

ALAMEDA COUNTY SHERIFF'S OFFICE DETENTION AND CORRECTIONS POLICY AND PROCEDURE	NUMBER: 13.02	PAGES: 1 of 9
	RELATED ORDERS: ACA 4-ALDF-4C-04, 4C-06, 4C-08, 4C-13, 4C-14, 4C-15, 4C-16, 4C-17, 4C-22, 4C-23, 4C-24, 4C-25, 4C-26, 4C-27, 4C-29, 4C-30, 4C-31, 4C-36, 4D-09, 4D-13, 4D-18, 4D-27 MJS 1051, 1083 , 1205, 1206, 1207, 1210, 1213, 1215, 1220 P&P 1.14, 11.46 PC 4011.6 CALEA 72.6.2	
	ISSUED DATE: July 1, 1989	
	REVISION DATE: <i>October 30, 2020</i>	
CHAPTER: Medical and Health Care Services	SUBJECT: Inmate Medical/Health Appraisal Screening, Special Clinics, Communicable Disease, Quarantines and Terminally Ill Inmates	

- I. **PURPOSE:** To set facility practices to ensure continuous medical care for all inmates.
- II. **POLICY:** Each inmate is provided medical care from the time of admission and throughout his or her period of incarceration. This continuous care requires timely physical examinations, which include medical screening and clinical history for each admission, and a complete physical examination of each inmate within 14 days, following admission. Inmates will receive periodic examinations as deemed necessary by the medical director. When warranted, medical staff will complete a referral for discharged inmates to community care. Medical programs and services shall provide separate care for male and female inmates, inmates with chemical dependencies, inmates in administrative separation, and disciplinary separation, behaviorally in crisis and physically disabled inmates, and inmates with communicable diseases.

Medical treatment is provided as a service. All inmates may decline, refuse, or opt-out of any or all medical procedures or treatments.

III. **DEFINITIONS:**

- A. **PHYSICAL EXAMINATION:** A thorough evaluation of an inmate's current physical condition and medical histories conducted by, or under the supervision of, a licensed medical professional.
- B. **MEDICAL SCREENING:** An examination of an inmate conducted by a member of the medical staff.

IV. **PROCEDURE:**

- A. **NEW ADMISSIONS:** Physical examinations shall be completed for each inmate newly

committed to the facility or transferred from another facility.

1. Receiving screening: prior to placement in the general population, a member of the medical staff shall screen each inmate. Findings of the screening shall be recorded on the contracted medical provider screening form, which is approved by the facility medical director. Male and female inmates shall be screened separately. Any inmate refusing to participate in the medical entrance screening process shall have this refusal documented in their medical file by the contracted medical provider staff. The receiving screening shall include at least the following:
 - a. Inquiry into current illness and health problems including dental problems, venereal diseases and other infectious diseases, medications taken, special health requirements, use of alcohol, nicotine and other drugs including types of drugs used, amounts, frequency, date of last use, and history of problems occurring from withdrawal. Additionally, past and present medical or psychiatric treatment, hospitalization for **behavioral** disturbance or suicidal ideologies, and any other health problems as designated by the medical director shall be documented.
 - b. Inmates who have, or are suspected of having, developmental disabilities shall be separated from the general population pending assessment, to prevent their being victimized by predators. The health authority or designee shall contact the "Regional Center of the East Bay" regarding any inmate suspected or confirmed to be developmentally disabled for diagnosis and/or treatment within 24 hours of such determination, excluding holidays and weekends.
 - c. Observation of general behavior, including state of consciousness, behavioral status, appearance, tremor or sweating, body deformities affecting ease of movement, condition of skin trauma, bruises, lesions, jaundice, rashes, infestations, needle marks or other signs of drug abuse.
 - d. All newly arrived females will be medically pre-screened immediately upon intake. Female inmate screening shall include an inquiry into whether she is pregnant and/or using any drugs. If there is any indication that the inmate may be pregnant or a pregnant addict, she is to be referred to the Santa Rita OB-GYN Clinic for a more in-depth interview.
 - e. Medical personnel are to offer pregnancy testing to all newly incarcerated females under 56 years of age during intake, using a urine test or other means of testing, using the following question: "We'd like you to take a pregnancy test so you can get the most appropriate care. Is that okay with you?"
 - 1) Only medical personnel may offer or administer pregnancy testing.
 - 2) Pregnancy testing is optional, absent a court order or an emergency in which the patient is not capable of providing consent.
 - 3) Female inmates who decline testing are to be asked to sign an "Informed Refusal of Pregnancy Testing" form.

- 4) Inmates who are determined to be pregnant are to be referred to Women's Health for assessment, monitoring, and treatment.
- f. The Classification Deputy shall notify the ITR nursing staff of any female who has been charged with murder or attempted murder of her child. The nurse will immediately notify the psychiatric unit so an immediate psychiatric evaluation may be made before the inmate is housed.
- g. Recommendations for housing in general population, with referral to the appropriate physician or other staff member, immediate referral to medical staff on an emergency basis.
- h. The intake health screening record shall become part of the inmate's permanent medical record.
- i. All newly arrived inmates will be tested for tuberculosis by use of the purified protein derivative (PPD) skin test. Refusals will be handled as follows:
 - 1) If an inmate refuses during the intake medical screening, the nurse will inform the facility's intake Classification staff.
 - 2) The Classification deputy will make a notation on the jail records that the inmate refused to submit to the PPD test and medical isolation in an Out Patient Housing Unit (OPHU) Negative Air Flow cell is to occur. All booking information must be completed and entered into the computer prior to movement to the OPHU. Refusals based on religious beliefs will be referred to the chaplain for verification.
 - 3) During intake, the PPD refusal inmate is to be housed and moved throughout the booking process separately. This includes dressing out in jail clothes.
 - 4) The PPD refusal inmate shall be moved from ITR separately and shall not be moved with other inmates at any time.
 - 5) The PPD refusal inmate shall be processed into an available OPHU Negative Air Flow cell. He or she shall remain isolated in a negative air pressure room until medical staff has confirmed the inmate is not "Active TB" or the inmate submits to a PPD test.
 - 6) Inmates in medical isolation will be fed in their cells and shall not be provided with pod time, recreation time, television, or radio.
 - 7) When transportation out of the facility becomes necessary (i.e.: court, hospital, etc.), the Watch Commander will be notified to arrange special transportation needs.
 - 8) If the inmate states that they would like to submit to the PPD test, the medical staff will be notified and will administer the PPD test.

- 9) After submitting to the PPD test and being “ruled out” for active TB, the Classification Unit will reclassify the inmate to an appropriate housing unit.
2. Screening shall minimally include:
 - a. If the inmate is being treated for medical, dental, or behavioral problems
 - b. If the inmate is currently on medication
 - c. If the inmate has a current medical, dental, or behavioral health complaint
 - d. Observation of general appearance and behavior and presence of any physical deformities or evidence of abuse or trauma
 - e. A medical disposition recommending placement in the general population, any appropriate health care referrals, or emergency treatment referral.
 3. 14-Day Health Appraisal: Each inmate shall receive a medical examination by qualified health personnel designated by the facility physician within 14 days of admission. This examination shall include a review of the receiving screening information and the medical history report, in addition to the procedures required for physical examination specified in this policy. If there is documented evidence of a health appraisal within the previous 90 days, a new health appraisal is not required. The health appraisal shall include:
 - a. Dental, optometry, podiatry, behavioral health, immunization histories, and/or ob-gyn information
 - b. Laboratory and/or diagnostic tests to detect communicable diseases, including venereal disease and tuberculosis
 - c. Height, weight, pulse, blood pressure, and temperature
 - d. Other appropriate tests and examinations
 - e. Medical examination, including review of behavioral and dental status
 - f. Review of the results of the medical examination, tests, and identification of problems by a physician or other qualified health care personnel, if authorized in the medical practice act
 - g. Initiation of therapy when appropriate
 - h. Development and implementation of a treatment plan, including recommendations concerning housing, job assignment and program participation
 - i. Referral for other diagnostic tests and treatment
 4. Detoxification: When screening and examination result in a diagnosis of chemical

dependency, requirements for detoxification from alcohol, nicotine, opiates, stimulants, or sedative hypnotic drugs, appropriate medical/behavioral health plans will be developed and instituted for the individual.

B. PREGNANCY CARE: The health provider must provide pregnancy management specific to the following:

1. Pregnancy testing
2. Routine prenatal care
3. High-risk prenatal care
4. Management of the chemically addicted pregnant inmate
5. Postpartum follow-up

C. FACILITIES FOR PHYSICAL EXAMINATIONS AND SPECIAL CLINICS:

1. The clinic is staffed by clinically trained medical professionals and offers the following support services and special clinics:
 - a. Screening of new bookings and Intra-Jail Transfers (24 hours/day, 7-days/week).
 - b. History and Physical examinations (Day Shift, 5-days/week)
 - c. Pill call rounds through housing (7-days/week)
 - d. Physician sick call in housing units (Day shift, 7 days/week)
 - e. Physician (Special medical needs), in clinic (5-days/week and/or as needed)
 - f. Emergency medical care (24 hours, 7-days/week)
 - g. Coverage of medical infirmary (24 hours/day, 7-days/week)
 - h. Referral service for hospitalization and specialty clinic (as needed)
 - i. Dental care (5 days/week)
2. An inmate suspected of having contracted a communicable disease shall be medically examined. Staff and inmates should use precautions and protection from infectious diseases:
 - a. Gloves shall be worn for touching blood and body fluids and should be changed after each contact.
 - b. Wherever practical, masks and protective eyewear, gowns or aprons should be worn during procedures that generate splashes of blood or other body fluids.

- c. Hands and skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids.
 - d. Hands should be washed immediately after gloves are removed.
 - e. Needles shall be secured in a puncture-resistant container.
 - f. Deputies and staff should use a ventilation device if resuscitations needed.
 - g. Inmates with a contagious disease must be kept separate from other inmates.
- D. QUARANTINES: Detention & Corrections Division personnel shall adhere to the following guidelines when made aware of contagious, infectious, or communicable diseases, which require strict isolation or quarantine as ordered by the Public Health Officer.
- 1. Ensure isolation of each case and appropriate quarantine of the contacts and premises.
 - a. Secure inmate movement in or out of the affected housing unit(s) for the prescribed time.
 - b. Establish lists of inmates with court appearances from the affected housing unit(s) and notify the court of the non-appearances.
 - c. Court appearances via video procedure from the jail will be utilized when possible.
 - d. The Santa Rita Jail will ensure proper protection against contagions to non-affected persons during visiting when appropriate. Inmates medically identified as contagious shall not be allowed contact visits.
 - e. Separation of inmates within the affected housing unit when classification matters arise will be accommodated within the housing unit if possible.
 - 2. Sheriff's Office personnel will follow local rules and regulations, all general and special rules, regulations, and orders of the medical officer in carrying out the quarantine or isolation.
 - 3. Personnel assigned to work in the affected quarantine area will be those previously inoculated for the contagious disease, if possible.
- E. CLINICAL MANAGEMENT OF CHEMICALLY DEPENDENT INMATES: Medical staff shall at a minimum:
- 1. Diagnose any chemical dependency.
 - 2. Determine as to whether an individual requires non-pharmacologically or pharmacologically supported care.

3. Develop and implement an individualized treatment plan utilizing a multi-disciplinary team.
 4. Make referrals to specified community resources on release, when appropriate.
- F. **BEHAVIORAL HEALTH SERVICES:** On-site behavioral health services shall be made available and include evaluations of behavioral health needs, crisis intervention, counseling through routine appointments, medication dispensation, and monitoring of patient status. Specifically, these services are to include, but are not to be limited to:
1. Evaluation, including pre-screening for mental disorders
 2. Counseling
 3. Group Therapy
 4. Suicide Prevention
 5. Medication Management
 6. Crisis Intervention
 7. Substance Abuse Counseling
 8. 4011.6 PC Treatment and Evaluation
- G. **HOUSING BEHAVIORALLY OR PHYSICALLY DISABLED INMATES:**
1. All physically disabled inmates shall be housed in accordance with Policy and Procedure 1.14.
 2. Seriously ill inmates, after medical examination and booking process are complete, will be housed in the OPHU until medical or psychiatric personnel make another recommendation.
 3. Inmates who are violent, have a mental health disorder (as per AB 46), or demonstrate unusual or bizarre behavior, shall be observed at least twice every thirty (30) minutes. Inmates who are determined to be actively suicidal are under intensive observation.
 4. After medical examination, injured inmates are housed in the OPHU unless their injuries do not make it hazardous to be housed in the main population.
 5. Non-ambulatory inmates are housed in the OPHU.
- H. **INMATE MEDICAL RECORDS:** Medical staff will maintain inmate medical records separately from the inmate's booking file and ensure they are kept confidential. Compilation and completion of medical records data shall be completed in a uniform manner as directed by the medical director. All health data and history shall be collected by qualified health personnel.

Access to the inmate medical records will be controlled by medical staff. Healthcare staff will advise the Classification Unit of any information that affects an inmate's welfare, security status, or ability to participate in jail programs.

1. The medical record will minimally include:
 - a. The completed receiving screening form signed by the inmate and screening nurse.
 - b. Health appraisal data collection forms
 - c. Prescribed medications and their administration
 - d. Laboratory, x-ray and diagnostic studies
 - e. Signature and title of each documenter
 - f. Consent and refusal forms
 - g. Release of information forms
 - h. Place, date, and time of health related encounters
 - i. Discharge summary of hospitalizations
 - j. Health service reports, (e.g., dental, psychiatric, and other consultations)
2. Contracted healthcare providers and AFBH will establish written policies and procedures regarding transferring health records and information within the following requirements:
 - a. Summaries or copies of the health record are routinely sent to the facility to which the inmate is transferred.
 - b. Written authorization by the inmate is necessary to transfer health records and information unless otherwise provided for by law or administrative regulation having the force and effect of law.
 - c. Health record information is transmitted to specific and designated physicians or medical facilities in the community with the inmate's written authorization.
- I. **EXPERIMENTAL MEDICAL TREATMENT:** Inmates will not be used for medical, pharmaceutical, or cosmetic experiments. This does not preclude individual treatment needed for a specific medical procedure, which is not generally available.
- J. **INMATE WORKERS:** Inmate workers will not work in the OPHU or clinics in any capacity.
- K. **FIRST AID KITS:** First aid kits shall be available and secured in designated locked areas approved by the medical director and/or Risk Management. Supervisors of each area shall check and order supplies for first aid kits, as needed.

1. Each housing control area
 2. In designated areas of the core building (SRJ)
 3. Each of the Service Building areas
- L. **TERMINALLY ILL INMATES:** In cases where an inmate is housed in the OPHU and has been diagnosed as being terminally ill, the following may occur:
1. The facility Commanding Officer or his or her designee may, after receiving confirmation from the medical provider of the terminal illness, notify the inmate's next of kin.
 2. Special visits for hospitalized or other special medical inmates may be arranged at the discretion of the facility Commanding Officer or his or her designee.
- M. **TEMPORARY HOLDING CELL(s):** The facility OPHU and specific housing units maintain temporary holding cells with assigned staff providing continuing observation for housing seriously ill, behavioral health disordered, injured, or non-ambulatory inmates when, in the opinion of medical staff, such housing is required.