security of Incarcerated People) of this manual for approved methods of restraining pregnant and postpartum incarcerated people.

16. Any physical restraints used on pregnant incarcerated people shall be the least restrictive possible under the circumstances. Leg restraints will not be placed on visibly pregnant incarcerated people, without the Shift Supervisor's approval. Visibly pregnant incarcerated people shall not be handcuffed to other incarcerated people who are wearing leg restraints. Handcuffs will be in the front if used. Pregnant incarcerated people shall not be transported in waist chains unless they are documented to be extreme security risks.

**Note:** The restraint stipulations contained in item number 16 are included in this policy as a result of the Yeager v. County of Kern settlement agreement issued in 1989. Subsequently, laws regarding the restraint of pregnant and postpartum incarcerated people have changed. Refer to **Section C-400** (Restraints – Security of Incarcerated People) for approved methods of restraining pregnant and postpartum incarcerated people.

17. Pregnant and postpartum incarcerated people shall not be confined in isolation unless there are strong security considerations. Pregnant incarcerated people who are isolated shall be examined by a health care provider within one (1) hour of the isolation and regularly afterwards. Frequent psychological counseling must be available to isolated pregnant and postpartum incarcerated people.

This information is only a summary of the settlement agreement.

# KERN COUNTY SHERIFF'S OFFICE

## Detentions Bureau Policies and Procedures

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**TITLE:** NOTIFICATION OF ACCESS TO MEDICAL SERVICES **H-150**

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<b>EFFECTIVE:</b>	<b>REVIEWED:</b>	<b>REVISED:</b>	<b>UPDATED:</b>
September 16, 2005	07-08-22	02-05-21	07-08-22

**APPROVED BY:** Detentions Bureau Chief Deputy James Morrison

**REFERENCE:** P.C. Sections 3405, 3406, 3407, 3440, 4023 *et. seq.*, 4028

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### **POLICY**

The Detentions Bureau will adhere to the relevant sections of the California Penal Code by providing the required notifications to female incarcerated people regarding their rights in relation to medical care and pregnancy while incarcerated.

#### **DIRECTIVE #1**

Any expenses occasioned by the services of a physician and surgeon whose services are not provided by the facility shall be the responsibility of the incarcerated person receiving such services.

#### **DIRECTIVE #2**

The rights provided for incarcerated people by this policy will be posted in at least one conspicuous location to which female incarcerated people have access at each facility that houses female incarcerated people.

#### **Procedure A: Pregnant Incarcerated Person Notification of Standards and Policies**

Upon confirmation of an incarcerated person's pregnancy, medical staff will:

- Provide a 'Pregnant Incarcerated Person Advisement' to the incarcerated person

**Note:** The Pregnant Incarcerated Person Advisement shall contain the departmental standards and policies governing pregnant incarcerated people, including the provisions of relevant Penal Code sections and relevant regulations.

# KERN COUNTY SHERIFF'S OFFICE

## Detentions Bureau Policies and Procedures

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<b>TITLE:</b>	<b>INMATE LACTATION PROGRAM</b>	<b>H-175</b>
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**EFFECTIVE DATE:** 12-30-16

**REVISED:**

**APPROVED BY:** Detentions Bureau Chief Deputy Shelly Castaneda

**REFERENCE:** DBPPM H-100, H-150, H&S 1648

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### **POLICY**

Post-partum inmates who have given birth and are lactating will be allowed access to a breast pump for the purpose of expression of milk to relieve discomfort, to maintain milk supply, and/or to prevent infection.

Upon transfer to the Lerdo Facilities inmates who choose to provide milk for their child will be allowed to have pumped breast milk frozen by medical staff so that it may be picked up by a family member, or the child's guardian.

Class members will be notified of this program via the 'Pregnant Inmate Advisement' provided by medical staff pursuant to DBPPM H-150: Notification of Access to Medical Services.

### **DIRECTIVE #1**

Pregnant inmates shall be informed of the benefits of breastfeeding by hospital staff after giving birth. In addition to the benefits, offenders will be educated about breastfeeding with active tuberculosis, HIV infection, illicit drug use, and while on certain prescribed medication.

### **DIRECTIVE #2**

Inmates will be excluded from participating in this program if:

- They are currently on suicide watch or housed in a safety cell
- A medical diagnosis has confirmed that providing breast milk would pose a risk to the intended child based on the parent's medical condition or recent use of illicit or certain prescription drugs.

Inmates who are excluded from providing breast milk to their child due to a medical diagnosis will be notified of their status by facility medical staff.

Inmates who are excluded from providing milk will still be provided access to a breast pump for the purpose of preventing discomfort and /or to prevent infection.

### **DIRECTIVE #3**

All arrangements for pickup of stored breast milk are the responsibility of the inmate.

Coordination for the milk to be picked up shall be arranged prior to pumping and storing the milk.

All stored breast milk will be discarded if not picked up within 72 hours of being frozen.

### **Procedure A: Expressing milk for purpose of breastfeeding**

Inmates who choose to provide milk for their child shall be allowed access to a breast pump and containers for the milk. Inmates expressing milk shall be given reasonable privacy to do so.

Inmates must read and complete an acknowledgement form (Attachment A) including the name the person that will arrive to pick up the milk prior to expressing milk into the storage container(s).

The inmate will be escorted to the facility medical station and provided with a manual breast pump and containers. The inmate will be allowed to wash their hands as outlined in attachment 'A', and allowed to express milk into containers.

### **Medical staff will:**

- Collect the containers of milk from the inmate.
- Label the containers with the mother's booking number, name and date collected.
- Store the containers in the designated medical freezer until they can be picked up by family members or the child's caregiver.

- Transfer the frozen milk to the designated person as outlined in Procedure B below.

**DIRECTIVE A-1: Expression of milk for relief of physical discomfort, to maintain milk supply, and/or to prevent infection**

The inmate will be escorted to the facility medical station and provided with a manual breast pump to express milk for the purpose of relief from physical discomfort, to maintain milk supply, and/or to prevent infection.

The inmate will be allowed to wash their hands as outlined in attachment 'A', and allowed to express milk into containers.

Medical staff will dispose of milk not collected for purpose of breast feeding.

**Procedure B: Transfer of milk to family member or guardian**

The inmate will be responsible for telling the designated person to contact the facility Administrative Sergeant to arrange transfer of the milk.

When the designated person arrives at the facility, the Administrative Sergeant or their designee will:

- Confirm the person's identity.
- Contact medical staff to have the milk brought to the clerical station.

Medical staff will enter the mother's name, booking number, and date on the container(s) on the instructions / receipt form (Attachment B). The identified person picking up the milk must sign the form, and will be provided with a copy of the form.

# KERN COUNTY SHERIFF'S OFFICE

## Detentions Bureau Policies and Procedures

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**TITLE: REFUSAL OF MEDICAL, DENTAL, AND MENTAL HEALTH CARE H-200**

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**EFFECTIVE DATE:** 06-30-90

**REVISED:** 02-08-11

**APPROVED BY:** Detentions Bureau Chief Deputy

**REFERENCE:** Title 15, Sections [1205](#), [1214](#), C.C.R.

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### POLICY

Any adult inmate may refuse emergency and/or non-emergency medical, mental health, or dental care. Detentions Bureau medical staff will process and document any inmate's refusal of medical or dental care in accordance with Kern Medical Center Correctional Medicine Department Policy and Procedure. Refusals of mental health care will be processed and documented by mental health staff in accordance with Correctional Mental Health Policy and Procedure. Refusals will be in writing, signed by the inmate, and will be maintained as part of the inmate's medical and/or mental health record.

### DEFINITION(S):

For the purpose of this policy, the following definition applies:

- **Medical, dental, and/or mental health care:** Any medical/dental/mental health appointments, doctor and/or nurse's sick call, medication pass, or other medical examination or treatment. This includes situations where the inmate initially requests these services and also requests by staff for medical examination of an inmate.

### Procedure A: Documenting an Inmate's Refusal

Any staff that becomes aware that an inmate intends to refuse medical, dental, and/or mental health care will:

- Ensure that the inmate is seen by the appropriate medical, dental, or mental health staff member for consultation, and if needed, documentation of the refusal;

**Note:** If an inmate refuses any medical, dental, or mental health appointment

outside of the facility, the inmate may, at the discretion Medical staff, be required to go to the appointment and refuse the examination/treatment at the appointment site.

- If requested by medical, dental, or mental health care staff, witness the refusal and complete the witness section of the refusal form.
- A CJIS incident or ILEADS report will be written documenting the refusal incident if the circumstances surrounding the refusal are unusual or as directed by the shift supervisor or facility manager. If in doubt, staff will contact the shift supervisor for direction.

**DIRECTIVE A-1**

At no time will physical force be used to make an inmate go to a medical appointment. If the inmate refuses to go to the appointment site to make the refusal, security staff will advise medical staff of the inmate's refusal.

**DIRECTIVE A-2**

Officers scheduled to transport an inmate offsite for a medical appointment will verify the inmate's refusal with medical staff prior to leaving the facility.



# KERN COUNTY SHERIFF'S OFFICE

## Detentions Bureau Policies and Procedures

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**TITLE:** FAMILY NOTIFICATION OF HOSPITALIZED INMATES **H-250**

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<b>EFFECTIVE:</b>	<b>REVIEWED:</b>	<b>REVISED:</b>	<b>UPDATED:</b>
October 12, 2018			

**APPROVED BY:** Detentions Bureau Chief Deputy Tyson Davis

**REFERENCE:** DBPPM E-500; DBPPM H-350, Kern Medical Correctional Medicine Policy 114.00, Kern Medical Policy PCS-PC-830, Kern Medical Policy COM-IM-355

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### **POLICY**

The Kern County Sheriff's Office, based on availability of contact information, will attempt to facilitate communication between a hospitalized inmate and members of their immediate family when the inmate has been medically determined to be nearing the end stage of a terminal illness, is in danger of dying or is expected to be in the hospital for an extended amount of time (generally more than ten days), and their release from custody or return to a jail facility is not imminent. Any requests by family members to visit hospitalized inmates will be processed in accordance with DBPPM E-500.

### **DEFINITION**

**Terminally ill:** Medically designated as being in the final stages of life.

### **Procedure A: Notification to family**

Upon notification from medical staff that an inmate:

- Has been medically determined to be nearing the end stage of a terminal illness;
- Is in danger of dying as a result of his/her injuries or medical condition;
- Is likely to remain hospitalized for an extended amount of time.

**The deputy receiving the notification will:**

- Advise the on-duty Shift Supervisor of the facility where the inmate is assigned.

**Upon receiving such notification, the on-duty Shift Supervisor will:**

- If the inmate is a federal contract inmate, notify the Federal Liaison Sergeant;  
**Note:** The Federal Liaison Sergeant will make any required federal agency notifications in accordance with Procedure B.
- Advise the appropriate Section Manager and the Hospital Guard Shift Supervisor of the situation;
- Verify that family notification is warranted;
- If immediate family notification is warranted, attempt to locate the name and contact information of an immediate family member of the inmate using:
  - The JMS 'BKDSP' function, PERSON DATA field;
  - Information obtained directly from the inmate or;
  - Information obtained from any other available source.
- Notify the on-duty Chaplain of the situation and provide them with family member contact information;
- Upon receiving notification from the Chaplain that contact was made, ensure that a JMS incident report is written documenting the notification.

**The Chaplain will:**

- Attempt to contact the identified family member(s) and advise them, without disclosing any confidential medical information or the name of the hospital, about their hospitalized family member and the process for requesting visits with hospitalized inmates (DBPPM E-500);
- Notify the Shift Supervisor:
  - If contact was made;
  - Who was contacted;
  - The date and time of the contact(s);

- Any other pertinent information.

In the absence of an available Chaplain, the Director of Correctional Medicine or on-duty medical supervisor may make family member contact with Section Manager approval.

**Procedure B. Federal agency notification**

Upon receiving notification that a federal contract inmate:

- Has been medically determined to be nearing the end stage of a terminal illness;
- Is in danger of dying as a result of his/her injuries or medical condition;
- Is likely to remain hospitalized for an extended amount of time;

**The Federal Liaison Sergeant or designee will:**

- Notify the appropriate federal agency (typically US Marshall's Office or Bureau of Prisons) of the inmate's status.

The federal agency will contact the inmate's immediate family or authorize the Sheriff's Office to make family member contact/notification after verifying and/or providing the emergency contact information;

**Note:** Emergency contact information may or may not have been provided at the time of booking.

- Advise the appropriate Section Manager and the Hospital Guard Shift Supervisor of the situation.

**KERN COUNTY SHERIFF'S DEPARTMENT**  
Detention Bureau  
Policies and Procedures

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**TITLE:** PRIVATE MEDICAL APPOINTMENTS **H-400**

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**EFFECTIVE DATE:** 06-30-90 **REVISED:** 07-11-94

**APPROVED BY:** Detention Bureau Assistant Sheriff

**REFERENCE:** Title 15, Sections 1205, 1214 C.C.R.

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**POLICY**

Any request by an inmate for a private medical and/or dental appointment shall be reviewed by the Facility Physician. The appointment may be granted in the following situations:

1. If the service requested cannot be provided by the Facility Medical Staff or at KMC.
2. If the specific treatment is of such a specialized or urgent nature that it can be done more appropriately by a private physician.
3. A private physician may, at any time practical, treat or examine any inmate in the custody of the Sheriff. It shall be the inmate's responsibility to pay all costs that arise out of treatment by a private physician.
4. The exam will be done in the facility when possible. Exams outside the facility will be done only after prior arrangements have been made through the Medical Staff.

**DIRECTIVE #1**

Staff will refer all inquiries from inmates concerning private medical appointments to the Facility Medical Staff.

# KERN COUNTY SHERIFF'S DEPARTMENT

## Detention Bureau Policies and Procedures

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**TITLE:** H.I.V. TESTING

**H-500**

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**EFFECTIVE DATE:** 06-30-90

**REVISED:** 07-11-94

**APPROVED BY:** Detention Bureau Assistant Sheriff  
Barbara Pawley, KMC Correctional Medicine

**REFERENCE:** Senate Bill 1913, Attachments, Pg. 3, 4, 5 & 6

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### **POLICY**

In compliance with Senate Bill 1913, Title 8 Part 3 of the Penal Code,, and Chapter 1579, Section 199.222 of the Health and Safety Code, Title 8, the Kern County Sheriff's Department and Kern Medical Center will coordinate HIV testing of inmates without consent, at all Detention Facilities. This policy covers incidents that occur only in the correctional facility itself, or when an inmate is in the custody of the correctional facility.

### **Procedure A.**

1. A "Report of Request and Decision for HIV Testing" (attached) form can be filed by an inmate or by a law enforcement officer, correctional medicine staff member, or other jail worker who has reason to believe that an exposure to bodily fluids capable of transmitting HIV has occurred. This exposure can be inmate-to-inmate, or inmate-to-law enforcement officer/correctional medicine employee/other jail worker. The report/request should be filed within two (2) days of the incident. The report/request is to be submitted to the Physician's Assistant.
2. The report/request will be forwarded to the County Health Officer who will render a decision within five (5) days of receipt of the report/request. Additional materials or testimony may be requested as part of the decision-making process.
3. The County Health Officer, or their designee, will advise the Physician's Assistant of the decision and forward the completed report/request to them.

4. If the decision is not appealed, and the decision is to conduct the HIV Test, the Physician's Assistant will obtain the consent (attached), provide the inmate with pre and post-test counseling and draw the blood for the test.
5. The County Health Officer, or their designee, will notify the Physician's Assistant of the results of the test. The Physician's Assistant will notify the Chief Medical Officer and The Kern County Sheriff's Department Division Commander of the test results. The Commander will notify law enforcement officers and other jail workers of the test results, as appropriate. The inmate will be notified as part of the post-test counseling process.
6. If the decision of the County Health Officer is appealed, the "Report of Request For Appeal For HIV Testing" (attached) must be filed by the inmate or law enforcement officer/correctional medicine staff member/other jail worker requesting the appeal within three (3) days of the decision. A three (3) member panel, consisting of the County Health Officer, the Chief Medical Officer of the facility, and one physician consultant approved by the State Office of Aids, will review the appeal. The decision reached by the panel may be appealed to the Superior Court.
7. All documentation relating to this process, including the "Report of Request and Decision For HIV Testing", the consent form, the test results and, if necessary, the "Report of Request For Appeal For HIV Testing", and any court ruling, will be filed in a confidential envelope in the inmate's jail medical record.

# KERN COUNTY SHERIFF'S OFFICE

## Detentions Bureau Policies and Procedures

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**TITLE:** INMATE HUNGER STRIKES

**H-600**

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**EFFECTIVE DATE:** 06-30-90

**REVISED:** 11-02-09

**APPROVED BY:** Detentions Bureau Chief Deputy

**REFERENCE:**

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### **POLICY**

The primary responsibility of all staff members during an inmate hunger strike is to protect the health and welfare of the inmate(s) involved. To meet this responsibility, custody staff will actively investigate the causes of the hunger strike and will, whenever possible, seek a reasonable resolution of the hunger strike.

The medical staff will assess and monitor the involved inmate(s) to mitigate the threat to the health of the inmate(s) to the degree possible.

Whenever possible, inmates participating in a hunger strike will be re-housed to administrative segregation for better observation. If medical staff determines that the physical condition of such inmate(s) warrants hospitalization or transfer to medical housing, the inmate(s) will be moved accordingly as soon as possible.

### **DEFINITION(S):**

An Inmate Hunger Strike occurs when an inmate or group of inmates:

- Refrain from eating for more than 24 hours or;
- Declare that they are on a hunger strike.

### **Procedure A: Inmate(s) Engaged in a Hunger Strike**

Any staff member discovering a hunger strike will:

- Interview the inmate(s) involved to determine the reason for the hunger strike;
- Notify the shift supervisor;

- Notify the medical staff;
- Generate a CJIS Incident indicating:
  - The identity of all inmates on the hunger strike;
  - The last known time the inmate(s) ate;
  - The reason for the hunger strike.

**The Medical Staff will:**

- Perform an initial assessment of the inmate(s) within twenty-four hours of notification;
- Monitor the inmates' health in accordance with the established medical protocols.

**The Shift Supervisor will:**

- Notify the facility manager;
- Interview the inmate(s) involved and attempt to resolve the issue(s);
- Confer with the medical staff;
- If the inmate is a federal contract inmate, advise the Federal Contract Liaison of the hunger strike. The liaison will notify the appropriate federal agency;
  - If a federal contract inmate on hunger strike is transported to a hospital or requires forced medical treatment administered by medical staff, the Federal Contract Liaison will be advised.
  - The liaison will notify the appropriate federal agency.

**The housing officer of the area in which the involved inmate(s) are housed will:**

- Ensure that each inmate involved is offered a meal at each meal time and note the offer in the station log book;
- Check each involved inmate's commissary slip when commissary is delivered to determine if the inmate(s) are purchasing food items;



- Write a supplemental incident report in CJIS after each meal, or when commissary food items are purchased, and indicate whether or not food is consumed or purchased by the inmate(s) on hunger strike;
- When requested by medical staff, take the inmate to the medical clinic;
- Enter the time of the medical checks in the station log book.

**The Facility Manager will:**

- Immediately notify the Detentions Bureau Chief Deputy of the hunger strike through the chain of command;
- Identify the cause of the hunger strike and attempt to mitigate as soon as possible.

**Procedure B: Ending a Hunger Strike**

**When a staff member observes an inmate who is on hunger strike eat any food, the staff member will:**

- Interview the inmate to determine if the inmate intends to continue eating;
- Notify the shift supervisor;
- Complete a CJIS Incident Supplemental indicating what the inmate ate.

**The Shift Supervisor will:**

- If warranted, interview the inmate and conduct a further investigation;
- Confer with the medical staff;
- Discontinue the hunger strike procedures (as described Procedure A) unless there is a compelling reason to continue monitoring the inmate's food intake;
  - If the hunger strike procedures are continued, the inmate will still be considered to be on hunger strike. The provisions of Procedure A will continue to be followed until the shift supervisor determines there is no longer a compelling reason to continue monitoring the inmate;
- Advise the facility manager of the inmate's status regarding the hunger strike;

- If the inmate is a federal contract inmate, advise the Federal Contract Liaison once the hunger strike has ended. The liaison will notify the appropriate federal agency.

**The Facility Manager will:**

- Notify the Detentions Bureau Chief Deputy through the chain of command when it is determined that the hunger strike has ended.

# KERN COUNTY SHERIFF'S OFFICE

## Detentions Bureau Policies and Procedures

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**TITLE:** MEDICAL STAFF REPORTING OF INMATE INJURIES **H-700**

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**EFFECTIVE DATE:** 04-01-11

**REVISED:**

**APPROVED BY:** Detentions Bureau Chief Deputy

**REFERENCE:** DPPM C-100, DPPM D-200, DPPM D-300,  
Kern Medical Center Correctional Medicine Policy 111.03

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### **POLICY**

In accordance with KMC Correctional Medicine Policy 111.03, correctional medicine staff will report inmate injuries that are either witnessed firsthand by medical staff or alleged to have occurred during an altercation with law enforcement officers. Correctional medicine staff will use the Inmate Injury During Arrest/Incarceration form (Attachment A) to document such injuries. Upon completion of the Medical Staff section, the form is to be routed to the Shift Supervisor.

### **DIRECTIVE #1**

Any Sheriff's Office staff member who receives an Inmate Injury During Arrest/Incarceration form (Attachment A) will immediately forward it to the on-duty shift supervisor of the facility.

### **Procedure A: Processing of Inmate Injury During Arrest/Incarceration Forms**

Upon receiving an Inmate Injury During Arrest/Incarceration form, the shift supervisor will:

- Complete the shift supervisor section of the form.
  - Review the facts of the incident, taking into consideration the provisions of Section D-300 of the Department Policy and Procedure Manual and the Peace Officers Procedural Bill of Rights (Government Code 3300 et. seq.) as applicable.
  - Provide the inmate a complaint form as necessary or upon request.
  - If employee misconduct is apparent or alleged, proceed as directed in Section D-300 of the Department Policy and Procedure Manual, including the Inmate Injury During Arrest/Incarceration form as part of the documentation to be

forwarded up the chain of command.

**Note:** If preparing a memorandum pursuant to DPPM D-300, the narrative portion of the Inmate Injury During Arrest/Incarceration may refer to the memorandum. (e.g., “refer to attached memorandum.”) It is not necessary to duplicate the memorandum’s narrative on the form.

**Note:** These tasks will be completed by the supervisor and not delegated to a subordinate. (Senior Deputies and Detentions Senior Deputies may complete these tasks only if they are serving as the shift supervisor in the Sergeant’s absence.)

- Gather all related documentation (Inmate Injury During Arrest/Incarceration form, CJIS incidents, iLeads reports, grievances, etc.) and forward the complete packet to the facility manager.

**The facility manager will:**

- Complete the facility manager section of the Inmate Injury During Arrest/Incarceration form and forward the complete packet to the Detentions Bureau Chief Deputy through the chain of command.

**The Detentions Bureau Chief Deputy will:**

- Review the packet and determine if an internal affairs investigation is warranted.
  - If an investigation is warranted, complete the Detentions Bureau Chief Deputy section of the Inmate Injury During Arrest/Incarceration form and proceed as directed in Section D-300 of the Department Policy and Procedure Manual. Forward the Inmate Injury During Arrest/Incarceration form to Internal Affairs along with any other associated documentation.
  - If an investigation is not warranted, complete the Detentions Bureau Chief Deputy section of the Inmate Injury During Arrest/Incarceration form and route it to the Human Resources Section to be filed and retained for at least five years.
  - If the allegation involves an outside agency, complete the Detentions Bureau Chief Deputy section of the Inmate Injury During Arrest/Incarceration form and ensure a copy of the packet is forwarded to the appropriate agency.



# KERN COUNTY SHERIFF'S DEPARTMENT

## Detentions Bureau Policies and Procedures

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**TITLE:** ORTHOPEDIC OR PROSTHETIC APPLIANCES

**H-900**

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**EFFECTIVE DATE:** 07-11-94

**REVISED:** 03-16-04

**APPROVED BY:** Detentions Bureau Chief Deputy

**REFERENCE:** Title 15, Section 1207, C.C.R.; Penal Code Section 2656

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### **POLICY**

To provide for the health and safety of inmates who need orthopedic or prosthetic appliances, inmates who possess such an appliance may keep it while in custody. However, if the shift supervisor deems that the appliance is a threat to the security of the facility or an immediate risk to the safety of any person, the appliance may be confiscated.

Inmates with an orthopedic or prosthetic appliance may be housed in a housing unit set aside for this purpose. Facility medical staff may issue an orthopedic or prosthetic appliance to an inmate in lieu of his/her personally owned appliance.

Inmates may have family members or friends deliver orthopedic or prosthetic devices to the detention facility in which they are housed. Staff will thoroughly search such appliances before they are accepted. If the shift supervisor believes the appliance poses a threat to the security of the facility or an immediate risk to the safety of any person, the appliance will not be accepted.

### **DEFINITION (S):**

For purposes of this policy, the following definitions will apply:

**Orthopedic Appliance:** A specialized device that supports weakened or abnormal joints or limbs. Orthopedic devices include, but are not limited to, custom footwear and braces for the back, wrist, foot, ankle, or knee.

**Prosthetic Appliance:** A specialized device that replaces a missing body part or corrects a physical defect. Prosthetic devices include, but are not limited to, artificial limbs, eyeglasses, hearing aids, and dental appliances.

**Procedure A.****Staff Receiving an Inmate with an Orthopedic or Prosthetic Appliance will:**

- Thoroughly search the appliance, with the assistance of medical staff if necessary.
- If the staff member believes that the appliance is not a threat to the security of the facility or an immediate risk to the safety of any person, the inmate will be allowed to keep the appliance.
- If the staff member feels the appliance is a threat to the security of the facility or an immediate risk to the safety any person, the staff member will seize the appliance and notify the shift supervisor.

**The Shift Supervisor will:**

- Talk to the inmate, talk to the staff member, inspect the appliance, and gather any other information necessary. The shift supervisor will decide if the inmate will be allowed to keep the appliance.
- If the inmate is allowed to keep the appliance, have the appliance returned to the inmate.
- If the shift supervisor determines that the inmate will not be allowed to keep the appliance, the shift supervisor will ensure that a physician evaluates the inmate within 24 hours.
- Notify the facility manager.
- Ensure the appliance is stored appropriately with the inmate's property.

**The Examining Physician will:**

- Evaluate the inmate's need for the appliance.
- Advise the facility manager of the results of the examination.

**The Facility Manager will:**

- Decide if the inmate will be allowed to keep the appliance.
- If the inmate is allowed to keep the appliance, the facility manager will order the

shift supervisor to have the appliance returned to the inmate.

- If the facility manager decides not to allow the inmate to have the appliance, the facility manager will notify the physician and the inmate of the decision. The facility manager will ensure that the inmate is provided with a copy of the Request for Return of an Orthopedic or Prosthetic Appliance (Attachment A).
  
- Once the inmate has signed the request form, the facility manager will complete the form and ensure that it is promptly filed with the superior court.





Medical Information received on inmates transferred into the Kern County Jail System will be forwarded to the medical staff as soon as possible.

# KERN COUNTY SHERIFF'S OFFICE

## Detentions Bureau Policies and Procedures

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**TITLE:** Inmate Emergency Psychiatric Care **H-1100**

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**EFFECTIVE DATE:** 8-25-15

**REVISED:**

**APPROVED BY:** Detentions Bureau Chief Deputy Shelly Castaneda

**REFERENCE:** Welfare and Institutions Code 5150 (*et seq.*), DBPPM H-300

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### POLICY

The purpose of this policy is to establish procedures for obtaining emergency psychiatric care for inmates in custody, or upon release from custody, pursuant to Section 5150 (*et seq.*) of the Welfare and Institutions Code.

### DEFINITION(S):

For the purpose of this policy, the following definitions shall apply:

- **5150:** The common name for an emergency psychiatric 72-hour hold, as detailed in the California Welfare and Institutions Code 5150 (*et seq.*) which stipulates that an individual who as a result of mental disorder, is a danger to others, or to himself or herself, or gravely disabled can be taken into the custody and evaluated at a facility designated by the county and approved by the State Department of Mental Health as a facility for 72-hour treatment and evaluation.
- **CMH:** Correctional Mental Health. (391-7948)
- **KMC:** Kern Medical Center Hospital. (326-2000)
- **KMC-ER:** Kern Medical Center Emergency Department (326-2667)
- **KMC-IPU:** Kern Medical Center Inpatient Psychiatric Unit. (326-2715 or 327-2717)
- **DHCS 1801 form:** Form used by Correctional Mental Health staff and jail security staff to place a 5150 hold on an individual. (DBPPM H-1100 Attachment A)

- **PEC:** Psychiatric Evaluation Center.(868-8037 or 868-8047)
- **PEC-TRC:** Transfer Resource Coordinator at PEC. (978-2377)

**DIRECTIVE #1**

Inmates being placed on a 5150 hold who require emergency medical care or treatment for an acute medical condition as determined by KMC Correctional Medical staff, shall be transported to KMC for treatment prior to being taken to the PEC. The PEC does not provide emergency medical care, regardless of psychiatric needs.

Inmates requiring emergency medical care or treatment for an acute medical condition as determined by Correctional Medical Staff shall be transported directly to KMC ER during the coordination process regardless of bed availability confirmation.

**Procedure A: 5150 with Psychiatrist Direct Admission (Doctor-to-Doctor)**

When an on-site CMH Psychiatrist has determined that an inmate requires emergency psychiatric services due to being gravely disabled, a danger to self, or a danger to others, CMH staff will coordinate a direct admission to KMC-IPU.

**CMH staff will:**

- Complete a DHCS 1801 form (Attachment 'A')
- Contact the KMC-IPU Charge Nurse (326-2715) to ascertain bed availability.
- Provide 5150 justifications for the inmate.

Upon notification from the KMC-IPU charge nurse that a bed is available coordinate the transportation for a direct admission to KMC IPU with the shift supervisor.

- Advise the KMC ER Charge Nurse that inmate and Deputies are en-route.

**The shift supervisor, or their designee, will:**

- Ensure that the inmate has been medically cleared and is free of any medical injuries by the on-duty Psychiatrist or Correctional Medical Staff prior to transfer.

- Arrange for transportation of the inmate to the KMC-IPU.
- Complete a jail hold form.
- Notify Classification of the transfer.
- Ensure that transporting Deputies take the original completed 5150 (DHCS 1801) form and a completed jail hold form.
- Ensure that a CJIS incident report is written detailing the incident, including the CJIS offense code 4054 (Sheriff Initiated 5150 hold).

In the event that an inmate declares they are on a hunger strike or is known or believed to have been without food or beverage intake for 24 hours (in accordance with DBPPM H-600 Inmate Hunger Strike), or the inmate is injured, a medical clearance from KMC shall be sought at the direction of the on-duty Psychiatrist or KMC Correctional Medical Staff.

Upon receiving medical clearance from KMC, the inmate shall be admitted directly to IPU, from the emergency room, based on bed availability.

In the event that an IPU bed is not available, the KMC ER Doctor will coordinate the transfer of the inmate to the PEC.

**Note:** Deputies shall remain with the inmate at PEC until such time that the inmate is approved for transfer to the IPU.

If the 5150 is not upheld, Deputies shall return the inmate to the originating jail facility.

### **Procedure B: 5150 without a Psychiatrist On-Duty**

When CMH staff or a shift supervisor have determined that an inmate requires emergency psychiatric services due to being gravely disabled, a danger to self, or a danger to others, during a time that the on-site Psychiatrist is not available,

#### **The shift supervisor or CMH staff will:**

- Contact the KMC-IPU Charge Nurse in advance of the transfer to coordinate bed availability.

- Contact PEC-TRC (Psychiatric Evaluation Center - Transfer and Resource Coordinator) to coordinate a plan for the transfer and destination (IPU or PEC) of the inmate.
- Provide 5150 justifications for the inmate.
- Ensure that a DHCS 1801 (5150) form is completed.

**The Shift Supervisor will:**

- As directed by PEC-TRC staff, make arrangements to either transfer the inmate to KMC ER for medical clearance, or to the PEC for evaluation for admission to KMC IPU.
- Complete a jail hold form.
- Notify Classification of the transfer.
- Ensure that that the original completed DHCS 1801 (5150) and jail hold forms are routed with the inmate and transporting Deputy or Deputies.

**Deputies assigned to transport an inmate to KMC ER for medical clearance prior to 5150 will:**

- Transport the inmate to KMC ER.
- Upon clearance from KMC ER staff, either transfer inmate to PEC or take the inmate to IPU.
- Deputies shall remain with the inmate at KMC ER and PEC at all times.

If the 5150 is not upheld, Deputies shall return the inmate to the originating jail facility.

**Deputies assigned to transport an inmate directly to PEC will:**

- Transport the inmate to PEC
- Remain with the inmate during the 5150 PEC evaluation.

- Await direction from PEC and/or KMC IPU for admission pending bed availability.

If 5150 upheld, deputies shall:

- Transfer inmate per PEC directive to KMC IPU.

If the 5150 is not upheld, Deputies shall return the inmate to the originating jail facility.

### **Procedure C: 5150 upon Inmate Release**

When an inmate scheduled for release is on suicide watch or an inmate is a danger to others, or is a danger to himself/herself (including making suicidal statements), or is gravely disabled,

#### **CMH staff or the shift supervisor will:**

- Ensure continuity of mental health care for the inmate.
- Complete an DHCS 1801 (5150) hold form for the inmate scheduled for release.
- Coordinate with PEC and/or KMC ER (if in need of medical clearance based on Correctional Medicine or PEC directive).

**Note:** A 5150 hold shall only be placed on an inmate being released from custody in situations where the inmate is on an active psychiatric/suicide watch or is a danger to others, or is a danger to himself/herself, or is gravely disabled at the time of release.

All 5150 holds placed upon release from custody shall be documented with an ILEADS incident report.

### **DIRECTIVE C-1: Released Inmate that requires medical attention**

In cases where the inmate being released requires medical attention,

#### **The shift supervisor, or their designee, will:**

- Arrange for transportation of the released subject to KMC ER.

#### **Deputies assigned to transport a released inmate to KMC ER will:**

- Ensure that the released inmate is transported to KMC ER with an original and complete DHCS 1801 (5150).
- Check the individual in as a “walk in”, provide the completed 5150, and a verbal report about the status and behavior of the individual.
- Coordinate with PEC / TRC (Transfer Resource Coordinator) at 661-978-2377 to transfer the inmate to PEC once he/she has been medically cleared.
- Return to originating facility after the individual has successfully been checked in to PEC.

**DIRECTIVE C-2: Released inmate that has been medically cleared**

In cases where the inmate being released has been medically cleared by Correctional Medicine Staff or PEC directive,

**The shift supervisor, or their designee, will:**

- Arrange for transportation of the released individual to PEC.

**Deputies assigned to transport the released individual to PEC will:**

- Ensure that the individual is transported to PEC with an original and complete DHCS 1801 (5150).
- Check the individual in as a “walk in”, provide the completed 5150, and a verbal report about the status and behavior of the individual.
- Return to originating facility after the individual has successfully been checked in to PEC.



# KERN COUNTY SHERIFF'S OFFICE

## Detentions Bureau Policies and Procedures

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**TITLE:** INMATES WITH DISABILITIES

**H-1200**

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**EFFECTIVE DATE:** 09-18-03

**REVISED:** 08-07-17

**APPROVED BY:** Detentions Bureau Chief Deputy Justin Fleeman

**REFERENCE:** Title II, Americans with Disabilities Act,  
Armstrong v. Schwarzenegger (94-cv-02307-CW),  
Valdivia v. Schwarzenegger (94-CV-00671-LKK-GGH),  
CDCR Form 1824 - Reasonable Modification or Accommodation  
Request, DBPPM: I-200, Title 15, Section 1057

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### POLICY

In an effort to ensure Sheriff's Office detentions facilities are operated in such a manner that provides appropriate classification and housing for inmates with disabilities, and to the degree reasonably possible, equal access to services and protection, the Detentions Bureau has established the following policy.

This policy establishes procedures for the identification of inmates with disabilities and establishes reasonable accommodations that allow them equal access to programs and services while maintaining the security and smooth operation of Detentions Bureau facilities.

This policy will be in compliance with Title II of the Americans with Disabilities Act, which prohibits discrimination on the basis of disability in all services, programs, and activities provided to the public by State and local governments, including those programs offered within jails.

Each facility will implement procedures that detail what accommodations will be offered to inmates with disabilities and how those accommodations will be accomplished in the specific environment of that facility. Such procedures shall be documented in the appropriate post orders.

### DEFINITIONS:

- **Disability:** One (1) or more physical or behavioral impairment(s) that substantially limits one (1) or more major life activities. An inmate shall be considered as having a disability if there is a record of such impairment(s), or if

the inmate is regarded as having such impairment(s).

Major life activities include such things as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. To be substantially limited means that such activities are restricted in the manner, condition, or duration in which they are performed in comparison with most people.

- **Jail Management System (JMS):** The software currently being utilized to manage inmate records and track inmate movement.

### **Procedure A: Identification of Inmates with Disabilities During Intake**

If a new arrestee advises that he/she has a disability, or a deputy suspects that a new arrestee has a disability, that deputy will attempt to ascertain the type and degree of disability the inmate has and notify a classification deputy and facility medical and/or Correctional Behavioral Health (CBH) staff.

Upon notification that a new arrestee has or may have a disability, the classification deputy will:

- Attempt to ascertain what, if any, accommodation(s) may be required to ensure equal access to services and programs provided by the facility;
- Enter the information gathered in the assessment into the inmate's JMS record to inform other staff of the inmate's needs via an ADALT flag.

### **DIRECTIVE #A-1**

**If the arrestee appears or claims to be deaf or hard of hearing, a classification deputy will:**

- Interview the arrestee and attempt to ascertain what kinds of communication (reading lips, written notes, sign language) the inmate is able to communicate with;
- Complete a Communication Assessment Form (**Attachment A**) based on the information gained during the interview;
- Make the appropriate entries into the inmate's JMS record to inform other staff of the inmate's needs via an ADALT flag;

- Advise the Dress-Out or Laundry Deputy to give the deaf/hard of hearing inmate a “Deaf” identification vest as described in Procedure B of this section.

The completed Communication Assessment Form will be routed to classification clerical staff, who will forward a copy of the form to the Administrative Sergeant of the facility in which the inmate is housed. Classification clerical staff will retain the original form for a minimum of two (2) years.

#### **DIRECTIVE #A-2**

**If the arrestee appears or claims to be blind or visually impaired, a classification deputy will:**

- Make the appropriate entries into the inmate’s JMS record to inform other staff of the inmate’s needs via an ADALT flag;
- Advise the Dress-Out or Laundry Deputy to give the blind or visually impaired inmate a “Visually Impaired” identification vest as described in Procedure B of this section.

#### **DIRECTIVE #A-3**

**If the arrestee appears or claims to have mobility impairment, a classification deputy will:**

- Make the appropriate entries into the inmate’s JMS record to inform other staff of the inmate’s needs via an ADALT flag;
- Advise the Dress-Out or Laundry Deputy to give the mobility impaired inmate a “Mobility Impaired” identification vest as described in Procedure B of this section.

#### **DIRECTIVE #A-4**

If a deputy becomes aware that an inmate has a disability that was not identified during the initial receiving and booking process, that deputy will notify a classification deputy and medical/CBH staff assigned to the facility in which the inmate is housed. The deputy making the notification will obtain the appropriate identification vest from the facility Laundry Warehouse and provide it to the inmate.

Upon receiving such notification, the classification deputy will review the inmate’s JMS record and make any housing changes necessary to accommodate the inmate’s disability. Classification will note the inmate’s disability in JMS via an ADALT flag.

**Procedure B: Identification of Inmates Designated as Impaired**

In order to facilitate easy identification and to prevent potential misunderstandings, any inmate who is determined to have an impairment disability will be provided with the appropriate yellow vest to indicate their disability:

- Deaf or hard of hearing – the word “DEAF” will be printed on vest.
- Blind or Visually Impaired – the words “VISUALLY IMPAIRED” will be printed on vest.
- Mobility Impaired – the words “MOBILITY IMPAIRED” will be printed on the vest.

The inmate will be required to wear the vest at all times, with reasonable exceptions (such as showering and sleeping).

Deputies must ensure they are using an effective form of communication as indicated in the inmate’s JMS record.

Deputies can determine if impaired inmate(s) are assigned to the housing unit they are supervising by accessing an ADALT flag list in JMS, which will generate a list of all inmates who have been identified as having a disability.

**DIRECTIVE #B-1**

Since inmates who have a hearing disability cannot hear general announcements made over public address systems, such communications must be repeated directly to the inmate(s). Similarly, since inmates who have a hearing disability are often unable to communicate using an intercom, deputies must respond directly to cells in which the cell intercom has been activated if an inmate with a hearing disability resides in that cell.

**DIRECTIVE #B-2: TTY Telephone Access**

Each facility will maintain at least one (1) TTY phone system and will ensure that inmates who have a hearing disability are afforded reasonable and timely access to the unit upon request during any time other inmates have phone access.

**Deputies will:**

- Allow sufficient time for the inmate to complete their call, taking into account that a phone call using a TTY system may take as much as three (3) times as long to complete as a spoken conversation of the same content.

- Document use of the TTY phone system including the inmate's name, booking number and time used in the appropriate post log book:
  - CRF: Deck log book
  - Minimum: Male or Female Duty Office log book
  - Pre-Trial: Pod or Infirmary log book
  - Maximum-Medium: Law Library log book

### **DIRECTIVE #B-3: Sign Language Interpreters**

While it is often possible to communicate with inmates who have a hearing disability through written notes or hand signals for basic communications, a sign language interpreter must be provided for more complex communications if so indicated in the inmate's JMS record or if requested by an inmate who has a hearing disability. Communications that require an interpreter on request, or as indicated in the inmate's JMS records include, but are not limited to:

- Medical appointments
- Disciplinary notifications and hearings
- Legal communications, when not otherwise provided by other entities, such as the courts or the inmate's attorney
- Educational programs

Generally, non-emergency sign language interpreter services require three (3) days advance notice. The Administrative Sergeant will attempt to arrange such services within that timeframe. In case of an emergency for which a translator is required, an interpreter can generally respond within forty-five (45) minutes.

If a staff member becomes aware of an upcoming appointment for which a sign language interpreter is required, that staff member will advise the Administrative Sergeant, or in the Administrative Sergeant's absence, the Shift Supervisor, providing as much advance notice as possible.

When a sign language interpreter responds to a facility, he or she will be issued an identification tag as required in Section A-1700 of this manual and will be subject to the escort requirements of that section.

**Procedure C: Movement and Transportation of Inmates Who Have a Hearing Disability**

To provide a means of communication for inmates who have a hearing disability when restrained during transportation, such inmates will be permitted to keep a pad of paper with them when being transported to and from appointments. If the inmate indicates the need to communicate with transportation deputies, the inmate will be provided with a writing implement to write notes to the deputy.

**Procedure D: Armstrong Class Member Inmates**

Following the implementation of the State's realignment program in 2011, certain inmates that would have previously been housed in CDCR custody are now housed in county jail facilities. These inmates are able to complete CDCR Form 1824 in order to request a reasonable modification or accommodation to have their disabilities recognized by county facilities. Parolees may request the CDCR Form 1824 from their parole agent and submit it back to them.

**Note:** Some parolees may have this form on file from their most recent CDCR incarceration. When inmates are booked on a parole hold, the Compliance Sergeant receives an automated Armstrong Class Member notification from CDCR staff via e-mail (CDCR possible need for inmate/parolee accommodation or disability).

Upon receiving the automated Armstrong Class Member notification via email, the Compliance Sergeant will:

- Review and forward the form via e-mail to designated classification, medical, correctional behavioral health staff, or other appropriate department staff;

Classification staff will:

- Make an entry in the JMS, noting that an Armstrong Class Member notification was received;
- Ensure that reasonable housing accommodation is made if appropriate.

Medical and/or correctional behavioral health staff will:

- Ensure that reasonable modification or accommodation is made if appropriate;
- Notify the inmate of any modification or accommodation;

- Place the Armstrong Class Member notification form in the inmates' medical file.

**Procedure E: Armstrong Class Member Inmate Appeal Process**

If an Armstrong Class Member inmate does not agree with the level of modification or accommodation being provided by the facility, they may submit a grievance as outlined in DBPPM I-200 (Inmate Grievances), or contact their assigned parole agent to obtain a CDCR Form 602 to appeal the decision.

# KERN COUNTY SHERIFF'S OFFICE

## Detentions Bureau Policies and Procedures

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**TITLE:** FIRST AID KITS

**H-1300**

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**EFFECTIVE DATE:** 09-18-03

**REVISED:**

**APPROVED BY:** Detentions Bureau Chief Deputy

**REFERENCE:** Title 15, Section 1220

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### **POLICY**

The Detention Bureau facilities are provided with first aid kits for staff to use in rendering first aid. The responsible physician for the detentions facilities will approve the contents, number, location, and procedures for the inspection of first aid kits. The responsible physician will also approve any changes regarding first aid kits.

Each facility will maintain first aid kits as approved by the responsible physician and will maintain a list designating the locations of all first aid kits maintained in that facility.

### **DIRECTIVE #1**

When it is safe and appropriate to do so, staff will use the provided first aid kits to perform first aid on any injured person in a manner consistent with their training.

### **Procedure A. Inspection and Restocking**

Each division manager or designee will ensure that the first aid kits provided to the division are inspected at least once per month and that such inspections are documented. The staff member designated to inspect the first aid kits will:

- Use the facility's list of first aid kit locations to ensure that each kit is inspected.
- Use the checklist included in each kit to inventory the contents and determine if any items need to be replaced. Items that are missing, opened, outdated, or soiled must be replaced.
- Obtain replacements from the medical staff.
- Upon completion of the last inspection of the year, forward the completed checklist to the medical staff and place a blank checklist in each first aid kit.





**DIRECTIVE #3**

The following shall apply in all uses of the AED device:

- All standards of CPR/First Aid are to be used in conjunction with the AED equipment.
- Facility Medical Staff and/or AED trained personnel shall be responsible for accurately assessing the patient to determine if the AED use criteria are met.
- Once applied to the patient, AED equipment shall remain in place until advance life support personnel with necessary Electrocardiogram (ECG) monitoring and defibrillation equipment assume care of the patient.
- Trained staff members, if presented with a valid Do Not Resuscitate (DNR) or Physician Orders for Life-Sustaining Treatment (POLST) forms, will not administer any CPR/First Aid treatment.

The AED shall not be applied or activated if any of the following conditions exist.

- The person is under one (1) year of age
- If the person has a pulse
- If the person is conscious

**Procedure A: Use of the AED Device**

After the person has been assessed by Facility Medical Staff and/or AED trained personnel and it has been determined that the AED will be used,

**Staff will:**

- Advise the facility control deputy to request an ambulance 'code 3' via 911.
- Press the green 'on button'
- The device will automatically identify an adult or pediatric patient based on the pad pack that has been inserted.
  - Grey pads are used for subjects who are at least 8 years old and at least 55 pounds. The grey pads are pre-loaded in the AED.





**Procedure C: Required Documentation**

All uses of the AED device shall be documented with an ILEADS Incident Report. Any use of an AED device on an inmate shall also require a CJIS incident.

**The shift supervisor will:**

- Ensure that an AED Defibrillator Use Report (Attachment A) is completed and forwarded to the facility Administrative Sergeant.
- Ensure that staff maintains care and custody of the AED until it can be delivered to the facility Administrative Sergeant.

**The facility Administrative Sergeant shall:**

- Arrange for the AED to be downloaded by the POST Training Sergeant within 24 business hours after the incident.
- Ensure all reports are submitted to the POST Training Sergeant within 24 business hours of the incident.

**The POST Training Sergeant shall:**

- Download and book the electronic AED data into the Kern County Sheriff's Office Property Room.
- Submit the AED electronic data and an AED Defibrillator Use Report to the Kern County EMS Department within 48 hours of use.

**Procedure D: Maintenance and Routine Inspection of the AED Device**

To ensure that the facility AED devices are functional and ready for deployment,

**The Facility Fire & Life Safety Deputy will:**

- Inspect each facility AED once per week for:
  - Obvious functionality of the device – Ensure 'Ready' light is green.
  - Verification that both child and adult pads are supplied with the AED.