

# Marin County Sheriff's Office

Custody Manual

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## **MISSION**

Mission:

As law enforcement leaders, working in partnership with our communities, the Marin County Sheriff's Office provides professional, innovative, and proactive public safety services to promote the highest quality of life in Marin.

Motto:

In Partnership with our Communities

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### **CODE OF ETHICS**

My fundamental duty is to serve the community; to safeguard lives and property; to protect the innocent against deception, the weak against oppression or intimidation and the peaceful against violence or disorder; and to respect the constitutional rights of all to liberty, equality and justice.

I will keep my private life unsullied as an example to all and will behave in a manner that does not bring discredit to me or to my agency. I will maintain courageous calm in the face of danger, scorn or ridicule; develop self-restraint; and be constantly mindful of the welfare of others. Honest in thought and deed both in my personal and official life, I will be exemplary in obeying the law and the regulations of my department. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept ever secret unless revelation is necessary in the performance of my duty.

I will never act officiously or permit personal feelings, prejudices, political beliefs, aspirations, animosities or friendships to influence my decisions. With no compromise for crime, I will enforce the law courteously and appropriately without fear or favor, malice or ill will, never employing unnecessary force or violence and never accepting gratuities.

I recognize the badge of my office as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of criminal justice service. I will never engage in acts of corruption or bribery, nor will I condone such acts by other officers. I will cooperate with all legally authorized agencies and their representatives in the pursuit of justice.

I know that I alone am responsible for my own standard of professional performance and will take every reasonable opportunity to enhance and improve my level of knowledge and competence.

I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession.

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## Chapter 1 - Role and Authority

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## Organizational Structure and Responsibility

### 100.1 PURPOSE AND SCOPE

The organizational structure of the Custody Division is designed to create an efficient means to accomplish its mission and goals and to provide for the best possible service to the public (15 CCR 1029(a)(1)).

#### 100.1.1 PROCEDURES

There are no procedures associated with this policy.

[See attachment: MCSO Organizational Chart.pdf](#)

### 100.2 POLICY

It shall be the policy of the Department to maintain and make available to its members an organizational chart which depicts in detail the various divisions and units of the Department, as well as the allotment and rank of personnel in those divisions and units.

### 100.3 DETENTION SERVICES BUREAU

The Sheriff is responsible for administering and managing the Marin County Sheriff's Office. The Undersheriff is second-in-command and serves as the acting Sheriff during planned absences or when the Sheriff is otherwise unavailable.

The Detention Services Bureau is commanded by a Captain whose primary responsibility is to provide general management direction and control for the Detention Services Bureau. The Detention Services Bureau Captain is responsible for the following units and divisions within the Sheriff's Office:

- Custody Division
- Court Service Division

### 100.4 DETENTION SERVICES BUREAU STRUCTURE AND RESPONSIBILITY

The Detention Services Bureau organization chart places staff into related units. This promotes efficiency and groups similar functions as well as provides a clear chain of command from entry level positions to the Sheriff (15 CCR 1029(a)(1)). The organization chart is broken into three sections: Administration, Administrative Support, and Operations.

The Sheriff is responsible for administering and managing the Detention Services Bureau. The three branches within the Detention Services Bureau include:

- Administration
- Administrative Support
- Operations



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### *Organizational Structure and Responsibility*

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#### 100.4.1 ADMINISTRATION

**Sheriff** - Overall administrator of the Sheriff's Office, charged by law with the administration of local detention facilities in Marin County.

**Undersheriff** - Assumes the responsibilities as administrator of the Sheriff's Office in the absence of the Sheriff.

**Detention Services Bureau Commander** - Sheriff's Captain under the direction of the Undersheriff who is directly responsible for the overall operation, fiscal control, and personnel management of the Detention Services Bureau. The Captain is charged with the responsibility of interpreting and implementing department policy and establishing division policy to ensure an efficient and effective operation of the facility.

**Administrative Services Technician** - A professional staff position responsible for performing clerical and support tasks for the facility administration.

#### 100.4.2 ADMINISTRATIVE SUPPORT

**Administrative Lieutenant** - A Sheriff's Lieutenant who functions under the direction of the Captain of the Detention Services Bureau. The Administrative Lieutenant is responsible for the administration and operation of the Court Service Division and all support services involving sworn and professional staff as well as staff scheduling.

**Court Service Sergeant** - A Sheriff's Sergeant who functions under the Administrative Lieutenant. The Court Service Sergeant is responsible for supervision of bailiff functions, Court Training Deputies, Court security operations, Sheriff Service Assistants, and acting as a liaison with the Courts, Court Administrative Staff, and the Administrative Lieutenant.

**Food and Support Services Manager** - A professional staff position under the direction of the Operations Lieutenant. The Food and Support Services Manager, working with a registered dietitian, has the responsibility of ensuring that all meals served to inmates at county jail facilities, including those with special dietary requirements, meet Title 15 nutritional requirements. The Food and Support Services Manager also ensures that food storage, handling, and kitchen clean-up, meet all sanitation requirements. Additionally the Food and Support Services Manager will manage the Food Services Supervisor, Cooks, and Laundry Services, and the following positions:

- **Lead Cook** – A professional staff position under the direction of the Food and Support Services Manager who provides lead direction to all kitchen staff and inmates. Responsibilities include ordering, inventory and inspection of food, equipment and supplies, along with preparing cost projections for menu items.
- **Cooks** – A professional staff position under the direction of the Food and Support Services Supervisor who prepares, cooks, and serves food in a county detention setting. Responsibilities include cleaning cooking equipment, maintaining health and safety regulations in the kitchen facilities, and providing direction to kitchen inmate workers.
- **Laundry Supervisor** - A professional staff position under the direction of the Food and Support Services Supervisor. The Laundry Supervisor is responsible for the receiving

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### *Organizational Structure and Responsibility*

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and accounting of laundry, cleaning supplies, clothing, and linen supplies. The Laundry Supervisor ensures a smooth operation of the laundry by direct supervision of the assigned inmate workers.

#### 100.4.3 OPERATIONS DIVISION

**Operations Lieutenant** - A Sheriff's Lieutenant who functions under the Detention Services Bureau Commander. The Operations Lieutenant is directly responsible for the booking and housing operations of the facility.

**Administrative Sergeant** - A Sheriff's Sergeant who functions under the Operations Lieutenant. The Administrative Sergeant is responsible for the supervision of Sheriff's Service Assistants (SSA), administering codes pertaining to jail operation and structure, ensuring compliance of those codes, and is responsible for the physical plant and operation of the jail. The Administrative Sergeant supervises professional staff including, but not limited to Sheriff's Service Assistants and Maintenance staff.

**Housing Sergeant** - A Sheriff's Sergeant who is under the direction of the Operations Lieutenant. The Housing Sergeant is directly responsible for the supervision of all personnel assigned to the Housing Level. The Housing Sergeant is responsible for the overall operation of the Housing Level.

**Booking Sergeant** - A Sheriff's Sergeant who functions under the Operations Lieutenant. The Booking Sergeant is responsible for the supervision of all operations involving bookings and releases. The Booking Sergeant assumes the responsibility of the Operations Lieutenant in his or her absence.

**Transportation Sergeant** - A Sheriff's Sergeant who is under the direction of the Operations Lieutenant. The Transportation Sergeant is directly responsible for the overall supervision and operation of the Transportation Unit, the Classification Unit, and the Re-entry Unit.

**Facility Training Officer** - Sheriff's deputy responsible for the training of deputies who are newly assigned to the Custody Division.

**Booking Deputy** - Sheriff's deputy under the direction of the Booking Sergeant. The Booking Deputy is responsible for receiving, releasing, initial classification, and orientation of all inmates being housed.

**Transportation Deputy** - Sheriff's deputy under the direction of the Transportation Sergeant who is responsible for the transportation of inmates outside of the facility.

**Classification Deputy** – Sheriff's deputy under the direction of the Transportation Sergeant who is responsible for the classification interviews, classification reviews, disciplinary interviews, and gang intelligence.

**Re-Entry Deputy** – Sheriff's deputy under the direction of the Transportation Sergeant who is responsible to assist inmates in their transition from confinement back into the community.

**Pod Deputy** - Sheriff's deputy under the direction of the Housing Sergeant. The Pod Deputy is directly responsible for the direct supervision and safety of inmates being housed in the jail.

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**Movement Relief Deputy (MRD)** - Sheriff's Deputy under the direction of the Housing Sergeant. The MRD is responsible for inmate movement throughout the facility and for the overall security of the facility. The MRD provides break relief for the Pod deputies.

**Recruit Deputy** - Sheriff's deputy under the direction of an FTO. The recruit has the responsibility to learn and to be trained in the operations of all the facilities being administered by the Sheriff. The recruit must successfully complete the training program.

**Sheriff Service Assistants (SSA)** - A professional staff position under the direction of the Administrative Sergeant. The SSAs perform clerical and support tasks for the booking area, in the public lobby, and for administrative Staff. SSAs also work as central control dispatchers who are responsible for the control and monitoring of facility security, communications, and fire and life safety systems.

**Maintenance** - A professional staff position under the direction of the County Public Services and in cooperation with the Administrative Sergeant. The Maintenance staff is responsible for maintaining the safe physical environment of the jail and to conduct repairs as needed.

**Inmate Programs Coordinator** - A professional staff position who reports to the Booking Sergeant. The Inmate Programs Coordinator will act as a liaison with contracted program providers, community based organizations (CBOs), and volunteers that provide direct service to inmates and their families.

**Inmate Services Coordinator** - A professional staff position who reports to the Operations Lieutenant. The Inmate Services Coordinator's responsibilities will include, but are not limited to inmate commissary, tablet use, phone use, inmate mail, inmate financial accounts, faxing of inmate legal research requests to Legal Research Associates (LRA), distribution of the LRA legal materials to the requesting inmate, indigent mail processing, and the purchase of materials and products for inmates from the Inmate Welfare Fund (IWF).

**Medical**- Professional staff positions under the direction of County Health and Human Services. Medical staff is responsible for all inmate health concerns in the jail. Medical staff works with the Transportation Sergeant to deal with custody versus medical problems.

#### **100.5 CHAIN OF COMMAND**

The chain of command of the Department begins with the Sheriff, to whom all employees of the Department are responsible.

To maintain continuity, order and effectiveness in the Department, a chain of command has been established and should be respected. All staff members should adhere to the chain of command in all official actions. However, nothing shall prohibit a staff member from initiating immediate action outside of the chain of command if it is necessitated by a complaint of discrimination, sexual harassment, gross malfeasance, or a violation of the law.

## Authority and Legal Assistance

### 101.1 PURPOSE AND SCOPE

This policy acknowledges and reflects the legal authority under which the Marin County Sheriff's Office shall operate and maintain a local detention facility in this state. In addition to the authority vested by state law, the jail operates in accordance with these laws, constitutional mandates, regulations and local ordinances.

#### 101.1.1 PROCEDURE

There are no procedures associated with this policy.

### 101.2 POLICY

It is the policy of this Department that the local detention facility will be maintained by all lawful means for the incarceration of persons suspected of violating the law or who have been adjudicated as guilty of committing a crime or civil offense by a competent legal authority, as prescribed by law.

### 101.3 LEGAL FOUNDATION

Jail staff, at every level must have an understanding and true appreciation of their authority and limitations in the operation of a local detention facility. The Marin County Sheriff's Office recognizes and respects the value of all human life and the expectation of dignity without prejudice toward anyone. It is also understood that vesting law enforcement personnel with the authority to incarcerate suspected law violators to protect the public and prevent individuals from fleeing justice requires a careful balancing of individual rights and legitimate government interests.

### 101.4 LEGAL ASSISTANCE

The following are examples of areas where the services of the County Counsel and legal specialists can be of benefit to the Department:

- (a) Analyze and alert the jail executive and jail management team to jail-related case law.
- (b) Serve as a legal consultant in the construction and review of new jail policies and procedures.
- (c) Serve as a legal consultant on issues related, but not limited to:
  - 1. Use of force
  - 2. Faith-based requests
  - 3. Complaints and grievances
  - 4. Allegations of abuse by staff
- (d) Serve as legal counsel in legal matters brought against this department and the Sheriff.

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# Custody Manual

## 102.1 PURPOSE AND SCOPE

The Custody Manual is a statement of the current policies, rules, and guidelines of this department's jail. All prior and existing manuals, orders, and regulations that are in conflict with this manual are revoked, except to the extent that portions of existing manuals, orders, and other regulations that have not been included herein shall remain in effect where they do not conflict with the provisions of this manual.

Except where otherwise expressly stated, the provisions of this manual shall be considered guidelines. It is recognized, however, that work in the custody environment is not always predictable, and circumstances may arise that warrant departure from these guidelines. It is the intent of this manual to be viewed from an objective standard, taking into consideration the sound discretion entrusted to members of this department under the circumstances reasonably known to them at the time of any incident.

### 102.1.1 PROCEDURES

There are no procedures associated with this policy.

## 102.2 POLICY

The manual of the Marin County Sheriff's Office Jail is hereby established and shall be referred to as the Custody Manual (15 CCR 1029). All members are to conform to the provisions of this manual.

### 102.2.1 DISCLAIMER

The provisions contained in the Custody Manual are not intended to create an employment contract nor any employment rights or entitlements. The policies contained within this manual are for the internal use of the Marin County Sheriff's Office and shall not be construed to create a higher standard or duty of care for civil or criminal liability against the county, its officials or members. Violations of any provision of any policy contained within this manual shall only form the basis for department administrative action, training or discipline. The Marin County Sheriff's Office reserves the right to revise any policy content, in whole or in part.

## 102.3 RESPONSIBILITIES

The Sheriff shall be considered the ultimate authority for the provisions of this manual and shall continue to issue General Orders, which shall modify the provisions to which they pertain. General Orders shall remain in effect until such time as they may be permanently incorporated into the manual.

The Captain shall ensure that the Custody Manual is comprehensively reviewed at least every two years, updated as needed, and the staff trained accordingly to ensure that the policies in the manual are current and reflect the mission of the Marin County Sheriff's Office (15 CCR 1029). The review shall be documented in written form sufficient to indicate that policies and procedures have been reviewed and amended as appropriate to facility changes.

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### 102.3.1 COMMAND STAFF

The command staff should consist of the following:

- Sheriff
- Undersheriff
- Captain
- Lieutenant

### 102.3.2 OTHER PERSONNEL

Line and supervisory staff have a unique view of how policies and procedures influence the operation of the facility and therefore are expected to bring to the attention of their supervisors issues that might be addressed in a new or revised policy.

All members suggesting revision of the contents of the Custody Manual should forward their suggestions in writing, through the chain of command, to the Captain, who will consider the recommendation.

### 102.3.3 INTERNAL AND EXTERNAL SECURITY MEASURE REVIEW

The Captain shall ensure that Custody Manual review, evaluation, and procedures include internal and external security measures of the facility, including security measures specific to prevention of sexual abuse and sexual harassment (15 CCR 1029).

## 102.4 DEFINITIONS

The following words and terms shall have these assigned meanings, unless it is apparent from the content that they have a different meaning:

**Department** - The Marin County Sheriff's Office.

**Custody Manual** - The Department Custody Manual.

**Employee** - Any person employed by the Department.

**Incarcerated Person** - Any person held in the custody of the jail.

**May** - Indicates a permissive, discretionary, or conditional action.

**Member** - Any person employed or appointed by the Marin County Sheriff's Office, including:

- Full- and part-time employees.
- Sworn deputies.
- Reserve deputies.
- Professional Staff employees.
- Volunteers.

**Deputy** - All persons, regardless of rank, who are employees and who are selected and trained in accordance with state law as deputies of the Marin County Sheriff's Office.

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**On-duty employee** - Status during the period when the employee is actually engaged in the performance of assigned duties.

**Order** - A written or verbal instruction issued by a superior.

**Rank** - The job classification title held by a deputy.

**Shall or will** - Indicates a mandatory action.

**Should** - Indicates a generally required or expected action absent a rational basis for failing to conform.

#### **102.5 DISTRIBUTION OF MANUAL**

Copies of the Custody Manual shall be made available to all members. An electronic version of the Custody Manual will be made available to all members on the department network (15 CCR 1029).

No changes shall be made to the electronic version without authorization from the Captain.

#### **102.6 MANUAL ACCEPTANCE**

As a condition of employment, all members are required to read and obtain necessary clarification of this department's policies. All members are required to sign a statement of receipt acknowledging that they have received a copy or have been provided access to the Custody Manual.

#### **102.7 REVISIONS TO POLICIES**

All members are responsible for keeping abreast of all Custody Manual revisions. All changes to the Custody Manual will be posted on the department network for review prior to implementation. The Professional Standards Lieutenant will forward revisions to the Custody Manual as needed to all personnel via electronic mail. Each member shall acknowledge receipt by return email or online acknowledgement, review the revisions, and seek clarification as needed.

Each supervisor will ensure that members under the supervisor's command are familiar with and understand all revisions.

## General Orders

### 103.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for issuing General Orders.

#### 103.1.1 PROCEDURES

There are no procedures associated with this policy.

### 103.2 POLICY

General Orders establish a communication practice that may be used by the Sheriff to make immediate changes to policy and procedure in accordance with and as permitted by statutes, regulations, or negotiated contracts. General Orders will immediately modify or change and supersede the sections of this manual to which they pertain.

### 103.3 GENERAL ORDERS PROTOCOL

General Orders will be incorporated into the manual as required upon approval of the Sheriff. General Orders will modify existing policies or create a new policy as appropriate. The previous policy will be rescinded upon incorporation of the new or updated policy into the manual.

Any General Order issued after publication of the manual should be numbered consecutively, starting with the last two digits of the year, followed by the number "01" as in yy-01.

### 103.4 RESPONSIBILITIES

#### 103.4.1 AGENCYHEAD

The Sheriff, with the assistance of department staff, shall issue and be responsible for all General Orders, including their publication and dissemination throughout the Department.

#### 103.4.2 MANAGERS AND SUPERVISORS

Managers and supervisors are responsible for ensuring that staff under their command receives training on all new General Orders.

Training documentation shall be kept within the employee acknowledgment area within Lexipol.



## Post Orders

### 104.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for the development of post orders and the training of members assigned to each post.

#### 104.1.1 PROCEDURES

There are no procedures associated with this policy.

### 104.2 POLICY

It is the policy of this department to develop comprehensive post orders for every position. Copies of the orders should be maintained at each post or available electronically. Members shall be familiar with the post orders before working a position.

### 104.3 DEVELOPMENT

Clear procedures, listed in the procedure manual, will be incorporated into post orders for all regular daily activities including, but not limited to, safety checks, head counts, meals, sick call, recreation, clothing exchange, mail distribution and response to emergencies, such as fires, natural disasters and criminal acts.

### 104.4 REVIEW AND UPDATE

Post orders shall be reviewed at least annually and updated whenever necessary by the Captain or the authorized designee.

### 104.5 TRAINING

Detention Services FTO Sergeants shall ensure that all staff members assigned to posts are properly trained to perform all of the duties and responsibilities described in the post orders. The Jail Administrative Sergeant shall ensure that all staff members assigned to posts are properly trained to perform all of the duties and responsibilities related to fire, life-safety and the emergency response procedures that have been implemented by the Captain. This may include the use of self-contained breathing apparatus (SCBA) if such equipment is available and/or required by the local fire authority. All training should be documented in each member's training file and retained in accordance with established records retention schedules.

## **Chapter 2 - Organization and Administration**

# Supervision of Incarcerated Persons - Minimum Requirements

## 200.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure the safety and security of the facility through the application of appropriate staffing levels.

### 200.1.1 PROCEDURES

There are no procedures associated with this policy.

## 200.2 POLICY

It is the policy of this facility to provide for the safety and security of citizens, staff and incarcerated persons through appropriate staffing levels that are sufficient to operate the facility and perform functions related to the safety, security, custody, and supervision of incarcerated persons.

## 200.3 SUPERVISION OF INCARCERATED PERSONS

There shall be, at all times, sufficient staff designated to remain in the facility for the supervision and welfare of incarcerated persons, to ensure the implementation and operation of all programs and activities as required by Title 15 CCR Minimum Jail Standards, and to respond to emergencies when needed. Such staff must not leave the facility while incarcerated persons are present and should not be assigned duties that could conflict with the supervision of incarcerated persons (15 CCR 1027).

When a person from each gender is being held at this facility, a minimum of two deputies from each gender should be on-duty in the jail at all times. The balance of the shift total may be filled without regard to gender. If for any reason a specific shift goes below this minimum, a sergeant will notify the Operations Lieutenant of the shortage and the reason for it occurring.

Staff members shall not be placed in positions of responsibility for the supervision and welfare of incarcerated persons of the opposite gender in circumstances that can be described as an invasion of privacy or that may be degrading or humiliating to the incarcerated persons.

To the extent reasonably practicable, incarcerated person bathrooms will contain modesty screens that preserve privacy without creating areas that cannot be properly supervised.

The Captain or the authorized designee shall be responsible for developing staffing plans to comply with this policy. Records of staff deployment should be maintained in accordance with established records retention schedules (Penal Code § 4021; 15 CCR 1027).

When conducting the bi-annual employee schedule sign up, each team shall have at least three deputies of each gender assigned to that team. The balance of the team assignments may be assigned without regard to gender. The three deputy gender minimum will apply even if it impacts a specific deputy's seniority sign up privilege.

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### *Supervision of Incarcerated Persons - Minimum Requirements*

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Vacation requests shall be granted without regard to gender except that they may not drop any assigned shift below the two deputies per gender minimum on any given day.

## Prohibition on Incarcerated Person Control

### 201.1 PURPOSE AND SCOPE

The purpose of this policy is to define the requirement that staff should at all times exercise control of the incarcerated person population under their supervision and should prevent incarcerated persons from controlling other incarcerated persons within the facility.

#### 201.1.1 PROCEDURES

There are no procedures associated with this policy.

### 201.2 POLICY

All staff, including support staff, contractors, and volunteers should exercise control and supervision of all incarcerated persons under their control. Assigned pod workers work under the supervision of the Pod Deputy and will at no time have direct control over another incarcerated person or incarcerated person worker. It is the policy of this department to prohibit any staff member to implicitly allow, or by dereliction of duty allow, any incarcerated person or group of incarcerated persons to exert authority over any other incarcerated person (Penal Code § 4019.5; 15 CCR 1083(b)).

### 201.3 EDUCATION, DRUG, OR ALCOHOL PROGRAM ASSISTANTS

Nothing in the policy is intended to restrict the legitimate use of incarcerated persons to assist in the instruction of educational or drug and alcohol programs. Any use of incarcerated persons in this manner will be expressly authorized by the Captain in a legally prescribed manner. Any program that uses incarcerated persons to assist in legitimate program activities will be closely supervised by facility employees or vocational instructors. Nothing in this section is intended to authorize an incarcerated person program assistant to engage in disciplining other incarcerated persons.

## Tool and Culinary Equipment

### 202.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a tightly controlled process for the use of tools and culinary equipment in order to reduce the risk of such items becoming weapons for the inmate population. While there are times that specific inmate workers may need to possess tools or equipment for legitimate daily operations, the possession and use of those tools must be carefully monitored and controlled by staff (15 CCR 1029(a)(6)).

#### 202.1.1 PROCEDURES

[Custody Procedure Manual: 205.1 TOOL AND CULINARY EQUIPMENT PROCEDURE](#)

### 202.2 POLICY

It is the policy of this facility to securely store, inventory, control and monitor the use of tools and culinary equipment to ensure accountability and the secure use of these items (15 CCR 1029(a)(6)).

### 202.3 CUSTODY TOOLS

Tools include all implements that are maintained within the secure perimeter of the facility to complete specific tasks. These tools include, but are not limited to, mops, brooms, dustpans and floor polishers.

All tools, culinary items or medical equipment shall be locked in secure cabinets or storage rooms when not in use.

Any time tools are brought into a secure area where inmates are present, staff supervising the area shall count the number of tools brought in to ensure that the same number of tools is taken out.

Any tool that is used within the secure perimeter of the facility must be closely monitored and controlled by the staff supervising the area so that it cannot be used as a weapon (15 CCR 1029(a)(6)). Inmates who are assigned tasks that require these tools shall be closely supervised.

An inventory of all tools used and stored within the secure perimeter of the facility shall be developed and maintained by the Captain. Tools will be inventoried and reviewed annually by the administrative Sergeant. The loss of any tool will be immediately reported to the on-duty supervisor, who shall initiate immediate action to locate or account for the missing tool, including:

- (a) Detaining and searching any inmate who had access to the tool.
- (b) Conducting a thorough search of the immediate area for the missing item.
- (c) Initiating a facility-wide search.

The staff member responsible for the supervision of the use of the missing tool will prepare and submit a report to the Lieutenant documenting the specific tool that is missing and the circumstances of the disappearance. The report will be forwarded to the Captain. A report

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identifying all members involved in the search should be submitted to the on-duty supervisor documenting their findings.

#### **202.4 MAINTENANCE OR CONSTRUCTION TOOLS**

Maintenance or construction tools are those tools and equipment that are brought into and out of the secure perimeter of the facility by employees or contractors to facilitate repairs or construction of the physical plant. Only the tools and equipment needed specifically for the intended work will be permitted into the facility. All tools and equipment will be inventoried and a list of the tools will be provided to the Administrative Sergeant prior to any tools or equipment being brought inside the secure perimeter.

The Maintenance Department secures issues, accounts for, and cares for all maintenance tools and related equipment. All tools are kept in a locked tool cabinet or hung on an outlined, labeled pegboard in the Maintenance office. The Maintenance office will be locked at all times when unattended. If Maintenance, kitchen, or program staff discovers that a tool is missing, they will immediately search the area where the tool was last used. If the tool is not found, the Booking Sergeant and Housing Sergeant will be notified immediately. The sergeants will coordinate and initiate additional searches of the area and/or inmates as appropriate. If the tool is still not found, the staff member shall write an Incident Report and submit it to the Booking Sergeant.

When using a contractor, the Administrative Sergeant will check the tools being brought into this facility against the inventory list. Prior to entering the secure perimeter of the facility, the contractor shall be instructed to maintain personal possession of the tools at all times. When it is necessary to complete a task in an area where inmates are present, the inmates shall be locked down by staff supervising the area.

When the person has finished working in the area, a deputy will ensure that all tools are accounted for by checking the tool inventory. In the event of a discrepancy, the on-duty supervisor shall be immediately notified and appropriate action taken to locate or account for the items. Once all tools have been accounted for, the inmates may be released from lockdown.

#### **202.5 EXTERIOR-USE TOOLS**

Exterior-use tools are those that are used by inmate workers outside of the secure perimeter. These tools include, but are not limited to, the following:

- Handheld tools
- Power tools
- Landscape maintenance tools

Only inmate workers who are classified to work outside the secure perimeter of the facility will be allowed to possess exterior-use tools. The deputy responsible for supervising inmate workers on outside work crews will inventory all tools assigned for this purpose at the beginning of the work detail.

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### *Tool and Culinary Equipment*

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Any tool issued to an inmate will be logged with the inmate's name, the tool type, and, if applicable, a serial number documented. When an inmate worker is finished with that tool, the responsible staff member shall check the tool against the check-out log and document its return. Inmate workers shall not be permitted to pass tools between each other except under the direct supervision of a deputy.

All tools will be checked-in and noted on the log and returned to the tool storage area at the end of the work detail. Until all tools are accounted for, inmate workers should not be released from the work assignment.

In the event that an exterior-use tool is missing, the deputy shall immediately notify a supervisor. A thorough search for the tool will be undertaken and an incident report shall be completed. Inmates may only be released from their work assignments when it has been determined that it is safe to do so, and upon the approval of the supervisor. The incident report with all relevant information shall be forwarded to the Captain.

#### **202.6 KITCHEN EQUIPMENT**

Culinary tools are located in the kitchen and include common tools used in the preparation, service and delivery of meals.

All kitchen knives or metal tools with sharp edges shall be stored in a locked cabinet. There shall be an outline of the tool's assigned location in the cabinet so that any tool missing from the cabinet can be easily identified. When in use, all knives shall be tethered to the work area. All tools shall be returned to the secure cabinet when not in use.

Civilian Kitchen staff assigned to the kitchen shall inventory all kitchen tools at the beginning of his/her shift and prior to the arrival of inmate workers. Kitchen tools will only be issued to inmates who have been classified as inmate workers. Staff will supervise inmates at all times when the inmates are using tools.

Each tool issued will be assigned to an individual inmate and logged. Each tool issued will be logged by Civilian Kitchen Staff on the "Knife Inventory Control" sheet. Logged entries shall include the date, staff name, type of tool, time of issuance, and time of return. At the completion of the task, the tool will be returned to a secure, locked cabinet and logged in by Civilian Kitchen Staff. Inmate workers shall not be permitted to pass tools between each other except under the direct supervision of Civilian Kitchen Staff.

All tools will be returned to the kitchen tool cabinet at the end of each work day and must be accounted for prior to any inmate worker being released from the work assignment.

In the event that a kitchen tool is missing, Civilian Kitchen Staff shall immediately notify the on-duty supervisor, who shall initiate immediate action to locate or account for the missing tool. A thorough search for the tool will be undertaken and an incident report shall be completed by the Civilian Kitchen Staff responsible for the supervision of the use of the tool. The incident report with all relevant information shall be forwarded to the Captain.



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#### **202.7 SERVING AND INDIVIDUAL EATING TOOLS**

Serving tools and individual eating tools are those culinary tools located outside of the kitchen. Only inmate workers who are assigned to serve food shall be in control of serving tools. The tool type shall be documented on the Marin County Sheriff's Office Bureau of Detention Services Meal Transport Form. The Deputy supervising meal service shall document if a serving tool has been issued prior to meal service. The Deputy supervising meal service shall inventory serving tools at the conclusion of each meal. Upon food service carts return to the kitchen, the inmate workers shall individually check their tools in with the civilian kitchen staff, who shall document each one.

In the event that a serving tool is missing, Civilian Kitchen Staff shall notify a supervisor and a search for the tool shall be initiated.

Eating utensils (forks/spoons/sporks) shall be counted by the deputy supervising the meal service prior to and at the completion of each meal. In the event that a utensil is missing, the housing unit shall be immediately locked down and a supervisor notified. A thorough search of the housing unit shall be initiated to locate the tool.

#### **202.8 RESCUE KNIVES**

Located in each pod is a rescue knife that is only to be used in emergency situations. Staff will only be authorized to use these knives to assist them in life saving situations where an inmate has tried to hang themselves in the pod. The purpose of having the knives in the pods is to provide deputies cutting tools that will quickly allow them to cut inmates down during suicide attempts. The knives will remain locked in the top left side drawer underneath the deputies' work station in the pod. Each pods' key ring has a specifically labeled key on it to help staff locate the key in an emergency. Additional rescue knives will also be kept in the Booking Sergeant's and Housing Sergeant's lock boxes, as well as in the taser safe behind the booking Deputies/SSA station, in case of emergencies. No staff member shall carry any knife or utility tool on their persons in the jail at any time, except when using a jail rescue knife during an emergency situation.

## Records and Data Practices

### **203.1 PURPOSE AND SCOPE**

This policy establishes guidelines for the control and access of confidential records by staff, contractors and volunteers.

#### **203.1.1 PROCEDURES AND RELATED POLICIES**

There are no procedures associated with this policy.

Refer to the Records Maintenance and Release Policy and the Protected Information Policy in the Policy Manual for more information related to this policy.

### **203.2 ACCESS TO CRIMINAL RECORDS**

Official files, documents, records, electronic data, video and audio recordings and information held by the Marin County Sheriff's Office or in the custody or control of department employees, volunteers or contractors are regarded as non-public and/or confidential.

Access to confidential paper or electronically generated records in this facility is restricted at various locations according to job function and the need to know. Employees working in assigned areas will only have access to the information that is necessary for the performance of their duties. Granting access to other employees or anyone outside of the work area must meet with supervisory approval. All requests for information received from outside the Department shall be forwarded to the Captain.

Custody staff, volunteers and contractors shall not access, disclose or permit the disclosure or use of such files, documents, reports, records, video or audio recordings or other confidential information except as required in the performance of their official duties and in accordance with department policies, statutes, ordinances and regulations related to data practices.

Custody staff, volunteers and contractors who are uncertain of the confidentiality status of any document should consult with a supervisor or Captain to determine the status of the documents in question.

### **203.3 STAFF TRAINING**

Prior to being allowed to work inside this facility, all custody staff, volunteers and contractors will receive training on department records, policies and confidentiality requirements, including the potential criminal and civil penalties that may result from a breach of confidentiality in violation of this policy and all applicable statutes.

## Research Involving Inmates

### 204.1 PURPOSE AND SCOPE

The purpose of this policy is to establish safeguards and guidelines to protect inmates from being used as research subjects in medical and other research experiments based only on their status as inmates and without proper approval, review or informed consent.

#### 204.1.1 PROCEDURES

There are no procedures associated with this policy.

### 204.2 POLICY

The Marin County Sheriff's Office may conduct and support research that improves operations, enhances professional knowledge, decreases recidivism and advances the department's mission in accordance with existing laws and with appropriate protection of all inmates. However, the use of inmates for medical, pharmaceutical, or cosmetic experiments is prohibited.

### 204.3 AUTHORIZATION REQUIREMENTS

Prior to initiating any approved research, all persons conducting research in this facility must agree to abide by all department policies relating to the security and confidentiality of inmate files. Based upon the intended use of the research, guidelines will be established regarding what information shall be accessible to the researcher or the research organization.

Any requests for an exception shall include a response to the following questions as part of the proposed research project:

- Who is conducting the research?
- What is the purpose of the research?
- What is the methodology?
- Do the researchers or persons advocating research involving the use of inmates have an understanding of their ethical responsibilities, including considerations for the establishment of an Institutional Review Board (IRB), as described in 45 CFR 46.301 et seq.?
- Any other information as deemed appropriate by the Captain or Sheriff.

Inquiries regarding proposed research projects from local, state and federal executive and legislative bodies/agencies will be brought to the attention of the Sheriff immediately by the employee who receives the request. At the direction of the Sheriff, an appropriate and timely response will be made to each legitimate inquiry.

Research or studies involving more than the information identified as public information may require signed release/waiver forms from the involved inmates. The Sheriff should consult and seek guidance from the legal counsel serving the Department or other legal expert in these matters.

## *Research Involving Inmates*

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Inmates are not precluded from individual treatment based on the need for a specific medical procedure that is not generally available. An inmate's treatment with a new medical procedure by the inmate's own physician shall be undertaken only after the inmate has received a full explanation of the positive and negative features of the treatment, and only with the inmate's informed consent.

### **204.4 LEGAL CONSIDERATIONS**

Any research conducted or supported by the United States Department of Health and Human Services (DHHS) will be required to comply with the provisions of 45 CFR 46.301 et seq.

#### **204.4.1 BIOMEDICAL RESEARCH**

Research relating to or involving biological, medical or physical science shall not be conducted on any inmate. This does not include the accumulation of statistical data in the assessment of the effectiveness of nonexperimental public health programs or treatment programs in which inmates routinely participate (Penal Code § 3502).

Records-based biomedical research using existing information, without prospective interaction with inmates, may be conducted consistent with Penal Code § 3500 et seq. and federal law.

### **204.5 INMATES IN COMMUNITY-BASED RESEARCH**

When inmates who are participants in a community-based research protocol are admitted to the facility, the following shall occur:

- (a) The intake nurse shall collect all relevant data including name and contact information of the treating physician, and all available detail about the treatment regimen and the condition being treated.
- (b) The responsible physician shall be contacted prior to the initiation of treatment.
- (c) Consultation with community researchers shall be made by the responsible physician to determine the intent of the study and any necessary parameters to measure as the treatment period progresses.
- (d) Necessary information shall be obtained so that withdrawal from the research protocol is done without harming the health of the inmate.

### **204.6 HUMAN RESEARCH STUDIES**

This department does not endorse enrolling inmates into human research studies. Requests to enroll inmates in human research studies will not ordinarily be approved. However, any request to enroll an inmate into such a study must be reviewed by the Sheriff, the Responsible Physician and legal counsel, and authorization provided prior to enrollment. Any authorized enrollments shall comply with all state and federal guidelines.

## Inmate Records

### 205.1 PURPOSE AND SCOPE

This policy establishes the procedures required to create and maintain accurate records of all persons booked and confined in this facility.

#### 205.1.1 PROCEDURE

[Custody Procedure Manual: 209.1 INMATE RECORDS PROCEDURE](#)

### 205.2 POLICY

It is the policy of this department that all records shall be complete and comprehensive, resulting in reliable data that provides information about each inmate's period of confinement, as well as histories of previous confinement in this facility. All inmate records are official department documents and should be used for official business only. Inmate records are a vital component of the criminal justice system and should only be released to authorized persons.

### 205.3 RECORD MAINTENANCE

Records are maintained electronically in the Corrections Management System (CMS) on all persons who have been committed or assigned to this facility. If the information or records are in paper format and not part of the electronic system, then it is the responsibility of the Documentary Services Division to scan those documents received from the Jail in to the electronic booking. These records include, but are not limited to, the following (15 CCR 1041):

- Information gathered during the admission process as provided in the Inmate Reception Policy
- Photographs and fingerprints cross referenced to the booking number
- Duration of confinement
- Cash and property receipts
- Classification records, including inmate classification levels and housing restrictions
- Housing history records
- Reports of disciplinary events and dispositions
- Grievances and dispositions
- Reports of incidents or crimes committed during confinement
- Court appearances, documents and the disposition of hearings
- Work documentation
- Visitation records
- Medical staff shall keep records relating to medical, dental, mental health, drug and alcohol screenings, assessments, treatments and medications

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### *Inmate Records*

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The Captain or the authorized designee shall establish a procedure for managing inmate records.

#### **205.3.1 COURT ORDERS OF NAME OR GENDER CHANGE**

When a court order is received that involves a name change of an inmate, a system administrator shall document the new name in the inmate's records and list any prior names as an alias. When a court order is received involving a gender change, appropriate adjustments will be made to the inmate records (Code of Civil Procedure § 1279.5).

#### **205.4 RELEASE OF INMATE RECORDS**

Inmate records are confidential and shall be used for official business only. Any release of inmate records shall be made only in compliance with a lawful court order or as authorized by state and federal law to persons having a legitimate criminal justice need, or with a consent form signed by the inmate (15 CCR 1045). A copy of the release authorization document shall be maintained in the inmate record file.

#### **205.5 ELECTRONIC RECORD MAINTENANCE**

All inmate records and data maintained in an electronic format shall be accessible only through a login/password-protected system capable of documenting by name, date and time any person who has accessed the information. The Captain shall be responsible for working with the information technology personnel to ensure the security of the data and to develop and maintain a copy of the security plan.

#### **205.6 RECORDS RETENTION**

Inmate records shall be maintained consistent with the established records retention schedule.

#### **205.7 INFORMATION SHARING REGARDING IMMIGRATION STATUS**

No member of this department will prohibit, or in any way restrict, another member from doing any of the following regarding the citizenship or immigration status, lawful or unlawful, of any individual (8 USC § 1373; Government Code § 7284.6):

- (a) Sending information to, or requesting or receiving such information from federal immigration officials
- (b) Maintaining such information in department records
- (c) Exchanging such information with any other federal, state or local government entity

Nothing in this policy restricts sharing information permissible under the California Values Act.

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## Daily Activity Logs

### 207.1 PURPOSE AND SCOPE

Accurate and legible records are vital to the management of the facility. They provide a means for managers to review events and emergency situations that have occurred within the facility.

This policy provides guidance for creating and maintaining accurate and legible records necessary for the management of the facility.

#### 207.1.1 PROCEDURE

There are no procedures associated with this policy.

### 207.2 POLICY

This policy establishes the requirement for the preparation, maintenance and retention of permanent logs and shift reports to provide a record of both routine activities and unusual events such as emergencies or other notable occurrences.

### 207.3 PROCEDURES

All members assigned to a security post shall prepare an accurate daily activity log and shift report. The daily activity log is a permanent record of daily activities. Members who falsify any official document may be subject to disciplinary action, up to and including termination, as well as criminal prosecution.

All members will adhere to the following procedures when preparing a daily activity log:

- (a) Entries are logged into an electronic record, otherwise black ink pen shall be used.
- (b) Entries should be legible and provide sufficient detail to ensure that the log entry or report properly reflects the events of the day.
- (c) Entries shall include the name and badge number of the individual making the entry.
- (d) Entries shall reflect the date and time of the event logged.
- (e) Entries created and stored electronically shall not be modified. If corrections or changes become necessary, they shall be done by way of a supplemental entry, leaving the original entry unaltered and retrievable.
- (f) Handwritten log entries requiring modification shall be crossed out with one line and a new entry made, noting that it is a correction.

### 207.4 DAILY ACTIVITY LOG

All pertinent activities should be documented in the daily activity log. At a minimum this includes:

- Personnel on-duty
- Formal counts
- Well-being checks, security checks and inspections and routine activities

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### *Daily Activity Logs*

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- All searches
- Inmate movement within the facility
- Inmates received at a housing assignment
- Inmate releases
- Meal service
- Professional visits to the housing units, including maintenance work and tours
- Alarms and security equipment tests
- Medication delivery, sick call or inmate complaint of illness or injury and the action taken
- Inmate recreation time
- Disciplinary actions
- Supervisor rounds to the housing area and/or to specific inmates
- Unusual inmate behavior
- Discovered contraband
- Activities and programs offered and the attendees
- Unusual occurrences
- Use of emergency equipment
- Pod lockdown and reason

The daily activity log will be retained in accordance with established records retention schedules.

#### **207.5 SUPERVISOR RESPONSIBILITIES**

Supervisors shall review the daily activity logs during the course of each shift. Supervisors shall include the date and time of review on each log. When appropriate, supervisors should include comments in the logbook with regard to an incident or unusual occurrence in the facility.



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## Administrative and Supervisory Inspections

### 208.1 PURPOSE AND SCOPE

The purpose of this policy is to establish both regularly scheduled and unannounced inspections of the facility's living and activity areas. This is to encourage contact with staff and inmates and to observe inmate living and working conditions. Inspections may be useful in identifying deficiencies, which can be corrected, as well as processes working properly, which may be replicated elsewhere in the facility.

#### 208.1.1 PROCEDURES

There are no procedures associated with this policy.

### 208.2 POLICY

Tours and inspections shall be conducted by administrative and supervisory staff throughout the jail at least weekly to facilitate and encourage communication among administrators, managers, supervisors, staff employees, inmates and the visiting public.

### 208.3 INSPECTIONS

The Captain is responsible for ensuring that scheduled and unscheduled inspections, visits and contacts are implemented to minimally include:

- (a) The general conditions and overall climate of the facility.
- (b) The living and working conditions of inmates.
- (c) Communication between administrators, managers, supervisors, staff, inmates and the visiting public.
- (d) Compliance with policies.
- (e) Safety, security and sanitation concerns.
- (f) Inmate concerns.
- (g) Meal services.

#### 208.3.1 AREAS TO BE INSPECTED

Supervisor inspections should occur in all occupied areas of the facility on a daily basis, including weekends and holidays. Inspections should be conducted randomly and special effort should be given to tour and informally inspect the following areas:

- Inmate housing areas
- Booking and receiving areas, including holding cells
- Exercise yard and recreation areas
- Visiting and program areas

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### *Administrative and Supervisory Inspections*

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- Medical and dental service areas
- Vocational work areas, e.g., the kitchen, janitorial closets
- Sallyports and transportation staging areas

#### **208.4 DOCUMENTATION AND REPORTING**

Each staff member conducting the inspection or tour shall document the activity in the appropriate POD or facility log (CMS). The log should include any significant findings that indicate remedial action or training which may be needed. Significant issues of security or safety shall be addressed promptly. Commendable or successful actions that should be replicated elsewhere in the facility should also be noted in the log.

The Operations Lieutenant shall review the logs and ensure that any deficiencies noted are addressed or forwarded through the chain of command, as appropriate, and that commendable actions are also appropriately addressed.

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## Accessibility - Facility and Equipment

### 210.1 PURPOSE AND SCOPE

This policy is intended to ensure that staff and the general public have access to the facility, in compliance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act (29 USC § 794).

#### 210.1.1 DISABILITY DEFINED

A disability is any physical or mental impairment that substantially limits one or more major life activities. These include, but are not limited to, any disability that would substantially limit the mobility of an individual or an impairment of vision and/or hearing, speaking or performing manual tasks that require some level of dexterity. Additionally, disability includes a physical or mental impairment that would inhibit a person's ability to meet the requirements established by the Department for conducting visitation or other business in the facility.

#### 210.1.2 PROCEDURES

[Marin County Sheriff's Office Custody Procedure Manual: 210.1 HEARING IMPAIRED ACCESSIBILITY PROCEDURE](#)

### 210.2 POLICY

The Marin County Sheriff's Office prohibits discrimination of persons with disabilities. The Marin County Sheriff's Office adheres to the ADA and all other applicable federal and state laws, regulations and guidelines in providing reasonable accommodations to ensure that the facility is reasonably accessible to and usable by individuals.

### 210.3 ACCOMMODATIONS

As part of the compliance with the ADA and the commitment to provide access to persons with disabilities, the Department will work in conjunction with the Marin County ADA Coordinator to provide reasonable accommodations that include, but are not limited to:

- Vehicle parking areas that accommodate cars and vans or other vehicles with wheelchair lifts.
- Public areas that are wheelchair accessible.
- Drinking fountains that can accommodate wheelchairs or other mobility devices.
- ADA-compliant elevators.
- Restroom areas that are wheelchair compliant and meet ADA standards for accessibility.
- Search areas and metal detection devices, including private areas where alternative search methods may be performed.
- Services and equipment for the deaf and hard of hearing.

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### *Accessibility - Facility and Equipment*

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- Visitor check-in areas.
- Visitation areas, including attorney interview rooms that can accommodate wheelchairs and other mobility devices.

#### **210.3.1 PERSONNEL RESPONSIBILITIES**

Personnel receiving a request for accommodation should make reasonable attempts to do so. If a request cannot be reasonably accommodated, a supervisor should be notified.

Personnel becoming aware of a potential ADA violation should document the issue in a memorandum and forward the memorandum to the Jail Administrative Sergeant.

Personnel receiving a complaint of disability discrimination or inability to reasonably access the facility, or any other complaint related to the ADA, should document the complaint and refer the matter to the Jail Administrative Sergeant.

#### **210.4 JAIL ADA LIAISON**

The Jail Administrative Sergeant will serve as the Jail ADA Liaison. The Jail Administrative Sergeant will be responsible for working with the Marin County ADA Coordinator when it is necessary to coordinate compliance with ADA requirements for the jail's public areas. The Jail Administrative Sergeant should be knowledgeable and experienced in a variety of areas, including:

- (a) The department's structure, activities and employees, including special issues relating to the requirements of the jail.
- (b) The accommodation needs of people with a broad range of disabilities.
- (c) Alternative formats and technologies that enable staff, inmates, and the public with disabilities to communicate, participate, and perform tasks related to jail activities.
- (d) Construction and remodeling requirements with respect to ADA design standards.

#### **210.4.1 DISSEMINATION OF INFORMATION**

The Jail Administrative Sergeant will be responsible for the dissemination of information to staff and visitors on issues specifically related, but not limited to:

- Services available to members of the public who are disabled.
- Accessing services to accommodate disabilities.
- Registering complaints or grievances relating to issues involving the ADA.

## News Media Relations

### 211.1 PURPOSE AND SCOPE

This policy provides guidelines for media releases and media access to this facility's incidents and general public information.

#### 211.1.1 PROCEDURES

[Custody Procedure Manual: 218.1 NEWS MEDIA RELATIONS PROCEDURE](#)

### 211.2 POLICY

It is the policy of this department that the ultimate authority and responsibility for the release of information to the media shall remain with the Sheriff. However, in situations not warranting immediate notice to the Sheriff and in situations where the Captain has given prior approval, the Operations Lieutenant or Public Information Officer may prepare and release information to the media in accordance with this policy and applicable law (15 CCR 1045).

#### 211.2.1 MEDIA REQUEST

Any media request for information or access to this facility shall be referred to the Operations Lieutenant, the Public Information Officer, or if unavailable, to the first available supervisor. Prior to releasing any information to the media, employees shall consider the following:

- (a) At no time shall any employee of this department make any comment or release any official information to the media without prior approval from a supervisor or the Public Information Officer.
- (b) In any situation involving a law enforcement agency, reasonable efforts shall be made to coordinate media releases with the authorized representative of each involved agency prior to the release of any information by this department.
- (c) Under no circumstance should any member of this department make any comment to the media regarding any law enforcement or corrections-related incident that does not involve this department without prior approval of the Sheriff or the authorized designee.

### 211.3 MEDIA ACCESS

#### 211.3.1 MEDIA INTERVIEW OF INMATES

Requests for visits of the facility by the news media should be done by advance appointment. Requests for visits will be referred to the Operations Lieutenant. When events are of an unusual or a high profile nature, requests are to be referred to the Operations Lieutenant, or in his/her absence, the Administration Lieutenant.

During visits by the news media, photographs/video and interviews may be taken as prearranged by the Operations Lieutenant. No interviews are permitted with inmates randomly encountered in the course of an institutional activity or visit. No inmates will be selected at random for interviews.

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Interviews will be done during regular visiting hours under the usual visiting rules. Interviews will not be authorized to provide publicity for inmates.

An inmate has a right to privacy and has the right not to be photographed (still, movie, video) or have his/her voice recorded. Written consent must be obtained from the inmate(s) prior to photographing and voice recording. The Release of Information/Interview Authorization Form is used and placed in the inmate's Jail File. An interview may be disapproved for any of the following reasons:

- The news media representative or organization does not agree to the conditions of this policy.
- The inmate is physically or mentally unable to participate. This shall be supported by a medical statement by the Facility Medical Department with a copy placed in the inmate's booking file.
- An interview would endanger the health and safety of the interviewer, cause serious unrest, or disturb the order of the facility.

An interview may be limited or disapproved due to special security or custodial and supervisory requirements necessitated by the interview. An inmate in Administrative Segregation may be limited depending on the individual situation.

Inmate interviews are not subject to auditory monitoring. Visual supervision may be maintained to ensure the safety of the inmate or the media representative. Inmate interviews take place in the inmate's Pod visiting room unless arrangements have been made in advance with the Operations Lieutenant.

Interviews may be suspended in the event of emergencies or for any reason to ensure the safety of the interviewer/inmate or for the security of the facility. Suspended interviews may be rescheduled with the permission of the Operations Lieutenant.

#### **211.3.2 PROVIDING ADVANCE INFORMATION**

To protect the safety and rights of personnel working in this facility, advance information about planned actions by custody personnel, such as movement of persons in custody or the execution of a mass arrest in which field booking is arranged, should not be disclosed to the news media.

#### **211.4 SCOPE OF INFORMATION SUBJECT TO RELEASE**

The Department will maintain a daily log of individuals who are currently in custody or were recently booked. Unless restricted by law and except to the extent that disclosure of a particular item of information would endanger the safety of a person involved in an investigation or would endanger the successful completion of the investigation or a related investigation, the following information on inmates and persons booked is considered public information and can be released upon request:

- (a) The full name and occupation of the inmate
- (b) The inmate's physical description, including date of birth

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- (c) Date and time of arrest
- (d) Date and time of booking
- (e) Location of arrest
- (f) All charges the inmate is being held on, including outstanding warrants, probation/parole holds
- (g) Amount of bail
- (h) Court appearance dates
- (i) Arresting agency

Inquiries about other information on in-custody inmates should be referred to the arresting agency. If the Marin County Sheriffs Office is the arresting agency, inquiries will be referred to the Public Information Officer, or if unavailable, the Watch Commander. News releases may be furnished to the Custody Division for public release by the Public Information Officer. This information may be released to the public.

Information on this facility's policies and procedures regarding non-security related matters, (i.e., programs, facility rules and regulations, visitation, health care, religious services) are available on the department website.

Information concerning incidents involving certain sex crimes and other offenses set forth in all applicable laws shall be restricted.

Identifying information concerning deceased individuals shall not be released to the media until notification of next of kin or until otherwise cleared by the Coroner Division or otherwise required by law.

#### 211.4.1 RESTRICTED INFORMATION

It shall be the responsibility of the Captain or the authorized designee to ensure that restricted information is not inappropriately released to the media by this department. When in doubt, authorized and available legal counsel should be consulted.

Examples of such restricted information include, but are not limited to:

- (a) Confidential personnel information concerning staff and volunteers of the Department.
  - 1. The identities of custody personnel involved in major incidents may only be released to the media pursuant to consent of the involved personnel or upon a request processed in accordance with the Public Records Act.
- (b) Criminal history information.
- (c) Information that would tend to endanger the safety of any individual or jeopardize the successful completion of any ongoing investigation.
- (d) Information pertaining to pending litigation involving this department.
- (e) Information obtained in confidence.
- (f) Any information that is otherwise privileged or restricted under state or federal law.

# Marin County Sheriff's Office

Custody Manual

## *News Media Relations*

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## Community Relations and Public Information

### 212.1 PURPOSE AND SCOPE

This policy provides guidelines to custody personnel when dealing with the general public or interested groups when requests are received to share information regarding the operations and policies of the facility (15 CCR 1045). (See the News Media Relations policy for guidance on media releases.)

#### 212.1.1 PROCEDURE

There are no procedures associated with this policy.

### 212.2 POLICY

It is the policy of the Marin County Sheriff's Office to protect the privacy rights of individuals while releasing non-confidential information to interested groups when requests are received. Information that has the potential to affect the safety and security of the Jail or an investigation will not be released.

### 212.3 PROCEDURE

Custody Division staff members may only provide information about inmates currently in custody. The following information may be released: full name, address at time of booking, occupation, arresting agency, physical description, date of birth, date and time of arrest, date and time of booking, amount of bail, next court appearance date/time and place, all current charges (including out of county warrants and probation/parole holds) and release date.

Internal information shall not be given out by any Custody Division staff. This type of information would include: cash accounts or transactions, personal property, inmate's visitors, classification issues, medical issues, and information about out of facility transports or transfers.

Inquiries about other information on in-custody inmates should be referred to the arresting agency, District Attorney's Office, or the Superior/Municipal Court as applicable. If necessary, inquiries may be referred to the Operations Lieutenant. Inquiries by the press regarding privileged information shall be referred to the Public Information Officer.

Custody Division staff shall not release information about individuals not currently in custody. For inquiries about individuals not in custody, the public will be referred to the Records Department at the Sheriff's Office.

### 212.4 RESPONSIBILITIES

The Captain is responsible for ensuring that the following information is public and available to all who inquire about it.

- (a) The Board of State and Community Corrections Minimum Standards for Local Detention Facilities as found in Title 15 of the California Code of Regulations.

# Marin County Sheriff's Office

## Custody Manual

### *Community Relations and Public Information*

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- (b) Facility rules and procedures affecting incarcerated persons as specified in 15 CCR sections:
1. 1045, Public Information Plan
  2. 1061, Incarcerated Persons Education Plan
  3. 1062, Visiting
  4. 1063, Correspondence
  5. 1064, Library Service
  6. 1065, Exercise and Out of Cell Time
  7. 1066, Books, Newspapers, Periodicals, and Writings
  8. 1067, Access to Telephone
  9. 1068, Access to Courts and Counsel
  10. 1069, Incarcerated Persons Orientation
  11. 1070, Individual/Family Service Programs
  12. 1071, Voting
  13. 1072, Religious Observance
  14. 1073, Incarcerated Persons Grievance Procedure
  15. 1080, Rules and Disciplinary Action Penalties
  16. 1081, Plan for Discipline of Incarcerated Persons
  17. 1082, Forms of Discipline
  18. 1083, Limitations on Discipline
  19. 1200, Responsibility for Health Care Services

This information is to be made available at the facility's front desk and assembled into a binder or clearly posted for public viewing. Additionally, a copy should be made available in this facility's library or provided by other means for use by incarcerated persons. At the discretion of the Sheriff, the information may also be made available electronically. No information will be released on persons whose booking process is not completed.

#### **212.5 PROHIBITED MATERIALS**

Policies, procedures, and other information and materials related to the safety and security of incarcerated persons, custody personnel, the facility, or the maintenance of order should not be provided as a part of the public information material unless directed by the Sheriff.

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## Victim Notification of Inmate Release

### 213.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure victims of crimes receive notice when an inmate held for those crimes is released, and that victims receive any other notification required by California law.

#### 213.1.1 PROCEDURES

There are no procedures associated with this policy.

### 213.2 POLICY

It is the policy of this department to act in accordance with all laws regarding victim notification.

### 213.3 PROCEDURE

The Captain shall ensure that a system is in place for individuals to request release notification on any inmate housed in this facility.

Notification requests or requirements that are known during the booking process should be documented in the appropriate designated section of the inmate's booking file.

In the event that an individual contacts this facility and requests notification on any inmate housed in this facility, staff should notify a supervisor, who will determine whether notifications are required or appropriate, and ensure the notification request and determination is documented in the inmate's file.

### 213.4 NOTIFICATION

Members tasked with the release of an inmate or investigating an escape shall verify whether there is a required release notification in the inmate's file.

Members shall document notification efforts in the inmate's file.

Unless ordered by the court or a supervisor, no victim information shall be provided to any inmate by any employee or volunteer of this facility. Any unauthorized access or release of victim information is a direct violation of victim confidentiality and applicable policies, and may subject the person releasing the information to disciplinary action, up to and including termination from employment and/or criminal prosecution.

#### 213.4.1 REQUIRED NOTIFICATIONS

The Sergeant handling the release or the authorized designee shall make a reasonable and good faith effort to make all notifications required by law including:

- (a) Notice to any person a court identifies as a victim of the offense, a family member of the victim, or a witness to the offense not less than 15 days prior to the release of any person convicted of stalking under Penal Code § 646.9 or convicted of a felony involving domestic violence (Penal Code § 646.92(a)).

# Marin County Sheriff's Office

## Custody Manual

### *Victim Notification of Inmate Release*

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- (b) Notice to any person a court identifies as a victim of the offense, a family member of the victim, or a witness upon escape and capture of any person convicted of violating Penal Code § 646.9 or convicted of a felony offense involving domestic violence (Penal Code § 646.92(d)).
- (c) Notice to any victim or other affected person who has requested notification that an inmate convicted of the offenses listed in Penal Code § 679.02(a)(13) has been ordered placed on probation and the proposed date of release (Penal Code § 679.02(a)(14)).
- (d) Upon request by the victim, or the next of kin of the victim if the crime was a homicide, victim notification shall occur within 60 days of an inmate's placement in a reentry or work furlough program, or of the inmate's escape (Penal Code § 679.02(a)(6)).
- (e) Notice of the release of any inmate to victims of crime who have requested to be notified
- (f) Notice to law enforcement agencies known to be involved with the case upon any escape and capture of an inmate.

Notification should be made by telephone, certified mail, or electronic mail, using the method of communication selected by the person to be notified, if that method is reasonably available. In the event the person's contact information provided to the Department is no longer current, the Department shall make a diligent, good faith effort to learn the whereabouts of the victim in order to comply with these notification requirements. Notification shall only be left on a messaging system if the person has indicated in the notification request that such notification is acceptable or if staff has attempted and cannot make other contact with the person.

If contact cannot be made and no means exist to leave a message with the person, the Sergeant or the authorized designee should request the law enforcement agency having jurisdiction where the person resides perform a welfare check. Subsequent and continuing attempts shall be made to contact the person using the numbers listed in the notification request.

#### 213.4.2 OTHER NOTIFICATIONS

Whenever a person is booked into the Marin County Jail for a crime related to domestic violence including, but not limited to Penal Code § 273.5(a), Penal Code § 243(e)(1), Penal Code § 273.6(a), etc., and that person is released under circumstances not described in section 220.4.1, the Booking Sergeant or the authorized designee shall notify the arresting agency of the pending release and request that agency notify the victim of the pending release. Reasons for release under this section may include the fact that the arrested person has posted bail, or that the District Attorney's Office has declined to file charges in the case. There will be no notification nor any promise of notification to any involved party of a domestic violence dispute. The notification will only be done to and through the arresting agency.

When the arresting agency requests notification upon the release of an inmate arrested for a domestic violence offense, the arresting officer will note the request on the pre-booking sheet. We also accept subsequent telephone request from the arresting agency. The Booking Sergeant

# Marin County Sheriff's Office

## Custody Manual

### *Victim Notification of Inmate Release*

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shall notify the arresting agency prior to the release of the inmate. Date, time, and the name of the person notified shall be indicated in the electronic record.

Nothing in this policy prohibits a jail supervisor from requesting an arresting agency notify the victim in any case in which such a notification would enhance the safety of the victim. Such cases include crimes of violence, sexual assault, etc.

Whenever a suspect is booked into the Marin County Jail, and the arresting officer or deputy makes a specific request to the jail staff that a victim and/or agency notification be made by the jail upon that suspect's release from custody, that request shall be noted in the inmate's file. The booking sergeant or the authorized designee shall make the requested notification upon that inmate's release.

## Staffing Plan

### 214.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a comprehensive staffing plan and analysis to identify staffing needs sufficient to maintain the safety and security of the facility, staff, visitors, inmates and the public.

#### 214.1.1 SUBSECTION TITLE

There are no procedures associated with this policy.

### 214.2 POLICY

It is the policy of the Marin County Sheriff's Office to ensure the safety, security and efficient operation of this facility by assigning custody personnel according to a detailed staffing plan that is developed and maintained in accordance with law.

### 214.3 STAFFING PLAN REQUIREMENTS

The Captain shall ensure that a staffing plan conforming to the class type and size of this facility is prepared and maintained as described in the following section. The plan should detail all custody personnel assignments, including work hours and weekly schedules, and should account for holidays, vacations, training schedules and other atypical situations (15 CCR 1027).

At minimum, the staffing plan will include the following:

- Facility administration and supervision
- Facility programs, including exercise and recreation
- Inmate supervision and custody
- Support services including medical, food services, maintenance and clerical
- Other jail-related functions such as escort and transportation of inmates

### 214.4 GENDER SCHEDULING GUIDELINES

The Custody Division recognizes that there are a minimum number of deputies of both genders needed to ensure proper shift operation in the facility. The department will take the gender of assigned deputies into account when scheduling staff coverage in the jail.

Minimum staffing for each shift shall be at least two deputies of either gender on duty at all times. The balance of the shift total may be filled without regard to gender. If for any reason a specific shift goes below this minimum, a sergeant will notify the Operations Lieutenant of the shortage and the reason for it occurring.

When conducting the bi-annual employee schedule sign up, each team shall have at least three deputies of each gender assigned to that team. The balance of the team assignments may be assigned without regard to gender. The three deputy gender minimum will apply even if it impacts a specific deputy's seniority sign up privilege. Vacation requests shall be granted without regard

### *Staffing Plan*

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to gender, except that they may not drop any assigned shift below the two deputies per gender minimum on any given day.

#### **214.5 STAFFING ANALYSIS**

The Sheriff or the authorized designee shall complete an annual comprehensive staffing analysis to evaluate personnel requirements and available staffing levels. The staffing analysis will be used to determine staffing needs and to develop staffing plans.

This analysis shall include information gathered in collaboration with the health care provider in each facility regarding staffing requirements. The analysis relating to health care personnel shall be annually reviewed for adequacy by the health authority.

The Captain, in conjunction with the PREA coordinator, should ensure that staffing levels are sufficient to consistently and adequately fill essential positions, as determined by the staffing plan (28 CFR 115.13). Relief factors for each classification and position should be calculated into the staffing analysis to ensure staffing levels will consistently meet requirements. Staff should be deployed in an efficient and cost-effective manner that provides for the safety and security of the staff, inmates and the public.

The staffing analysis should be used to identify whether required activities are being performed competently and in compliance with current laws and department policies. If deficiencies are noted, the staffing analysis should also include recommendations regarding what corrective measures may be needed, including the following:

- (a) Operational change
- (b) Equipment requirement
- (c) Additional training
- (d) Supervisory intervention
- (e) Additional personnel

## **Chapter 3 - Recruitment Selection and Planning**



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## Facility Training Program

### 300.1 PURPOSE AND SCOPE

The Facility Training program is intended to provide a standardized program to facilitate the deputy's transition from the academic setting to the actual performance of general deputy duties within the Jail or Court assignment.

It is the policy of this department to assign all new deputies to a structured Facility Training Program that is designed to prepare the new deputy to perform in a custody assignment, and to provide training on all skills needed to operate in a safe, productive, and professional manner.

#### 300.1.1 PROCEDURE

There are no procedures associated with this policy.

### 300.2 TRAINING OFFICER

The Facility Training Officer (FTO) is an experienced deputy trained in the art and science of supervising, training, and evaluating entry-level deputies in the application of their previously acquired knowledge and skills.

#### 300.2.1 SELECTION PROCESS

Facility Training Officers will be selected based on certain requirements, including:

- (a) A desire to perform the training mission.
- (b) A minimum of two years as a deputy, or previous applicable experience.
- (c) A demonstrated ability to be a positive role model.
- (d) Successfully passed an internal oral interview selection process.
- (e) Evaluation by supervisors and current FTOs.
- (f) A certificate from the state's law enforcement certifying agency, where applicable.

#### 300.2.2 TRAINING

All FTOs shall successfully complete a 40-hour course of instruction prior to being assigned a trainee.

All FTOs must complete a 24-hour update course every three years while assigned to the position of FTO.

### 300.3 TRAINING OFFICER RESPONSIBILITIES

- (a) FTOs shall complete and submit a written evaluation on the performance of their assigned trainee to the FTO's immediate supervisor on a daily basis.
- (b) FTOs shall review the performance evaluations with the trainee each day.
- (c) A detailed end-of-phase performance evaluation on the assigned trainee shall be completed by the FTO at the end of each phase of training.

## *Facility Training Program*

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- (d) FTOs shall be responsible for signing off all completed topics contained in the Training Manual, noting the methods of learning and evaluating the performance of the assigned trainee.

### **300.4 TRAINING OFFICER PROGRAM SUPERVISOR**

The Captain, in conjunction with the Operations Lieutenant and shift sergeants who possess supervisory credentials from the state's law enforcement certifying agency, will be responsible for managing the Facility Training Program. Their responsibilities include the following:

- (a) Assignment of trainees to FTOs.
- (b) Conduct FTO meetings.
- (c) Maintain and ensure FTO/trainee performance evaluations are completed in a timely manner.
- (d) Maintain, update, and issue the training manual to each trainee.
- (e) Monitor individual FTO performance.
- (f) Monitor the overall FTO program.
- (g) Develop ongoing training for FTOs.

## Training

### 301.1 PURPOSE AND SCOPE

It is the policy of this department to assign all new deputies to a structured Custody Division training program designed to prepare the new deputy to perform in a correctional assignment with the skills needed to operate in a safe, productive, and professional manner.

#### 301.1.1 PROCEDURES

There are no procedures associated with this policy.

### 301.2 MINIMUM TRAINING REQUIREMENTS

All deputies, full- or part-time, who have successfully completed the course of instruction required by Penal Code § 832.3 shall successfully complete the Corrections Officer Basic Academy Supplemental Core Course as described in 15 CCR 180, within one year of the date of assignment (15 CCR 1020(b)).

### 301.3 FACILITY TRAINING PROGRAM PHASES

The Facility Training Program is designed to build upon the conceptual foundation taught in the basic academy, whereupon the theoretical knowledge gained in the academy can be molded into a practical skill set. The facility training program consists of the three phases described below.

#### 301.3.1 FACILITY ORIENTATION

The trainee will be assigned to a Facility Training Officer (FTO). The FTO will, at a minimum:

- (a) Brief the trainee on the purpose, scope, and responsibilities expected during the training program.
- (b) Explain the evaluation system and acquaint the trainee with the rating forms that will be used.
- (c) Provide the trainee with any required equipment or materials.
- (d) Tour the entire facility and support services with the trainee.
- (e) Introduce the trainee to the Captain and key supervisory, administrative, and support personnel.

#### 301.3.2 FIRST PHASE

In this phase the trainee will be exposed to the many duties at each post, including transportation and special functions, by observing the FTO demonstrate how each task is to be performed. The FTO should provide instruction to the trainee and encourage the trainee to ask questions.

Time should be made available during this phase to allow the trainee to study policies and procedures, directives, post orders, and any other materials deemed necessary by the FTO.

The FTO will monitor the trainee's progress by asking questions and administering tests on the materials and demonstrations that have been provided to the trainee.

### *Training*

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The work performance of the trainee will be evaluated and recorded daily by the FTO in Daily Observation Reports (DORs). Areas of deficiency will be discussed and remedial training provided if deemed necessary by the FTO.

#### **301.3.3 SECOND PHASE - HANDS-ON WITH CLOSE SUPERVISION**

During this phase the FTO will instruct the trainee in each required activity at each post, including transportation and special functions. Once each task is demonstrated, the trainee will be directed to perform each activity under the close supervision of the FTO.

The FTO will provide direction as needed to the trainee during the hands-on activities.

The work performance of the trainee will be evaluated and recorded daily by the FTO. Areas of deficiency will be discussed and remedial training provided if deemed necessary by the FTO.

#### **301.3.4 THIRD PHASE - SOLO WITH MONITORING**

During this phase the trainee will be directed to work solo in each area that training has been provided.

The solo activities of the trainee will be monitored by the FTO and a supervisor.

The work performance of the trainee will be evaluated and recorded by the FTO. Areas of deficiency will be discussed and remedial training provided if deemed necessary by the FTO.

#### **301.3.5 GRADUATING FROM THE TRAINING PROGRAM**

The Operations Lieutenant, in consultation with the FTO and the sergeant, will make a recommendation to pass the trainee on to his/her assignment, to continue training, or will recommend termination.

Provided that there are no concerns about the trainee's ability, the trainee will be assigned to a shift and will be supervised regularly by the supervisor.

### **301.4 PROBATIONARY PERIOD EVALUATION**

Probationary employees will receive a written evaluation of their job skills and learning progress at the completion of each phase of training. Prior to being permanently appointed, each probationary employee will receive a final evaluation. These evaluations shall be in writing and discussed with the employee by his/her supervisor. The final evaluation shall be made a part of the employee's personnel record.

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## Prison Rape Elimination Act Training

### 302.1 PURPOSE AND SCOPE

This policy establishes an education and training process related to implementation of the Prison Rape Elimination Act of 2003 (PREA) and the implementing regulation (PREA Rule) (28 CFR 115.5 et seq.).

#### 302.1.1 PROCEDURES

There are no procedures associated with this policy.

### 302.2 POLICY

The Marin County Sheriff's Office endeavors to comply with the training standards in the PREA Rule and to ensure that all staff, volunteers and contractors are aware of their responsibilities and that staff, volunteers, contractors and inmates are aware of the policies and procedures of the facility as they relate to PREA.

### 302.3 MEMBER TRAINING

All staff, volunteers and contractors who may have contact with inmates shall receive department-approved training on the prevention and detection of sexual abuse and sexual harassment within this facility. The PREA Coordinator shall ensure that the staff receives training and testing in prevention and intervention techniques, that they have sufficient knowledge to answer any questions the arrestees and inmates may have regarding sexual assault or abuse, and that they are familiar enough with the reporting process to take an initial report of a sexual assault or abuse. All custody staff, who have inmate contact, shall receive training every two years. In years when this training is not provided, refresher information shall be provided on current inmate sexual abuse and sexual harassment policies. The PREA Coordinator shall be responsible for developing and administering this training, covering at minimum (28 CFR 115.31; 28 CFR 115.32):

- (a) The zero-tolerance policy for sexual abuse and sexual harassment and how to report such incidents.
- (b) The dynamics of sexual abuse and sexual harassment in confinement.
- (c) The common reactions of sexual abuse and sexual harassment victims.
- (d) Prevention and intervention techniques to avoid sexual abuse and sexual harassment in the jail.
- (e) Procedures for the investigation of a report of sexual abuse and/or sexual harassment.
- (f) Individual responsibilities under sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures.
- (g) An individual's right to be free from sexual abuse and sexual harassment.
- (h) The right of inmates to be free from retaliation for reporting sexual abuse and sexual harassment.
- (i) How to detect and respond to signs of threatened and actual sexual abuse.

## *Prison Rape Elimination Act Training*

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- (j) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or gender non-conforming inmates.
- (k) How to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment to outside authorities.
- (l) How to avoid inappropriate relationships with inmates.

Training shall be tailored according to the sex of the inmates at the facility. Staff should receive additional training on security measures and the separation of male and female populations in the same facility if inmates have been reassigned from a facility that houses only male or female inmates.

Training should include written testing to validate knowledge and understanding of the material. The PREA Coordinator shall document, through signature or electronic verification, that staff, volunteers, and contractors have received and understand the training. The Training Manager will maintain training records on all those receiving training in accordance with procedures developed by the PREA Coordinator.

The PREA Coordinator shall ensure that members undergo annual refresher training that covers the department's sexual abuse and sexual harassment policies and related procedures (28 CFR 115.31)

### **302.3.1 CROSS GENDER PAT DOWN SEARCH TRAINING**

Training shall be provided to sworn staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner and in the least intrusive manner possible, consistent with appropriate security needs. In the unlikely event of a cross-gender strip search, the search will be documented on a Marin County Sheriff's Office Strip Search Form.

### **302.4 SPECIALIZED MEDICAL TRAINING**

All full- and part-time qualified health care and mental health professionals who work regularly in the facility shall receive all of the member training listed above, as well as training that includes (28 CFR 115.35):

- (a) Detecting and assessing signs of sexual abuse and sexual harassment.
- (b) Preserving physical evidence of sexual abuse.
- (c) Responding effectively and professionally to victims of sexual abuse and sexual harassment.
- (d) Reporting allegations or suspicions of sexual abuse and sexual harassment.

The PREA Coordinator shall maintain documentation that the facility's health care and mental health professionals have received the training referenced above, either from this department or elsewhere.

## *Prison Rape Elimination Act Training*

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### **302.5 VOLUNTEER AND CONTRACTOR TRAINING**

The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates. At a minimum, all volunteers and contractors who have inmate contact shall be notified of the agency's zero-tolerance policy regarding inmate sexual abuse and sexual harassment and be informed as to how to report such incidents. The PREA Coordinator will maintain documentation confirming that volunteers and contractors understand the training they have received.

### **302.6 SPECIALIZED INVESTIGATIVE TRAINING**

Specialized investigative training for investigators shall include the uniform evidence protocol to maximize potential for obtaining useable physical evidence; techniques for interviewing sexual abuse victims; proper use of *Miranda* and *Garrity* warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution (28 CFR 115.21; 28 CFR 115.34).

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# Volunteer Program

## 303.1 PURPOSE AND SCOPE

It is the policy of this department to use qualified volunteers to assist in the daily operation through their contribution of services to the inmates and the families of inmates, and to serve as a link between the facility and the community. Volunteers are intended to supplement and support, rather than supplant, deputies and other personnel. Volunteers can be an important part of any organization and are proven to be a valuable asset to corrections institutions.

### 303.1.1 DEFINITION OF VOLUNTEER

An individual who performs a service for the Department without promise, expectation, or receipt of compensation for services rendered. This may include unpaid chaplains, unpaid reserve deputies, interns, and persons providing administrative support.

### 303.1.2 PROCEDURES

[Custody Procedure Manual: 312.1 VOLUNTEER PROCEDURE - Click to view procedures](#)

## 303.2 VOLUNTEER PROGRAM MANAGEMENT

### 303.2.1 PROGRAM COORDINATOR

The function of the program coordinator is to provide a central coordinating point for effective program management within the Jail, and to direct and assist staff and volunteer efforts to provide more productive services. The program coordinator should work with other jail staff on an ongoing basis to assist in the development and implementation of volunteer positions.

The program coordinator or the authorized designee shall be responsible for:

- (a) Developing and maintaining a volunteer recruiting plan.
- (b) Developing and maintaining a handbook that minimally identifies expectations and the lines of authority, responsibility, and accountability for the various volunteer assignments.
- (c) Recruiting, selecting, and training qualified volunteers for various positions.
- (d) Facilitating the implementation of new volunteer activities and assignments.
- (e) Maintaining records for each volunteer.
- (f) Tracking and evaluating the contribution of volunteers.
- (g) Maintaining a record of volunteer schedules and work hours.
- (h) Completion and dissemination as appropriate of all necessary paperwork and information.
- (i) Planning periodic recognition events.
- (j) Maintaining liaison with other community programs that use volunteers and assisting in community efforts to recognize and promote volunteering.



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### *Volunteer Program*

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#### 303.2.2 RECRUITMENT

Volunteers should be recruited on a continuous and ongoing basis in accordance with department policy on equal opportunity non-discriminatory employment. A primary qualification for participation should be an interest in, and an ability to assist the Department in serving the public.

Requests for volunteers should be submitted in writing by interested staff to the program coordinator. All parties should understand that the recruitment of volunteers is enhanced by creative and interesting assignments. The program coordinator may withhold assignment of any volunteer until such time as the requesting unit is prepared to make effective use of volunteer resources.

#### 303.2.3 SCREENING

All prospective volunteers should complete the volunteer application form. The program coordinator or the authorized designee should conduct a face-to-face interview with an applicant under consideration.

A documented background investigation shall be completed on each volunteer applicant and shall include, but not necessarily be limited to, the following:

- (a) Traffic and criminal background check; fingerprints shall be obtained from applicants and processed through the Criminal Information Index (CII).
- (b) Employment
- (c) References
- (d) Credit check

A Computer Voice Stress Analysis (CVSA) exam may be required of each applicant depending on the type of assignment.

#### 303.2.4 SELECTION AND PLACEMENT

Service as a volunteer with the Department shall begin with an official notice of acceptance or appointment to a volunteer position. Notice may only be given by an authorized representative of the Department, normally the program coordinator. No volunteer should begin any assignment until he/she has been officially accepted for the position. Each volunteer should complete all required enrollment paperwork and will receive a copy of his/her position description and agreement of service with the Department.

Volunteers should be placed only in assignments or programs that are consistent with their knowledge, skills, abilities, and the needs of the facility.

#### 303.2.5 TRAINING

The program coordinator or the authorized designee shall be responsible for developing and maintaining training curriculum and any related forms specific to volunteer assignments.

The program coordinator or the authorized designee shall be responsible for ensuring that volunteers are provided with an orientation program to acquaint them with the Department,

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## Custody Manual

### *Volunteer Program*

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personnel, and policies and procedures that have a direct impact on their work assignment. The training/orientation will include, but not be limited to, the following topics:

- (a) Department policies and procedures (i.e. Prison Rape Elimination Act)
- (b) Rules related to contraband in the facility
- (c) Prohibition on carrying weapons in the facility
- (d) Volunteer/offender relationship and general rules of conduct
- (e) Safety and emergency information
- (f) An overview and history of the Department

The program coordinator shall be responsible for creating and maintaining records of all training provided to each volunteer.

Volunteers should receive position training by their immediate supervisor to ensure they have adequate knowledge and skills to complete tasks required by the position. They should receive periodic ongoing training as deemed appropriate by their supervisor or the coordinator.

Training should reinforce to volunteers that they may not intentionally represent themselves as, or by omission infer, that they are sworn deputies or other full-time members or employees of the Department. They shall always represent themselves as volunteers.

All volunteers shall comply with the rules of conduct and with all orders and directives, either oral or written, issued by the Department.

#### 303.2.6 FITNESS FOR DUTY

No volunteer shall report to work or be on-duty when his/her mental or physical condition has been impaired by alcohol, medication, or other substances, or when the volunteer is experiencing illness or injury.

Volunteers shall report to the program coordinator any changes in status that may affect their ability to fulfill their duties. This includes, but is not limited to, the following:

- (a) Driver's license status, if driving is part of the duties of the assignment
- (b) Any medical condition that might impair the volunteer's ability to perform the duties of the position
- (c) Arrests
- (d) Criminal investigations

All volunteers shall adhere to the guidelines set forth by this department regarding drug and alcohol use.

#### 303.2.7 DRESS CODE

As representatives of the Department, volunteers should present a professional image to the community. Volunteers shall dress appropriately for the conditions and performance of their duties.

### *Volunteer Program*

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Volunteers shall conform to department-approved dress in accordance with their duty assignment. Uniforms authorized for volunteers should be readily distinguishable from those worn by deputies. The uniform or identifiable parts of the uniform shall not be worn while off-duty. However, volunteers may choose to wear the uniform while in transit to or from official department assignments or functions, provided an outer garment is worn over the uniform shirt to avoid bringing attention to the volunteer while he/she is off-duty.

Volunteers shall be required to return any issued uniform or department property at the termination of service.

#### **303.3 SUPERVISION OF VOLUNTEERS**

The program coordinator will be responsible for the direct management of any volunteer who is accepted to a position with the Department and assigned to the jail. The program coordinator will be responsible for day-to-day management and guidance of the work of the volunteer and should be available to the volunteer for consultation and assistance.

The following are some considerations to keep in mind while supervising volunteers:

- (a) Take the time to introduce volunteers to employees on all levels.
- (b) Ensure volunteers have work space and necessary office supplies.
- (c) Make sure the work is challenging. Do not hesitate to give them an assignment or task that will tap these valuable resources.

Volunteers who fail to abide by facility rules will be reported to the program coordinator. They will counsel the volunteer when appropriate or request to the Administrative Support Lieutenant for the volunteer's clearance to be withdrawn. The program coordinator will maintain and update the jail clearance file.

#### **303.4 CONFIDENTIALITY**

Confidential information shall be given only to persons who have a need and a right to know, as determined by department policy and supervisory personnel.

Each volunteer will be required to sign a nondisclosure agreement before being given an assignment with the Department. Subsequent unauthorized disclosure of any confidential information, verbally, in writing, or by any other means, by the volunteer is grounds for immediate dismissal and possible criminal prosecution.

Volunteers shall not address public gatherings, appear on radio or television, prepare any article for publication, act as correspondents to a newspaper or other periodical, release or divulge any information concerning the activities of the Department, or maintain that they represent the Department in such matters without permission from the proper department personnel.

# Marin County Sheriff's Office

## Custody Manual

### *Volunteer Program*

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#### **303.5 PROPERTY AND EQUIPMENT**

Volunteers will be issued an identification card by a Sheriff's Service Assistant (SSA) in the jail lobby that must be worn at all times while inside the facility. The identification card will be returned to an SSA in the jail lobby after exiting the secure area of the facility.

Any fixed and portable equipment issued by the Department shall be for official and authorized use only. Any property or equipment issued to a volunteer shall remain the property of the Department and shall be returned at the termination of service.

#### **303.6 DISCIPLINARY PROCEDURES/TERMINATION**

A volunteer may be removed from the volunteer program at the discretion of the Sheriff, Captain, Lieutenants, or the program coordinator. Volunteers shall have no property interests in their continued appointment.

Volunteers may resign from volunteer service with the Department at any time. It is requested that volunteers who intend to resign provide advance notice of their departure and a reason for their decision.

##### **303.6.1 EXIT INTERVIEWS**

Exit interviews, when practicable, should be conducted with volunteers who are leaving their positions. The interview should attempt to ascertain the reason for leaving the position and solicit the volunteer's suggestions on improving the position. When appropriate, the interview should also include a discussion on the possibility of involvement in some other capacity with the Department.

#### **303.7 VOLUNTEER REGISTRATION**

All volunteers shall be registered with the Department. The program coordinator will maintain an identification record for each volunteer that includes a home address, current telephone numbers, background certification, training/orientation certifications, list of special skills, languages spoken, volunteer specialty, and when possible, a photograph. The program coordinator will maintain correct phone numbers and contact persons for community service programs. When phone numbers and personnel change, the program coordinator will notify the Booking Sergeant to update the Pod phone system. The phone numbers are to be updated quarterly.

## Chapter 4 - Emergency Planning

## Chapter 5 - Inmate Management

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## Population Management

### 500.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a system of incarcerated person population accounting that promotes the safety and security of the facility on a daily operational basis. It assembles data that enables the Department to forecast staffing and facility growth needs into the future, and to plan for the associated expenditures.

### 500.2 POLICY

It is the policy of this facility that an incarcerated person population management system should be established and maintained to account for the admission, processing, transfer, and release of incarcerated persons.

### 500.3 REPORTS

The Captain or the authorized designee is responsible for ensuring that detailed daily reports of the facility's incarcerated person population are completed and maintained by the staff. The reports shall reflect the average daily population of sentenced and non-sentenced incarcerated persons by categories of gender. The Captain should collect and submit the data to the Sheriff in a monthly report within 10 working days of the end of each month. The Sheriff or the authorized designee should maintain the data in an accessible format for historical purposes and trend analysis and to respond to funding opportunities (see the Crowding Policy) (15 CCR 1040).

### 500.4 DATA COLLECTION

For each reporting period, the report should include but is not limited to:

- (a) Current number of beds in:
  - 1. Compliance with local or state standards
  - 2. General housing
  - 3. Medical/mental health
- (b) Average daily population (ADP) for:
  - 1. Minimum security
  - 2. Maximum security
  - 3. High security
  - 4. Administrative segregation
- (c) Highest one-day incarcerated person population
- (d) Number and percentage of:
  - 1. Bookings
  - 2. Incarcerated persons by gender

# Marin County Sheriff's Office

## Custody Manual

### *Population Management*

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3. Non-sentenced incarcerated persons
  4. Felony incarcerated persons
  5. Pretrial incarcerated persons released
  6. Sentenced incarcerated persons released early due to lack of space
  7. Incarcerated persons receiving psychotropic medication
- (e) Number of incarcerated persons:
1. Enrolled in work release program
  2. Enrolled in work furlough program
  3. Assigned to home electronic monitoring program
- (f) Number of:
1. Incarcerated person-on-incarcerated person assaults
  2. Incarcerated person-on-staff assaults
  3. Escapes/attempted escapes
  4. Active misdemeanor warrants
  5. Active felony warrants
  6. Incarcerated person grievances and dispositions
  7. Incarcerated person disciplinary reports and dispositions
- (g) Any other demographic information (e.g., gang activity)

The Captain or the authorized designee is responsible for ensuring that all required information is supplied to the Board of State and Community Corrections as required (15 CCR 1040).



## Inmate Counts

### 501.1 PURPOSE AND SCOPE

Inmate counts are vital to the security of the Marin County Jail, the safety of the staff, and the welfare of the inmates. This policy establishes guidelines for the frequency of inmate counts, which ensures that all inmates and their status can be accounted for at any time.

#### 501.1.1 PROCEDURES

[Custody Procedure Manual: 501.1 INMATE COUNTS PROCEDURE](#)

### 501.2 POLICY

It is the policy of this department to account for all inmates within and under the control of this facility through scheduled and other counts as needed (15 CCR 1029(a)(6)).

### 501.3 PROCEDURE

The Captain or the authorized designee shall be responsible for creating and maintaining a written procedure establishing the process and frequency of counts. Inmate counts shall be conducted at least four times per twelve hour shift. Emergency counts may be conducted as needed. Electronic counts shall not be substituted for direct staff observation.

All counts shall be documented on the daily activity log and verified by the Housing Sergeant. Counts shall include all inmates in custody, including those on work assignments, furlough, education release, and those who are off-site, such as at the hospital or court.

Any discrepancy in the count should immediately be reported to the Housing Sergeant and resolved prior to the release of the shift personnel responsible for the count. An Identification Count in which all inmates are personally identified by a deputy should be conducted once a day.

In the event that an escape is discovered during the inmate count, the Housing Sergeant will initiate action to investigate the escape by promptly notifying the Communications Center, initiating a search, and complying with other procedures as needed in accordance with the Facility Emergencies Policy.

A complete report of the incident will be prepared and provided to the Captain and Sheriff as soon as practicable.

Count sheets shall be maintained for a period of time prescribed by statute, ordinance, or policy. Deputies are responsible for knowing count and safety check procedures. More detail and specific count and safety check procedures are posted in the procedure manual.

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# Inmate Reception

## 502.1 PURPOSE AND SCOPE

The Marin County Sheriff's Office has a legal and methodical process for the reception of arrestees into this facility. This policy establishes guidelines for security needs, the classification process, identification of medical/mental health issues and the seizure and storage of personal property.

### 502.1.1 PROCEDURES

[Custody Procedure Manual: 502.1 ACCEPTANCE OF CUSTODY](#)

[Custody Procedure Manual: 502.3 UNCOOPERATIVE NOTIFICATION PROCEDURE](#)

[Custody Procedure Manual: 502.4 LOCAL WARRANTS](#)

[Custody Procedure Manual: 502.5 OUT OF COUNTY WARRANTS AND HOLDS](#)

[Custody Procedure Manual: 502.6 OUT OF STATE WARRANTS](#)

[Custody Procedure Manual: 502.7 REPORT IN COMMITMENTS](#)

[Custody Procedure Manual: 502.8 COURT REMANDS](#)

[Custody Procedure Manual: 502.9 PROPERTY REMOVAL AND SEARCH BY ARRESTING AGENCY](#)

[Custody Procedure Manual: 502.10 INTAKE, INVENTORY, AND STORAGE OF ARRESTEE'S PROPERTY](#)

[Custody Procedure Manual: 502.11 BOOKING DATA AND DISTRIBUTION](#)

[Custody Procedure Manual: 502.12 ADMISSION OF SEX OFFENDER REGISTRANTS](#)

[Custody Procedure Manual: 502.13 VERIFICATION OF INMATE'S MONEY](#)

[Custody Procedure Manual: 502.14 INMATE PROPERTY RELEASE TO THE PUBLIC](#)

[Custody Procedure Manual: 502.15 ABANDONED PROPERTY PROCEDURE](#)

[Custody Procedure Manual: 502.16 ICE DETAINER NOTICE OF ACTION](#)

## 502.2 POLICY

This department shall use the following standardized policies when receiving arrestees to be booked into this facility. This is to ensure security within the facility and that arrestees are properly booked and afforded their applicable rights.

## 502.3 DEFINITIONS

**Medical Clearance Form** - Document issued by a Physician stating arrestee has been examined and cleared for acceptance into the jail.

**Substance Induced Excited Delirium** - A person prior to, while being taken into custody, or shortly after, that exhibits bizarre behavior including paranoia, hallucinations, hearing voices,

# Marin County Sheriff's Office

## Custody Manual

### *Inmate Reception*

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extreme aggression toward objects, violent resisting/struggling, inappropriate nudity, hyperactivity prior to police contact and self-inflicted injuries. Bizarre communications may also be exhibited including talking incoherently, screaming and yelling. Physical symptoms include hyperthermia (excessive body temperature), profuse sweating, and seizures, foaming at the mouth, dilated pupils, uncontrollable shaking, inability to breathe and extraordinary strength.

**Communication Center** - The County communications dispatch center for the Patrol Division, all emergency ambulances, numerous fire departments, 911 calls and the control for the common law enforcement frequency.

**Pre-Booking Form** - A form completed by the arresting agency which includes the booking's name, vital statistics, address, charges, medical information, and arrest information.

**Probable Cause Statement** - Form which accompanies all non-warrant arrests. It must be the original and signed by the arresting officer.

**Warrant Abstract** - A legal document with charges, bail amount, Judge's name and issuing court. This form cannot be a copy.

**Local Bench Warrant** - A warrant issued from the bench by a Judge of the Marin Superior Court.

**Local Arrest Warrant** - A Warrant issued by a Judge of the Marin Superior Court upon the filing of a criminal complaint by the District Attorney.

**Ramey Warrant** - A Warrant issued for the arrest of a person from a residence or place of business.

**Warrants Division** - A Division of the Documentary Services Division of the Marin County Sheriff's Office responsible for the service and maintenance of warrants issued in Marin County. The Warrants Division is the Central Warrants Repository for the County Of Marin.

**Warrant Copy** - A faxed copy of the original warrant sent from the Warrants Division.

**Out of County Warrant** - Any warrant issued by a court outside the County of Marin yet within the State of California.

**Hold** - A request by a Law Enforcement Agency to detain a person pending transportation to their jurisdiction.

**Abstract** - A teletype copy of a warrant containing all the information required on a warrant.

**CLETS** - California Law Enforcement Telecommunication System

**Commitment** - Sentenced persons ordered by the courts to report to the Probation Department for a report-in date to the Marin County Jail for completion of their sentence.

#### **502.4 ACCEPTANCE OF CUSTODY**

Marin County Jail personnel will accept custody of an arrestee once proper authority, valid documentation and any needed medical clearance has been established and provided by the arresting agency.

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### *Inmate Reception*

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[For further procedural content click here - Custody Procedure Manual: 502.1 ACCEPTANCE OF CUSTODY](#)

#### 502.4.1 MEDICAL CONSIDERATIONS

At no time will staff admit anyone who is unconscious, seriously injured, or presenting symptoms of Substance Induced Excited Delirium. Anyone who is unconscious or displaying evidence of illness, injury or Substance Induced Excited Delirium at the time of booking will not be booked and the arresting agency will arrange transportation of the arrestee to an emergency room for a medical clearance. The arresting officer must provide a written form signed by a licensed physician when, and if, the arrestee is returned for booking. If the arrestee is found to be unfit for booking by a physician and the arrestee is admitted into the hospital, the arresting agency will be responsible for providing the arrestee's security and safety until such time that the arrestee is cleared for booking and returned to the jail (Penal Code § 4015(b)).

If an arrestee does not present any of the symptoms noted above and has been cleared for booking by the on-duty nurse, then the arrestee will be brought into the secure booking area of the jail and will be considered officially accepted for booking. Any subsequent medical issues that arise in booking with the arrestee, or later if housed, will be handled according to current policies and procedures.

#### 502.4.2 SUBSTANCE INDUCED EXCITED DELIRIUM PROCEDURE

Responses by law enforcement personnel may include OC exposure, carotid restraint, hobbling restraints, and using the body weight of several officers to quell the persons violent resisting or self-destructive behavior. All or some of these responses along with the person's ingestion of drugs, combinations of drugs and alcohol or the failure of the person to take certain prescription drugs (such as lithium by manic depressants) and positional asphyxia can lead to unconsciousness and sudden death.

The cessation of resisting and the onset of unconsciousness and death can happen quickly. It is important to recognize these symptoms early in the law enforcement contact, whether in the street, the jail sally port, or in booking and to immediately seek emergency medical attention from jail medical staff and paramedics, while at the same time providing first responder emergency medical attention such as CPR or AED intervention, if appropriate. The arrestee should be transported to a hospital emergency room as soon as possible.

#### 502.4.3 NOTIFICATION OF UNCOOPERATIVE SUBJECTS

Upon notification by a booking agency that they are bringing a combative or otherwise uncooperative individual into the jail's sally port, Central Control personnel shall immediately notify both the Booking staff and the Booking Sergeant of that individual's arrival. The Booking Sergeant will immediately respond to the Booking Area to directly supervise the arrestee's arrival. The direct supervision of combative or otherwise uncooperative individuals is a priority and all other nonemergency duties should become subordinate to that event.

### *Inmate Reception*

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[For further procedural content click here - Custody Procedure Manual: 502.3 UNCOOPERATIVE NOTIFICATION PROCEDURE](#)

#### **502.5 PRE-BOOKING SCREENING**

All arrestees shall be screened prior to booking to ensure the arrestee is medically acceptable for admission and that all arrest or commitment paperwork is present to qualify the arrestee for booking. Required paperwork may include the following:

- (a) Arrest reports
- (b) Probable cause declarations
- (c) Warrants or court orders
- (d) Bail surrender paperwork
- (e) Victim notification information
- (f) Special needs related to religious practices, such as diet, clothing and appearance (see the Religious Programs Policy)
- (g) Accommodation requests related to disabilities (see the Inmates with Disabilities Policy)
- (h) Information regarding suicidal statements or actions

Any discrepancies or missing paperwork should be resolved before accepting the arrestee for booking from the arresting or transporting deputy.

Prior to accepting custody of an arrestee who claims to have been arrested due to a mistake of the arrestee's true identity or an arrestee who claims that identity theft led to the issuance of a warrant in the arrestee's name, staff shall make reasonable efforts to investigate the arrestee's claim of identity fraud or mistake. Staff shall notify a supervisor when an arrestee makes a claim of mistaken identity or identity fraud.

Arrestees who can post bail or qualify for a release on their Own Recognizance (O.R.), citation, or Penal Code § 849(b) will be processed and released (15 CCR 1029(a)(5)).

#### **502.5.1 IMMIGRATION DETAINERS**

No individual should be held based solely on a federal immigration detainer under 8 CFR 287.7 (Government Code § 7284.6).

Notification to a federal authority may be made prior to release of an individual who is the subject of a notification request only if the person meets at least one the following (Government Code § 7282.5; Government Code § 7284.6):

- (a) Has been arrested and had a judicial probable cause determination for a serious or violent felony identified in Penal Code § 667.5(c) or Penal Code § 1192.7(c)
- (b) Has been arrested and had a judicial probable cause determination for a felony punishable by time in a state prison
- (c) Has been convicted of an offense as identified in Government Code § 7282.5(a)

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## Custody Manual

### *Inmate Reception*

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- (d) Is a current registrant on the California Sex and Arson Registry
- (e) Is identified by the U.S. Department of Homeland Security's (DHS) Immigration and Customs Enforcement (ICE) as the subject of an outstanding federal felony arrest warrant

[Custody Procedure Manual: 502.16 ICE DETAINER NOTICE OF ACTION](#)

#### 502.5.2 NOTICE TO INDIVIDUALS

Individuals in custody shall be given a copy of documentation received from ICE regarding a hold, notification or transfer request along with information as to whether the Department intends to comply with the request (Government Code § 7283.1).

If the Department provides ICE with notification that an individual is being, or will be, released on a certain date, the same notification shall be provided in writing to the individual and to his/her attorney or to one additional person whom the individual may designate (Government Code § 7283.1).

#### 502.5.3 IMMIGRATION INQUIRIES PROHIBITED

Deputies shall not inquire into an individual's immigration status for immigration enforcement purposes (Government Code § 7284.6).

### **502.6 BOOKING WARRANTS, REPORT IN COMMITMENTS, OR COURT REMANDS**

#### 502.6.1 LOCAL WARRANTS

Local warrants shall be verified with the Warrants Division for accuracy and status, prior to acceptance of an arrestee into the Marin County Jail. Only the original warrant, or a faxed copy of it from the Warrants Division, will be accepted. The warrant shall be endorsed by either the arresting officer or deputy sheriff.

[For further procedural content click here - Custody Procedure Manual: 502.4 LOCAL WARRANTS](#)

#### 502.6.2 OUT OF COUNTY WARRANTS AND HOLDS

The arresting officer shall request a copy or abstract of the out of county warrant or hold be forwarded to the Marin County Jail. The booking will not be accepted until the copy or abstract has been received. Arrestees booked on out of county warrants shall be informed of their right to appear in Marin Superior Court (Penal Code § 821 and Penal Code § 822).

[For further procedural content click here - Custody Procedure Manual: 502.5 OUT OF COUNTY WARRANTS AND HOLDS](#)

#### 502.6.3 OUT OF STATE WARRANTS

The arresting officer shall request a copy or abstract of the out of state warrant or hold to be forwarded to the Marin County Jail. The booking will not be accepted until the copy or abstract has been received.

[For further procedural content click here - Custody Procedure Manual: 502.6 OUT OF STATE WARRANTS](#)

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### *Inmate Reception*

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#### 502.6.4 REPORT IN COMMITMENTS

All commitments will report to the Lobby SSA, be entered into the Custody Management System and have property removed prior to entry into the booking area. The Probation Department will deliver all commitment paperwork, either hard copy or electronic copy, prior to the report-in date. When the commitment arrives, their name will be checked off the list and their arrival time will be noted on the form.

A Booking deputy will bring the commitment into the booking area to complete the booking process. The commitment will be strip searched, classified and housed when the booking process is complete.

[For further procedural content click here - Custody Procedure Manual: 502.6 REPORT IN COMMITMENTS](#)

#### 502.6.5 COURT REMANDS

All court remands will be searched and handcuffed prior to leaving the court tunnel by a bailiff. The bailiff will remove and bag all small personal property. All court paperwork is to be complete prior to entry into the facility.

[For further procedural content click here - Custody Procedure Manual: 502.7 COURT REMANDS](#)

#### **502.7 SEARCHES BEFORE ADMISSION**

All arrestees and their property shall be searched for contraband by the arresting agency before being accepted for booking. All loose property will be removed from the person being booked. The arresting agency will search and secure the property prior to acceptance into the secure areas of the facility.

All arrestees will be searched upon entry into the secure areas of booking. All property will be received, inventoried and stored in a secure and uniform manner. All contraband items will be handled according to facility policy. Items of possible evidentiary value may be turned over to the arresting or transporting officer or deputy for processing or processed according to the facility's rules for handling evidence. Approved personal property and clothing will be accepted. Items not approved will be returned to the arresting or transporting officer or deputy prior to the arrestee being accepted for booking. A description of the items returned to the arresting or transporting officer or deputy may be documented on the arrestee's booking record.

Strip searches shall be conducted in accordance with the Searches Policy.

[For further procedural content click here - Custody Procedure Manual: 502.6 PROPERTY REMOVAL AND SEARCH BY ARRESTING AGENCY](#)

[For further procedural content click here - Custody Procedure Manual: 502.7 INTAKE, INVENTORY, AND STORAGE OF ARRESTEE'S PROPERTY](#)

### *Inmate Reception*

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#### **502.8 ADMISSION PROCESS**

A unique booking number shall be obtained specific to the current admission. All persons booked into Marin County Jail for the first time will be issued a Jail ID number (JID) and Booking Number. The JID number will be specific to the individual being booked and stay the same for any subsequent bookings. The Booking Number is a number generated for each individual booking. All persons will be entered into the Custody Management System. For persons arrested or held on retainable charges, a DOJ form 8715 will be completed and sent to the District Attorney's Office.

Photographs and fingerprints shall be taken.

The admission process should include an attempt to gather a comprehensive record of each arrestee, including the following:

- Identifying information, including name and any known aliases or monikers
- Current or last known address and telephone number
- Date and time of arrest
- Date and time of admission
- Name, rank, and agency of the arresting Officer/Deputy and transporting Officer/Deputy, if different
- Health insurance information
- Legal authority for confinement, including specific charges, arrest warrant information, and court of jurisdiction
- Sex
- Age
- Date and place of birth
- Race
- Height and weight
- Occupation and current or most recent employment
- Preferred emergency contact, including name, address, telephone number, and relationship to inmate
- Driver's license number and state where issued, state identification number, or passport number
- Social Security number
- Additional information concerning special custody requirements or special needs
- Local, state, and federal criminal history records
- Photographs, fingerprints, and notation of any marks or physical characteristics unique to the inmate, such as scars, birthmarks, deformities, or tattoos
- Medical, dental, and mental health screening records, including suicide risk



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### *Inmate Reception*

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- Inventory of all personal property including clothing, jewelry, and money
- A record of the opportunity provided to place calls regardless of whether or not the calls were made
- A handwriting sample for the first time booked into Marin County Jail

The inmate shall be asked if the inmate served in the U.S. military. The response shall be documented and made available to the inmate, the inmate's counsel, and the County Counsel (Penal Code § 4001.2).

Inventoried items of rare or unusual value should be brought to the attention of a supervisor. The inmate's signature should be obtained on any forms used to record money and property.

[For further procedural content click here - Custody Procedure Manual: 502.8 BOOKING DATA AND DISTRIBUTION](#)

#### **502.8.1 LEGAL BASIS FOR DETENTION**

Arrestees admitted to the facility shall be notified of the official charge for their detention or legal basis of confinement in a language they understand.

#### **502.8.2 ADMISSION OF SEX OFFENDER REGISTRANTS**

Persons arrested, booked, and housed in the Marin County Jail who are required to register as sex offenders pursuant to Penal Code § 290, shall be identified and reported to the Marin County Sheriff's Office Investigations Division. Their registrant status shall otherwise be kept strictly confidential.

The Investigations Division shall inform the California Department of Justice when inmates required to register address changes under Penal Code § 290.013 have been admitted into the jail within 15 days of the admission (Penal Code § 290.013).

[For further procedural content click here - Custody Procedure Manual: 502.9 ADMISSION OF SEX OFFENDER REGISTRANTS](#)

#### **502.9 TRANSITION FROM RECEPTION TO GENERAL POPULATION**

Only arrestees who qualify are placed into general population cells or housing. Those who will not be placed into general population include:

- (a) Arrestees who are eligible for release following citation.
- (b) Arrestees who are intoxicated or under the influence of any chemical substance.
- (c) Arrestees who are arranging bail. They shall be permitted a reasonable amount of time, at the discretion of the Booking Deputies, to make telephone calls before being placed in general population.

#### **502.9.1 MONITORING FOR SIGNS OF INTOXICATION AND WITHDRAWAL**

Staff shall respond promptly to medical symptoms presented by inmates to lessen the risk of a life-threatening medical emergency and to promote the safety and security of all persons in the facility.

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### *Inmate Reception*

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Custody staff should remain alert to signs of drug and alcohol overdose and withdrawal, which include but are not limited to sweating, nausea, abdominal cramps, anxiety, agitation, tremors, hallucinations, rapid breathing, and generalized aches and pains. Any staff member who suspects that an inmate may be suffering from overdose or experiencing withdrawal symptoms shall promptly notify medical staff and the Booking Sergeant.

#### 502.9.2 INMATE SEPARATION

Inmates should be kept separate from the general population during the admission process. Newly admitted inmates should be separated according to the facility's classification plan.

#### 502.10 INMATE PROPERTY CONTROL

All property received from inmates at the time of booking shall be inventoried. A receipt should be signed by the inmate and the booking deputy and referenced to the booking number before the admission is completed. The original copy of the property receipt will be retained and placed in the inmate file. A second copy will be presented to the inmate at the time of booking. A third copy will go with the inmate's property

##### 502.10.1 VERIFICATION OF INMATE'S MONEY

When possible, all monies belonging to the inmate and retained by the booking deputy should be verified in front of the inmate. The inmate should sign the property form verifying the dollar amount is correct. All US paper currency should be placed in a separate envelope and sealed. All US coins should be placed in the arrestee's small property.

Negotiable checks or other instruments and foreign currency should be placed in the arrestee's small property, but not added to the cash total. Jewelry and other small property should also be sealed in an envelope. An inmate cash account shall be opened and maintained for all persons housed in Marin County Jail. Inmates may request permission to have monies withdrawn from their account.

[For further procedural content click here - Custody Procedure Manual: 502.12 VERIFICATION OF INMATE'S MONEY](#)

##### 502.10.2 PROPERTY STORAGE

All inmate property should be stored in a secure storage area. Only authorized personnel may access the storage area and only for the purpose of depositing or retrieving property, or to conduct duly authorized work, including maintenance and other duties as directed by the Captain.

##### 502.10.3 INMATE PROPERTY RELEASE TO THE PUBLIC

Inmate property may be released to friends or family during their first 48 hours of incarceration. After 48 hours, property releases will be denied unless special circumstances exist and only with the Booking Sergeant's approval.

[For further procedural content click here - Custody Procedure Manual: 502.13 INMATE PROPERTY RELEASE TO THE PUBLIC](#)

### *Inmate Reception*

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#### 502.10.4 ABANDONED PROPERTY

Abandoned property will be secured and stored in the outside storage unit. A letter will be sent to the inmate's last known address allowing him/her 120 days to claim the property (Civil Code § 26640).

[Custody Procedure Manual: 502.15 ABANDONED PROPERTY PROCEDURE](#)

#### **502.11 INMATE TELEPHONE CALLS**

Every inmate detained in this facility shall be entitled to at least three completed telephone calls immediately upon being admitted and no later than three hours after arrest. Either the arresting or booking deputy must ask the inmate if he/she is a custodial parent with responsibility for a minor child as soon as practicable, but no later than three hours after the arrest, except when physically impossible. If the inmate is a custodial parent with responsibility for a minor child, the inmate shall be entitled to make two additional telephone calls to arrange care for the minor child (Penal Code § 851.5).

The calls may be of a duration that reasonably allows the inmate to make necessary arrangements for matters that he/she may be unable to complete as a result of being arrested. The calls are not intended to be lengthy conversations and the custody staff may use their judgment in determining the reasonable duration of the calls.

There is no obligation for the custody staff to make a telephone call on an inmate's behalf, for example in the case of a person who is so intoxicated that he/she cannot make a call. The custody staff is not required to wake an intoxicated person so that the person may complete a call. An intoxicated person should be provided the opportunity to make the telephone calls once the person awakes.

##### 502.11.1 TELEPHONE CALL PROCEDURES

The Department will pay the cost of local calls. Long distance calls will be paid by the inmate, using calling cards or by calling collect.

Calls between the inmate and his/her attorney shall be deemed confidential, and shall not be monitored, eavesdropped upon or recorded.

A sign containing the information as required by Penal Code § 851.5 in bold block type shall be posted in a conspicuous place where the inmates make their booking telephone calls and within the custody facility.

The public defender's telephone number shall be posted with the sign.

The signs shall be in English, Spanish, and any other language spoken by a substantial number of the public, as specified in Government Code § 7296.2, who are served by this agency (Penal Code § 851.5).

##### 502.11.2 ONGOING TELEPHONE ACCESS

Ongoing telephone access for inmates who are housed at this facility will be in accordance with the Inmate Telephone Access Policy.

### *Inmate Reception*

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#### **502.12 SHOWERING AND CLOTHING EXCHANGE**

Inmates should be given the opportunity to shower before being dressed in clean jail clothing. Showering should occur before an inmate is transferred from the temporary holding area to general population housing (see the Inmate Hygiene Policy). Showers will be open and available to all inmates during their recreation time.

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## Handbook and Orientation

### 503.1 PURPOSE AND SCOPE

This policy provides for the orientation of incarcerated persons booked into the Marin County Sheriff's Office facility. The purpose of the orientation is to inform incarcerated persons of the jail routine, rules, incarcerated persons' rights, and services.

#### 503.1.1 PROCEDURES

[Custody Procedure Manual: 503.1 INCARCERATED PERSON HANDBOOK AND ORIENTATION PROCEDURE](#)

### 503.2 POLICY

The Captain shall provide an effective method of orienting all incoming incarcerated persons that includes an inmate handbook. The orientation should take place within 24 hours of an incarcerated person's admission and in any event prior to the inmate being moved to general population housing and should be an ongoing process in the housing area so that the information is available to the incarcerated persons throughout their entire time in custody.

### 503.3 INITIAL ORIENTATION

To assist with the incarcerated person's transition into a custody environment, the Pod deputy upon the incarcerated person's arrival into the Pod, will provide the incarcerated person with their bedding, hygiene issue, and orientation information. The deputy will escort the incarcerated person to their assigned cell/bed and show them how to set up the cell and properly store the issued items. The orientation will include the following topics, supplemented by a more detailed incarcerated person handbook that will be provided to each incarcerated person (15 CCR 1069):

- (a) Facility rules and disciplinary actions
- (b) Correspondence, visiting, and telephone rules
- (c) Incarcerated person grievance procedure
- (d) Co-pays, fees, and charges
- (e) Medical, dental, and mental health services
- (f) Possibilities for pretrial release
- (g) Programs and activities, including application procedures
- (h) Classification/housing assignments and appeal procedures
- (i) Court appearance, where scheduled, if known
- (j) Availability of personal care items and opportunities for personal hygiene
- (k) Emergency procedures (e.g., fires, evacuations)
- (l) Sexual abuse and sexual harassment information, including the following (28 CFR 115.33):

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### *Handbook and Orientation*

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1. Facility's zero-tolerance policy
  2. Prevention and intervention
  3. Instruction on how incarcerated persons can avoid being victims of sexual abuse and sexual harassment through self-protection techniques
  4. Treatment and counseling for victims of sexual abuse or sexual harassment
  5. Reporting sexual abuse or sexual harassment incidents, including how to report such incidents anonymously
  6. Mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies (28 CFR 115.53)
  7. Information regarding confidentiality, monitoring, and mandatory reporting
- (m) Contacting foreign consuls
- (n) Requests for religious accommodations
- (o) Voting, including registering to vote
- (p) Direction for pregnant incarcerated persons, including the information required in Penal Code § 3407(e) and 15 CCR 1058.5
- (q) The right to be taken before a magistrate in this county if held on an out-of-county warrant (Penal Code § 821; Penal Code § 822)

In addition to English, orientation information will be provided in the most commonly used languages for the incarcerated person population.

The Captain should consider enlisting the assistance of volunteers who are qualified and proficient in both English and the language in which they are providing translation assistance to translate the orientation information. Use of outside translation sources may also be considered.

Interpretive services will be provided to incarcerated persons who do not speak English or any of the other languages in which the orientation information is available.

A written and signed acknowledgment of the orientation and receipt of the handbook should be maintained in the incarcerated person's permanent file (28 CFR 115.33).

#### **503.4 ORIENTATION FOR INCARCERATED PERSONS WHO ARE NON-READERS, VISUALLY IMPAIRED, OR HAVE A HEARING DISABILITY**

Incarcerated persons who cannot read, are visually impaired, or have intellectual, psychiatric, or speech disabilities, or limited reading skills shall have the materials read to them by a staff member or presented to them using audible recorded media (28 CFR 115.16).

Incarcerated persons who have hearing disabilities shall be provided with interpretation services. Reasonable efforts should be made by the staff to assist the incarcerated person in understanding the information.

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## Safety Checks

### 504.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a requirement for conducting visual safety checks for all incarcerated persons, and for creating and maintaining a log to document all safety checks.

#### 504.1.1 PROCEDURES

[Custody Procedure Manual: 504.1 INMATE SAFETY CHECKS PROCEDURE](#)

### 504.2 POLICY

It is the policy of the Marin County Sheriff's Office that all correctional staff shall conduct safety checks on all incarcerated persons, at a frequency determined by custody status, housing classification, and applicable state law.

### 504.3 SAFETY CHECKS

The staff shall adhere to the following procedures when conducting safety checks (15 CCR 1027; 15 CCR 1027.5):

- (a) Safety checks shall be conducted at least once every 60 minutes and more frequently if necessary.
- (b) Safety checks shall be conducted on an irregular schedule (staggered) so that incarcerated persons cannot predict when the checks will occur.
- (c) Safety checks shall be done by personal observation of the deputy and shall be sufficient to determine whether the incarcerated person is experiencing any stress or trauma.
- (d) Cameras and monitors may supplement the required visual observation safety checks, but they shall not replace the need for direct visual observation.
- (e) Safety checks will be clearly documented on permanent logs in accordance with the department Daily Activity Logs and Shift Reports Policy.
- (f) Actual times of the checks and notations should be recorded on the daily activity logs.
- (g) Log entries shall never be made in advance of the actual check. Log entries made in this manner do not represent factual information and are prohibited.
- (h) Special management incarcerated persons shall be checked more frequently as detailed in the Special Management Incarcerated Persons Policy.

#### 504.3.1 SAFETY CHECK DOCUMENTATION

All safety checks shall be documented. Documentation shall include (15 CCR 1027.5):

- (a) The actual time when each safety check occurred.
- (b) The location where each safety check occurred, such as a cell, module, or dormitory number.
- (c) Initials or member identification number of staff who completed the safety check.

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### *Safety Checks*

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Safety check documentation shall be reviewed at regular, defined intervals by the Captain or supervisor. The review shall include any noted inconsistent documentation or any untimely completion of safety checks (15 CCR 1027.5).



## Special Management Incarcerated Persons

### 505.1 PURPOSE AND SCOPE

Incarcerated persons who pose a heightened risk to themselves or others require special management, including frequent interaction and increased supervision by staff. Interaction with special management incarcerated persons is essential to maintaining a safe, secure, and humane environment. This policy establishes guidelines and procedures for interacting with special management incarcerated persons in the custody of the Marin County Sheriff's Office.

#### 505.1.1 DEFINITIONS

Definitions related to this policy include:

**Administrative separation** - The physical separation of an incarcerated person who has (15 CCR 1053):

- (a) A documented history of activity or behavior, or promoting such activity or behavior, that is criminal in nature, disruptive to facility operations, or affects the safety of the facility, other incarcerated persons, and facility staff.
- (b) Influenced or participated in activity that is criminal in nature or disruptive to facility operations or affects the safety and security of the facility, other incarcerated persons, and facility staff.
- (c) A history of escape or recently attempted escape.
- (d) Committed assault, attempted assault, or participated in a conspiracy to assault or harm other incarcerated persons or facility staff.
- (e) A demonstrated need for protection from other incarcerated persons and facility staff.

This is a non-punitive classification process and must not adversely affect an incarcerated person's health (15 CCR 1053).

**Protective custody separation** - A level of custody either requested or required for an incarcerated person's protection from others.

**Special management incarcerated person** - An incarcerated person who is either classified as administrative separation or protective custody separation. Classification as a special management incarcerated person is a non-punitive classification.

#### 505.1.2 PROCEDURES

[Custody Procedure Manual: 505.1 ADMINISTRATIVE SEPARATION PROCEDURE](#)

[Custody Procedure Manual: 505.2 SAFE KEEP](#)

[Custody Procedure Manual: 505.3 INCARCERATED PERSON CLASSIFICATION REVIEW](#)

### *Special Management Incarcerated Persons*

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#### **505.2 POLICY**

This department shall provide for the secure and restrictive housing of any special management incarcerated person but shall not impose more deprivation of privileges than is necessary to obtain the objective of protecting the incarcerated person, staff, or the public (15 CCR 1053).

#### **505.3 SPECIAL MANAGEMENT INCARCERATED PERSONS HOUSING CRITERIA**

The safety and security of this facility is dependent on a classification system that identifies incarcerated persons who pose a risk to themselves or to others. Incarcerated persons who pose such a risk must be promptly and appropriately segregated from the general incarcerated persons population until such time that they no longer pose a risk. Staff must have the ability to promptly segregate these incarcerated persons pending further review.

Individuals who may be classified as special management incarcerated persons include but are not limited to incarcerated persons who are:

- In protective custody or court-imposed separation.
- Exhibiting mental health concerns.
- An escape threat.
- A serious violence threat.
- Known to have gang affiliation.
- A known management problem.
- A suicide risk.
- Exhibiting medical issues.
- Physically impaired.

#### **505.4 CIRCUMSTANCES REQUIRING IMMEDIATE SEPARATION**

Incarcerated persons will generally be assigned to separation through the classification process. Deputies have the authority to immediately place any incarcerated person into separation when it reasonably appears necessary to protect the incarcerated person or others (15 CCR 1081(d)).

Reasons that an incarcerated person may be placed into separation include the following:

- (a) The incarcerated person requests protection or is under court-ordered protection, or the staff has determined that the incarcerated person requires protection.
- (b) There is reason to believe the incarcerated person poses a danger to themselves or others.
- (c) The incarcerated person poses an escape risk.
- (d) The incarcerated person requires immediate mental health evaluation and medical housing is not reasonably available.

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### *Special Management Incarcerated Persons*

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- (e) The incarcerated person is charged with a disciplinary infraction and is awaiting a disciplinary hearing and in the judgment of the staff, the incarcerated person may become disruptive or dangerous if left in general population.
- (f) The incarcerated person is in the process of being transferred to a higher security classification.
- (g) Other circumstances where, in the judgment of the staff, the incarcerated person may pose a threat to themselves, others, or the security of the facility.

#### 505.4.1 REVIEW PROCESS

The Classification Unit shall be notified when any incarcerated person is placed into immediate separation and shall be informed of the circumstances leading to the order to separate. Within 72 hours of the incarcerated person being placed into restrictive housing, the Classification Deputy or the designee must review the circumstances surrounding the separation to determine which of the following actions shall be taken:

- (a) The incarcerated person is designated for administrative separation.
- (b) The incarcerated person is designated for protective custody.
- (c) The incarcerated person remains separated pending a disciplinary hearing.
- (d) The incarcerated person is returned to general incarcerated person population.

#### 505.5 SAFE KEEP

It is the policy of the Sheriff that if an inmate in custody presents a danger that is beyond the ability of the Marin County Jail to safely house (e.g. extremely violent, danger to self or others, high escape risk, etc.) a petition to the court may be filed to have the inmate housed in State Prison pursuant to Penal Code § 4007.

[Custody Procedure Manual: 505.2 SAFE KEEP](#)

#### 505.6 PROTECTIVE CUSTODY

The deputy responsible for assigning classifications to incoming incarcerated persons shall clearly document the reason an incarcerated person should be placed into protective custody. Incarcerated persons in need of protective custody may be placed in a separation unit when there is documentation that the protective custody is warranted and separation is the least restrictive alternative reasonably available.

Incarcerated persons who are in protective custody shall receive all services and programs that are available to incarcerated persons in general population and that are deemed a privilege. Any deviation from allowing usually authorized items or activities shall be documented on the incarcerated person's file.

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### **505.7 MAINTENANCE OF PROGRAMS AND SERVICES**

Administrative separation and protective custody shall consist of separate and secure housing but shall not involve any deprivation of privileges other than what is necessary to protect the incarcerated person or staff (15 CCR 1053).

Incarcerated persons who are classified for housing in administrative separation or protective custody shall, at a minimum, be allowed access to programs and services including but not limited to:

- Incarcerated person telephones.
- Visitation.
- Educational programming appropriate to the incarcerated person's classification.
- Commissary services.
- Library and law library services.
- Social services.
- Faith-based guidance, counseling, and religious services.
- Recreation activities and exercise.
- Social and professional visits.

Nothing in this policy prohibits changing the delivery of programs or services to separated incarcerated persons in order to provide for the safety and security of other incarcerated persons and staff.

### **505.8 REVIEW OF STATUS**

The Classification Deputy shall review the status of all Administrative Separation and "No-Mix" incarcerated persons who have been incarcerated in the facility for more than 15 days. Additional reviews should occur each 15 days thereafter. Protective Custody and GP Max incarcerated persons are reviewed every thirty days. The review should examine changes in the incarcerated person's behavior or circumstances and should either raise, lower, or maintain the classification status (28 CFR 115.41). All changes in classification status will be processed by the Classification Deputy and reviewed by the Classification Sergeant.

If other reasonable housing options exist that will provide for the safety of the incarcerated person and the facility, the incarcerated person should be moved out of separation. In reviewing an alternative housing decision for an incarcerated person in protective custody, the safety of the incarcerated person should receive the utmost consideration.

[Custody Procedure Manual: 505.3 INCARCERATED PERSON CLASSIFICATION REVIEW](#)

### **505.9 HEALTH EVALUATION REQUIREMENTS**

After notification from staff that an incarcerated person is being placed in separation, Classification Deputies shall ensure that the following occurs:

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- (a) A qualified health care professional shall assess the incarcerated person's health needs and coordinate the appropriate housing assignment.
- (b) If contraindications or special accommodations are noted, the qualified health care professional shall inform the Classification Deputies and coordinate the appropriate plan for the incarcerated person based on the safety needs of the facility and the medical needs of the incarcerated person.

#### **505.9.1 HEALTH CONSIDERATIONS**

Due to the possibility of self-inflicted injury and depression during periods of separation, health evaluations should include notations of any bruises and other trauma markings and the qualified health care professional's comments regarding the incarcerated person's attitude and outlook.

- (a) Unless medical attention is needed more frequently, each incarcerated person in separation should receive a daily visit by medical staff. A medical assessment should be documented in the incarcerated person's medical file.
- (b) A qualified health care professional shall also conduct weekly mental health evaluations.

When an incarcerated person is classified as a special management incarcerated person due to the presence of a serious mental illness and is placed in a separation setting, the staff shall document this in the incarcerated person's file and notify the qualified health care professional. When an incarcerated person is expected to remain in separation for more than 30 days, the qualified health care professional shall be notified.

Where reasonably practicable, a qualified health care professional should provide screening for suicide risk during the three days following admission to the restrictive housing unit.

#### **505.10 LOG PROCEDURES**

Handwritten logs should be completed in ink. Once an entry is made it should not be modified. If corrections or changes are needed, they should be done by way of a supplemental entry. Electronically captured logs will be maintained in The Custody Management System in a way that prevents entries from being deleted or modified once they are entered. Corrections or changes must be done by way of supplemental entries. At a minimum the log will contain the following:

- Incarcerated person's name
- Incarcerated person's booking number
- Classification status
- Housing assignment
- Date and time initially housed
- Date and time of entry and exit from the cell
- Reason for the special housing
- Anticipated time of removal

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### *Special Management Incarcerated Persons*

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- Medical, psychological, or behavioral considerations
- Counseling for behavior
- Removal date and time from special housing

Log entries should be legible, entered promptly, and provide sufficient detail to adequately reflect the events of the day for future reference.

The date and time of the observation or incident and the name and identification number of the staff member making the log entry shall be included on each entry.

Supervisors should review the logs frequently during the shift and enter comments as appropriate. At a minimum, supervisors should enter the date and time of each review.

All safety checks will be documented in detail and should include the exact time of the safety check and the identification information of the employee conducting the check. All documentation will be gathered and provided to the Lieutenant or the Captain at midnight each day.

#### 505.10.1 LOG INSPECTION AND ARCHIVE OF LOGS

The Lieutenant shall review and evaluate the logs and pass any significant incidents via the chain of command to the Captain for review.

The logs will be retained by the Department in accordance with established records retention schedules, but in no case for less than one year.

## Civil Detainees

### 506.1 PURPOSE AND SCOPE

This policy provides safeguards to ensure that persons held under a civil detainee are afforded appropriate standards of custody.

Nothing in this policy prevents application of discipline under the Inmate Discipline Policy.

#### 506.1.1 DEFINITIONS

Definitions related to this policy include:

**Civil Detainee** - Any person in custody held for a reason other than for criminal matters.

**Enhanced Security Concern** - A status applicable to a civil detainee that indicates the person poses an enhanced threat to staff or others due to the person's past criminal behavior, criminal sophistication or other actions.

**Traffic Bench Warrants** - Traffic cases can be identified by the warrant number; there are no letter prefixes. Any cases with either 40508 (a) or (b) VC or other indication of the violation being an infraction is considered a traffic matter.

**Civil Body Attachments** - This will be stated on the face of the warrant.

**Civil Court Remands** - Individuals who are remanded from the court and committed as a punishment for disobedience to the orders of the court.

#### 506.1.2 PROCEDURES

[Custody Procedure Manual: 506.1 CIVIL DETAINEE PROCEDURE](#)

### 506.2 POLICY

It is the policy of the Marin County Sheriff's Office that any restrictions placed on civil detainees must be for legitimate, non-punitive purposes that cannot be reasonably accomplished through less restrictive means.

All persons brought to Marin County Jail on Traffic Bench Warrants or Civil Body Attachments will be given a minimum of three hours to post bail prior to being booked, photographed, or fingerprinted. If, at the end of the three hour period, the person cannot bail, he/she will be housed separately from the general population.

### 506.3 SCREENING

Civil detainees should undergo the same screening process as inmates, including attention to whether the person poses an enhanced security concern. Any reason for departure from the standard treatment of civil detainees as defined in this policy or in related procedures should be documented with specific recommendations included addressing the risks.

The Captain or the authorized designee should review the screening documents to ensure any enhanced safety concerns are appropriately addressed and part of the detainee's record.

### *Civil Detainees*

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#### **506.4 ORIENTATION**

Civil detainees should receive orientation materials that explain the benefits and rules that are applicable to civil detainees. Staff should meet one-on-one with the civil detainee during orientation to review the orientation material and conditions of custody with the detainee.

#### **506.5 CONDITIONS OF CONFINEMENT IN HOUSING**

All civil detainees should be housed separately from other inmates.

##### **506.5.1 USE OF RESTRAINTS AND TRANSPORTATION**

Civil detainees should not be placed in leg or waist restraints absent an enhanced security concern.

Civil detainees may be handcuffed in the event there is a need to control the detainee based on enhanced security concerns.

Civil detainees should be transported separately from inmates.

##### **506.5.2 ACCESS TO MAIL AND TELEPHONE**

Civil detainees shall have the same access to books, periodicals and magazines as any other general population inmate, except incoming books and magazines must only be censored with a substantial government interest, and only when it is necessary or essential to address the particular government interest. Government interests that would justify confiscation of incoming books, periodicals or magazines from a civil detainee may include:

- (a) Maintaining facility security and safety, such as a book covering improvised weapons or promoting aggression.
- (b) Preventing dangerous conduct.
- (c) Complying with a court order or court ordered treatment plan.

Outgoing and incoming mail may be inspected but not read, unless there is specific and articulable information to believe a particular security or safety issue is at hand.

#### **506.6 SEARCHES**

Strip searches of civil detainees must be justified by probable cause, unless the Captain specifies otherwise based upon an enhanced security concern. The specified concern shall be documented in the civil detainee's record. Modified strip searches may be conducted when a civil detainee has entered an environment where contraband or weapons may be accessed (see the Searches Policy).

Non-invasive cell inspections for security purposes may still be conducted.



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## Control of Inmate Movement

### 509.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for the safe and secure movement of inmates between areas within the facility and transportation from the facility to court, medical appointments, or other jurisdictions.

#### 509.1.1 PROCEDURE

[Custody Procedure Manual: 510.1 CONTROL OF INMATE MOVEMENT PROCEDURE](#)

### 509.2 POLICY

The staff should be vigilant in the control and movement of inmates between areas within the facility and when transporting inmates outside the secure confines of the facility (15 CCR 1029(a)(6)). Control may be by direct or indirect visual observation. All staff should consider all inmate movement as a high-risk activity. The staff should be aware of their surroundings at all times and take necessary steps to prevent the possession and exchange of contraband.

### 509.3 CONTROL OF MOVEMENT

Staff shall not allow inmates to leave their assigned housing area unless they have approved activities that may include but are not limited to the following:

- (a) Court
- (b) Transportation to another facility
- (c) Receiving a visit
- (d) Law enforcement interview or to participate in a lineup
- (e) Reporting to work in the kitchen or laundry
- (f) Receiving dental or medical care
- (g) Attending educational classes or religious services
- (h) Release
- (i) Facility emergency
- (j) Any other reason deemed appropriate by staff

### 509.4 MOVEMENT OF INMATES

Movement of one or more inmates in the facility should be done in an orderly manner with inmates walking in a single-file line. Staff members should have situational awareness during the movement of inmates and should consider the design of the facility, areas of poor visibility, and the presence of other inmates being moved. The staff should avoid areas where inmates may have access to contraband items.

## *Control of Inmate Movement*

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### **509.5 MOVEMENT OF SPECIAL MANAGEMENT INMATES**

Inmates should be restrained during movement based upon individual security classification, with higher risk inmates in handcuffs, waist chains, and leg irons. An exception to this procedure is when an inmate has a physical disability where restraint devices may cause serious injury. Pregnant inmates shall be moved in accordance with the Use of Restraints Policy.

Whenever a high-security inmate is not able to be restrained, the staff should compensate by utilizing wheelchairs and should secure the inmate to the chair. It may also be necessary to increase the number of staff present to ensure the safe movement of high-security inmates.

The staff should be watchful in and around passageways and ensure that sally port doors are secured to prevent escape.

## Use of Restraints

### 510.1 PURPOSE AND SCOPE

This policy establishes guidelines for the application, supervisory oversight, and restrictions on the use of restraints on persons incarcerated in this facility.

This policy shall apply to the use of specific types of restraints, such as four/five-point restraints, restraint chairs, ambulatory restraints, and similar restraint systems, as well as all other restraints, including handcuffs, waist chains, and leg irons when such restraints are used to restrain any incarcerated person for prolonged periods.

#### 510.1.1 DEFINITIONS

Definitions related to this policy include:

**Clinical Restraints** - Restraints applied when an incarcerated person's disruptive, assaultive, and/or self-injurious behavior is related to a medical or mental illness. Clinical restraints can include, but are not limited to the use of a restraint chair or WRAP device.

**Mechanical Restraints** - Handcuffs, leg irons, belly chains.

**Safety Cell Observation Report** - Form used to document safety cell placement and supervision which becomes a part of an incarcerated person's permanent record.

**Restraint Chair** - A specifically manufactured metal and plastic chair with equipment designed to restrain or limit the movement of incarcerated persons who require extreme measures of control. The chair is equipped with a wheeled transport carriage for expedient and safe movement from one point to another after the incarcerated person has been secured.

**WRAP** - The WRAP, manufactured by Safe Restraints, Inc., was designed as a temporary restraining device. The WRAP immobilizes the body and restricts a person's ability to kick or do harm to oneself and others.

**Penal Code § 1370** – A process for court ordered involuntary medication for individuals found incompetent to stand trial.

**Therapeutic seclusion** - Segregated confinement of an agitated, vulnerable, and/or severely anxious incarcerated person with a serious mental illness as part of treatment when clinically indicated for preventive therapeutic purposes.

#### 510.1.2 PROCEDURES

[Custody Procedure Manual: 510.1 USE OF RESTRAINTS - CONTROL AND RESTRAINT CHAIR PROCEDURE / WRAP PROCEDURE](#)

[Custody Procedure Manual: 510.2 WRAP - CARE, MAINTENANCE AND STORAGE](#)

### 510.2 POLICY

It is the policy of this department that restraints shall be used only to prevent self-injury, injury to others, or property damage. Restraints may also be applied according to an incarcerated person's

### *Use of Restraints*

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classification, such as maximum security, to control the behavior of a high-risk incarcerated person while the person is being moved outside the cell or housing unit.

If an incarcerated person refuses to voluntarily comply with a court order pursuant to Penal Code § 1370, the incarcerated person may be immobilized and placed in a restraint device for their safety.

Whenever possible, the incarcerated person will be transported to an area to ensure maximum privacy so medications can be administered by a Health and Human Services medically certified staff member. The restraint devices include the restraint chair or WRAP.

Restraints shall never be used for retaliation or as punishment. Restraints shall not be utilized any longer than is reasonably necessary to control the incarcerated person. Restraints are to be applied only when less restrictive methods, including verbal de-escalation techniques, have been attempted and are deemed ineffective in controlling the dangerous behavior of an incarcerated person (15 CCR 1029(a)(4); 15 CCR 1058). Each incident where restraints are used shall be documented by the handling staff member and placed in the appropriate file prior to the end of the staff member's shift.

This policy does not apply to the temporary use of restraints, such as handcuffing or the use of leg irons to control an incarcerated person during movement and transportation inside or outside the facility.

#### **510.3 USE OF RESTRAINTS - CONTROL**

Supervisors shall proactively oversee the use of restraints on any incarcerated person. Whenever feasible, the use of restraints, other than routine use during transfer, shall require the approval of a Sergeant prior to application.

Restraint devices, such as restraint chairs or the WRAP device, shall only be used on an incarcerated person when it reasonably appears necessary to overcome resistance, when the incarcerated person refuses to comply with a court order pursuant to Penal Code § 1370, to prevent escape, or bring an incident under control, thereby preventing injury to the incarcerated person or others, or eliminating the possibility of property damage. Restraints shall not be utilized any longer than is reasonably necessary to achieve the above goals.

If an incarcerated person that displays behavior so violent or so self-destructive that placement in the safety cell will fail to or has failed to adequately control them, the incarcerated person may be placed into supplemental restraints within the safety cell. The restraint chair or the WRAP device are the preferred restraint supplement for use in the safety cell. Alternative locations for an occupied restraint chair or WRAP placement shall be approved by the Lieutenant or higher authority. A Sergeant or higher authority shall authorize the use of the restraint chair or WRAP and directly supervise the placement of an incarcerated person into the device. Mechanical restraints such as handcuffs, leg irons, or belly chains should not be considered for supplemental restraint of an incarcerated person in the safety cell. This policy recognizes that there may be occasions where an incarcerated person may be placed in the safety cell secured by one or more of these devices for a brief time during an emergency or urgent situation.

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### *Use of Restraints*

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Excluding short-term use to gain immediate control, placing an incarcerated person in a restraint chair, WRAP, or other restraints for extended periods requires approval from the Lieutenant or higher authority. The medical staff shall be called to observe the application of the restraints, when feasible, prior to the application or as soon as practicable after the application, and to check the incarcerated person for adequate circulation.

The use of restraints for purposes other than for the controlled movement or transportation of an incarcerated person shall be documented on appropriate logs and shall be video recorded unless exigent circumstances prevent staff from doing so. The documentation shall include, at a minimum, the type of restraint used, when it was applied, a detailed description of why the restraint was needed, the name of the person authorizing placement, names of staff involved in the placement, any injuries sustained, when the restraints were removed and the duration of placement (15 CCR 1058).

The following provisions shall be followed when utilizing restraints to control an incarcerated person (15 CCR 1058):

- (a) Restraints shall not be used as punishment, placed around a person's neck, or applied in a way that is likely to cause undue physical discomfort or restrict blood flow or breathing (e.g., hog-tying).
- (b) Restrained incarcerated persons shall not be placed facedown or in a position that inhibits breathing.
- (c) Restraints shall not be used to secure a person to a fixed object except as a temporary emergency measure. A person who is being transported shall not be locked in any manner to any part of the transporting vehicle except for items installed for passenger safety, such as seat belts.
- (d) Incarcerated persons in restraints shall be housed either alone or in an area designated for restrained persons.
- (e) Restraints shall be applied for no longer than is reasonably necessary to protect the incarcerated person or others from harm.
- (f) Staff members shall conduct continuous direct face-to-face observation at least twice every 30 minutes on an irregular schedule to check the incarcerated person's physical well-being and behavior. Restraints shall be checked to verify correct application and to ensure they do not compromise circulation. All checks shall be documented, with the actual time recorded by the person doing the observation, along with a description of the incarcerated person's behavior. Any actions taken should also be noted in the log.
- (g) The specific reasons for the continued need for restraints shall be reviewed, documented, and approved by the Booking or Housing Sergeant at least every hour.
- (h) Continuous direct visual observation shall be maintained until a medical opinion can be obtained.
- (i) Within one hour of placement in restraints, a qualified health care professional shall document an opinion regarding the placement and retention of the restraints.

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- (j) As soon as practicable, but within four hours of placement in restraints, the incarcerated person shall be medically assessed to determine whether the person has a serious medical condition that is being masked by the aggressive behavior. The medical assessment shall be a face-to-face evaluation by a qualified health care professional.
- (k) As soon as practicable, but within eight hours of placement in restraints, the incarcerated person must be evaluated by a mental health professional to assess whether the incarcerated person needs immediate and/or long-term mental health treatment. If the Booking or Housing Sergeant, or the authorized designee, in consultation with responsible health care staff determines that the incarcerated person cannot be safely removed from restraints after eight hours, the person shall be taken to a medical facility for further evaluation.
- (l) Where applicable, the restraint device manufacturer's recommended maximum time limits for placement shall be used.

#### **510.3.1 COURT APPROVAL**

Prior judicial approval should be obtained for the use of restraints when the incarcerated person is in court if the restraints will be visible to a jury.

#### **510.4 RANGE OF MOTION**

Incarcerated persons placed in restraints for longer than two hours should receive a range-of-motion procedure that will allow for the movement of the extremities. Range-of-motion exercise will consist of alternate movement of the extremities (i.e., right arm and left leg) for a minimum of 10 minutes every two hours.

#### **510.5 FOOD, HYDRATION, AND SANITATION**

Incarcerated persons who are confined in restraints shall be given food and fluids. Provisions shall be made to accommodate any toileting needs at least once every two hours. Food shall be provided during normal meal periods. Hydration (water or juices) will be provided no less than once every two hours or when requested by the incarcerated person.

Offering food and hydration to incarcerated persons will be documented to include the time, the name of the person offering the food or water/juices, and the incarcerated person's response (receptive, rejected). Incarcerated persons shall be provided the opportunity to clean themselves or their clothing while they are in restraints.

#### **510.6 AVAILABILITY OF CPR EQUIPMENT**

CPR equipment, such as barrier masks, shall be provided by the facility and located in proximity to the location where incarcerated persons in restraints are held.

#### **510.7 RESTRAINED INCARCERATED PERSON HOLDING**

Restrained incarcerated persons should be protected from abuse by other incarcerated persons. Under no circumstances will restrained incarcerated persons be housed with incarcerated persons

### *Use of Restraints*

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who are not in restraints. In most instances, restrained incarcerated persons are housed alone or in an area designated for restrained persons (15 CCR 1058).

#### **510.8 PREGNANT INCARCERATED PERSONS**

Restraints will not be used on incarcerated persons who are known to be pregnant unless based on an individualized determination that restraints are reasonably necessary for the legitimate safety and security needs of the incarcerated person, the staff, or the public. Should restraints be necessary, the restraints shall be the least restrictive available and the most reasonable under the circumstances.

Incarcerated persons who are known to be pregnant will not be handcuffed behind their backs or placed in waist restraints or leg irons.

Once pregnancy has been confirmed, a pregnant incarcerated person should be advised of the policies and procedures regarding the restraint of pregnant persons (Penal Code § 3407; 15 CCR 1058.5).

##### **510.8.1 INCARCERATED PERSONS IN LABOR**

No incarcerated person who is in labor, delivery, or recovery from a birth shall be restrained by the use of leg restraints/irons, waist restraints/chains, or handcuffs behind the body (Penal Code § 3407; 15 CCR 1058.5).

No incarcerated person who is in labor, delivering, or recovering from a birth shall be otherwise restrained except when all of the following exist (Penal Code § 3407; 15 CCR 1058.5):

- (a) There is a substantial flight risk or some other extraordinary medical or security circumstance that dictates restraints be used to ensure the safety and security of the incarcerated person, the staff of this or the medical facility, other incarcerated persons, or the public.
- (b) A supervisor has made an individualized determination that such restraints are necessary to prevent escape or injury.
- (c) There is no objection from the treating medical care provider.
- (d) The restraints used are the least restrictive type and are used in the least restrictive manner.

Restraints shall be removed when medical staff responsible for the medical care of the pregnant incarcerated person determines that the removal of restraints is medically necessary (Penal Code § 3407).

The supervisor should, within 10 days, make written findings specifically describing the type of restraints used, the justification, and the underlying extraordinary circumstances.

##### **510.8.2 INCARCERATED PERSONS IN RECOVERY AFTER TERMINATED PREGNANCY**

Incarcerated persons recovering from a termination of pregnancy shall not be restrained using leg restraints/irons, waist restraints/chains, or handcuffs behind the body unless an exception identified in the Incarcerated Persons in Labor subsection of this policy applies (15 CCR 1058.5).

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Restraints shall be removed when medical staff responsible for the medical care of the incarcerated person determines that the removal of restraints is medically necessary (15 CCR 1058.5).



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## Searches

### 511.1 PURPOSE AND SCOPE

The purpose of this policy is to provide clear direction on maintaining the safety and security of the facility by conducting searches, in balance with protecting the rights afforded by the United States Constitution.

The introduction of contraband, intoxicants or weapons into the Marin County Sheriff's Office facility poses a serious risk to the safety and security of staff, inmates, volunteers, contractors and the public. Any item that is not available to all inmates may be used as currency by those who possess the item, and will allow those in possession of the item to have control over other inmates. Any item that may be used to disengage a lock, other electronic security devices or the physical plant itself, seriously jeopardizes the safety and security of this facility. Carefully restricting the flow of contraband into the facility can only be achieved by thorough searches of inmates and their environment.

Nothing in this policy is intended to prohibit the otherwise lawful collection of trace evidence from an inmate/arrestee.

#### 511.1.1 DEFINITIONS

Definitions related to this policy include:

**Contraband** - Anything unauthorized for inmates to possess or anything authorized to possess but in an unauthorized quantity.

**Modified strip search** - A search that requires a person to remove or rearrange some of his/her clothing that does not include a visual inspection of the breasts, buttocks or genitalia of the person but may include a thorough tactile search of an inmate's partially unclothed body. This also includes searching the inmate's clothing once it has been removed.

**Pat-down search** - The normal type of search used by deputies within this facility to check an individual for weapons or contraband. It involves a thorough patting down of clothing to locate any weapons or dangerous items that could pose a danger to the deputy, the inmate or other inmates.

**Physical body cavity search** - A search that includes a visual inspection and may include physical intrusion into a body cavity. Body cavity means the stomach or rectal cavity of a person, and the vagina of a female person.

**Strip search** - A search that requires a person to remove or rearrange some or all of his/her clothing to permit a visual inspection of the underclothing, breasts, buttocks, anus or outer genitalia of the person. This includes monitoring of a person showering or changing clothes where the person's underclothing, buttocks, genitalia or female breasts are visible to the monitoring employee.

**Clothing Exchange** - The procedure by which individuals being transferred to the housing level of the Marin County Jail are required to remove all of their clothing in exchange for a set of jail issued

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clothing. The clothing exchange shall occur at the time the arrestee is provided the opportunity to shower.

**Master Strip Search File** - A master file maintained by the Marin County Jail's Administrative Secretary documenting each strip search conducted upon reasonable suspicion at the time of booking and each physical body cavity search conducted as the result of a search warrant or other lawful court order. That file shall be maintained both alphabetically and chronologically.

**Body Scanner** - X-ray technology used to produce an image revealing the presence of contraband concealed on or inside a person.

#### 511.1.2 PROCEDURES

[Custody Procedure Manual: 514.1 PROCEDURE FOR SEARCHES](#)

[Custody Procedure Manual: 514.2 STRIP SEARCHES – CONDITIONS AND REQUIREMENTS](#)

[Custody Procedure Manual: 514.3 CONDITIONS FOR ISSUING AN AUTHORIZATION FOR STRIP SEARCH FORM](#)

[Custody Procedure Manual: 514.4 CONDITIONS FOR FACILITY SEARCHES](#)

[Custody Procedure Manual: 514.5 STRIP SEARCH PROCEDURES](#)

[Custody Procedure Manual: 514.6 CONDUCTING FORCIBLE STRIP SEARCHES](#)

[Custody Procedure Manual: 514.7 BODY SCANNER SEARCH](#)

[Custody Procedure Manual: 514.8 CONDUCTING BODY CAVITY SEARCHES](#)

#### 511.2 POLICY

It is the policy of this department to ensure the safety of staff, inmates and visitors by conducting effective and appropriate searches of inmates and areas within the facility in accordance with applicable laws (15 CCR 1029(a)(6)).

Searches shall not be used for intimidation, harassment, punishment or retaliation.

#### 511.3 PAT-DOWN SEARCHES

Pat-down searches will be performed on all inmates/arrestees upon entering the secure booking area of the facility. All persons being booked into the Marin County Jail shall be subject to either a pat down search, metal detector search, body scan and/or a thorough clothing search, including the examination and seizure of any item(s) found to be in the subject's purse, pockets, or personal belongings. Persons who have been arrested and are to be booked, but as to whom there is an expectation of immediate release on a written promise or by posting bail shall, regardless of the nature of the offense, only be subjected to a pat down and/or electronic scanning for metal detection, unless there is a threat to the safety or security of the Marin County Jail or persons.

Additionally, pat-down searches should occur frequently within the facility. At a minimum, the staff should conduct pat-down searches in circumstances that include:

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- (a) When inmates leave their housing units to participate in activities elsewhere in the facility (e.g., exercise yard, medical, program, visiting) and when they return.
- (b) During physical plant searches of entire housing units.
- (c) When inmates come into contact with other inmates housed outside of their housing units, such as work details.
- (d) Any time the staff believes the inmates may have contraband on their persons.

The facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Absent the availability of a same sex staff member, it is recommended that a witnessing staff member be present during any cross gender pat down search involving female inmates. All cross-gender pat-down searches of female inmates shall be documented (28 CFR 115.15).

#### **511.4 MODIFIED STRIP SEARCHES, STRIP SEARCHES AND PHYSICAL BODY CAVITY SEARCHES**

Deputies will generally consider the reason for the search, the scope, intrusion, manner and location of the search, and will utilize the least invasive search method to meet the need for the search.

##### **511.4.1 STRIP SEARCHES FOR INMATES WHO ARE NOT HOUSED**

Strip searches prior to placement in a housing unit shall be conducted as follows:

- (a) No person held prior to placement in a housing unit shall be subjected to a modified strip search or strip search unless there is reasonable suspicion based upon specific and articulable facts to believe the person has a health condition requiring immediate medical attention or is concealing a weapon or contraband. Factors to be considered in determining reasonable suspicion include, but are not limited to:
  - 1. The detection of an object during a pat-down search that may be a weapon or contraband and cannot be safely retrieved without a modified strip search or strip search.
  - 2. Circumstances of a current arrest that specifically indicate the person may be concealing a weapon or contraband. A felony arrest charge or being under the influence of a controlled substance should not suffice as reasonable suspicion absent other facts.
  - 3. Custody history (past possession of contraband while in custody, assaults on staff, escape attempts, etc.).
  - 4. The person's actions or demeanor.
  - 5. Criminal history (level of experience in a custody setting, etc.).
- (b) No modified strip search or strip search of an inmate shall be conducted prior to admittance to a housing unit without prior authorization from the Booking Sergeant, or another Sergeant in the Booking Sergeant's absence. This does not apply to those inmates who are being strip searched as part of the process to be moved into a housing unit.

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- (c) The staff member conducting the modified strip search or strip search shall:
  - 1. Document the name and sex of the person subjected to the strip search.
  - 2. Document the facts that led to the decision to perform a strip search of the inmate.
  - 3. Document the reasons less intrusive methods of searching were not used or were insufficient.
  - 4. Document the supervisor's approval.
  - 5. Document the time, date and location of the search.
  - 6. Document the names, sex and roles of any staff present.
  - 7. Itemize in writing all contraband and weapons discovered by the search.
  - 8. Process all contraband and weapons in accordance with the department's current evidence procedures.
  - 9. If appropriate, complete a crime report and/or disciplinary report.
  - 10. Ensure the documentation is placed in the inmate's file. A copy of the written authorization shall be retained and made available to the inmate or other authorized representative upon request.
- (d) A person who knowingly and willfully authorizes a strip search in violation of Penal Code § 4030 is guilty of a misdemeanor (see Penal Code § 4030(M)).
- (e) Strip searches and religious head coverings: A strip search may necessitate the removal of a head covering worn for religious purposes to preserve modesty

#### 511.4.2 STRIP SEARCHES PRIOR TO ENTRY INTO A HOUSING UNIT

Strip searches will be conducted on all inmates prior to admission into a housing unit.

Arrestees who are eligible for release or who will be released when they are no longer intoxicated will not be placed into a housing unit or have unmonitored or unsupervised contact with previously housed inmates.

Arrestees who are arranging bail shall be permitted a reasonable period of time before being placed in a housing unit.

#### 511.4.3 MODIFIED STRIP SEARCHES AND STRIP SEARCHES OF INMATES IN A HOUSING UNIT

A strip search of an inmate in a housing unit should be conducted when the inmate has entered an environment where contraband or weapons may be accessed. This may include, but is not limited to, the following:

- (a) Upon return from contact visits
- (b) Upon leaving the kitchen, shop, etc.
- (c) Upon return to the housing unit from outside the confines of the facility (court, work-release, work detail, medical visits)

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Staff members may conduct modified strip searches and strip searches of housed inmates only with supervisor approval. Staff members and supervisors must make a determination to conduct a strip search by balancing the scope of the particular search, intrusion, the manner in which it is conducted, the justification for initiating it and the place in which it is conducted. Less invasive searches should be used if they would meet the need for the search. For example, a pat-down or modified strip search may be sufficient as an initial effort to locate a larger item, such as a cell phone.

The staff member conducting a modified strip or strip search outside the above listed circumstances shall:

- Document in writing the facts that led to the decision to perform a strip search of the inmate.
- Document the reasons less intrusive methods of searching were not used or were insufficient.
- Document the supervisor's approval.
- Document the time, date and location of the search.
- Document the names of staff present, their sex and their roles.
- Itemize in writing all contraband and weapons discovered by the search.
- Process all contraband and weapons in accordance with the department's current evidence procedures.
- If appropriate, complete a crime report and/or disciplinary report.
- Ensure the completed documentation is placed in the inmate's file. A copy of the written authorization shall be retained and made available to the inmate or other authorized representative upon request.

#### 511.4.4 MODIFIED STRIP SEARCH AND STRIP SEARCH PROCEDURES

All modified strip searches and strip searches shall be conducted in a professional manner under sanitary conditions and in an area of privacy so that the search cannot be observed by persons not participating in the search.

Unless conducted by a qualified health care professional or in case of an emergency, a modified strip search or strip search shall be conducted by staff members of the same sex as the person being searched (Penal Code § 4030). Any cross-gender modified strip searches and cross-gender strip searches shall be documented (28 CFR 115.15).

Whenever possible, a second staff member of the same sex should be present, or close by, during the search for security purposes and to witness the discovery of evidence.

The staff member conducting a strip search shall not touch the breasts, buttocks or genitalia of the person being searched. These areas may be touched through the clothing during a modified strip search.

- (a) The searching staff member will instruct the inmate to:

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1. Remove his/her clothing.
  2. Raise his/her arms above the head and turn 360 degrees.
  3. Bend forward and run his/her hands through his/her hair.
  4. Turn his/her head first to the left and then to the right so the searching deputy can inspect the inmate's ear orifices.
  5. Open his/her mouth and run a finger over the upper and lower gum areas, then raise the tongue so the deputy can inspect the interior of the inmate's mouth. Remove dentures if applicable.
  6. Turn around and raise one foot first, then the other so the deputy can check the bottom of each foot.
  7. For a visual cavity search, turn around, bend forward and spread the buttocks if necessary to view the anus and/or vagina.
- (b) At the completion of the search, the inmate should be instructed to dress in either his/her street clothes or jail-supplied clothing, as appropriate.

#### 511.4.5 PHYSICAL BODY CAVITY SEARCH

Physical body cavity searches shall be completed as follows:

- (a) No person shall be subjected to a physical body cavity search without the approval of the Operations Lieutenant or the authorized designee and only with the issuance of a search warrant. A copy of any search warrant and the results of the physical body cavity search shall be included with the related reports and made available, upon request, to the inmate or authorized representative (except for those portions of the warrant ordered sealed by a court).
- (b) Only a physician may conduct a physical body cavity search. Except in exigent circumstances, only a physician who is not responsible for providing ongoing care to the inmate may conduct the search (15 CCR 1206(o)).
- (c) Except for the physician conducting the search, persons present must be of the same sex as the person being searched. Only the necessary staff needed to maintain the safety and security of the medical personnel shall be present (Penal Code § 4030).
- (d) Privacy requirements, including restricted touching of body parts and sanitary condition requirements are the same as required for a strip search.
- (e) All such searches shall be documented including:
  1. The facts that led to the decision to perform a physical body cavity search of the inmate.
  2. The reasons less intrusive methods of searching were not used or were insufficient.
  3. The Operations Lieutenant's approval.
  4. A copy of the search warrant.
  5. The time, date and location of the search.

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6. The medical personnel present.
  7. The names, sex and roles of any staff present.
  8. Any contraband or weapons discovered by the search.
- (f) Completed documentation should be placed in the inmate's file. A copy of the written authorization shall be retained and made available to the inmate or other authorized representative upon request.
- (g) All contraband and weapons should be processed in accordance with the department's current evidence procedures.
- (h) If appropriate, the staff member shall complete a crime report and/or disciplinary report.

### [Custody Procedure Manual: 514.8 CONDUCTING BODY CAVITY SEARCHES](#)

#### 511.4.6 BODY SCANNER SEARCH

When a scanner is reasonably available, a body scanner should be performed on all inmates/arrestees upon entering the secure area of the facility.

If a body scanner is used, members (Penal Code § 4030):

- (a) Within sight of the visual display of a body scanner depicting the body during a scan shall be of the same sex as the person being scanned, except for physicians or licensed medical personnel.
- (b) Should ask female inmates if they are pregnant prior to a body scan and should not knowingly use a body scanner on a woman who is pregnant.

### [Custody Procedure Manual: 514.7 BODY SCANNER SEARCH](#)

#### 511.5 TRANSGENDER SEARCHES

Staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining genital status (see Prison Rape Elimination Act Policy for transgender and intersex definitions). If genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records or, if necessary, by obtaining that information as part of a broader medical examination conducted in private by a qualified health care professional (28 CFR 115.15).

#### 511.6 CONTRABAND SEARCHES

The staff shall always be alert to the possible presence of contraband and shall take immediate action to seize the contraband when practicable. There are several types of searches that contribute to contraband control and to maintaining a safe and secure environment.

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#### 511.6.1 FOUND CONTRABAND

When contraband is found, the staff member will remove it from the inmate or the area where it was found. Contraband shall be kept in the control of custody staff until it has been properly stored or disposed. When a crime has been committed, a report will be written and the contraband will be collected as evidence. Staff will secure the evidence and notify the Sergeant. Evidence will be handled and stored in accordance with department procedures. If contraband is not used as evidence, it shall be placed in the contraband garbage located in booking. A deputy will take the contraband garbage to the trash compactor each graveyard shift.

#### 511.7 HOUSING UNIT SEARCHES

Housing unit searches shall occur as directed by a supervisor. These searches should include all of the living spaces occupied by inmates. Housing unit searches should be scheduled in a manner that does not create a pattern where the inmates can predict such searches. During a housing unit search:

- (a) All inmates shall vacate their living areas and be searched by staff.
- (b) Inmates should be escorted to a separate holding area, such as the recreation yard.
- (c) Staff shall search the living areas of the inmates, including bedding, personal storage areas, bunks and other areas with inmate access.
- (d) Any weapons or contraband located shall be processed in accordance with the current evidence procedures.
- (e) The staff shall attempt to identify the inmate who possessed the contraband and file appropriate inmate discipline and/or crime reports.
- (f) Any alcoholic beverage possessed by inmates shall be seized and the appropriate inmate disciplined and/or criminal charges filed.
- (g) Any authorized item found in excess of the limited quantity (e.g., food items, newspapers) shall be seized and discarded.

At the conclusion of the housing unit search, closely supervised inmate workers should clean the unit. All authorized inmate personal property shall be respected and living areas should be returned to an orderly condition.

#### 511.8 PHYSICAL PLANT SEARCHES

The following areas of this facility should be periodically searched for contraband:

- (a) Exercise yards shall be searched for contraband once per shift.
- (b) Holding cells shall be searched prior to and after each inmate occupies the cell.
- (c) Program areas, such as classrooms and multipurpose rooms should be searched once per shift.
- (d) Laundry areas should be searched once per shift.
- (e) Kitchen areas should be searched for contraband and to account for tools, knives and food items.



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- (f) Inmate visiting and public areas should be frequently inspected for contraband.
- (g) The facility perimeter should be searched at least once each shift for contraband.

#### 511.8.1 CANINE-ASSISTED SEARCHES

It is the policy of this facility to use canines to assist the staff in searching for contraband. Such searches shall occur only with the approval of a supervisor. Only canines trained in the detection of contraband, such as drugs, alcohol and weapons, will be allowed within the secure perimeter of the facility. Canines trained solely in crowd control or to assist in physically subduing individuals will not be used in the facility.

Canines will generally be used to assist the staff in general physical plant or living area searches. Contact between inmates and canines should be kept to a minimum (see the Canines Policy).

#### 511.9 CRIMINAL EVIDENCE SEARCHES

The Captain or the authorized designee shall be notified, as soon as practicable, any time it is suspected that a crime has been committed in the facility or other area controlled by the facility staff, and there is a need to search for evidence related to the crime.

Any evidence collected in connection with an alleged crime shall be reported, documented and stored to protect it from contamination, loss or tampering, and to establish the appropriate chain of custody. A search for evidence may be conducted by staff whenever there is a need for such action.

#### 511.10 TRAINING

The Training Sergeant shall provide training for staff in how to conduct pat-downs, modified strip searches and strip searches in a professional and respectful manner and in the least intrusive manner possible, consistent with facility security needs. This training shall include cross-gender pat downs and searches, as well as searches of transgender and intersex inmates (28 CFR 115.15).

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## Reporting In-Custody Deaths

### 512.1 PURPOSE AND SCOPE

This policy provides direction on how in-custody deaths shall be reported.

#### 512.1.1 DEFINITIONS

Definitions related to this policy include:

**In-custody death** - The death of any person, for whatever reason (natural, suicide, homicide, accident), who is in the process of being booked or is incarcerated at any facility of this department.

#### 512.1.2 PROCEDURES

There are no procedures associated with this policy.

### 512.2 POLICY

It is the policy of this department to follow state and local guidelines for reporting in-custody deaths (15 CCR 1046).

### 512.3 MANDATORY REPORTING

All in-custody deaths shall be reported within 10 days of the death to the state Attorney General's office, in accordance with reporting guidelines and statutory requirements (Government Code § 12525). The Housing Sergeant on duty at the time of death will be responsible for completing and sending the Inmate Death Notification Form to the Attorney General's Office. The form must be completed and sent within ten calendar days and will include all facts in our possession concerning the death. A copy of the death report must accompany the form.

If the decedent is a boarder for another agency, the Captain shall notify that agency so that agency will assume responsibility for the notification of the decedent's family.

Pursuant to Article 37 of the Vienna Convention on Consular Relation 1963, in the case of the death of a foreign national, telephonic notification to the appropriate consulate post should be made without unreasonable delay and confirmatory written notification shall be made within 72 hours of the death to the appropriate consulate post. The notification shall include the inmate's name, identification number, date and time of death, and the attending physician's name.

In the event that a juvenile dies while in-custody, the Captain or the authorized designee shall notify the court of jurisdiction and the juvenile offender's parent or guardian (15 CCR 1047). A copy of the report provided to the state Attorney General's office shall be submitted to the Board of State and Community Corrections within 10 days of the death (15 CCR 1046(b)(1)).

The Sheriff or the authorized designee should ensure that all specified information relating to the in-custody death is posted on the department's website as prescribed and within the timeframes provided in Government Code § 10008.

### *Reporting In-Custody Deaths*

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#### **512.4 PROCEDURE**

Upon determining that a death of any person has occurred while in the custody of this department, the Lieutenant is responsible for ensuring that the Sheriff and all appropriate investigative authorities, including the Coroner, are notified without delay and all written reports are completed.

The Lieutenant shall also promptly notify the Captain and make any other notifications required by policy or direction. The Captain shall observe all pertinent laws and allow appropriate investigating agencies full access to all facts surrounding the death.

The Department shall establish policies and procedures for the investigation of any in-custody death.

The decedent's personal belongings shall be disposed of in a responsible and legal manner. All property and records shall be retained according to established records retention schedules.

The individual designated by the decedent shall be notified of all pertinent information as required by law.

During an investigation, all inquiries regarding the death shall be referred to the Public Information Officer. Deputies shall not make a public comment.

#### **512.4.1 PROCEDURE FOR POSSIBLY MORTALLY ILL INMATES**

When it becomes apparent that an inmate has become so ill that there is a possibility that the inmate's mortality might be in jeopardy, the Housing Sergeant and Operations Lieutenant will be notified. After all medical emergency procedures have been satisfied in accordance with operational orders, the nursing staff will update the Sergeant of any inmate who has any illness from which death may result. The Booking Sergeant will work with the Coroner's Office to notify the inmates next of kin in an expeditious fashion. In those cases where the next of kin or legal guardian is not listed in the booking papers, a diligent effort will be made to locate and notify the next of kin or legal guardian.

#### **512.5 IN-CUSTODY DEATH REVIEW**

The Sheriff is responsible for establishing a team of qualified staff to conduct an administrative review of every in-custody death. At a minimum, the review team should include the following (15 CCR 1046(a); 15 CCR 1030):

- (a) Sheriff and/or the Captain
- (b) County Counsel
- (c) Responsible Physician, qualified health care professionals, supervisors, or other staff who are relevant to the incident

The in-custody death review should be initiated as soon as practicable but no later than 30 days after the incident. The team should review the appropriateness of clinical care, determine whether changes to policies, procedures, or practices are warranted, and identify issues that require further study (15 CCR 1046(a)).

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All circumstances surrounding the death should be evaluated from a medical perspective, including but not limited to:

1. Was the inmate seen by medical personnel prior to the inmate's death?
2. What was the inmate's complaint?
3. What was charted, if anything, on the medical record or in the custody log?
4. What does the Coroner's report indicate as the cause of death?
5. Were there any time delays in seeking medical assistance for the inmate?

All information gathered by medical or custody staff relative to the death is to be reviewed collectively by the medical review team to determine the adequacy of the actions taken and procedures followed. The written findings of the team shall include any deficiencies and recommendations for timely correction of each. The written plan to correct deficiencies shall be filed in the internal audit file.

County Counsel shall review the team's responsibilities, obligations, immunities and authority to ensure the protection of its members, the Department and the County.

## Staff and Inmate Contact

### 513.1 PURPOSE AND SCOPE

Interaction with inmates allows for continual assessment of the safety and security of the facility and the health and welfare of the inmates. However, inappropriate interaction can undermine security and order in the facility and the integrity of the supervision process.

This policy provides guidelines for appropriate and professional interaction between members and inmates, and is intended to promote high ethical standards of honesty, integrity and impartiality as well as increase facility safety, discipline and morale.

Violation of this policy may result in disciplinary action up to and including dismissal. Members who seek information or clarification about the interpretation of this policy are encouraged to promptly contact their supervisor.

#### 513.1.1 PROCEDURES

There are no procedures associated with this policy.

### 513.2 POLICY

The Captain shall ensure that inmates have adequate ways to communicate with staff and that the staff communicates and interacts with inmates in a timely and professional manner.

### 513.3 GENERAL CONTACT GUIDELINES

Members are encouraged to interact with the inmates under their supervision and are expected to take prompt and appropriate action to address health and safety issues that are discovered or brought to their attention.

All members should present a professional and command presence in their contact with inmates. Members shall address inmates in a civil manner. The use of profanity, and derogatory or discriminatory comments is strictly prohibited.

Written communication (e.g., request forms, inmate communication, grievances, rules infraction forms, disciplinary reports) shall be answered in a timely manner. Such communication shall be filed with the inmate's records.

Members shall not dispense legal advice or opinions, or recommend attorneys or other professional services to inmates.

While profanity and harsh language are prohibited, the Department recognizes the necessity for staff to give inmates direction in a firm, determined, and authoritative manner in order to maintain proper supervision and control. Authoritative directions to inmates are particularly instructed when activities or events pose a threat to the safety or security of this facility.

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#### **513.4 ANTI-FRATERNIZATION**

Personal or other interaction not pursuant to official duties between facility staff with current inmates, inmates who have been discharged within the previous year, their family members or known associates have the potential to create conflicts of interest and security risks in the work environment.

Members shall not knowingly maintain a personal or unofficial business relationship with any persons described in this section unless written permission is received from the Captain.

Prohibited interactions include, but are not limited to:

- (a) Communications of a sexual or romantic nature.
- (b) Salacious exchanges.
- (c) Sexual abuse, sexual assault, sexual contact or sexual harassment.
- (d) Exchanging letters, phone calls or other similar communications, such as texting.
- (e) Exchanging money or other items.
- (f) Extending privileges, giving or accepting gifts, gratuities or favors.
- (g) Bartering.
- (h) Any financial transactions.
- (i) Being present at the home of an inmate for reasons other than an official visit without reporting the visit.
- (j) Providing an inmate with the staff member's personal contact information, including social media accounts.

#### **513.4.1 EXCEPTIONS**

The Captain may grant a written exception to an otherwise prohibited relationship on a case-by-case basis based upon the totality of the circumstance. In determining whether to grant an exception, the Captain should give consideration to factors including, but not limited to:

- Whether a relationship existed prior to the incarceration of the inmate.
- Whether the relationship would undermine security and order in the facility and the integrity of the supervision process.
- Whether the relationship would be detrimental to the image and efficient operation of the facility.
- Whether the relationship would interfere with the proper discharge of, or impair impartiality and independence of, judgment in the performance of duty.

#### **513.5 REPORTING**

Members shall promptly report all attempts by inmates to initiate sexual acts or any salacious conversations, and forward any correspondence from an inmate or former inmate to the Captain or the authorized designee.

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Members shall report all attempts by inmates to intimidate or instill feelings of fear to their supervisor.

Members shall promptly notify their immediate supervisor in writing if:

- A family member or close associate has been incarcerated or committed to the custody of the facility.
- The member is involved in a personal or family relationship with a current inmate or with an inmate who has been discharged within the previous year.

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# Transportation of Inmates Outside the Secure Facility

## 514.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for the transportation of inmates outside this facility and to ensure that the staff assigned to transportation duties are qualified and adequately trained.

### 514.1.1 PROCEDURES

[Custody Procedure Manual: 517.1 HOSPITAL GUARD DUTY PROCEDURE](#)

## 514.2 POLICY

It is the policy of the Marin County Sheriff's Office to provide safe, secure, and humane transportation for all inmates and other persons as required by law.

This department shall transfer all inmates from the jail to the place of imprisonment pursuant to the sentence of the court as soon as practicable after the sentence, in accordance with all laws relating to the transfer of inmates and costs related to transfers to facilities and jurisdictions.

## 514.3 PROCEDURES

Only staff members who have completed department-approved training on inmate transportation should be assigned inmate transportation duty. All staff members who operate transportation vehicles shall hold a valid license for the type of vehicle being operated.

Any member who transports an inmate outside the secure confines of this facility is responsible for:

- (a) Obtaining all necessary paperwork for the inmate being transported (e.g., medical/dental records, commitment documents).
- (b) Submitting a completed transportation plan to the transportation supervisor. Items that should be addressed in the plan include:
  1. Type of restraints to be used on the inmates being transported.
  2. The routes, including alternate routes, to be taken during the transportation assignment. Routes should be selected with security for the community in mind.
  3. Emergency response procedures in the event of a collision, the breakdown of a transportation vehicle, or some other unforeseen event.
  4. Site verification, unloading and reloading instructions, and parking rules at the destination.
- (c) Ensuring that all inmates are thoroughly searched and appropriate restraints are properly applied.
  1. Inmates who are known to be pregnant will not be handcuffed behind their backs or placed in waist restraints while being transported (see the Use of Restraints Policy).



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### *Transportation of Inmates Outside the Secure Facility*

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2. Inmates who are transported to a hospital for the purpose of childbirth shall be transported in the least restrictive way possible and in accordance with Penal Code § 3407. The inmate shall not be shackled to anyone else during transport (see the Use of Restraints Policy) (Penal Code § 4023.8(l)).
  - (d) Ensuring that all vehicle security devices (e.g., window bars, inside cages, door locks) are in good repair and are operational.
  - (e) Thoroughly searching the transporting vehicle for contraband before any inmate is placed inside, and again after removing the inmate from the transporting vehicle.

#### **514.4 HOSPITAL GUARD DUTY**

When an inmate has been received by the Sheriff and requires hospitalization, a deputy will be provided for guard duty. It shall be the responsibility of the Sheriff to ensure the safety and security of the inmate, hospital patients, and staff.

For procedural content related to this subsection, click the link below:

[Custody Procedure Manual: 517.1 HOSPITAL GUARD DUTY PROCEDURE](#)

#### **514.5 TRAINING**

The Transportation Sergeant shall ensure that all employees charged with inmate transportation duties receive training appropriate for the assignment.

Documentation of all training presented shall be retained in the employee's training file in accordance with established records retention schedules.

## Safety and Sobering Cells

### 515.1 PURPOSE AND SCOPE

This policy establishes the requirement for placing incarcerated persons into and the continued placement of incarcerated persons in safety cells or sobering cells.

#### 515.1.1 DEFINITIONS

Definitions related to this policy include:

**Safety Cell** - A padded secure room where one person is placed when their behavior jeopardizes themselves, custody staff, other inmates, or the security of the facility. A person is placed in the cell in a controlled position and searched. Deputies will remove any items, which could be used to harm the incarcerated person or staff (i.e., belts, eyeglasses, shoes, shoelaces, pens, pencils, etc.).

**Sobering Cell** - A padded, multiple occupancy holding cell used as an initial sobering place for incarcerated persons as a result of being intoxicated from any substance.

#### 515.1.2 PROCEDURES

[Custody Procedure Manual: 518.1 SAFETY CELL PROCEDURES](#)

[Custody Procedure Manual: 518.2 SOBERING CELL](#)

[Custody Procedure Manual: 518.3 SOBERING TIME PROCEDURES](#)

### 515.2 POLICY

This facility will employ the use of safety and sobering cells to protect incarcerated persons from injury or to prevent the destruction of property by an incarcerated person in accordance with applicable law.

A sobering or safety cell shall not be used as punishment or as a substitute for treatment.

### 515.3 SAFETY CELL PROCEDURES

The following guidelines apply when placing any incarcerated person in a safety cell (15 CCR 1055):

- (a) Placement of an incarcerated person into a safety cell requires approval of the Booking Sergeant, Housing Sergeant, a designee of the aforementioned or the Responsible Physician.
- (b) A safety cell log shall be initiated every time an incarcerated person is placed into the safety cell and should be maintained for the entire time the incarcerated person is housed in the cell. Cell logs will be retained in accordance with established department retention schedules.
- (c) A safety check consisting of direct visual observation that is sufficient to assess the incarcerated person's well-being and behavior shall occur twice every 30 minutes with no more than a 15-minute lapse between safety checks. Each safety check of

### *Safety and Sobering Cells*

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the incarcerated person shall be documented. Supervisors shall inspect the logs for completeness every two hours and document this action on the safety cell log.

- (d) Incarcerated persons should be permitted to remain normally clothed or should be provided a safety suit, except in cases where the incarcerated person has demonstrated that clothing articles may pose a risk to the incarcerated person's safety or the facility. In these cases, the reasons for not providing clothing shall be documented on the safety cell log.
- (e) Incarcerated persons in safety cells shall be given the opportunity to have fluids (water, juices) at least hourly. Deputies shall provide the fluids in paper cups. The incarcerated persons shall be given sufficient time to drink the fluids prior to the cup being removed. Each time an incarcerated person is provided the opportunity to drink fluids will be documented on the safety cell log.
- (f) Incarcerated persons will be provided meals during each meal period. Meals will be served on paper plates or in other safe containers, and the incarcerated persons will be monitored while eating the meals. Incarcerated persons shall be given ample time to complete their meals prior to the plate or container being removed. All meals provided to incarcerated persons in safety cells will be documented on the safety cell log.
- (g) The Lieutenant or the authorized designee shall review the appropriateness for continued retention in the safety cell at least every four hours. The reason for continued retention or removal from the safety cell shall be documented on the safety cell log.
- (h) A medical assessment of the incarcerated person in the safety cell shall occur as soon as possible, but not more than 12 hours from the time of placement. The person shall be medically cleared for continued assessment, referral to advanced treatment, or removed from the safety cell a minimum of 24 hours thereafter. Medical assessments shall be documented.
- (i) A mental health assessment shall be conducted as soon as possible, but not more than 12 hours from an incarcerated person's placement. The mental health professional's recommendations shall be documented.

#### **515.4 SOBERING CELL PROCEDURES**

The following guidelines apply when temporarily placing any incarcerated person in a sobering cell (15 CCR 1056):

- (a) A sobering cell log shall be initiated every time an incarcerated person is placed into a sobering cell. The log shall be maintained for the entire time the incarcerated person is housed in the cell. Cell logs will be retained in accordance with established department retention schedules.
- (b) A safety check consisting of direct visual observation that is sufficient to assess the incarcerated person's well-being and behavior shall occur at least once every 30 minutes on an irregular schedule. Each visual observation of the incarcerated person by staff shall be documented. Supervisors shall check the logs for completeness every two hours and document this action on the sobering cell log.
- (c) Qualified health care professionals shall assess the medical condition of the incarcerated person in the sobering cell at least every six hours. Only incarcerated

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## Custody Manual

### *Safety and Sobering Cells*

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persons who continue to need the protective housing of a sobering cell will continue to be detained in such housing.

- (d) Incarcerated persons will be removed from the sobering cell when they no longer pose a threat to their own safety and the safety of others and are able to continue the booking process.
- (e) Incarcerated persons will be detained in separate sobering cells based on the individuals' actual or perceived gender identity or gender expression.

#### 515.4.1 SOBERING TIME

All persons booked into the Marin County Jail who are under the influence of alcohol and/or drugs will stay in custody a minimum of four hours.

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## Biological Samples

### 516.1 PURPOSE AND SCOPE

This policy provides guidelines for the collection of biological samples from those incarcerated persons required to provide samples upon conviction and/or arrest for certain offenses. This policy does not apply to biological samples collected at a crime scene or taken from a person in conjunction with a criminal investigation. Nor does it apply to biological samples collected from those required to register, for example, as sex offenders.

#### 516.1.1 PROCEDURES AND ATTACHMENTS

[Custody Procedure Manual: 516.1 COLLECTING DNA SAMPLES FROM ARRESTEES](#)

[Custody Procedure Manual: 516.2 DNA SAMPLE COLLECTION PROCEDURE](#)

[Custody Procedure Manual: 516.3 REFUSAL TO SUBMIT TO COURT ORDERED DNA SAMPLING](#)

[See attachment: Buccal Admonition PC298.1 DATA COLLECTION FORM.pdf](#)

### 516.2 POLICY

The Marin County Sheriff's Office will assist in the expeditious collection of required biological samples from arrestees and offenders in accordance with the laws of this state and with as little reliance on force as practicable.

### 516.3 PERSONS SUBJECT TO BIOLOGICAL SAMPLE COLLECTION

Incarcerated persons must submit a biological sample (Penal Code § 296: Penal Code § 296.1):

- (a) Upon conviction or other adjudication of any felony offense.
- (b) Upon conviction or other adjudication of any offense if the person has a prior felony on record.
- (c) When arrested or charged with any felony.

### 516.4 PROCEDURE

When an incarcerated person is required to provide a biological sample, a trained employee shall attempt to obtain the sample in accordance with this policy.

#### 516.4.1 COLLECTION

The following steps should be taken to collect a sample:

- (a) Verify that the incarcerated person is required to provide a sample pursuant to Penal Code § 296 and Penal Code § 296.1.
- (b) Verify that a biological sample has not been previously collected from the offender by querying the individual's criminal history record for a DNA collection flag or, during regular business hours, calling the California Department of Justice (DOJ) designated

### *Biological Samples*

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DNA laboratory. There is no need to obtain a biological sample if one has been previously obtained.

- (c) Use the designated collection kit provided by the California DOJ to perform the collection and take steps to avoid cross contamination.

#### **516.5 CALCULATED USE OF FORCE TO OBTAIN SAMPLES**

If an incarcerated person refuses to cooperate with the sample collection process, deputies should attempt to identify the reason for refusal and seek voluntary compliance without resorting to using force. Force will not be used in the collection of samples except as authorized by court order or approval of legal counsel and only with the approval of the Captain or the authorized designee. Methods to consider when seeking voluntary compliance include contacting:

- (a) The incarcerated person's parole or probation officer when applicable.
- (b) The prosecuting attorney to seek additional charges against the incarcerated person for failure to comply or to otherwise bring the refusal before a judge.
- (c) The judge at the incarcerated person's next court appearance.
- (d) The incarcerated person's attorney.
- (e) A chaplain.
- (f) A supervisor who may be able to authorize disciplinary actions to compel compliance, if any such actions are available.

The Captain or authorized designee shall review and approve any calculated use of force. The supervisor shall be present to supervise and document the calculated use of force.

##### **516.5.1 VIDEO RECORDING**

A video recording shall be made any time force is used to obtain a biological sample. The recording should document all staff participating in the process, in addition to the methods and all force used during the collection. The recording should be part of the investigation file, if any, or otherwise retained in accordance with the department's established records retention schedule.

If the use of force includes a cell extraction, the extraction shall also be video recorded, including audio. The video recording shall be retained by the facility in accordance with established records retention schedules. Notwithstanding the use of the video as evidence in a criminal proceeding, the tape shall be retained by the jail administration (15 CCR 1059).

#### **516.6 LEGAL MANDATES AND RELEVANT LAWS**

California law provides for the following:

##### **516.6.1 DOCUMENTATION RELATED TO FORCE**

The Lieutenant or the authorized designee on-duty shall prepare prior written authorization for the use of any force (15 CCR 1059).

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### *Biological Samples*

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The written authorization shall include information that the subject was asked to provide the requisite sample and refused, as well as any related court order authorizing the force.

#### 516.6.2 BLOOD SAMPLES

A blood sample should only be obtained under this policy when:

- (a) The California DOJ requests a blood sample and the subject consents, or
- (b) A court orders a blood sample following a refusal.

The withdrawal of blood may only be performed in a medically approved manner by health care providers trained and qualified to draw blood. A California DOJ collection kit shall be used for this purpose (Penal Code § 298(a); Penal Code § 298(b)(2)).

#### 516.6.3 LITIGATION

The Sheriff or the authorized designee should notify the California DOJ's DNA Legal Unit in the event this department is named in a lawsuit involving the DNA Data Bank.

#### 516.6.4 STATE MANDATES

Deputies shall document their efforts to secure voluntary compliance and include an advisement of the legal obligation to provide the requisite specimen, sample, or impression, and the consequences of refusal (15 CCR 1059).

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## Over-Detention and Inadvertent Releases

### 518.1 PURPOSE AND SCOPE

This policy is intended to provide guidance to staff and management in the event of over-detention or inadvertent release.

#### 518.1.1 DEFINITIONS

Definitions related to this policy include:

**Inadvertent release** - Any instance of an inmate being mistakenly released.

**Over-detention** - Any instance of an inmate being mistakenly detained beyond his/her scheduled release date.

#### 518.1.2 PROCEDURES

There are no procedures associated with this policy.

### 518.2 POLICY

It is the policy of this department to reasonably ensure that over-detention and inadvertent releases do not occur.

### 518.3 OVER-DETENTION

Any custody staff member who discovers or receives information of an over-detention, or a complaint from an inmate regarding over-detention (which could be discovered through a grievance), should immediately notify the Housing Sergeant (see the Inmate Grievances Policy).

The Housing Sergeant shall conduct an investigation to determine the correct release date.

Inmates who are found to be over-detained shall be processed for immediate release in accordance with the End of Term Release Policy. The Sergeant shall ensure that a Lieutenant is notified.

### 518.4 INADVERTENT RELEASE

Whenever an inadvertent release is discovered, the custody staff member making the discovery shall immediately notify the Housing or Booking Sergeant, who will then notify the Operations Lieutenant. The notification shall be documented in the daily activity log.

#### 518.4.1 INADVERTENT RELEASE INVESTIGATION

The Lieutenant or the authorized designee will immediately conduct an investigation to determine the cause of the inadvertent release.

The Lieutenant or the authorized designee will coordinate a response based upon the seriousness of the threat the inmate may pose to the community. The threat assessment should be based upon the inmate's criminal history and the reason he/she is currently in custody, among other factors.



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### *Over-Detention and Inadvertent Releases*

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In the case of an inadvertent release, the Lieutenant should immediately notify the Captain and ensure a report is completed. The Captain should notify the Sheriff.

An appropriate evaluation of the circumstances shall be made to determine whether the inadvertent release should be classified as an escape.

#### 518.4.2 RETURNING THE INMATE TO CUSTODY

When the inmate is located and returned to the facility, the appropriate notifications should be made as soon as possible.

## Temporary Out Inmates

### 519.1 PURPOSE AND SCOPE

This policy establishes the guidelines by which the Marin County Sheriff's Office will handle inmates who are placed on a temporary out or "temp out" status.

#### 519.1.1 DEFINITIONS

**Temp Out** - Any inmate temporarily removed from the custody of the Marin County Jail, but held on a detainer. Temp Out includes 1381 PC, 4011.6 PC, 5150 W&I, 90 day observation, etc.

**1381 PC** - Inmates with holds from other agencies who have all their Marin County cases adjudicated and have been sentenced to 90 days or more in Marin County Jail. This inmate may or may not return to this facility.

**4011.6 PC** - Inmates who are temporarily removed from the custody of the Marin County Jail to Marin Crisis Stabilization Unit (CSU) for a psychiatric evaluation and potential inpatient psychiatric hospitalization.

**90 Day Observations** - Inmates sent by the courts to state prison to be evaluated for their suitability into that system. This inmate will return to this facility in 90 days or less.

**Medical Procedure** - (scheduled or emergency) Inmate is at a medical facility for either a scheduled procedure or an emergency situation. This inmate may or may not return to this facility.

#### 519.1.2 PROCEDURES

[Custody Procedure Manual: 522.1 TEMPORARY OUT PROCEDURES](#)

### 519.2 POLICY

Any inmate who will be temporarily out of the jail for over 24 hours will vacate their cell and whenever possible take all property when they leave. Temporary Out files will be transferred to and stored in booking after the inmate has been placed on Temp Out status.

## Cell Extractions

### 520.1 PURPOSE AND SCOPE

This policy provides guidelines on cell extractions. The purpose of this policy is to provide direction to deputies and supervisors in the phases of a cell extraction when removing a hostile, disruptive, defiant, combative inmate, or at the direction of a court order.

#### 520.1.1 DEFINITIONS

**Cell Extraction** - Removal from a cell or housing area by means of physical force.

**Exigent Circumstances** - Circumstances upon which a reasonable person would conclude that immediate action is necessary and a failure to act/or delaying action would result in injury to staff or other persons and/or substantial destruction of property.

**Incident Report** - In the Custody Management System, the Incident Reporting Module.

**Crime/Incident Report** - In the Automated Reporting System, a Crime/Incident report with videotape evidence entered.

**Penal Code 1370** – A process for court ordered involuntary medication for individuals found incompetent to stand trial.

#### 520.1.2 PROCEDURES

There are no procedures associated with this policy.

### 520.2 POLICY

An inmate who will not cooperate and respond to deputies' orders, or who fail to voluntarily comply with a court order pursuant to 1370 P.C., or subject to a lawful court order, or who may be armed or potentially dangerous and who is reasonably believed to pose a threat of serious bodily injury or death to self, staff or others may be extracted from a cell.

When force is used to remove the inmate or the inmate displays violent, threatening, resistive behavior, or who fail to voluntarily comply with a court order, the cell extraction shall be documented on video tape unless an exigent circumstance exists.

### 520.3 PROCEDURE

Prior to extracting any prisoner from a cell, every effort shall be made to seek voluntary compliance from the inmate. The supervisor shall make the final attempt to seek compliance before the inmate is forcibly removed.

If an extraction may occur based on non-compliance of an Involuntary Medication Order pursuant to 1370 P.C., refer to the Involuntary Medication Order Policy.

Once the supervisor has determined a cell extraction will take place, the supervisor will be responsible for the extraction plan. Unless some type of exigent circumstances exists, there should be no hurry to remove the inmate. Safety and security shall be considered first. The plan shall

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### *Cell Extractions*

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adhere to all department policies. The plan will include, but is not limited to, the assignment of staff and destination of the extracted inmate. If placed in a Safety Cell, the Use of the Safety Cell Policy shall be adhered to.

The supervisor shall evaluate every situation and utilize a sufficient number of deputies to safely and securely extract the inmate. All other deputies shall remain at their posts unless called by a supervisor. The supervisor should designate a deputy to be responsible for videotaping the extraction. A video shall always be taken unless an exigent circumstance exists.

At the completion of a cell extraction, the supervisor will assign a deputy to complete an incident report in the Custody Management System as well as an incident report in the Automated Reporting System summarizing the events. Those reports shall be forwarded to the Operations Lieutenant. The deputy assigned to videotape the incident will be responsible for entering the video into evidence and writing a supplemental report in the Automated Reporting System. Every deputy involved in the cell extraction shall write a supplemental to the original report in the Automated Reporting System, even if they only observe. The same deputy may author both the reports in the Custody Management System and the Automated Reporting System.

Should an inmate decide to cooperate after the supervisor has determined a cell extraction is necessary, an incident report will be completed documenting the details and the report will be forwarded to the Operations Lieutenant. If video is taken during any incident, a report in the Automated Reporting System will be written and the video will be entered into evidence.

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# Involuntary Medication Orders

## 521.1 PURPOSE AND SCOPE

This policy provides guidelines for court-ordered administration of involuntary medications. The court orders will be requested and obtained by the Marin County Behavioral Health and Recovery Services (BHRS) to administer medication to patients to prevent injury to themselves or others, which conforms to legal requirements. The purpose of this policy is to provide direction to deputies and supervisors for court-ordered administration of involuntary medications pursuant to Penal Code 1370.

### 521.1.1 DEFINITIONS

**Involuntary Medication** - If a psychiatrist determines that an incarcerated person should be treated with psychiatric medication but does not consent, the incarcerated person may be involuntarily treated with the medication with a valid court order.

**Psychiatric Medication** – A licensed psychoactive drug taken to exert an effect on the chemical makeup of the brain and nervous system. These medications are used to treat mental disorders.

**Psychiatric Emergency** – A situation in which action to impose treatment over the patient's objection is immediately necessary, due to a sudden and marked change in the inmate's mental condition, for the preservation of life or the prevention of serious bodily harm to the patient or others, and it is impracticable first to obtain informed consent.

**Crime/Incident Report** – In the Automated Reporting System, a Crime/Incident report with videotape evidence is entered.

**Restraint Chair** - A specifically manufactured metal and plastic chair with equipment designed to restrain or limit the movement of inmates/arrestees who require extreme measures of control. The chair is equipped with a wheeled transport carriage for expedient and safe movement from one point to another after the inmate/arrestee has been secured.

**WRAP** - The WRAP, manufactured by Safe Restraints, Inc., was designed as a temporary restraining device. The WRAP immobilizes the body and restricts a subject's ability to kick or do harm to oneself and others.

**Penal Code 1370**– A process for court ordered involuntary medication for individuals found incompetent to stand trial.

## 521.2 POLICY

Marin County Sheriff's Office will work in collaboration with Marin County Behavioral Health and Recovery Services and Marin County Health and Human Services to assure timely and humane access to court-ordered medication for incarcerated persons in a psychiatric emergency pursuant to Penal Code 1370. When an incarcerated person will not voluntarily comply with the court order, the Sheriff's Office shall use necessary force to safely secure the individual.

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### *Involuntary Medication Orders*

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#### **521.3 PROCEDURE**

The Marin County Behavioral Health and Recovery Services will determine when an incarcerated person at the Marin County Jail has been deemed incompetent to stand trial by a judge and is experiencing a psychiatric emergency that requires involuntary psychiatric medications. After that determination has been made by the BHRS staff, they will seek a court order allowing a Health & Human Services medically certified staff member to administer involuntary psychiatric medications to the incarcerated person pursuant to Penal Code 1370.

The Jail Operation Lieutenant shall consult with the BHRS staff before the administration of psychiatric medication. The Jail Operation Lieutenant must review the case and ensure the steps have been taken to legally administer the medication involuntarily. If the Jail Operation Lieutenant is not available, the Jail Administrative Lieutenant will review the case. The administration of psychiatric medications shall never be allowed for disciplinary reasons.

The Transportation Sergeant will be the operational supervisor. If the Transportation Sergeant is not available, the Administrative Sergeant will assume the role of the operational supervisor.

Once the case has been reviewed and approved by the Jail Operation Lieutenant, the Transportation Sergeant will formulate a plan to secure the incarcerated person for the administration of psychiatric medications. The Transportation Sergeant shall generate an Operation Order and submit it to the Operation Lieutenant for approval.

Once the Operation Order is approved, the Transportation Sergeant will brief the assigned staff. Deputies with specialized training, including Crisis Negotiation and Crisis Intervention Training, should be utilized to communicate with the incarcerated person, if available. BHRS and nursing staff should be present at the briefing to provide additional information regarding the court order.

Sheriff's Office staff will communicate with the incarcerated person in a demeanor that is as calm as possible, utilizing de-escalation techniques. Multiple verbal attempts to gain voluntary compliance by both Sheriff's Office staff and BHRS will be made over a reasonable period of time. This will include presenting the incarcerated person a copy of the court order. Sheriff's Office staff and BHRS shall explain the purpose and intent of the court order. The initial efforts and communications with incarcerated person to gain compliance shall be video recorded.

Before using any force, the Transportation Sergeant will make a final attempt to encourage the incarcerated person to comply and voluntarily take the medication. The final attempt shall be video recorded.

If the incarcerated person refuses to cooperate, the Transportation Sergeant will order the removal of the incarcerated person from the cell following Sheriff's Office Policy 520 (Cell Extractions).

The incarcerated person will be immobilized or placed in a restraint device for their safety so the medications can be administered by an H&HS medically certified staff member. The restraint devices include the restraint chair or WRAP. Every attempt will be made to administer the medication in a location that provides privacy for the incarcerated person. After the medication is administered by an H&HS medically certified staff member, the incarcerated person will remain

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### *Involuntary Medication Orders*

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under observation as determined by BHRS staff and nursing staff. Once it has been determined the incarcerated person is no longer a danger to themselves or others and/or compliant with the process, they shall be removed from the restraint device.

After the medication has been administered by a H&HS medically certified staff member, the Transportation Sergeant will assign a deputy to complete an incident report in the Custody Management System as well as an incident report in the Automated Reporting System summarizing the events. Deputies involved with the cell extraction shall complete a supplemental report documenting their involvement and all video recordings of the event shall be submitted with the ARS report.

A case review of completed involuntary medication administrations shall be conducted annually. The review team will consist of staff members from the Marin County Behavioral Health and Recovery Services (BHRS), Health and Human Services, the Transportation Sergeant, and the Jail Operations Lieutenant.

## Chapter 6 - Inmate Due Process



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## Discipline

### 600.1 PURPOSE AND SCOPE

This policy addresses the fair and equitable application of incarcerated person rules and disciplinary actions for those who fail to comply (15 CCR 1081).

#### 600.1.1 PROCEDURES

[Custody Procedure Manual: 600.1 INCARCERATED PERSON RULES OF CONDUCT PROCEDURE](#)

[Custody Procedure Manual: 600.2 MAJOR RULE VIOLATIONS PROCEDURE](#)

### 600.2 POLICY

It is the policy of this department to maintain written general categories of prohibited incarcerated person behavior that are clear, consistent, and uniformly applied. Written rules and guidelines will be made available to all incarcerated persons. They will include a process for resolving minor infractions and a hearing process for a more serious breach of incarcerated person rules. Criminal acts may be referred to the appropriate criminal agency.

### 600.3 DUE PROCESS

Incarcerated persons who are subject to discipline as a result of rule violations shall be afforded the procedural due process by the Sheriff that is established in the policies, procedures, and practices relating to incarcerated person discipline. All incarcerated persons will be made aware of the rules of conduct related to maintaining facility safety, security, and order, as well as clearly defined penalties for rule violations. Staff will not engage in arbitrary actions against incarcerated persons. All disciplinary actions will follow clearly established procedures. All disciplinary actions will be fairly and consistently applied (15 CCR 1081 et seq.).

The process for an incarcerated person accused of a major rule violation includes:

- (a) A fair hearing in which the Captain or the authorized designee presents factual evidence supporting the rule violation and the disciplinary action.
- (b) Advance notice to the incarcerated person of the disciplinary hearing, to allow the incarcerated person time to prepare a defense.
- (c) An impartial hearing officer.
- (d) The limited right to call witnesses and/or present evidence on the person's behalf.
- (e) The appointment of an assistant or representative in cases where the incarcerated person may be incapable of self-representation.
- (f) A formal written decision that shows the evidence used by the hearing officer, the reasons for any actions, and an explanation of the appeal process.
- (g) Reasonable actions for violating rules that relate to the severity of the violation.
- (h) The opportunity to appeal the finding.

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#### 600.3.1 RULES AND ACTIONS

The Captain is responsible for ensuring that rules and actions are developed, distributed, reviewed annually, and revised as needed.

Incarcerated persons cannot be held accountable for rules of which they are unaware. However, it is impossible to define every possible prohibited act or rule violation that might be encountered in a detention facility. Therefore, a current list of recognized infractions that are generally prohibited should be available in each housing unit. All incarcerated persons, regardless of their housing unit, shall have access to these rules. For those individuals with limited literacy, unable to read English, and for persons with disabilities, provisions shall be made for staff to instruct them verbally or provide them with material in an understandable form (15 CCR 1080) (see the Handbook and Orientation Policy).

Disciplinary procedures governing incarcerated person rule violations should address rules, minor and major violations, criminal offenses, disciplinary reports, prehearing detention, and prehearing actions or investigations.

Per 15 CCR 1081(c)(d), nothing in this code section precludes a facility administrator from administratively separating any incarcerated person from the general population or program for reasons of personal, mental, or physical health, or under any circumstance in which the safety of the incarcerated persons, staff, program, or community is endangered, pending disciplinary action or a review as required by Title 15 section 1053. Nothing in this section precludes the imposition of conditions or restrictions that reasonably relate to a legitimate, non-punitive administrative purpose.

#### 600.3.2 RULE VIOLATION REPORTS

California Penal Code § 4019.5 requires that all disciplinary actions administered be documented. This requirement may be satisfied by retaining copies of rule violation reports, including the disposition of each violation (15 CCR 1084). Rule violation reports are required for major rule violations or any other violation that will require investigation or a formal resolution. The staff member who observed or detected the rule violation or who was charged with investigating a rule violation is responsible for completing the rule violation report. The rule violation report shall include, at a minimum:

- The date, time, and location of the incident.
- Specific rules violated.
- A written description of the incident.
- The identity of known participants in the incident.
- Identity of any witnesses to the incident.
- Description and disposition of any physical evidence.
- Action taken by staff, including any use of force.
- Name and signature of the reporting deputy.

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- Date and time of the report.

The supervisor investigating the violation shall ensure that certain items are documented in the investigation or rule violation report, including:

- Date and time the explanation and the written copy of the complaint and appeal process was provided to the incarcerated person.
- The incarcerated person's response to the charges.
- Reasons for any actions.
- The identity of any staff or witnesses involved, as revealed by the incarcerated person.
- The findings of the hearing officer.
- The incarcerated person's appeal, if any.
- The appeal findings, if applicable.

### 600.3.3 POSTING

The Captain or the authorized designee is responsible for conspicuously posting notices about rules, disciplinary procedures, and actions in a conspicuous location, as set forth in 15 CCR 1080.

### **600.4 RULE VIOLATION PROCEDURES**

Minor acts of non-conformance to the rules may be handled informally by any deputy (15 CCR 1081).

A violation of rules observed by general service employees, volunteers, or contractors will be reported to a deputy for further action. Deputies are authorized to recommend informal actions on minor violations.

Any staff member imposing informal discipline shall complete the reporting portion of the disciplinary report and provide the form to the supervisor for review prior to the imposition of the action.

Disciplinary actions that may be imposed for minor rule violations include (15 CCR 1081):

- Counseling the incarcerated person regarding expected conduct.
- Assignment to extra work detail.
- Removal from work detail (without losing work time credits).
- Loss of television, telephone, and/or commissary privileges for a period not to exceed 24 hours.
- Lockdown in the incarcerated person's assigned cell or confinement in the incarcerated person's bunk area for a period not to exceed 24 hours.

An incarcerated person may request that a supervisor review the imposed action. However, this request must be made within one hour of receiving notice of the action. The supervisor should

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respond to the request within a reasonable time (generally within two hours) and shall have final authority as to the imposition of informal discipline.

#### **600.4.1 MULTIPLE MINOR RULE VIOLATIONS**

Staff may initiate a major rule violation report if an incarcerated person is charged with three or more minor rule violations in a consecutive 30-day period. Copies of all minor rule violations will be attached to the major rule violation report. A staff member shall conduct a hearing according to the procedures of a major rule violation.

#### **600.4.2 MAJOR RULE VIOLATIONS**

Major rule violations are considered a threat to the safety, security, or efficiency of the facility, its staff members, incarcerated persons, or visitors. Staff members witnessing or becoming aware of a major rule violation shall take immediate steps to stabilize and manage the situation, including immediate notification of a supervisor. The supervisor shall assess the situation and initiate any emergency action, if necessary, and notify the Lieutenant.

The staff member who learned of the rule violation shall write and submit a disciplinary report, along with all relevant evidence, to the appropriate supervisor prior to the end of the shift (15 CCR 1081).

#### **600.4.3 PREHEARING DETENTION**

Incarcerated persons who are accused of a major rule violation may be moved to administrative restrictive housing for prehearing detention, with the Lieutenant's approval, if there is a threat to safety or security. Incarcerated persons placed in prehearing detention are subject to the property and privilege restrictions commensurate with segregated confinement (15 CCR 1081).

The Captain or the authorized designee shall, within 72 hours including weekends and holidays, review the status of any incarcerated person in prehearing detention to determine whether continued prehearing restrictive housing is appropriate.

### **600.5 INVESTIGATIONS**

Investigations involving major rule violations should be initiated within 24 hours of the initial report and completed in sufficient time for the incarcerated person to have a disciplinary hearing, which is required within 72 hours of the time the incarcerated person was informed, in writing, of the charges. If additional time is needed, the investigating deputy will request more time in writing from the Housing Sergeant. The incarcerated person will be notified in writing of the delay.

At the conclusion of the investigation, the investigating deputy will forward the rule violation report to a supervisor for review. If upon completion of the investigation, the investigating supervisor finds insufficient evidence to support a major rule violation, the supervisor may discuss alternative actions with the Lieutenant, including handling the incident as a minor violation or recommending that charges be removed. Such alternatives shall be documented in the incarcerated person's file.

If the investigating supervisor determines that sufficient evidence exists to support a major rule violation, the supervisor will act as the hearing coordinator and will be responsible for:

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- Reviewing all reports for accuracy and completeness.
- Overseeing or conducting any required additional investigation.
- Making a determination as to the final charges.
- Making preliminary decisions about the appointment of a staff member to act as an assistant to the incarcerated person.
- Identifying any witnesses that may be called to the hearing.

#### **600.6 NOTIFICATIONS**

An incarcerated person charged with a major rule violation shall be given a written description of the incident and the rules violated at least 24 hours prior to a disciplinary hearing.

Unless waived in writing by the incarcerated person, hearings may not be held in less than 24 hours from the time of notification (15 CCR 1081).

#### **600.7 HEARING OFFICER**

The Captain shall appoint at least one hearing officer, typically a Classification Deputy or MRD in their absence, to preside and conduct disciplinary hearings of major rule violations. The hearing officer should be a qualified supervisor or suitably trained designee who will have the responsibility and authority to rule on charges of incarcerated person rule violations. The hearing officer shall also have the power to impose actions. The hearing officer shall not investigate nor preside over any incarcerated person disciplinary hearing on cases where the hearing officer was a witness or was directly involved in the incident that generated the complaint (15 CCR 1081).

#### **600.8 HEARING PROCEDURE**

Incarcerated persons charged with major rule violations are entitled to be present at a hearing unless waived in writing or excluded because their behavior poses a threat to facility safety, security, and order (15 CCR 1081). Staff shall inform the hearing officer when any incarcerated person is excluded or removed from a scheduled hearing and shall document the reasons for the exclusion or removal. A copy of the report shall be forwarded to the Housing Sergeant.

Hearings may be postponed or continued for a reasonable period of time for good cause. Reasons for postponement or continuance shall be documented and forwarded to the Housing Sergeant (15 CCR 1081).

The hearing officer shall disclose to the accused incarcerated person all witnesses who will be participating in the hearing. Incarcerated persons have no right to cross-examine witnesses. However, the accused incarcerated person may be permitted to suggest questions that the hearing officer, in the hearing officer's discretion, may ask.

##### **600.8.1 EVIDENCE**

Accused incarcerated persons have the right to make a statement, present evidence, and call witnesses at the hearing (15 CCR 1081). Requests for witnesses shall be submitted in writing

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by the incarcerated person no later than 12 hours before the scheduled start of the hearing. The written request must include a brief summary of what the witness is expected to say.

The hearing officer may deny the request when it is determined that allowing the witness to testify would be unduly hazardous to institutional safety or correctional goals, when the witness's information would not be relevant or would be unnecessarily duplicative, or is otherwise unnecessary. The reason for denying a witness to testify shall be documented in the hearing report. The reason for denial of any documents requested by the incarcerated person shall also be documented in the hearing record.

A witness's signed written statement may be submitted by the incarcerated person as an alternative to a live appearance. The hearing officer shall review and determine whether the statement is relevant to the charges and shall document the reason for exclusion when any written statement is not given consideration.

Absent a safety or security concern, all staff reports and evidence, including exculpatory evidence, obtained during the disciplinary investigation shall be made available to the accused incarcerated person prior to the hearing.

#### 600.8.2 CONFIDENTIAL INFORMANTS

If information from any confidential informant is to be presented at the hearing, information establishing the reliability and credibility of the informant shall be provided to the hearing officer prior to the hearing. The hearing officer shall review such information to determine whether the informant is reliable and credible.

#### 600.8.3 STAFF ASSISTANCE

A staff member shall be assigned to assist an incarcerated person who is incapable of self-representation at a disciplinary hearing due to limited literacy, developmental disabilities, language barriers, or mental status (15 CCR 1081). The scope of the duties of the assistant shall be commensurate with the reasons for the appointment. The assistant should be allowed sufficient time to confer with the incarcerated person to fulfill the individual's obligations. In these cases, the incarcerated person does not have a right to appoint a person to assist in the individual's disciplinary hearing. The final decision regarding the appointment rests with the hearing officer.

Incarcerated person discipline is an administrative and not a judicial process. Incarcerated persons do not have a right to an attorney in any disciplinary hearing. Additionally, disciplinary matters may be referred for criminal prosecution and jail disciplinary action concurrently as there is no double jeopardy defense for an administrative process.

#### 600.8.4 DISCIPLINARY DECISIONS

The disciplinary officer, typically the acting Housing Sergeant, shall review the evidence and hearing officer's report to make a finding. Disciplinary decisions shall be based on the preponderance of evidence presented during the disciplinary hearing.

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The disciplinary process shall consider whether an incarcerated person's mental disabilities or mental illness contributed to the incarcerated person's behavior when determining what type of discipline, if any, should be imposed (28 CFR 115.78(c)).

### **600.8.5 REPORT OF FINDINGS**

The hearing officer shall write a report regarding the decision and detailing the evidence and the reasons for the disciplinary action. A copy of the report shall be provided to the incarcerated person. The original shall be filed with the record of the proceedings. All documentation related to the disciplinary process shall be retained and a copy should be placed in the incarcerated person's file (15 CCR 1081).

If it is determined that the incarcerated person's charge is not sustained at the end of the disciplinary hearing, the documentation shall be removed from the incarcerated person's file but otherwise maintained in accordance with records retention requirements.

All disciplinary hearing reports and dispositions shall be reviewed by the Captain or the authorized designee soon after the final disposition (15 CCR 1081).

### **600.9 DISCIPLINARY APPEALS**

Incarcerated persons wishing to appeal the decision of the hearing officer must do so in writing within five days of the decision. All appeals will be forwarded to the Captain or the authorized designee for review (15 CCR 1081).

Only appeals based on the following will be considered:

- (a) The disciplinary process or procedures were not followed.
- (b) There was insufficient evidence to support the hearing officer's decision.
- (c) The discipline imposed was not proportionate to the violation committed.

A final disposition shall be rendered as soon as possible if the incarcerated person's appeal is granted or discipline is reduced but no later than 10 days after the appeal. The decision of the review authority shall be final and the result of the appeal shall be provided to the incarcerated person in writing.

### **600.10 LIMITATIONS ON DISCIPLINARY ACTIONS**

The U.S. and state constitutions expressly prohibit all cruel or unusual punishment, disciplinary actions shall not include corporate punishment, group punishment when feasible, or physical or psychological degradation (15 CCR 1083). Additionally, there shall be the following limitations:

- Disciplinary separation shall be considered an option of last resort and as a response to the most serious and threatening behavior, for the shortest time possible, and with the least restrictive conditions possible (15 CCR 1083).
- In no case shall any incarcerated person or group of incarcerated persons be delegated the authority to punish any other incarcerated person or group of incarcerated persons (Penal Code § 4019.5; 15 CCR 1083).

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- In no case shall a safety cell, as specified in the Safety and Sobering Cells Policy, be used for disciplinary purposes (15 CCR 1083).
- In no case shall any restraint device be used for disciplinary purposes (15 CCR 1083).
- Food shall not be withheld as a disciplinary measure (15 CCR 1083).
- Correspondence privileges shall not be withheld except in cases where the incarcerated person has violated correspondence regulations, in which case correspondence other than legal mail may be suspended for no longer than 72 hours without the review and approval of the Captain (15 CCR 1083).
- In no case shall access to the courts and/or legal counsel be suspended as a disciplinary measure (15 CCR 1083).
- No incarcerated person may be deprived of the implements necessary to maintain an acceptable level of personal hygiene (15 CCR 1083; 15 CCR 1265).
- Discipline may be imposed for sexual activity between incarcerated persons. However, such activity shall not be considered sexual abuse for purposes of discipline unless the activity was coerced (28 CFR 115.78(g)).
- No discipline may be imposed for sexual contact with staff unless there is a finding that the staff member did not consent to such contact (28 CFR 115.78(e)).
- No incarcerated person may be disciplined for falsely reporting sexual abuse or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, if the report was made in good faith based upon a reasonable belief that the alleged conduct occurred (28 CFR 115.78(f)).

#### **600.11 GUIDELINES FOR DISCIPLINARY ACTIONS**

Discipline shall be commensurate with the nature and circumstances of the offense committed, the incarcerated person's disciplinary history, and the actions imposed for comparable offenses by other incarcerated persons with similar histories (28 CFR 115.78(b); 15 CCR 1082).

In all cases, actions should be imposed for the purpose of controlling or changing an incarcerated person's behavior, promotion of desired behavior through a progressive disciplinary process, and not for the purpose of punishment (15 CCR 1082).

Acceptable forms of discipline shall consist of but not be limited to the following (15 CCR 1082):

- Loss of privileges
- Extra work detail
- Short-term lockdown for less than 24 hours
- Removal from work details
- Forfeiture of work time credits earned under Penal Code § 4019
- Forfeiture of good time credits earned under Penal Code § 4019
- Disciplinary detention



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The Sheriff or the Captain shall be responsible for developing and implementing a range of disciplinary actions for violations.

Incarcerated persons shall be subject to disciplinary actions pursuant to a formal disciplinary process following an administrative finding that the incarcerated person engaged in incarcerated person-on-incarcerated person sexual abuse or following a criminal finding of guilt for incarcerated person-on-incarcerated person sexual abuse (28 CFR 115.78(a)).

To the extent that there is available therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse, the facility shall consider whether to require an incarcerated person being disciplined for sexual abuse to participate in such interventions as a condition of access to programming or other benefits (28 CFR 115.78(d)).

## Disciplinary Separation

### 601.1 PURPOSE AND SCOPE

This policy specifically addresses disciplinary separation and guiding principles relating to the conditions attached to that separation. It will provide guidance to the staff on acceptable practices with regard to management of incarcerated persons in disciplinary separation or classified as requiring special management needs.

#### 601.1.1 DEFINITIONS

Definitions related to this policy include:

**Disciplinary separation** - A status assigned to an incarcerated person after a disciplinary hearing in which the person was found to be in violation of a jail rule or state or federal law. This status results in separating the person from the rest of the incarcerated person population to serve the consequence imposed. Inmates are denied all privileges, such as non legal visits, telephone access and television access. Inmates in Disciplinary Segregation are to remain in lockdown status, but will be allowed one hour every other day for recreation and/or showers.

#### 601.1.2 PROCEDURES

[Custody Procedure Manual: 601.1 DISCIPLINARY SEPARATION PROCEDURE](#)

[Custody Procedure Manual: 601.2 DISCIPLINARY DIET PROCEDURE](#)

### 601.2 POLICY

The Marin County Sheriff's Office will maintain a disciplinary separation unit to house incarcerated persons who, after an impartial due process hearing, are being sanctioned for violating one or more jail rules. Restrictions on privileges will be subject to the disciplinary process and in accordance with this policy.

### 601.3 DISCIPLINARY SEPARATION

Incarcerated persons may be placed into disciplinary separation only after an impartial hearing to determine the facts of the rule violation, in accordance with the department Discipline Policy. The hearing officer shall impose discipline in accordance with the discipline schedule established by the Captain. Maximum discipline sanctions for any one incident, regardless of the number of rules violated, shall not exceed 60 days.

Disciplinary separation in excess of 30 days shall be reviewed by the Operations Lieutenant before the discipline is imposed. The review shall include a consultation with health care staff. Such reviews shall continue at least every 15 days thereafter until the disciplinary status has ended. These reviews shall be documented (15 CCR 1082(g); 15 CCR 1083(a)).

### 601.4 ACCESS TO SERVICES

The ability to discipline incarcerated persons for conduct violations is not absolute. Absent legitimate government reasons, incarcerated persons continue to have a right to receive certain

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services. However, incarcerated persons in disciplinary separation, in accordance with the Discipline Policy, or special management incarcerated persons who are disciplined for one or more rule violations, may be subject to loss of privileges or credit for good time and work time.

Services to provide for basic human needs must continue to be made available. There are minimum service requirements that must be maintained to ensure the facility continues to operate in a constitutional manner. All custody staff will adhere to the following policy sections to guide them in the supervision of incarcerated persons held in disciplinary separation or classified as requiring special management needs.

#### 601.4.1 MEDICATION, CLOTHING, AND PERSONAL ITEMS

Incarcerated persons placed in disciplinary separation are considered special management incarcerated persons and shall not be denied prescribed medication.

Special management incarcerated persons will be provided with clothing that identifies their status, but in no case will this clothing be used to intentionally disgrace the incarcerated person.

Absent unusual circumstances, special management incarcerated persons will continue to have the same access to personal items in their cell as general population incarcerated persons have, including the following:

- Clean laundry
- Barbering and hair care services
- Clothing exchanges
- Bedding and linen exchanges

Incarcerated persons in disciplinary separation shall not be deprived of bedding or clothing except in cases where the inmate destroys such articles or uses them to attempt suicide (15 CCR 1083(a)(2)). The decision to continue to deprive the incarcerated person of these articles must be made by the Captain or the authorized designee and reviewed every 24 hours.

#### 601.4.2 SHOWERING AND PERSONAL HYGIENE

Incarcerated persons in disciplinary separation should be allowed to shower with the same frequency as the general population, if reasonably practicable, but at a minimum shall be afforded the opportunity to shower at least every other day and shave daily (15 CCR 1083(d)). The opportunities for each incarcerated person to shave and shower will be documented on the disciplinary separation unit log.

Exceptions to this policy can only be made when the restriction is determined to be reasonably necessary for legitimate government purposes. Any exceptions to this basic requirement must be reviewed and approved by the Operations Lieutenant. The circumstances necessitating a restriction must be clearly documented on the unit log.

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#### 601.4.3 DENIAL OF AUTHORIZED ITEMS OR ACTIVITIES

Personal items may be withheld when it reasonably appears that the items will be destroyed by the incarcerated person or it is reasonably believed that the personal item will be used for a self-inflicted injury or to harm others.

Whenever an incarcerated person in disciplinary separation is denied personal care items or activities that are usually authorized to the general population incarcerated persons, except for restrictions imposed as a result of a disciplinary hearing, the deputy taking such action shall document it in the Custody Management System (CMS).

#### 601.4.4 MAIL AND CORRESPONDENCE

Incarcerated persons in disciplinary separation shall have the same privileges to write and receive correspondence as incarcerated persons in general population, except in cases where incarcerated persons violated correspondence regulations. In such cases, mail privilege may be suspended. The Captain or the authorized designee shall approve all mail privilege suspensions that exceed 72 hours. Legal mail shall not be suspended from delivery to the incarcerated person (15 CCR 1083(f)).

#### 601.4.5 VISITATION

Incarcerated persons in disciplinary separation shall have the same opportunities for visitation as general population incarcerated persons, except when the visitation privileges are suspended pursuant to a sanction imposed by the disciplinary hearing officer. Disciplinary sanctions that limit or curtail visitation must be clearly documented and approved by a supervisor if not a condition of the original approved discipline.

#### 601.4.6 READING AND LEGAL MATERIALS

Incarcerated persons in disciplinary separation shall have the same access to reading materials and legal materials as the general population incarcerated persons, unless the restriction is directed by a court of law or there is a reasonable basis to believe the materials will be used for illegal purposes or pose a direct threat to the security and safety of the facility. In such cases the basis for the action shall be documented in the incarcerated person's file. Access to courts and legal counsel shall not be suspended as a disciplinary measure (15 CCR 1083(g)).

#### 601.4.7 EXERCISE

Incarcerated persons in disciplinary separation shall be given a minimum of three hours of exercise per week outside of their cell. Exceptions to this may occur if there are legitimate security or safety considerations. The circumstances relating to the limitation of exercise shall be documented in an incident report. The report shall be reviewed and the restriction shall be approved by a supervisor.

#### 601.4.8 LIMITED TELEPHONE PRIVILEGES

Incarcerated persons in disciplinary separation may have their telephone privilege restricted or denied. Exceptions include the following:

- (a) Making legal calls

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(b) Responding to verified family emergencies, when approved by the Housing Sergeant All telephone access based on the above exceptions shall be documented in the incarcerated person's electronic file.

### **601.4.9 BEDDING AND CLOTHING**

Incarcerated persons in disciplinary separation shall not be deprived of bedding or clothing except in cases where the person destroys such articles or uses them for self-harm or to harm others or for something other than the intended purpose. Clothing and bedding shall be returned to the incarcerated person as soon as it is reasonable to believe the behavior that caused the action will not continue. This action should be documented in the incarcerated person's file.

### **601.5 DIET**

Under no circumstances will an incarcerated person be denied food as a means of punishment (15 CCR 1083(e)).

## Incarcerated Persons with Disabilities

### 602.1 PURPOSE AND SCOPE

This policy provides guidelines for addressing the needs and rights of incarcerated persons detained by this department in accordance with the Americans with Disabilities Act (ADA).

#### 602.1.1 DEFINITIONS

Definitions related to this policy include:

**Disability** - The ADA defines a disability as a physical or mental impairment that limits one or more major life activities. These include, but are not limited to, any disability that would substantially limit the mobility of an individual or an impairment of vision and/or hearing, speaking or performing manual tasks that require some level of dexterity.

#### 602.1.2 PROCEDURES

[Custody Procedure Manual: 210.1 HEARING IMPAIRED ACCESSIBILITY PROCEDURE](#)

### 602.2 POLICY

This department will take all reasonable steps to accommodate incarcerated persons with disabilities while they are in custody and will comply with the ADA and any related state laws. Discrimination on the basis of disability is prohibited.

### 602.3 CAPTAIN RESPONSIBILITIES

The Captain, in coordination with the Responsible Physician and the ADA Coordinator (see the Accessibility - Facility and Equipment Policy), will establish written procedures to assess and reasonably accommodate disabilities of incarcerated persons. The procedures will include but are not limited to:

- (a) Establishing housing areas that are equipped to meet the physical needs of disabled incarcerated persons, including areas that allow for personal care and hygiene in a reasonably private setting and for reasonable interaction with incarcerated persons.
- (b) Establishing classification criteria to make housing assignments to incarcerated persons with disabilities.
- (c) Assigning individuals with adequate training to assist disabled incarcerated persons with basic life functions, as needed.
- (d) Establishing transportation procedures for moving incarcerated persons with limited mobility.
- (e) Establishing guidelines for services, programs, and activities for the disabled and ensuring that incarcerated persons with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment (28 CFR 115.16).
- (f) Enlisting or contracting for trained service personnel who have experience working with people with disabilities.

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- (g) Establishing procedures for the request and review of accommodations.
- (h) Establishing guidelines for the accommodation of individuals who are deaf or hard of hearing, have common disabilities such as sight and mobility impairments and developmental disabilities, or have common medical issues, such as epilepsy.
- (i) Identifying and evaluating all incarcerated persons with developmental disabilities, including contacting the regional center for the developmentally disabled to assist with diagnosis and/or treatment within 24 hours of identification, excluding holidays and weekends (15 CCR 1057).

The Captain is responsible for ensuring the Marin County Sheriff's Office jail is designed or adapted to reasonably accommodate incarcerated persons with disabilities. At a minimum this includes:

- Access to telephones equipped with a telecommunications device for the deaf (TDD) for incarcerated persons who are deaf, are hard of hearing, or have a speech impairment.
- If orientation videos are used to explain facility rules to newly admitted incarcerated persons, subtitles may be displayed on the video presentation to assist incarcerated persons who have impaired hearing.
- Some cells and dormitories should be equipped with wheelchair-accessible toilet and shower facilities. Incarcerated persons with physical disabilities should be allowed to perform personal care in a reasonably private environment.
- Tables designed for eating should be accessible to those in wheelchairs.

#### **602.4 DEPUTIES' RESPONSIBILITIES**

Deputies should work with qualified health care professionals to aid in making accommodations for those with physical disabilities.

Deputies who work in the classification process should be aware of incarcerated persons with disabilities before making housing decisions. For example, persons with mobility issues may require a lower bunk and accessible toilet and shower facilities. When necessary or required, a supervisor of the classification deputy should consult with the qualified health care professional or the Responsible Physician regarding housing location.

Deputies should assist an incarcerated person with a disability by accommodating the incarcerated person consistent with any guidelines related to the incarcerated person's disability. If there are no current guidelines in place, deputies receiving an incarcerated person request for accommodation of a disability should direct the incarcerated person to provide the request in writing or assist the incarcerated person in doing so, as needed. The written request should be brought to the on-duty supervisor as soon as practicable but during the deputy's current shift. Generally, requests should be accommodated if the accommodation would not raise a safety concern or affect the orderly function of the jail. The formal written request should still be submitted to the on-duty supervisor.

Requests that are minor and do not reasonably appear related to a significant or ongoing need may be addressed informally, such as providing extra tissue to an incarcerated person with a cold. Such requests need not be made in writing.

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### **602.5 ACCOMMODATION REQUESTS**

Incarcerated persons shall be asked to reveal any accommodation requests during the intake classification process. Any such request will be addressed according to the classification process.

Requests for accommodation after initial entry into the facility should be made through the standard facility medical request process. The reviewing medical staff should evaluate the request and, if approved, notify any staff necessary to meet the accommodation. The medical staff should make a record of the accommodation in the incarcerated person's file.

A supervisor who does not grant the accommodation, either in part or in full, should make a record in the inmate's medical file outlining the reasoning.

### **602.6 TRAINING**

The ADA Coordinator should work with the Training Sergeant to provide periodic training on such topics as:

- (a) Policies, procedures, forms, and available resources for incarcerated persons with developmental disabilities.
- (b) Working effectively with interpreters, telephone interpretive services and related equipment.
- (c) Training for management staff, even if they may not interact regularly with disabled individuals, so that they remain fully aware of and understand this policy and can reinforce its importance and ensure its implementation.



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## Inmate Access to Courts and Counsel

### 603.1 PURPOSE AND SCOPE

The purpose of this policy is to protect the constitutional rights of inmates to access the courts and legal counsel, while holding inmates accountable to the rules and regulations that govern conduct in this facility. The staff at every level is reminded the fundamental constitutional right of access to courts does not end when a person is incarcerated.

#### 603.1.1 PROCEDURES

[Custody Procedure Manual: 603.1 COURT CLOTHES PROCEDURE](#)

[Custody Procedure Manual: 603.2 PRO PER PROCEDURE](#)

### 603.2 POLICY

It is the policy of this department that all inmates will have access to the courts and the ability to consult with legal counsel (15 CCR 1068).

### 603.3 INMATE ACCESS

Staff should not unreasonably interfere with inmates' attempts to seek counsel and where appropriate should assist inmates with making confidential contact with attorneys and authorized representatives.

Access to courts and legal counsel may occur through court-appointed counsel, attorney or legal assistant visits, telephone conversations or written communication. To facilitate access, this facility will minimally provide:

- Confidential attorney visiting areas that include the means by which the attorney and the inmate can share legal documents.
- Telephones that enable confidential attorney-client calls.
- Reasonable access to legal materials.
- A means of providing assistance through the court process by individuals trained in the law. This assistance will be available to illiterate inmates and those who cannot speak or read English or who have disabilities that would impair their ability to access.
- Writing materials, envelopes and postage for indigent inmates for legal communications and correspondence.

The Captain shall be responsible for ensuring that information regarding access to courts and legal counsel and requesting legal materials or legal assistance is included in the inmate handbook.

### 603.4 CONFIDENTIALITY

All communication between inmates and their attorneys is confidential, including telephone conversations, written communication and video conferencing. The content of written attorney-

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client communication will not be reviewed or censored but the documents may be inspected for contraband.

Outgoing and incoming legal correspondence shall be routed through the staff. Incoming legal correspondence shall be opened and inspected for contraband in the presence of the recipient inmate.

Inmates may seek the assistance of other inmates in writing writs and other legal correspondence to the courts, when needed subject to the security and safety needs of the inmates, staff and the facility.

#### **603.5 INMATE REQUEST FOR ASSISTANCE**

Written materials addressing how an inmate can access local attorneys and key legal documents shall be available in each housing unit. Staff shall provide these materials to any inmate upon request. However, staff shall not provide legal advice or assist any inmate in the completion of any legal document.

Habeas corpus forms are available to any inmate upon request.

Legal forms filled out by the inmate shall be forwarded to court administration directly or via an appointed legal assistant.

#### **603.6 VISITATION RELATED TO LEGAL DEFENSE**

Visits with inmates that are related to legal defense, including attorneys, paralegals and investigators, will be permitted only in the areas designated for legal visitation or by way of video visitation to assure confidentiality (15 CCR 1068(b)). Contact visits may be approved by the Captain for special circumstances.

- (a) Visits shall be of a reasonable length of time to discourage any allegation the defense of the inmate was hindered due to the length of time allowed for the legally authorized visit. These visits shall be of such a length of time that they do not interfere with the security, order and discipline of this facility. The permissible time for visitation should be flexible but shall not substantially interfere with other facility schedules, such as medical examinations, meal service or other required activities.
- (b) Only materials brought to this facility by an approved legal assistant shall be allowed.
- (c) All materials shall be subject to security inspections by the staff and shall be routed through the Housing Sergeant for logging and distribution if needed.

#### **603.7 MAIL**

Legal mail shall be handled in accordance with the Inmate Mail Policy.

#### **603.8 COURT CLOTHES**

Personal clothing for an inmate going to jury trial will be accepted at the Jail Lobby during normal operating hours. All clothing will be inventoried and stored for safekeeping.

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#### [Custody Procedure Manual: 603.1 COURT CLOTHES PROCEDURE](#)

##### **603.9 IN PROPRIA PERSONA (PRO PER) INMATES**

Inmates may be granted pro per status by court order only. Any time a court order is received designating an inmate as having been granted pro per status, all relevant records systems at the facility shall be updated to reflect this information. A copy of the court order shall be maintained in the inmate's file in accordance with established records retention schedules.

The court may, but is not required to, appoint to an inmate who is designated pro per a back-up attorney, paralegal or other person to assist the inmate with legal research. All information related to appointed assistants should be recorded in the relevant facility records.

Any provision of legal materials shall be in accordance with court directives and in consultation with the County Counsel.

#### [Custody Procedure Manual: 603.2 PRO PER PROCEDURE](#)

##### **603.9.1 PRO PER STATUS MISUSE**

Any inmate who is granted pro per status and is found to be misusing or abusing that status to the extent that it poses a demonstrable threat to the safety and security of the facility shall be immediately reported to the Captain. The Captain, Administrative Lieutenant, or Operations Lieutenant may recommend the suspension or a limitation of the inmate's pro per privileges if they adversely affect the safety and security of the jail.

Upon the concurrence with the findings and recommendation of the Captain, Sheriff or the authorized designee shall consult with the Department's legal counsel prior to notifying the court of any intent to limit the described pro per privileges.

The inmate may petition the court if he/she is dissatisfied with the action taken.

##### **603.9.2 PRO PER STATUS - MATERIALS AND SUPPLIES**

The facility may provide materials and supplies such as paper and envelopes to a pro per inmate. These items may be retained by the inmate but must be kept in the container supplied for such purpose. The cost of all items requested may be charged to the inmate's commissary account.

Replacement of any items shall be accomplished through a written request to prisoner services or the authorized designee. Supplies provided by a court legal liaison will be received and distributed by prisoner services or the authorized designee. All supplies distributed to the inmate will be recorded in the inmate's file. Supplies not listed in this policy are subject to approval by the Captain or the authorized designee.

Flexi pens (ink) are available for purchase through commissary and available to all inmates. This same item will be considered as an item of Supplies as mentioned above.

Copies of an inmate's final legal (criminal case) work product, upon the inmate's request, may be provided subject to arrangements with the court.

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Inmates may purchase their own legal books and materials. However, such materials will be subject to safety inspection and rules pertaining to items permitted to be in the inmate's possession. Personal books must be marked with the inmate's name and booking number.

Any books or materials found in the inmate's possession beyond what is authorized will be returned or placed in the inmate's property.

#### 603.9.3 PRO PER INMATES INTERVIEWING WITNESSES

A pro per inmate may be permitted to interview prospective witnesses in the regular visitation area. Requests for visits outside of normal visiting hours will be directed to a supervisor for approval and should be accommodated when practicable.

Interviews conducted by pro per inmates are subject to the following rules and restrictions:

- (a) No interview will be permitted without notification from a judge confirming or validating the prospective witness. The pro per inmate is responsible for providing the judge with the list of prospective witnesses for validation.
- (b) No visit shall be permitted by a prospective witness who is in the custody of this or otherwise detained by a government agency, except upon a specific court order.

#### 603.9.4 TELEPHONE USAGE

Pro per inmates may use the telephones in their housing areas to place calls concerning their cases. Court-authorized pro per telephone calls shall not be monitored.

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## Foreign Nationals and Diplomats

### 604.1 PURPOSE AND SCOPE

This policy addresses the privileges and immunities afforded to members of foreign diplomatic missions and consular posts.

This policy also addresses the legal requirements related to consular notifications that should occur when a foreign national is in custody.

#### 604.1.1 PROCEDURES

[Procedure Manual: 604.1 FOREIGN NATIONALS AND DIPLOMATS PROCEDURE](#)

### 604.2 POLICY

The Marin County Sheriff's Office Jail will treat foreign diplomatic and consular personnel with due regard for the privileges and immunities to which they are entitled under international law. The Department will investigate all claims of immunity and accept custody of the person when appropriate.

The Marin County Sheriff's Office Jail will also honor the laws related to foreign nationals in custody by making proper consular notifications and by assisting those who wish to contact their consular representative.

### 604.3 DIPLOMATIC AND CONSULAR IMMUNITY

#### 604.3.1 AVAILABILITY OF RESOURCES

The Administrative Sergeant will ensure that current contact information for the U.S. Department of State and the U.S. Mission to the United Nations is readily available for department members who need to verify a claim of diplomatic or consular immunity. Relevant material for law enforcement published by the U.S. Department of State Bureau of Diplomatic Security should be readily available as well.

#### 604.3.2 ADDRESSING CLAIMS OF DIPLOMATIC OR CONSULAR IMMUNITY

When an arrestee who claims diplomatic or consular immunity is brought to the Marin County Sheriff's Office Jail the receiving deputy shall first inform the Booking Sergeant and then generally proceed as follows:

- (a) Do not accept custody of the person from the transporting deputy. The person should not be brought inside the Marin County Jail unless doing so would facilitate the investigation of his/her claim of immunity.
- (b) Do not handcuff the person, or, if handcuffs have been applied, remove them unless there is an articulable threat that would justify their use.
- (c) If the person has already been accepted into custody, inform the person that he/she will be detained until his/her identity and immunity can be confirmed. Attempt to obtain a U.S. Department of State-issued identification card or other identification or documents that may relate to the claimed immunity.

## *Foreign Nationals and Diplomats*

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- (d) In all cases, verify the status and level of immunity by contacting the U.S. Department of State or the U.S. Mission to the United Nations, as appropriate.

It will be the responsibility of the Booking Sergeant to communicate the claim of immunity to the on-duty supervisor of the arresting department (if not the Marin County Sheriff's Office). The Booking Sergeant may assist another agency in determining the person's immunity status.

The Booking Sergeant is responsible for ensuring appropriate action is taken based upon information received regarding the person's immunity status.

### **604.3.3 REPORTING**

If the person's immunity status has been verified, the Booking Sergeant should ensure a report is prepared describing the details and circumstances of any detention or custody. A copy of the report should be faxed or mailed as soon as possible to the U.S. Department of State in Washington, D.C. or to the U.S. Mission to the United Nations in New York in cases involving a member of the United Nations community.

## **604.4 CONSULAR NOTIFICATIONS**

### **604.4.1 CONSULAR NOTIFICATION LIST AND CONTACTS**

The Captain will ensure that the U.S. Department of State's list of countries and jurisdictions that require mandatory notification is readily available to department members. There should also be a published list of foreign embassy and consulate telephone and fax numbers, as well as standardized notification forms that can be faxed and then retained for the record. Prominently displayed placards informing inmates of rights related to consular notification should also be posted.

### **604.4.2 CONSULAR NOTIFICATION ON BOOKING**

Department members assigned to book inmates shall:

- (a) Inform the foreign national, without delay, that he/she may have his/her consular officers notified of the arrest or detention and may communicate with them. Members shall ensure this notification is acknowledged and documented.
- (b) Determine whether the foreign national's country is on the U.S. Department of State's mandatory notification list.
- (c) If the foreign national's country is not on the list for mandatory notification but the foreign national requests that his/her consular officers be notified, then:
  1. Notify the nearest embassy or consulate of the foreign national's country of the person's arrest or detention by faxing the appropriate notification form. If no fax confirmation is received, a telephonic notification should be made and documented.
  2. Forward any communication from the foreign national to his/her consular officers without delay.

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### *Foreign Nationals and Diplomats*

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- (d) If the foreign national's country is on the list for mandatory notification, then:
1. Notify the nearest embassy or consulate of the foreign national's country, without delay, of the person's arrest or detention by faxing the appropriate notification form. If no fax confirmation is received, a telephonic notification should be made and documented.
  2. Tell the foreign national that this notification has been made and inform him/her without delay that he/she may communicate with his/her consular officers.
  3. Forward any communication from the foreign national to his/her consular officers without delay.
  4. Document all notifications to the embassy or consulate and retain the faxed notification and any fax confirmation for the inmate's file.

Members should never discuss anything with consulate personnel beyond the required notifications, such as whether the inmate is requesting asylum. Requests for asylum should be forwarded to the Lieutenant.

## **Inmate Rights - Protection from Abuse**

### **605.1 PURPOSE AND SCOPE**

The purpose of this policy is to establish guidelines to ensure that inmates are afforded a safe, healthful environment free from abuse, corporal punishment or harassment, and that inmate property is protected.

#### **605.1.1 PROCEDURES**

There are no procedures associated with this policy.

### **605.2 POLICY**

It is the policy of this department to make every reasonable effort to protect inmates from personal abuse, corporal punishment, personal injury, disease, property damage and harassment by other inmates or staff. Staff shall take reasonable actions to safeguard vulnerable inmates from others and shall use the classification policies and procedures to make housing decisions that will provide for inmate safety. Abuse of inmates by staff or other inmates will not be tolerated.

The Captain or the authorized designee shall be responsible for including prohibitions against inmate abuse and harassment, rules regarding respect for the property of others, and the prevention of disease in the inmate handbook. All inmates should receive a copy of the inmate handbook during the booking process. The inmate may also receive verbal instruction on inmate rights during orientation.

### **605.3 RESPONSIBILITY**

It shall be the responsibility of all facility staff to adhere to policies, procedures and practices, and to make every reasonable effort to prevent inmate injury, harassment and abuse, to prevent theft or damage to inmate property and to eliminate conditions that promote disease. These procedures include, but are not limited to:

- Following the classification guidelines for inmate housing.
- Closely supervising inmate activities and interceding as needed to prevent violence, harassment or abuse of inmates.
- Using force only when necessary and to the degree that is reasonable.
- Reporting all inmate injuries, investigating the cause of reported injuries and documenting these efforts in an incident report.
- Enforcing all rules and regulations in a fair and consistent manner.
- Preventing any practice of inmates conducting kangaroo courts or dispensing discipline toward any other inmate.
- Conducting required safety checks of all inmate housing areas.



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### *Inmate Rights - Protection from Abuse*

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- Checking all safety equipment for serviceability and making a report of any defective equipment to the appropriate supervisor or Captain.
- Referring sick or injured inmates to a qualified health care professional without unnecessary delay.
- Maintaining high standards of cleanliness throughout the jail.
- Documenting all abuse protection efforts in facility logs and incident reports as applicable.

#### **605.4 TRAINING**

The Training Sergeant shall be responsible for developing and delivering a training curriculum on the topic of protecting inmates from abuse to all staff. A roster of attendees shall be maintained from each class. Training completion documents shall be filed in each employee's training file.

## Prison Rape Elimination Act

### 606.1 PURPOSE AND SCOPE

This policy provides guidance for compliance with the Prison Rape Elimination Act of 2003 (PREA) and the implementing regulation that establishes standards (PREA Rule) to prevent, detect, and respond to sexual abuse and sexual harassment (28 CFR 115.11; 15 CCR 1029). All incidents of inmate sexual abuse that occur in the Main County Jail shall be investigated, documented, and reported in accordance with the mandates set forth by PREA and the Department of Justice National PREA Standards.

#### 606.1.1 DEFINITIONS

Definitions related to this policy include:

**Intersex** - A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development (28 CFR 115.5).

**Sexual abuse** - Any of the following acts, if the inmate does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse (28 CFR 115.6; 15 CCR 1006):

- (a) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight
- (b) Contact between the mouth and the penis, vulva, or anus
- (c) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument
- (d) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation

Sexual abuse also includes abuse by a staff member, contractor, or volunteer as follows, with or without consent of the inmate, detainee, or resident:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight
- Contact between the mouth and the penis, vulva, or anus
- Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire
- Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties, or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire
- Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official

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duties, or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire

- Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described above
- Any display by a staff member, contractor, or volunteer of his/her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident
- Voyeurism by a staff member, contractor, or volunteer

**Voyeurism** - An invasion of privacy of an inmate by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions, requiring an inmate to expose his or her buttocks, genitals or breasts; or taking images of all or part of an inmate's body; or of an inmate performing bodily functions.

**Sexual harassment** - Repeated and unwelcome sexual advances; requests for sexual favors; verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident that are directed toward another; repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures (28 CFR 115.6; 15 CCR 1006).

**Transgender** - a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth (28 CFR 115.5).

**LGBTI** – Lesbian, Gay Bisexual, Transgender, Intersex.

**Volunteer** - An individual who donates time and effort to the benefit of Sheriff's Office activities and programs for inmates.

**Contractor** - A person who provides services pursuant to a contractual agreement.

#### 606.1.2 PROCEDURES

There are no procedures associated with this policy.

#### 606.2 POLICY

This department has zero tolerance with regard to sexual abuse and sexual harassment in this facility. This department will take appropriate affirmative measures to protect all inmates from sexual abuse and harassment, and promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment.

The Detention Services Bureau Captain shall be accountable and responsible for overseeing and ensuring jail operations adhere to the PREA standards and ensuring response and reporting actions are adhered to by all staff, volunteers and contractors.

#### 606.3 PRESERVATION OF ABILITY TO PROTECT INMATES

The Department shall not enter into or renew any collective bargaining agreement or other agreement that limits the department's ability to remove alleged staff sexual abusers from contact

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with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted (28 CFR 115.66).

### **606.4 PREA COORDINATOR**

The Captain shall appoint a Sheriff's Lieutenant to develop, implement, and oversee department efforts to comply with PREA standards. The PREA coordinator shall review facility policies and practices and make appropriate compliance recommendations to the Captain (28 CFR 115.11).

The PREA coordinator's responsibilities shall include:

- (a) Developing a written plan to coordinate response among staff first responders, medical and mental health practitioners, investigators, and facility management to an incident of sexual abuse. The plan must also outline the department's approach to identifying imminent sexual abuse toward inmates and preventing and detecting such incidents (28 CFR 115.11; 28 CFR 115.65; 28 CFR 115.62).
- (b) Ensuring that within 30 days of intake, inmates are provided with comprehensive education, either in person or through video, regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the department's policies and procedures for responding to such incidents (28 CFR 115.33).
- (c) Developing a staffing plan to provide adequate levels of staffing and video monitoring, where applicable, in order to protect detainees from sexual abuse. This includes documenting deviations and the reasons for deviations from the staffing plan, as well as reviewing the staffing plan a minimum of once per year. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration (28 CFR 115.13).
  - 1. Generally accepted detention and correctional practices.
  - 2. Any judicial findings of inadequacy.
  - 3. Any findings of inadequacy from federal investigative agencies.
  - 4. Any findings of inadequacy from internal or external oversight bodies.
  - 5. All components of the facility's physical plant, including blind spots or areas where staff or inmates may be isolated.
  - 6. The composition of the inmate population.
  - 7. The number and placement of supervisory staff.
  - 8. Institution programs occurring on a particular shift.
  - 9. Any applicable state or local laws, regulations, or standards.
  - 10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse.
  - 11. Any other relevant factors.
- (d) Ensuring that, when designing, acquiring, expanding, or modifying facilities, or when installing or updating a video-monitoring system, electronic surveillance system, or

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other monitoring technology, consideration is given to the department's ability to protect inmates from sexual abuse (28 CFR 115.18).

- (e) Ensuring that any contract for the confinement of department detainees or inmates includes the requirement to adopt and comply with the PREA standards including obtaining incident-based and aggregated data, as required in 28 CFR 115.187. Any new contract or contract renewal shall provide for department contract monitoring to ensure that the contractor is complying with the PREA standards (28 CFR 115.12).
- (f) Making reasonable efforts to enter into agreements with community service providers to provide inmates with confidential, emotional support services related to sexual abuse. The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Persons detained solely for civil immigration purposes shall be given contact information for immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The facility shall inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws (28 CFR 115.53).
- (g) Ensuring the protocol describing the responsibilities of the Department and of another investigating agency, if another law enforcement agency will be responsible for conducting any sexual abuse or sexual harassment investigations, is published on the facility website or by other means, if no website exists (28 CFR 115.22).
- (h) Implementing a process by which inmates may report sexual abuse and sexual harassment to a public/private entity or an office that is not part of the Department, and that the outside entity or office is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to the Captain, allowing the inmate anonymity (28 CFR 115.51; 15 CCR 1029).
- (i) Establishing a process to ensure accurate, uniform data is collected for every allegation of sexual abuse at facilities under the direct control of this department, using a standardized instrument and set of definitions. Upon request, the Department shall provide all such data from the previous calendar year to the U.S. Department of Justice (DOJ) no later than June 30 (28 CFR 115.87; 34 USC § 30303; 15 CCR 1041).
  - (a) The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. DOJ.
  - (b) The data shall be aggregated at least annually.
- (j) Establishing a process to monitor the conduct and treatment of detainees or staff who have reported sexual abuse, and the conduct and treatment of detainees who were reported to have suffered sexual abuse.
- (k) Ensuring that the following are published on the department's website or by other means, if no website exists:

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1. Department policy governing investigations of allegations of sexual abuse and sexual harassment or the referral of such investigations of sexual abuse or sexual harassment (unless the allegation does not involve potentially criminal behavior) (28 CFR 115.22)
  2. Information on how to report sexual abuse and sexual harassment on behalf of an inmate (28 CFR 115.54)
- (l) Ensuring audits are conducted pursuant to 28 CFR 115.401 through 28 CFR 115.405 (28 CFR 115.93).
  - (m) Implementing a protocol requiring mid-level or higher-level supervisors to conduct and document unannounced inspections to identify and deter sexual abuse and sexual harassment. The protocol shall prohibit announcing when such inspections are to occur, unless it is necessary for operational considerations (28 CFR 115.13).
  - (n) Ensuring agreements with outside investigating agencies include PREA requirements, including a requirement to keep the Marin County Sheriff's Office informed of the progress of the investigation (28 CFR 115.71).
  - (o) Ensuring that information for uninvolved inmates, family, community members, and other interested third parties to report sexual abuse or sexual harassment is publicly posted at the facility (15 CCR 1029).
  - (p) Ensuring the Department conducts follow-up criminal background records checks at least once every five years on members or contractors who may have contact with inmates or has in place a system for otherwise capturing such information (28 CFR 115.17).
  - (q) Update PREA policies, processes and procedures as required.
  - (r) Ensure delivery of PREA training to applicable audiences and revise training material as required.

#### **606.5 REPORTING SEXUAL ABUSE, HARASSMENT, AND RETALIATION**

Any employee, agency representative, volunteer, or contractor who becomes aware of an incident of sexual abuse, sexual harassment, or retaliation against inmates or staff shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator (28 CFR 115.61). Staff may also privately report sexual abuse and sexual harassment of inmates (e.g., report to the Captain) (28 CFR 115.51; 15 CCR 1029).

Apart from reporting inmate sexual abuse to a supervisor or manager, staff shall not reveal any information related to an inmate sexual abuse incident to anyone other than to the extent necessary to make treatment, investigative and /or other security and management related decisions.

The facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident of sexual abuse, or sexual harassment to a staff member (28 CFR 115.54; 15 CCR 1029).

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Inmates may report incidents anonymously or to any staff member they choose. Staff shall accommodate all inmate requests to report allegations. Staff shall accept reports made verbally, in writing, anonymously, or from third parties and shall promptly document all verbal reports (28 CFR 115.51; 15 CCR 1029).

Rape crisis counselors and medical and mental health staff are considered mandated reporters.

All inmates must be informed of their duty to report allegations of inmate sexual assault or sexual harassment, and the limitations of confidentiality that result, at the initiation of services. Subsequently, they shall, as required by law, report all of the following disclosures made by inmates:

1. Any threat to kill or injure themselves
2. Any threat to kill or injure another
3. Any threat of sexual violence toward another

Threats or allegations of sexual abuse, sexual harassment, or retaliation, regardless of the source, shall be documented and referred for investigation. Reports shall only be made available to those who have a legitimate need to know, and in accordance with this policy and applicable law (28 CFR 115.61).

Inmates can make confidential, toll-free calls to report inmate sexual abuse to Community Violence Solutions' Rape Crisis Center by dialing #72 from inmate telephones:

- Inmates who do not speak English may request a translator upon contacting the Community Violence Solutions' Rape Crisis Center.
- Those inmates who are hearing impaired shall be provided a TDD machine and may dial the Community Violence Solutions' Rape Crisis Center using the direct telephone number provided in the inmate handbook.
- Signage shall be posted in all facilities advising that inmate calls to these numbers are confidential and not subject to monitoring.

#### **606.5.1 REPORTING TO OTHER FACILITIES**

If there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Captain shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The Captain shall ensure that the notification has been documented (28 CFR 115.63).

#### **606.6 RETALIATION**

All inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, shall be protected from retaliation. The Department shall take appropriate measures to protect anyone who expresses a fear of retaliation because they reported or cooperated with an investigation of inmate sexual abuse. Any form of retaliation shall be subject to punitive action. Reports of retaliation by staff shall be documented in a memorandum addressed to the Detention Services Bureau Captain or his/her designee.

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Protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment, or reassignment of the victim or alleged perpetrator to another housing area, and support services for inmates or staff who fear retaliation, shall be utilized (28 CFR 115.67; 15 CCR 1029).

The Captain or the authorized designee shall assign a supervisor to monitor, for at least 90 days, the conduct and treatment of inmates or staff who report sexual abuse or sexual harassment, as well as inmates who were reported to have suffered sexual abuse, to determine if there is any possible retaliation. The supervisor shall act promptly to remedy any such retaliation. The assigned supervisor should consider inmate disciplinary reports, housing or program changes, negative staff performance reviews, or reassignment of staff members. Monitoring may continue beyond 90 days if needed. Inmate monitoring shall also include periodic status checks. The Captain should take reasonable steps to limit the number of people with access to the names of individuals being monitored and should make reasonable efforts to ensure that staff members who pose a threat of retaliation are not entrusted with monitoring responsibilities.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take reasonable measures to protect that individual against retaliation (28 CFR 115.67).

#### **606.7 FIRST RESPONDERS**

If an allegation of inmate sexual abuse is made, the first deputy to respond shall (28 CFR 115.64):

- (a) Separate the parties.
- (b) Request medical assistance as appropriate. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals (28 CFR 115.82).
- (c) Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence.
- (d) If the time period allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating).
- (e) Consider whether a change in classification or housing assignment for the victim is needed or whether witnesses to the incident need protection, both of which may include reassignment of housing.
- (f) Determine whether the alleged perpetrator should be administratively segregated or administratively transferred during the investigation.

If the first responder is not a deputy, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and then immediately notify a deputy.



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Should an investigation involve inmates who have disabilities or who have limited English proficiency, the first responder shall not rely on inmate interpreters, inmate readers or other types of inmate assistants, except in limited circumstances where an extended delay in obtaining an interpreter could compromise inmate safety, the performance of first responder duties or the investigation of sexual abuse or sexual harassment allegations (28 CFR 115.16).

#### **606.8 SEXUAL ABUSE VICTIMS**

Inmates who are victims of sexual abuse shall be transported to the nearest appropriate location for treatment of injuries and collection of evidence, and for crisis intervention services (28 CFR 115.82). Depending on the severity of the injuries, transportation may occur by a staff member or by ambulance, in either case with appropriate security to protect the staff, the inmate and the public, and to prevent escape.

A victim advocate from a rape crisis center should be made available to the victim. If a rape crisis center is not available, the Department shall make available a qualified member of a community-based organization, or a qualified health care or mental health professional from the Department, to provide victim advocate services. Efforts to secure services from a rape crisis center shall be documented. A rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in (34 USC § 12511 (b)(2)(C), to sexual assault victims of all ages. A rape crisis center that is part of a government unit may be used if it is not part of the criminal justice system (such as a law enforcement agency) and it offers a level of confidentiality comparable to the level at a nongovernmental entity that provides similar victim services (28 CFR 115.21).

#### **606.9 EXAMINATION, TESTING, AND TREATMENT**

Examination, testing, and treatment shall include the following (15 CCR 1206):

- (a) Forensic medical examinations shall be performed as evidentiary or medically appropriate, without financial cost to the victim. Where possible, these examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANE)s. If neither SAFEs nor SANEs are available, other qualified medical practitioners can perform the examination. The Department shall document its efforts to provide SAFEs or SANEs (28 CFR 115.21).
- (b) If requested by the victim, a victim advocate, a qualified department staff member, or a qualified community organization staff member shall accompany the victim through the forensic medical examination process and investigatory interviews. That person will provide emotional support, crisis intervention, information, and referrals (28 CFR 115.21).
- (c) Provisions shall be made for testing the victim for sexually transmitted diseases (28 CFR 115.82).
- (d) Counseling for the treatment of sexually transmitted diseases, if appropriate, shall be provided.

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- (e) Victims shall be offered information about, and given access to, emergency contraception, prophylaxis for sexually transmitted infections, and follow-up treatment for sexually transmitted diseases (28 CFR 115.82; 28 CFR 115.83). This shall be done in a timely manner.
- (f) Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, such victims shall receive comprehensive information about, and access to, all lawful pregnancy-related medical services (28 CFR 115.83). This shall be done in a timely manner.
- (g) Victims shall be provided with follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody (28 CFR 115.83).
- (h) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident (28 CFR 115.82; 28 CFR 115.83).
- (i) The health authority or mental health staff shall obtain informed consent from inmates before reporting information to jail staff about prior sexual victimization that occurred somewhere other than an institutional setting, unless the inmate is under the age of 18 (28 CFR 115.81).
- (j) Medical and mental health practitioners shall ensure that information related to sexual victimization that occurred in an institutional setting is limited to medical and mental health practitioners and other staff unless it is necessary to inform jail staff about security or management decisions (28 CFR 115.81).

#### **606.10 SEXUAL ABUSE AND SEXUAL HARASSMENT INVESTIGATIONS**

An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.22). Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Only investigators who have completed department-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases (28 CFR 115.71).

An on-duty sergeant will receive the allegation and begin a preliminary investigation to find if the complaint is criminal in nature. The preliminary investigation shall be documented onto the PREA Original Allegation Report Form by the on-duty sergeant. All criminal investigations of inmate sexual abuse shall be conducted by the Investigations Division and documented on an ARS report. Staff conducting these investigations shall be trained in conducting these types of investigations as outlined in 28 CFR §115.34. As part of the investigation, all prior complaints and reports of abuse involving the suspect shall be reviewed if the suspect is an inmate.

1. The standard used to substantiate allegations of inmate sexual abuse shall be no higher than a preponderance of evidence.

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2. The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or staff.
3. Inmates alleging sexual abuse shall not be required to submit to a polygraph or any other truth-telling device as a condition of proceeding with the investigation.
4. Staff members, contractors and volunteers accused of harassment or abuse of an inmate shall not have any contact with the reporting staff member or others involved in the investigation.

At a minimum the investigator(s) shall be responsible to:

1. Gather and preserve direct and circumstantial evidence, including any viable physical and DNA evidence and any available electronic monitoring data.
2. Interview alleged victims, suspected perpetrators and witnesses, and review prior complaints and reports, if any, of sexual abuse involving the suspected perpetrator.
3. When the quality of evidence appears to support criminal prosecution, the investigator(s) shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
4. Determine whether staff actions (including misconduct), or failures to act, contributed to the abuse.
5. Refer any/all substantiated allegations of inmate sexual abuse, sexual harassment or staff misconduct that appears to be criminal for prosecution.
6. Continue and not terminate an investigation of alleged inmate sexual abuse, even when the alleged abuser or victim has been released from custody or terminated active employment with the Marin County Sheriff's Office.

All investigations shall include efforts to determine whether staff actions or failures to act contributed to the abuse.

All written reports, physical, testimonial and/or documentary evidence, credibility assessments, electronic monitoring data, DNA and investigative facts and findings shall be thoroughly documented during the investigative process to adequately support the final outcome of the investigation, whether or not a referral for criminal prosecution is recommended or filed.

When practicable, an investigator of the same sex as the victim should be assigned to the case. Sexual abuse and sexual harassment investigations should be conducted promptly and continuously until completed. Investigators should evaluate reports or threats of sexual abuse and sexual harassment without regard to an inmate's sexual orientation, sex or gender identity. Investigators should not assume that any sexual activity among inmates is consensual.

The departure of the alleged abuser or victim from the employment or control of the jail or Department shall not provide a basis for terminating an investigation (28 CFR 115.71).

If the investigation is referred to another agency for investigation, the Department shall request that the investigating agency follow the requirements as provided in 28 CFR 115.21 (a) through

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(e). The referral shall be documented. The Department shall cooperate with the outside agency investigation and shall request to be informed about the progress of the investigation (28 CFR 115.71) If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate prosecutor's office for filing of new charges (28 CFR 115.71).

Evidence collection shall be based on a uniform evidence protocol that is adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011 (28 CFR 115.21).

Inmates alleging sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation (28 CFR 115.71).

If a victim is considered a vulnerable adult under state law, the assigned investigator shall report the allegation to the designated social services agency as required (28 CFR 115.61).

#### 606.10.1 INVESTIGATIVE FINDINGS

All completed written investigations shall be forwarded to the Captain or, if the allegations may reasonably involve the Captain, to the Sheriff. The Captain or Sheriff shall review the investigation and determine whether any allegations of sexual abuse or sexual harassment have been substantiated by a preponderance of the evidence (28 CFR 115.71; 28 CFR 115.72).

The staff shall be subject to disciplinary sanctions, up to and including termination, for violating this policy. Termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the law enforcement agency that would handle any related investigation and to any relevant licensing bodies (28 CFR 115.76).

If the Marin County Sheriff's Office did not conduct the investigation, it shall request relevant information from the investigation to inform the victim inmate of its findings. When outside agencies investigate inmate sexual abuse, the Marin County Sheriff's Office shall cooperate with outside investigators and shall endeavor to remain informed about the process of the investigation.

#### 606.10.2 REPORTING TO INMATES

The Captain or the authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated or unfounded. If the Department did not conduct the investigation, the Department shall request relevant information from the investigative agency in order to inform the inmate.

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If a staff member is the accused (unless the Department has determined that the allegation is unfounded), the inmate shall also be informed whenever:

- (a) The staff member is no longer assigned to the inmate's unit or employed at the facility.
- (b) The Department learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.

If another inmate is the accused, the alleged victim shall be notified whenever the Department learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

All notifications or attempted notifications shall be documented. When notification is made while the inmate is in custody, the inmate will sign a copy of the notification letter. The letter will be added to the case file (28 CFR 115.73).

#### **606.11 SEXUAL ABUSE AND SEXUAL HARASSMENT BETWEEN STAFF AND INMATES**

Sexual abuse and sexual harassment between staff, volunteers or contract personnel and inmates is strictly prohibited. The fact that an inmate may have initiated a relationship or sexual contact is not recognized as a defense to violating this policy.

Any incident involving allegations of staff-on-inmate sexual abuse or sexual harassment shall be referred to the Professional Standards Unit for investigation.

##### **606.11.1 SEXUAL ABUSE BY CONTRACTOR OR VOLUNTEER**

Any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having any contact with inmates. He/she shall be promptly reported to the law enforcement agency that would investigate such allegations and brought to the attention of any relevant licensing bodies (28 CFR 115.77).

#### **606.12 PROTECTIVE CUSTODY**

Inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of available alternatives has been made and it has been determined that there is no reasonably available alternative means of separation. Inmates may be held in involuntary protective custody for less than 24 hours while an assessment is completed.

If an involuntary protective custody assignment is made because of a high risk for victimization, the Captain shall clearly document the basis for the concern for the inmate's safety and the reasons why no alternative means of separation can be arranged (28 CFR 115.43).

The facility shall assign these inmates to involuntary protective custody only until an alternative means of separation from likely abusers can be arranged, not ordinarily in excess of 30 days.

Inmates placed in temporary protective custody shall continue to have reasonable access to programs, privileges, education and work opportunities. If restrictions are put in place, the Captain shall document the following:

- (a) The opportunities that have been limited

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- (b) The duration of the limitation
- (c) The reasons for such limitations

Every 30 days, the Captain shall afford each such inmate a review to determine whether there is a continuing need for protective custody (28 CFR 115.43).

#### **606.13 SEXUAL ABUSE INCIDENT REVIEW**

An incident review shall be conducted at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded (28 CFR 115.86). The review should occur within 30 days of the conclusion of the investigation.

The review team shall include upper-level management officials and seek input from line supervisors, investigators and qualified health care and/or mental health professionals, as appropriate:

- (a) Consider whether the investigation indicates a need to change policy or practice in order to better prevent, detect or respond to sexual abuse.
- (b) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification status or perceived status; gang affiliation; or other group dynamics at the facility.
- (c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers may enable abuse.
- (d) Assess the adequacy of staffing levels in the area during different shifts.
- (e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- (f) Prepare a written report of the team's findings, including, but not limited to, determinations made pursuant to paragraphs (a)-(e) of this section, and any recommendations for improvement. The report should be submitted to the Sheriff or the authorized designee, and the PREA coordinator.

The Captain or the authorized designee shall implement the recommendations for improvement or document the reasons for not doing so.

#### **606.14 DATA REVIEWS**

This department shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices and training by:

- (a) Identifying problem areas.
- (b) Identifying corrective actions taken.
- (c) Recommending corrective actions.
- (d) Comparing current annual data and corrective actions with those from prior years.
- (e) Assessing the department's progress in addressing sexual abuse.

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Supervisors shall forward all information to the PREA Coordinator, while maintaining a copy for their files. This data shall be securely maintained.

Upon receipt of a completed investigation, the PREA Coordinator or his/her designee, shall compile all the incidents on an annual basis, using the most recent version of the Survey of Sexual Violence form from the Department of Justice. Upon request, the Sheriff's Office will provide all data from the previous calendar year to the Department of Justice. A copy of this data shall be maintained for no less than ten years.

The information from all the incidents in the prior calendar year will be reviewed and compiled into an annual report. The report shall also include corrective actions for the jail, along with a comparison to the previous year's data, and submitted to the Sheriff for review. Upon approval of the Sheriff, the report shall be posted on the Sheriff Office website annually, after all necessary redactions have been made, pursuant to California Penal Code § 293.

The reports shall be approved by the Captain and made available through the department website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated (28 CFR 115.88).

All aggregated sexual abuse data from Marin County Sheriff's Office facilities and private facilities with which it contracts shall be made available to the public at least annually through the department website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (28 CFR 115.89).

#### **606.15 RECORDS**

All case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment or counseling shall be retained in accordance with confidentiality laws.

The Department shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Department, plus five years (28 CFR 115.71).

All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state or local law requires otherwise (28 CFR 115.89).

#### **606.16 AUDITS**

The PREA Coordinator shall annually review and document the Marin County Jail's compliance with PREA Standards. The review shall assess, determine and document any discrepancies and identify where adjustments are needed, including the staffing plan to ensure adequate levels of staffing and video monitoring systems to protect inmates from sexual abuse and sexual

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harassment. The results of the review will be documented via memorandum to the Sheriff, via the chain of command.

The Marin County Jail shall be audited by an outside auditor who has been certified by the Department of Justice, once every three years. The auditor shall be provided all relevant policies and procedures, reports, internal and external audits and accreditations for the facility being audited. During the audit, the auditor shall have access to all areas of the facility and be supplied any relevant documentation requested. The auditor shall have access to inmates, staff and administrators. Staff will be expected to cooperate fully during this audit.



## Grooming

### 607.1 PURPOSE AND SCOPE

The purpose of this policy is to allow inmates to have freedom in personal grooming, except when a legitimate government interest justifies the development of grooming standards that are based upon orders of the court, inmate classification, work status, safety and security, or health and hygiene.

#### 607.1.1 PROCEDURES

[Custody Procedure Manual: 607.1 GROOMING PROCEDURE](#)

### 607.2 POLICY

It is the policy of this facility to allow inmates freedom in personal grooming, except when a valid government interest justifies that grooming standards be established. The Captain or the authorized designee shall establish inmate grooming standards specific to inmate classification, work status, facility safety and security, or inmate health and hygiene. Any established standards should not unreasonably interfere with religious observances. Grooming standards should be identified in the inmate handbook.

### 607.3 HAIRCUTS

Inmates will be provided haircuts and hair-cutting tools subject to established facility rules. If hair length, style or condition presents a security or sanitation concern, haircuts may be mandatory. Inmates who significantly alter their appearance may be required to submit to additional booking photos.

Inmates shall not cut names, numbers or other designs into their hair. Inmates shall not manipulate their hair into any style, including, but not limited to, braids, ponytails, cornrows or twists, that could facilitate the concealment and movement of contraband and weapons.

#### 607.3.1 HAIR CARE SERVICES

The Captain or the authorized designee shall establish written procedures for inmate hair care services (15 CCR 1267(a)). The procedures will include schedules for hair care services and allow rescheduling for conflicts, such as court appearances.

Inmates shall generally be permitted to receive hair care services once per week. Staff may suspend access to hair care services if an inmate appears to be a danger to him/herself or others or to the safety and security of the facility.

### 607.4 SHAVING

An inmate may be denied access to razors if he/she appears to be a danger to him/herself or others, or if such access may jeopardize the safety and security of the facility.

Inmates may be restricted from significantly altering their appearance for reasons of identification in court (15 CCR 1267(b)).

### *Grooming*

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#### **607.5 NAILS**

Nail clippers will be kept at the deputy station and will be issued to inmates upon request. Inmates in Restrictive Housing who request nail clippers will be placed on a list to receive them during razor pass the next morning. Inmate workers are required to keep their nails clean and trimmed. Inmates with long nails may be required to trim their nails if there is a security concern and the inmate is admitted to general population.

#### **607.6 GROOMING EQUIPMENT**

Grooming equipment is to be inventoried and inspected by the staff at the beginning of each shift and prior to being issued to inmates. The staff shall ensure that all equipment is returned by the end of the shift and is not damaged or missing parts.

Grooming equipment will be disinfected before and after each use by the methods approved by the State Board of Barbering and Cosmetology to meet the requirements of (16 CCR 979; 16 CCR 980; 15 CCR 1267(c)). Cleaning methods include:

- Removing foreign matter.
- Cleaning tools with soap or detergent and water.
- Immersing non-electrical equipment in disinfectant.
- Spraying electrical equipment with disinfectant.
- Storing cleaned equipment in clear, covered containers that are labeled as such.

If used, disinfectant solution shall be changed at least once per week or whenever the solution is cloudy or dirty. Solution will be stored in covered containers with labeled instructions for its use and the Environmental Protection Agency registration number.

#### **607.7 SHOWERING**

Inmates shall be permitted to shower upon assignment to a housing unit, at least every other day thereafter and more often if practicable (15 CCR 1266).

#### **607.8 PERSONAL CARE ITEMS**

Inmates are expected to maintain their hygiene using approved personal care items. Personal care items, including toothbrushes, combs, and soap are available through the inmate commissary and will be charged to the inmate's account.

Indigent inmates shall receive hygiene items necessary to maintain an appropriate level of personal hygiene.

No inmate will be denied the necessary personal care items. For sanitation and security reasons, personal care items shall not be shared (15 CCR 1265 et seq.).

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## Inmate Nondiscrimination

### 608.1 PURPOSE AND SCOPE

The constitutional rights of inmates regarding discrimination are protected during incarceration. These protections extend to administrative decisions, e.g., classification, access to programs and the availability of services. This policy is intended to guide the staff toward nondiscriminatory administrative decisions and to detail an inmate complaint and discrimination investigation process.

#### 608.1.1 PROCEDURES

There are no procedures associated with this policy.

### 608.2 POLICY

All decisions concerning inmates housed at this facility shall be based on reasonable criteria that support the health, safety, security and good order of the facility.

### 608.3 DISCRIMINATION PROHIBITED

Discriminating against an inmate based upon actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, and any other classification or status protected by law is prohibited.

Reasonable and comparable opportunities for participation in services and programs including vocational, educational, and religious programs shall be made available to inmates in a nondiscriminatory manner.

The Captain should periodically conduct interviews with inmates and staff members to identify and resolve potential problem areas related to discrimination before they occur.

### 608.4 INMATES REPORTING DISCRIMINATION

Inmates who wish to report an allegation of discrimination may communicate with facility management in any of the following ways:

- (a) By way of an Inmate Grievance Form.
- (b) Confidential correspondence addressed to the Captain or the Sheriff or other government official, including the courts or legal representative.
- (c) Verbally to any supervisor or other staff member of this facility.

#### 608.4.1 HANDLING COMPLAINTS OF DISCRIMINATION

Staff shall promptly forward all written allegations of discrimination by inmates to the Operations Lieutenant. If the allegation is presented verbally, the receiving staff member shall prepare an incident report identifying the circumstances prompting the allegation, the individuals involved, and any other pertinent information that would be useful to investigating the allegation.

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Unless the complaint submitted by the inmate is clearly identified as confidential and addressed to the Captain, Sheriff, or other official, the Lieutenant shall review the complaint and attempt to resolve the issue. In any case, the Lieutenant shall document the circumstances of the allegation and what actions, if any, were taken to investigate or resolve the complaint. All reports of alleged discrimination shall be forwarded to the Captain for review and further investigation or administrative action as needed.

Administrative evaluations and response to allegations of discrimination shall be based upon objective criteria:

- (a) The inmate's classification
- (b) The inmate's criminal history
- (c) Current and past behavior and disciplinary history
- (d) Housing availability
- (e) The availability of programs
- (f) The ability to safely provide the requested services

## Grievances

### 609.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process by which incarcerated persons may file grievances and receive a formal review regarding the conditions of their confinement.

#### 609.1.1 PROCEDURES

[Custody Procedure Manual: 609.1 INCARCERATED PERSON GRIEVANCES PROCEDURE](#)

### 609.2 POLICY

It is the policy of this department that any incarcerated person may file a grievance relating to conditions of confinement, which includes release date, housing, medical care, food services, hygiene and sanitation needs, recreation opportunities, classification actions, disciplinary actions, program participation, telephone and mail use procedures, visiting procedures, and allegations of sexual abuse (15 CCR 1073).

Grievances will not be accepted if they are challenging the rules and policies themselves, state or local laws, court decisions, or probation/parole actions.

Retaliation for use of the grievance system is prohibited.

### 609.3 GRIEVANCE PROCEDURES

Staff shall attempt to informally resolve all grievances at the lowest level. Attempts to resolve a grievance may be documented in the incarcerated person's file. If there is no resolution at this level, the incarcerated person may request a grievance form.

The incarcerated person should be advised to complete the form and return it to any staff member. A grievance should be filed by an incarcerated person within 14 days of the complaint or issue.

Incarcerated persons cannot file a grievance on behalf of another incarcerated person but an incarcerated person may assist another incarcerated person in the preparation of a grievance. Custody staff may take reasonable steps to assist the incarcerated person in the preparation of a grievance if requested.

Upon receiving a completed grievance form, the staff member shall acknowledge receipt of the grievance by signing the form and giving a copy to the incarcerated person. The staff member receiving the form may gather all associated paperwork and reports and then conduct an initial investigation in order to resolve the inmate grievance if possible. If the staff member is unable to resolve the grievance at their level, it will be forwarded to the Housing Sergeant.

#### 609.3.1 EXCEPTION TO INITIAL GRIEVANCE FILING

Incarcerated persons may request to submit the grievance directly to a supervisor or mail it directly to the Captain if they reasonably believe the issues to be grieved are sensitive or that their safety would be in jeopardy if the contents of the grievance were to become known to other incarcerated persons.

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### *Grievances*

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Incarcerated persons with limited access to mail privileges, who are in restrictive housing or are indigent may place their grievance in a sealed envelope labeled "Grievance" and give it to any sworn personnel to be delivered to the Housing Sergeant.

#### 609.3.2 TIMELY RESOLUTION OF GRIEVANCES

Upon receiving a completed incarcerated person grievance form, the supervisor shall ensure that the grievance is investigated and resolved or denied in a timely manner, as established by the Captain.

Grievances related to medical care should be investigated by the medical staff or the authorized designee. The findings of that investigation, along with any recommendations, shall be forwarded to the sergeant. Any appeals of the findings of the medical staff shall be forward to the Operations Lieutenant as the final level of appeal.

Grievances about food-related matters should be investigated by the Food and Support Services Manager. The findings of that investigation, along with any recommendations, shall be forwarded to the sergeant. Any appeals shall be forwarded to the Operations Lieutenant as the final level of appeal.

Other grievances relating to programs or other services provided by the Department shall be investigated by the custody staff with the assistance of the supervising employee in charge of those services. Findings relating to the investigation will be forwarded to the sergeant. Any appeals shall be forwarded to the Operations Lieutenant as the final level of appeal.

#### 609.3.3 APPEALS TO GRIEVANCE FINDINGS

Incarcerated persons may appeal the finding of a grievance to the Operations Lieutenant as the final level of appeal within five days of receiving the findings of the original grievance. The Operations Lieutenant will review the grievance and either confirm or deny it. If the Operations Lieutenant confirms the grievance, corrective actions will be initiated. In either case, the incarcerated person shall receive a written response to the appeal.

Appeals related to sexual abuse allegations shall be confirmed or denied by the Operations Lieutenant within 10 calendar days.

#### 609.3.4 RECORDING GRIEVANCES

The Captain should maintain a grievance log in a central location accessible to all supervisors. The Administrative Secretary shall record the grievance, along with its finding, on the grievance log. Periodic reviews of the log should be made by the Captain or the authorized designee to ensure that grievances are being handled properly and in a timely manner. A copy of each grievance should be filed in the incarcerated person's official record and maintained throughout the incarcerated person's period of incarceration.

The original grievance should be retained in a file maintained by the Captain or the authorized designee, and shall be retained in accordance with established records retention schedules.

## Grievances

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### 609.3.5 FRIVOLOUS GRIEVANCES

Incarcerated persons shall use the grievance process only for legitimate problems or complaints. If there is concern that an incarcerated person is abusing the grievance process, the person shall be informed that continued behavior may result in disciplinary action.

### 609.3.6 REVIEW OF GRIEVANCES

The Captain or the authorized designee shall conduct a quarterly review of grievances, responses, and appeals (15 CCR 1073).

### **609.4 ADDITIONAL PROVISIONS FOR GRIEVANCES RELATED TO SEXUAL ABUSE**

The following apply to grievances that relate to sexual abuse allegations (28 CFR 115.52; 15 CCR 1029):

- (a) Incarcerated persons may submit a grievance regarding an allegation of sexual abuse at any time.
- (b) Third parties, including fellow incarcerated persons, staff members, family members, attorneys, and outside advocates, are permitted to assist incarcerated persons in filing such grievances and to file such grievances on behalf of incarcerated persons if the incarcerated person agrees to have the grievance filed on the person's behalf. Staff members who receive a grievance filed by a third party on behalf of an incarcerated person shall inquire whether the incarcerated person wishes to have the grievance processed and shall document the incarcerated person's decision.
- (c) Grievances may be submitted to any staff member and need not be submitted to the member who is the subject of the complaint
- (d) Staff receiving a grievance shall forward the grievance to a supervisor. Grievances shall not be forwarded to any supervisor who is the subject of the complaint. The supervisor receiving the grievance shall refer the grievance to the Lieutenant for investigation. Incarcerated persons and staff are not required to attempt to informally resolve grievances related to sexual abuse.
- (e) The Lieutenant shall ensure that grievances related to sexual abuse are investigated and resolved within 90 days of the initial filing. The Lieutenant may grant an extension of up to 70 days if reasonable to make an appropriate decision. If an extension is granted, the incarcerated person shall be notified and provided a date by which a decision will be made.
- (f) At any level of the process, including the appeal, if the incarcerated person does not receive a response within the allotted time, including any properly noticed extension, the incarcerated person may consider the absence of a response to be a denial at that level.
- (g) Incarcerated persons may be disciplined for filing a false grievance related to alleged sexual abuse only when it is determined that the incarcerated person filed the grievance in bad faith.

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#### **609.4.1 EMERGENCY GRIEVANCES RELATED TO SEXUAL ABUSE**

Any incarcerated person who believes the person or any other incarcerated person is in substantial risk of imminent sexual abuse may file an emergency grievance with any supervisor. The supervisor shall determine whether immediate action is reasonably necessary to protect the incarcerated person and shall provide an initial response within 48 hours.

The supervisor shall refer the grievance to the Lieutenant, who will investigate and issue a final decision within five calendar days.

The initial response and final decision shall be documented and shall include a determination whether the incarcerated person is in substantial risk of imminent sexual abuse and identify actions taken in response to the emergency grievance (28 CFR 115.52).

#### **609.5 ACCESS TO THE GRIEVANCE SYSTEM**

All incarcerated persons shall be provided with a grievance process for resolving complaints arising from facility matters with at least one level of appeal.

Incarcerated persons will receive information concerning the grievance procedure during the orientation process. Information will also be contained in the incarcerated persons handbook. Information regarding the grievance process will be provided to incarcerated persons in the language they understand.

The information will include (15 CCR 1073):

- (a) A grievance form or instructions for registering and appealing a grievance, including relevant dates.
- (b) A process for submission and handling of anonymous grievances.
- (c) Instructions for the resolution of the grievance at the lowest appropriate staff level.
- (d) The appeal process to the next level of review.
- (e) Written reasons for denial of a grievance at each level of review.
- (f) A provision for a non-automated initial response within a reasonable time limit which shall not exceed a period of 15 calendar days.
- (g) A provision for resolving questions of jurisdiction within the facility.
- (h) Provisions for providing a copy of the grievance, appeal, response, and related documents to the incarcerated person.
- (i) Consequences for abusing the grievance system.



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## Inmate Voting

### 610.1 PURPOSE AND SCOPE

This policy establishes the requirement for providing eligible inmates the opportunity to vote during elections, pursuant to election statutes.

#### 610.1.1 PROCEDURES

[Custody Procedure Manual: 610.1 INMATE VOTING PROCEDURE](#)

### 610.2 POLICY

Inmates who have not been convicted of a felony and are in custody during trial continue to have the right to vote. Except for individual inmates who have lost the right to vote, sentenced inmates also maintain this right. Because inmates are unable to access public voting polls, the Captain or the authorized designee shall develop written procedures whereby the county registrar of voters allows qualified inmates to vote in local, state and federal elections, pursuant to election codes (15 CCR 1071).

Inmates should be advised of voting methods during the inmate orientation.

### 610.3 VOTING REQUIREMENTS

Inmates maintain their right to vote while incarcerated if they are:

- (a) A citizen of the United States.
- (b) A resident of the county.
- (c) At least 18 years of age at the time of the next election.
- (d) Not been declared mentally incompetent by a court.
- (e) Awaiting or on trial for a criminal offense.
- (f) Serving time for a traffic or misdemeanor offense or as a condition of probation.
- (g) Not convicted of a felony offense and sentenced to serve time in a state prison.
- (h) Not on parole as a result of a felony conviction.

### 610.4 PROCEDURES

Prior to each election, the Captain will designate a deputy to be a liaison between the Department and the local Registrar of Voters. The designated Director of Prisoner Programs will be responsible for assisting inmates who have requested to vote.

#### 610.4.1 REGISTERING TO VOTE

An inmate who is eligible to vote and requests to register should complete a voter application. The application should be submitted to the Director of Prisoner Programs, who will forward the application to the local election official.

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#### 610.4.2 REQUESTING AN ABSENTEE BALLOT

An inmate who will be in custody during an election and requests to vote by absentee ballot should complete an application. The completed application should be submitted to the Director of Prisoner Programs, who will forward the application to the local election official.

#### 610.4.3 VOTING

All ballots received shall be delivered to inmates in a timely manner to ensure compliance with the inmate's right to vote.

## **Chapter 7 - Medical-Mental Health**

# Health Care Administrative Meetings and Reports

## 700.1 PURPOSE AND SCOPE

The Department recognizes that the delivery of effective health care requires open and frequent communication between the Responsible Physician and the Captain. This policy provides guidelines for the continuous monitoring, planning, and problem resolution in providing health care that addresses the medical needs of the inmate population and prevents potential outbreaks of communicable and contagious illness.

### 700.1.1 DEFINITIONS

Definitions related to this entire chapter include:

**Access to care** - An inmate should be seen in a timely manner by a qualified health care professional. The inmate should be given a professional clinical diagnosis and receive treatment that is ordered.

**Clinical practice guidelines** - A systematically developed science-based statement designed to assist practitioners and inmates with decisions about appropriate health care for specific clinical circumstances. Clinical practice guidelines are used to assist clinical decision-making, assess and assure the quality of care, educate individuals and groups about clinical disease, guide the allocation of health care resources and reduce the risk of legal liability for negligent care.

**Clinical setting** - An examination or treatment room, either on- or off-site, which is appropriately supplied and equipped to address a patient's health care needs.

**Daily** - Seven days a week, including holidays.

**Direct order** - A written order issued by a qualified health care professional specifically for the treatment of an inmate's particular condition.

**Dentist** - A state licensed doctor of dentistry contracted by the County of Marin to provide dental care to inmates. The Dentist is available at the facility for 24 hours every two weeks.

**Health appraisal** - A comprehensive health evaluation is completed at time of booking, prior to housing an inmate in the facility.

**Health Authority** - The Responsible Physician, health services administrator or health agency responsible for providing all health care services or coordinating the delivery of all health care services.

**Health Care** - The sum of all actions, preventive and therapeutic, taken for the physical and mental well-being of the inmate population. The term health care includes medical, both physical and psychological, dental, nutrition and other ancillary services, as well as maintaining safe and sanitary environmental conditions.

**HIPAA** - Health Insurance Portability and Accountability Act

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**Licensed Nurse Practitioner** - A registered nurse certified by the State of California to provide medical care that works in consultation with the Responsible Physician and who is available weekdays.

**Mental Health Staff** - Qualified health care professionals who have received instruction and supervision in identifying and interacting with individuals in need of mental health services.

**Physical examination** - An objective, hands-on evaluation of an individual. It involves the inspection, palpation, auscultation and percussion of a body to determine the presence or absence of physical signs of disease.

**Qualified health care professional** - Physicians, physician's assistants, nurses, nurse practitioners, dentists, mental health professionals or other persons who, by virtue of their education, credentials and experience are permitted by law to evaluate and care for patients within the parameters of his/her license or certification.

**Responsible Physician** - An individual licensed to practice medicine and provide health services to the inmate population of the facility, or the physician at an institution with final responsibility for decisions related to medical judgment.

**Sick call** - - The evaluation and treatment of an ambulatory patient, either on- or off-site, by a qualified health care professional.

**Special needs** - Health conditions that require regular care.

**Standing order** - Written orders issued by a physician that specify the same course of treatment for each patient suspected of having a given condition and the specific use and amount of prescription drugs (e.g., immunizations, insulin, seizure medications).

**Suicidal ideation** - Having thoughts of suicide or of taking action to end one's own life. Suicidal ideation includes all thoughts of suicide when the thoughts include a plan to commit suicide and when they do not.

**Treatment plan** - A series of written statements specifying a patient's particular course of therapy and the roles of qualified health care professionals in delivering the care.

**Triage** - The sorting and classifying of health care requests to determine priority of need and the proper place for health care to be rendered.

### 700.1.2 PROCEDURES

There are no procedures associated with this policy.

### 700.2 POLICY

The Director of Health and Human Services shall select the Responsible Physician in accordance with the Health Authority Policy. It is the policy of this facility that the Responsible Physician or Health Authority should meet with the Captain at least quarterly. The Responsible Physician or Health Authority should prepare report addressing the effectiveness of the health care system,

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## Custody Manual

### *Health Care Administrative Meetings and Reports*

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a description of any environmental or access issues that require improvement, and detail any progress that has been made in previously reported areas.

The data for the quarterly report should be gathered by the Responsible Physician or Health Authority via monthly meetings with all facility Lieutenants and qualified health care professionals. The weekly meetings should cover the following topics:

- Health care services
- Quality improvement findings
- Infection control efforts
- Inmate grievances
- Environmental inspections report

#### 700.2.1 STATISTICAL REPORTS

In addition to the quarterly meeting described above, a statistical report will be available annually to the Captain. The statistical report will be prepared by the Responsible Physician or Health Authority and shall include, but not be limited to, the following (15 CCR 1202):

- (a) The number of inmates receiving health services by category of care
- (b) The number of referrals to specialists
- (c) Prescriptions written and medications dispensed
- (d) Laboratory and X-ray tests completed
- (e) Infirmary admissions, if applicable
- (f) On-site and off-site hospital admissions
- (g) Serious injuries or illnesses
- (h) Deaths
- (i) Off-site transports
- (j) Infectious disease monitoring
- (k) Emergency services provided to inmates
- (l) Dental visits provided
- (m) Number of health care grievances by category (e.g., medication error, missed appointment, health staff complaint) and whether the grievance was founded or unfounded

It is the responsibility of the Captain and/or Health Authority to ensure that copies of the statistical reports and documentation of any remedies implemented are retained in accordance with established records retention schedules.

## Access to Health Care

### 701.1 PURPOSE AND SCOPE

The provision of adequate health services in a custody setting is a constitutional right afforded to all incarcerated persons. The purpose of this policy is to provide custody personnel and qualified health care professionals with a process to inform newly booked incarcerated persons of the procedure to access health care services and how to use the grievance system, if necessary.

#### 701.1.1 PROCEDURES

There are no procedures associated with this policy.

### 701.2 POLICY

It is the policy of this department that all incarcerated persons, regardless of custody status or housing location, will have timely access to a qualified health care professional and receive a timely professional clinical judgment and appropriate treatment.

The Marin County Sheriff's Office along with Marin County Health and Human Services will provide medical, dental, and mental health services as necessary to maintain the health and well-being of incarcerated persons to a reasonable and socially acceptable standard (15 CCR 1200 et seq.; 15 CCR 1208).

If medical services deemed necessary to maintain the health and safety of an incarcerated person cannot be provided on-site, they shall be made available by referral to outside medical service providers.

### 701.3 ACCESS TO CARE

Incarcerated person medical requests will be evaluated by qualified health care professionals. Health care services will be made available to incarcerated persons from the time of admission until they are released. Timely access to services will be provided within seven days of request. Information regarding how to contact the medical staff will be posted in all incarcerated person housing areas (15 CCR 1200 et seq.; 15 CCR 1208). Medications and community health resources and referrals may be provided upon request when the incarcerated person is released.

Unreasonable barriers shall not be placed on an incarcerated person's ability to access health services. Health care that is necessary during the period of confinement shall be provided regardless of an incarcerated person's ability to pay, the size of the facility, or the duration of the incarcerated person's incarceration. Such unreasonable barriers include:

- Punishing incarcerated persons for seeking care for their health needs.
- Deterring incarcerated persons from seeking care for their health needs by scheduling sick call at unreasonable times.

All routine requests for medical attention shall be promptly routed to a qualified health care professional.

### *Access to Health Care*

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Any incident of an incarcerated person refusing medical treatment or causing a disruption in the delivery of health care services shall be documented in management notes in the CMS system unless the issue is more severe in nature that it would require a jail incident report as directed by either a Booking or Housing Sergeant. The original incident report shall be forwarded to the Responsible Physician or Health Authority and a copy sent to the Captain.

#### **701.4 HEALTH CARE GRIEVANCES**

Custody personnel should authorize and encourage resolution of incarcerated person complaints and requests on an informal basis whenever possible. To the extent practicable, custody personnel should provide incarcerated persons with opportunities to make suggestions to improve programs and conditions.

Incarcerated persons will be informed of the grievance process during incarcerated person orientation. The grievance process is also explained in the incarcerated person handbook, which all incarcerated persons receive and which they should have additional access to in their housing units. Grievances will be handled in accordance with the Incarcerated Person Grievances Policy (15 CCR 1073(a)).

Custody personnel should minimize technical requirements for grievances and allow incarcerated persons to initiate the grievance process by briefly describing the nature of the complaint and the remedy sought. For simple questions and answers regarding clinical issues, incarcerated persons may meet with a qualified health care professional or may submit a written correspondence.

Incarcerated person grievances regarding health care issues will be investigated by an uninvolved member of the medical staff. If no such person is available or does not exist, an outside peer should be sought to investigate the grievance. The incarcerated person should be provided with a written response in accordance with the schedule set forth in the Incarcerated Person Grievances Policy. Responses to incarcerated person grievances should be based on the community standard of health care.

Copies of grievances and the facility's response shall be sent to the Captain or Health Authority, who, in consultation with the Responsible Physician, shall serve as the final authority in response to all incarcerated person grievances.

If an inmate is not satisfied with the response, the incarcerated person may appeal the grievance as outlined in the Incarcerated Person Grievances Policy.

#### **701.5 POSTING AVAILABLE RESOURCES**

A listing of telephone numbers for medical, dental, mental health and ambulance services shall be posted at the facility's medical area and in the primary staff control station, along with a schedule of availability.



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# Non-Emergency Health Care Requests and Services

## 702.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a daily triage system of inmate requests for health care services. This is to ensure that the health needs of the population are addressed properly and in a timely manner.

### 702.1.1 PROCEDURES

[Custody Procedure Manual: 702.1 HEALTH CARE REQUESTS PROCEDURE](#)

## 702.2 POLICY

It is the policy of this department to provide daily access to qualified health care professionals in order for inmates to request medical services (15 CCR 1200). All health care requests will be documented, triaged and referred appropriately by medical staff. Qualified health care professionals will conduct sick call and clinics for health care services on a scheduled basis to ensure a timely response to requests for medical services (15 CCR 1211).

The Responsible Physician or Health Authority, in coordination with the Captain or the authorized designee, is responsible for developing a process that includes:

- (a) A process for inmates to request health services on a daily basis.
- (b) A priority system for health care services to acquire and address requests for routine health care, and for urgent or emergent injuries, illnesses and conditions.
- (c) Making health care request forms available in each housing unit and to all inmates upon request.
- (d) A system in which health care requests are documented, triaged and referred appropriately.
- (e) Restrictions that prohibit non-health services personnel from diagnosing or treating an illness.

## 702.3 HEALTH CARE REQUESTS

During the collection of health care requests from inmates, care should be taken to protect the confidentiality of the inmate and the nature of the health issue. The inmate shall date and initial the request. The requests shall be triaged to determine the priority of need and the proper place for health care to be delivered.

Inmates will be instructed on how to obtain medical services during the inmate orientation process and in the inmate handbook. Inmates shall submit a medical request form to the housing unit medical box or the health-trained staff delivering medications, or a nurse, if appropriate.

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## Custody Manual

### *Non-Emergency Health Care Requests and Services*

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Medical request forms should be available in languages representative of the population. Inmates who communicate in a language not available in printed form shall have access to interpreter services.

Inmates with disabilities should be provided with appropriate assistance or accommodation to ensure they are able to request health care services.

The housing unit deputy shall ensure the reason for seeking medical attention is on the medical request form. If no reason is given, the deputy shall encourage the inmate to indicate whether the matter is urgent or confidential. Medical staff is responsible for picking up the sick call requests. Sick call will be conducted daily by a Registered Nurse.

#### **702.4 TRIAGE OF HEALTH CARE REQUESTS**

Qualified health care professionals shall perform a daily triage. Sick call shall be available to inmates at least five days a week and shall be performed by a qualified health care professional.

Other qualified health care professionals should schedule inmates in need of specialized treatment for the next available providers' clinic. The wait for the next available providers' clinic should not exceed two days. The qualified health care professional shall schedule a task in the inmate's medical record.

The frequency and duration of sick call should be sufficient to meet the needs of the inmate population but should be conducted at least weekly by a qualified health care professional. If an inmate's custody status precludes attendance at sick call, arrangements shall be made to provide sick call services in the place of the inmate's detention (15 CCR 1211).

#### **702.5 GUIDELINES FOR ELECTIVE PROCEDURES OR SURGERY**

The Responsible Physician and/or the Health Authority along with the Captain shall work cooperatively to develop guidelines that govern elective procedures or surgery for inmates. The guidelines must include decision-making processes for elective procedures or surgery that is needed to correct a substantial functional deficit or an existing pathological process that threatens the well-being of the inmate over a period of time. Any discussion of this nature with the inmate should be conducted in a language easily understood by the inmate and should be carefully documented in the inmate's medical record. This record should be maintained in accordance with established records retention schedules.

#### **702.6 REQUESTS FOR OUTSIDE MEDICAL CARE**

Inmates who request access to health care services outside the facility may do so with advance authorization from the Captain or the authorized designee. The inmate shall be required to provide proof of sufficient private funds available to pay for all costs associated with transportation to the off-site facility and all costs associated with the medical services, diagnostics, treatment plans, medications or any other costs associated with off-site medical care.

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## Custody Manual

### *Non-Emergency Health Care Requests and Services*

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Requests for treatment of inmates by private health providers will be granted upon determination by the County Physician that the medical diagnosis requires the treatment requested and appropriate treatment ordered by the County Physician cannot be provided by Marin County Jail medical staff.

Upon receiving a written request by an inmate to be seen by their private doctor, the inmate will be examined by the County Physician at the next sick call.

If the request is granted:

1. The County Physician shall write and sign an order granting the request.
2. The County Physician shall approve of the private practitioner's plan and arrange for ongoing review of the plan.
3. The private practitioner shall submit qualifications and necessary personal data to the Sheriff for security clearance.
4. The nurse schedules treatment visits and notifies the Booking Sergeant.

If the request is denied:

1. The County Physician shall sign the notation in the inmate's chart providing reasons for denial of the request.
2. Notification shall be made to the inmate making the request listing the reasons for the denial.

## Referrals and Coordination of Specialty Care

### 703.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for referring inmates who need health care or specialty care that is beyond the resources available in the facility. The policy includes guidelines regarding transportation under appropriate security provisions and the formulation of advance written agreements for around the clock or on-call availability of alternate services. Specialty care includes specialist-provided health care, such as nephrology, surgery, dermatology and orthopedics.

#### 703.1.1 PROCEDURES

[Custody Procedure Manual: 703.1 REFERRALS AND COORDINATION OF SPECIALTY CARE PROCEDURE](#)

### 703.2 POLICY

It is the policy of this department that inmates have access to necessary hospitalization and specialty services for serious medical needs. This facility will provide, either directly or through contracted sources, specialty care and emergency medical services to inmates when the need is determined by the Responsible Physician or Health Authority (15 CCR 1206(b); 15 CCR 1206(c)).

### 703.3 CAPTAIN RESPONSIBILITY

The Captain or the authorized designee, in coordination with the Responsible Physician or Health Authority, is responsible for establishing written agreements with outside specialty health care services for emergency and urgent care that is not available within the facility. In addition, a plan shall be developed for the secure transportation of inmates to a facility where such care is available.

### 703.4 REFERRAL TO OFF-SITE MEDICAL CARE

A qualified health care professional shall evaluate the inmate, and if indicated, shall recommend specialty appointments in writing on the order sheet in the inmate's medical record. Only essential health services as determined by the Responsible Physician or Health Authority will be approved for outpatient and specialty services. A referral form should be completed and any supporting documentation attached. The written referral shall be reviewed and authorized, if appropriate, by the Responsible Physician or Health Authority.

A court order is not required for an inmate in need of immediate medical or hospital care, but an application for a court order should be made as soon as practicable when the inmate's condition requires him/her to be gone from the facility more than 48 hours (Penal Code § 4011.5).

Inmates may request that their own physician, surgeon or dentist evaluate them on-site. Neither the Department nor the County is financially responsible for these services. Arrangements must be coordinated with the Health care staff and the Captain.

### *Referrals and Coordination of Specialty Care*

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#### **703.5 OFF-SITE COORDINATION**

The qualified health care professional is responsible for recommending off-site medical and psychiatric care for inmates, coordinating outside appointments and notifying supervisory custody staff of off-site transportation needs. The Captain should establish a written transportation procedure that ensures inmates are transported securely and in a timely manner for medical, mental health, dental clinic or other specialty appointments. The procedure shall include the secure transfer of medical information to the receiving health care service.

Any conflicts that arise regarding off-site consultation trips will be communicated by the deputy responsible for transportation to the Responsible Physician or Health Authority and the Captain or the authorized designee so that modifications may be made.

The jail supervisor shall keep a log of missed appointments to determine if transportation issues are impeding the ability of inmates to access appropriate medical care. Any issues identified shall be discussed and resolved between the Responsible Physician or Health Authority and the Captain (15 CCR 1206(c); 15 CCR 1206(n)).

## Emergency Health Care Services

### 704.1 PURPOSE AND SCOPE

The purpose of this policy is to establish plans and procedures for responding to medical emergencies in the facility when the level of medical or mental health services exceeds the licensure or certification of staff who are on-duty, and to define staff training requirements.

#### 704.1.1 PROCEDURES

[Custody Procedure Manual: 704.3 SERIOUS ILLNESS OF AN INMATE AND NOTIFICATION OF NEXT OF KIN](#)

[Custody Procedure Manual: 704.1 EMERGENCY MEDICAL RESPONSE PROCEDURE](#)

[Custody Procedure Manual: 704.3 MEDICAL BILLING](#)

[Custody Procedure Manual: 704.3 MAN DOWN PROCEDURE](#)

[Custody Procedure Manual: 704.2 FIRST-AID KITS](#)

### 704.2 POLICY

It is the policy of this department that emergency medical, mental health and dental services are available 24 hours a day. These services may include off-site health care services. It is the policy of the Marin County Sheriff's Office to immediately respond to and provide emergency medical care and security to inmates housed at the Marin County Jail experiencing a medical emergency.

### 704.3 PROCEDURES

The Captain or the authorized designee shall work cooperatively with the Responsible Physician or Health Authority to develop plans and procedures for responding to emergency medical incidents that occur when the level of medical or mental health services needed exceeds the licensure or certification of staff who are on-duty. The plans should include: on-site emergency first aid, basic life support and crisis intervention; emergency evacuation of an inmate from the facility, including security procedures to ensure an immediate transfer when appropriate; on-call physicians, dentists and mental health professionals; predetermined back-up health care services when the emergency health facility is not located in a nearby community; and the identification of primary, secondary and tertiary acute care facilities.

The plan may additionally include, but is not limited to, these components:

- (a) Staff shall respond to all emergencies immediately upon notification.
- (b) Contact information for emergency on-call health care services, both on- and off-site, is available and accessible for facility supervisors.
- (c) Qualified health care professionals shall respond by reporting to the area of the emergency with the necessary emergency equipment and supplies.

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## Custody Manual

### *Emergency Health Care Services*

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- (d) Emergency equipment and supplies are regularly maintained and accessible to the qualified health care professionals.
- (e) Most inmates will be stabilized on-site and then transferred to an appropriate health care unit, if necessary.
- (f) Notification of on-call physicians and mental health staff will be done as soon as the situation reasonably allows.
- (g) The qualified health care professionals will determine if the inmate needs to be transported to a local emergency room for treatment.
- (h) When necessary, facility staff shall activate 9-1-1 and notify a supervisor as soon as reasonably practicable.
- (i) The Operations Lieutenant and the Responsible Physician or Health Authority will coordinate on the notification of the inmate's next of kin in cases of serious illness and injury. Death notifications will be made in accordance with the Inmate Death - Clinical Care Review Policy.
- (j) Procedures to implement a program wherein staff may possess and administer epinephrine medication according to Health and Safety Code § 1797.197a and 22 CCR 100019, including the retention of related records pursuant to Business and Professions Code § 4119.4.
- (k) Identifying when court orders to transport prisoners outside the facility for hospitalization may be required and the processes for obtaining those court orders (Penal Code § 4011.5).
- (l) Identifying who is responsible to seek a court order when an inmate is expected to be gone from the facility more than 48 hours for medical or surgical treatment necessitating hospitalization (Penal Code § 4011.5).

The goal of any emergency medical response plan is to provide emergency medical care to those in need as expeditiously as possible. While facility size and patient proximity to the health care service will vary, staff training will emphasize responding to medical emergencies as soon as reasonably possible.

#### **704.4 EMERGENCY PROCEDURES**

The health services administrator or the authorized designee is responsible for ensuring the following information, equipment and personnel are available in the event an inmate requires emergency treatment (15 CCR 1206(c)):

- (a) A current list of names, addresses and telephone numbers of all persons and agencies to be notified in an emergency. The list should be available to all health care and custody staff at all times, and should be updated as needed.
- (b) Emergency drugs, equipment and supplies should be readily available at all times and replenished after each use. An inventory control system should be in use to ensure the necessary supplies are present when needed and have not expired.

# Marin County Sheriff's Office

## Custody Manual

### *Emergency Health Care Services*

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- (c) A physician, dentist and mental health professional should be available on-call 24 hours a day, seven days a week (this can include off-site health care services) and there should be a back-up health care services plan.
- (d) Ambulances should be accessed through the facility staff or by calling the appropriate emergency number. There should be a clear security plan in place for the transportation of inmates.
- (e) The Operations Lieutenant will be contacted and informed of any emergency as soon as practicable.
- (f) All decisions regarding medical treatment and the need for emergency transportation are to be made by the qualified health care professionals or trained custody staff.
- (g) Whenever reasonably possible, the on-call health care service should be notified prior to transporting the inmate to the hospital or other emergency care. However, in the event of a life- or limb-threatening emergency, the inmate shall be sent to the hospital in the most expedient way possible, which may require notifying the specific health care service after the inmate has been transported.
  - 1. Marin County Jail does not contract with hospitals. Bills are paid as incurred.

#### 704.4.1 MAN DOWN PROCEDURE

When notified of a man down, all nurses on duty shall respond to the location of the emergency. All nurses will work as a team and give direction in the effort to ensure cohesiveness.

[Custody Procedure Manual: 704.3 MAN DOWN PROCEDURE](#)

#### **704.5 FIRST-AID KITS**

The Responsible Physician or Health Authority is responsible for determining the contents, number, location and procedures for monthly inspections of all first-aid kits in the facility. The Responsible Physician or Health Authority shall also ensure that (15 CCR 1220):

- (a) The contents of each first-aid kit are:
  - 1. Approved by the Responsible Physician or Health Authority.
  - 2. Appropriate for its location.
  - 3. Arranged for quick use.
  - 4. Documented on the outside cover.
  - 5. Inventoried every month.
  - 6. Secured with a plastic tamper-proof seal.
    - (a) Once the seal has been broken, the kit should be taken to the medical unit so the contents can be inventoried and restocked.
- (b) Inspections and testing of supplies and equipment are documented and maintained in accordance with established records retention schedules.

[Custody Procedure Manual: 704.2 FIRST-AID KITS](#)



### *Emergency Health Care Services*

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#### **704.6 TRAINING**

The Nursing Supervisor shall ensure that all qualified health care professionals are trained in the delivery of emergency medical services in the custody environment during new employee orientation.

The Captain or the authorized designee shall ensure that all facility staff members who have contact with inmates receive first-aid and basic life support training during new employee orientation, and that annual refresher training is conducted for the facility and qualified health care professionals. Training should include, but not be limited to:

- (a) The location of all emergency medical equipment and medications and the proper use of the equipment, such as AEDs.
- (b) How to properly summon internal and external emergency services.
- (c) Recognition of basic life support signs and symptoms and the actions required in emergency situations.
- (d) Administration of basic first aid.
- (e) Certification in CPR in accordance with the recommendations of the certifying health organization.
- (f) Recognition of the signs and symptoms of mental illness, violent behavior and acute chemical intoxication and withdrawal.
- (g) Procedures for inmate transfers to appropriate medical facilities or health care service.
- (h) Suicide recognition, prevention and intervention techniques.

All records of the training provided, testing procedures and the results, and certificates achieved shall be maintained in each qualified health care professional's training file in accordance with established records retention schedules. The Responsible Physician or Health Authority should be bound by similar requirements in the contractual language between the Department and the vendor.

#### **704.7 AUTOMATED EXTERNAL DEFIBRILLATORS (AED)**

The Administrative Sergeant is responsible for ensuring that an Automated External Defibrillator (AED) is available in the facility and that all staff members are trained in its use. The AEDs shall be inspected and tested at a frequency consistent with the manufacturer's recommendations to ensure functionality.

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## Health Care for Pregnant Inmates

### 705.1 PURPOSE AND SCOPE

The purpose of this policy is to establish prenatal and postpartum health care services for inmates who are pregnant. Services may include assistance recovering from the effects of potentially unhealthy lifestyles, which could include tobacco use, alcohol and drug abuse or addiction, and a lack of previous adequate medical care. Because of unhealthy lifestyle choices prior to incarceration, many inmate pregnancies are classified as high-risk. This policy is intended to protect the health of the pregnant inmate and her fetus.

#### 705.1.1 PROCEDURES

There are no procedures associated with this policy.

### 705.2 POLICY

It is the policy of this department that a qualified health care professional should provide comprehensive prenatal and postpartum care for all pregnant inmates during their incarceration.

All pregnant and postpartum inmates shall receive appropriate timely, culturally responsive, and medically accurate and comprehensive care, evaluation, and treatment of existing or newly diagnosed chronic conditions, including mental health disorders and infectious diseases (Penal Code § 4023.8).

### 705.3 BOOKING - PREGNANCY SCREENING

When booking an inmate who is identified as possibly pregnant or capable of becoming pregnant, the following steps shall be taken:

- (a) All inmates shall be asked if they are pregnant. They shall be offered a voluntary pregnancy test upon intake or by request, within 72 hours of arrival at the jail and administered by medical or nursing personnel (Penal Code § 4023.8(a)).
  1. If a test is declined, the inmate shall be asked to sign an Informed Refusal of Pregnancy Test form and the form shall be filed in the inmate's medical file.
- (b) Inmates confirmed to be pregnant shall, within seven days of arriving at the jail, be scheduled for a pregnancy examination with a physician, nurse practitioner, certified nurse midwife, or physician assistant and examined as provided by Penal Code § 4023.8(d).
- (c) Pregnant inmates who appear to be under the influence of or withdrawing from alcohol or other substances shall be referred to a qualified health care professional.
- (d) The Responsible Physician, in collaboration with facility staff, shall ensure the proper clinic visits are scheduled in accordance with appropriate medical standards as provided in Penal Code § 4023.8(e).
- (e) A medical record should be opened with a notation indicating pregnancy.
- (f) The inmate should be interviewed by a qualified health care professional for the following information, which should be written in the medical record:

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## Custody Manual

### *Health Care for Pregnant Inmates*

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1. Last menstrual period (LMP)
  2. Estimated date of conception (EDC)
  3. Estimated due date (40 weeks from EDC)
  4. Number of pregnancies (gravidity)
  5. Number of live births (parity)
  6. Therapeutic abortions (TAB)
  7. Spontaneous abortions (SAB), aka miscarriages
  8. Prenatal care history
  9. Current medications
  10. Any current adverse symptoms: vaginal bleeding or discharge, abdominal cramping or pain (if yes, notify on-site or on-call physician)
  11. High-risk factors if known: drug or alcohol use/abuse, smoking, previous pregnancy problems, other medical problems (cardiac issues, seizures, diabetes/DM, hypertension/HTN)
  12. If use of an opioid or methadone is identified, notify the on-site or on-call physician for orders. The inmate shall be offered medication-assisted treatment and shall be provided information on the risks of withdrawal (Penal Code § 4023.8(i)).
- (g) Each pregnant inmate should have:
1. A completed special diet form ordering a pregnant diet.
  2. An appointment at the next available obstetric clinic if the inmate is 10 or more weeks gestation.
- (h) Each pregnant inmate shall (Penal Code § 4023.8):
1. Have access to daily prenatal vitamins in accordance with medical standards of care.
  2. Be assigned to the lower bunk and lower-tier housing for those housed in a multitier housing unit.

#### **705.4 HOUSING EXCEPTIONS**

Inmates who are known to be pregnant may be housed in any unit appropriate for their classification, with the following exceptions:

- (a) All pregnant inmates identified at intake or the obstetric clinic to be high-risk or who are in their last trimester of pregnancy shall be housed in the medical unit.
- (b) Housing in the medical unit shall be by order of the obstetric specialist or the Responsible Physician.

## *Health Care for Pregnant Inmates*

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### **705.5 COUNSELING AND TREATMENT REGARDING PROPER CARE**

The Department will provide all necessary counseling and treatment to pregnant inmates to ensure they are receiving the proper care. To accomplish this, the following shall occur:

- (a) The directions of the obstetric specialist shall be followed throughout the pregnancy and postnatal period. No non-medical staff has the unilateral authority to change or overrule an order or care recommendation made by the Responsible Physician. The Captain and Responsible Physician shall develop a process by which perceived conflicts between medical orders/recommendations and safety and security interests of the jail can be discussed and resolved. Ultimately, the jail must provide adequate treatment for an inmate's medical needs.
- (b) The Responsible Physician shall be consulted immediately if a patient is under 10 weeks gestation and has medical concerns.
- (c) Any pregnant inmate with medical problems that occur between scheduled obstetric appointments shall be seen by a qualified health care professional. If the qualified health care professional assesses the problem as urgent and a physician is not available on-site, the inmate shall be sent to the hospital for evaluation.
- (d) The inmate shall be advised to notify health-trained custody staff immediately of the following:
  - 1. Vaginal bleeding
  - 2. Acute, persistent abdominal or pelvic pain and/or severe cramping
  - 3. Leaking fluid
  - 4. Decreased or no fetal movement
  - 5. Headache or blurred vision
  - 6. Rapid weight gain with swelling (edema)
  - 7. Abnormal vaginal discharge
  - 8. Symptoms of a urinary tract infection (UTI)
  - 9. Fever
- (e) Postpartum examinations and additional appointments shall be scheduled by the obstetric clinic as needed.
- (f) An inmate shall have the right to summon and receive the services of any physician, nurse practitioner, certified nurse midwife, or physician assistant of the inmate's choice in order to determine pregnancy. The Captain may develop reasonable rules and regulations governing the conduct of such examinations. If found to be pregnant, the inmate is entitled to a determination of the extent of medical and surgical services needed from the medical professional of the inmate's choice. Expenses incurred by the services not provided by the Jail shall be borne by the inmate (Penal Code § 4023.6).

### *Health Care for Pregnant Inmates*

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#### **705.6 RESTRAINTS**

Inmates who are known to be pregnant or who are in labor shall not be placed in restraints except as provided in the Use of Restraints Policy and the Transportation of Inmates Outside the Secure Facility Policy.

##### **705.6.1 REQUIRED PROCEDURES**

The health authority shall, in cooperation with the Captain, develop procedures in conformance with Penal Code § 3407 for the application and removal of restraints on pregnant inmates. The procedures shall be reviewed and updated at least every two years (15 CCR 1206).

#### **705.7 ABORTIONS**

An inmate who chooses to have an abortion shall be requested to sign a statement acknowledging that the inmate has been provided the opportunity for related counseling and chooses to have an abortion. Any financial obligations for elective abortions will be the responsibility of the inmate. The jail shall provide necessary transportation and supervision for such services. Staff members who object to facilitating an inmate's elective abortion (including arrangements, transportation, and security) should not be required to perform such duties.

##### **705.7.1 STATE REQUIREMENTS FOR ABORTION**

The Jail shall not confer authority or discretion to nonmedical staff to decide if a pregnant inmate is eligible for an abortion. If the pregnant inmate decides to have an abortion, the inmate shall be offered, but not forced to accept, all due medical care and accommodations until no longer pregnant. A pregnant inmate who decides to have an abortion shall be referred to a licensed professional as specified in Business and Professions Code § 2253(b) (Penal Code § 4023.8(c)).

##### **705.7.2 REQUIRED POSTED NOTICE**

The rights provided for pregnant inmates by Penal Code § 4023.6, Penal Code § 4023.8, and Penal Code § 4028 shall be posted in at least one conspicuous place that all inmates can access.

#### **705.8 ADVISEMENT AND COUNSELING**

Inmates who are pregnant shall be advised of the provisions of this policy manual, the Penal Code, and the standards established by the Board of State and Community Corrections related to pregnant inmates (Penal Code § 3407(e); 15 CCR 1058.5).

A qualified health care professional or counselor shall provide comprehensive and unbiased counseling and information to pregnant inmates regarding their options, including but not limited to prenatal health care, adoption, and abortion. Staff shall not urge, force, or otherwise influence a pregnant inmate's decision (15 CCR 1206(f); Penal Code § 4023.5; Penal Code § 4023.8(b)).

Pregnant inmates shall also be referred to a social worker regarding options for feeding, placement, and care of the child after birth, including the benefits of lactation (Penal Code § 4023.8(k)).

### *Health Care for Pregnant Inmates*

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#### **705.9 INMATES IN LABOR AND POSTPARTUM CARE**

Pregnant inmates who are in labor or are presumed to be in labor shall be treated as an emergency and shall be transported in the least restrictive way possible to a hospital outside the jail (Penal Code § 4023.8(l)).

Pregnant inmates may have an approved support person present during labor, childbirth, and postpartum recovery while hospitalized (Penal Code § 4023.8(m)).

Inmates shall be given the maximum level of privacy possible during the labor and delivery process as provided in Penal Code § 4023.8(o).

Upon an inmate's return to the jail, a physician, nurse practitioner, certified nurse midwife, or physician assistant shall provide a postpartum examination within one week from childbirth and as needed for up to 12 weeks postpartum, and shall determine whether the inmate may be cleared for full duty or if medical restrictions are warranted. Postpartum inmates shall be given at least 12 weeks of recovery after childbirth before they are required to resume normal activity (Penal Code § 4023.8).

##### **705.9.1 INMATE ACCESS TO NEWBORN CARE**

The Responsible Physician should ensure that an inmate is provided access to newborn care that includes access to appropriate assessment, diagnosis, care, and treatment for infectious diseases that may be transmitted from the inmate to the infant (Penal Code § 4023.8(f)).

##### **705.9.2 NOTICE OF SERVICES AFTER INCARCERATION**

The Responsible Physician should ensure that eligible inmates who give birth after incarceration are provided notice of, access to, and written application for community-based programs serving pregnant, birthing, or lactating inmates (Penal Code § 4023.8(j)).

## Health Authority

### 706.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the responsibility of the health authority as arranging for all levels of health services, assuring the quality of all health services, identifying lines of medical authority for the inmate health program, and assuring that inmates have access to all health services.

The policy also establishes properly monitored processes, policies, procedures, and mechanisms to ensure that the contracted scope of services is adequately and efficiently delivered.

The health authority is defined as the Responsible Physician, health services administrator, or health agency responsible for providing all health care services or coordinating the delivery of all health care services (see the Health Care Administrative Meetings and Reports Policy).

#### 706.1.1 PROCEDURES

There are no procedures associated with this policy.

### 706.2 POLICY

The health authority is responsible and accountable for all levels of health care and has the final authority regarding clinical issues within this jail. The health authority is responsible for establishing, implementing, and annually reviewing/revising policies for all clinical aspects of the health care program and for monitoring the appropriateness, timeliness and responsiveness of care and treatment. The health authority also approves all medical decisions and protocols.

### 706.3 SELECTION PROCESS

The Sheriff or the authorized designee shall select a health authority using an existing department procurement or selection process. The individual or organization selected shall be designated as the health authority for inmate health care on behalf of the facility.

Aside from any monetary or term considerations, the contract between the Department, and the selected individual or organization shall minimally include:

- (a) Language establishing the scope of services being contracted and the type of health care service needed.
- (b) Job descriptions, minimum qualifications, and performance expectations for contract personnel.
- (c) Language requiring the contractor to develop appropriate measures and review processes for assessing the quality, effectiveness, and timeliness of the services provided and periodically reporting those findings to the facility.
- (d) Identification of a Responsible Physician or Health Authority, who shall serve as the medical authority on treatment matters requiring medical expertise and judgment.
- (e) Language regarding the minimum frequency that the health authority shall be present at the facility.

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- (f) The roles and responsibilities of staff in ensuring that the contractor may adequately deliver services in a safe and secure environment.
- (g) A written plan for coordinating medical care from multiple health care services.
- (h) A written plan for the collection and maintenance of inmate health records that is compliant with the Health Insurance Portability and Accountability Act (HIPAA).
- (i) Identification of a dispute resolution process for the contracted parties and for inmates who may be questioning treatment plans.
- (j) Language and a plan addressing liability and indemnification for issues related to inmate health care.

The health authority shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operation of the health services program. If the health authority is other than a physician, any final clinical judgments shall rest with a single, designated, Responsible Physician.

The health authority or the authorized designee will meet at least monthly with custody representatives to discuss the health care program and any issues that require correction or adjustment.

Security regulations are applicable to facility staff and health care personnel (15 CCR 1200(a)).

#### **706.4 PROVISION OF HEALTH CARE**

The health authority is responsible for arranging the availability of health care services. The qualified health care professionals should determine what medical services are needed on a case-by-case basis. The Captain shall provide the administrative support for making the health care services available to inmates. Clinical decisions are the sole province of qualified health care professionals and should not be countermanded by non-health care professionals.

If routine health services are provided by medical personnel outside this facility, all department policies regarding treatment, transfer, transportation, or referral of emergencies shall be followed.

The health authority is responsible for ensuring that the health services manual complies with all applicable state and federal law and that a review and update is conducted annually.

An annual audit of the quality and adequacy of health care services shall be done, with corrective action taken when deficiencies are identified (15 CCR 1202).

#### **706.5 LACTATION PROGRAM**

The health authority, in cooperation with the Captain, shall develop a program with written procedures for lactating inmates to express breast milk for feeding their infants or toddlers, cessation of lactation or weaning, and for maintaining their breast milk supply pending delivery to an approved person or the inmate's release (Penal Code § 4002.5).



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The health authority should ensure that the policy is posted in all locations where medical care is provided and is communicated to members who interact with or oversee pregnant or lactating inmates (Penal Code § 4002.5).

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## Health Appraisals

### 707.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the process for conducting health appraisals on all inmates following their arrival at this facility and for the continuity of care for inmates who remain in custody for extended periods. Further, it is to ensure the inmate's health care needs are met and that health care started at one facility continues as needed.

#### 707.1.1 PROCEDURES

There are no procedures associated with this policy.

### 707.2 POLICY

It is the policy of this department that all inmates will receive a comprehensive health appraisal at time of booking unless there is documented evidence that the inmate has received a health appraisal within the previous 90 days. In addition to the initial health appraisal, the inmate should have an annual evaluation to reassess his/her health status and to provide access to preventive medicine through education and lifestyle programs.

### 707.3 INITIAL HEALTH APPRAISAL

- (a) Qualified health care professionals determine who needs a health appraisal and hands-on physical evaluation through the Electronic Medical Record (EMR). These evaluations are created in a task format and are completed as assigned. The health appraisal should include:
  - 1. A review of earlier medical screening information.
  - 2. Administration of a skin test for tuberculosis (TB).
  - 3. Recording of height and weight.
  - 4. Recording of vital signs (blood pressure, pulse, respiration rate, and temperature).
  - 5. Ordering other tests or examinations as appropriate.
  - 6. The collection of any additional data needed to complete medical, dental, psychiatric, and immunization histories.
- (b) A health appraisal is completed at time of booking and prior to housing. The evaluation shall include:
  - 1. Review of the medical screening.
  - 2. Review of the health history questionnaire.
  - 3. Review of all vital signs and TB skin test results.
  - 4. A medical examination, including a review of mental and dental status.
  - 5. Initiation of treatment or therapy, as appropriate.

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6. Development and implementation of a treatment plan, including recommendations for housing, job assignment, and program participation.

Qualified Healthcare Staff shall review and authorize all health appraisals within 24 hours.

### **707.3.1 PRISON RAPE ELIMINATION ACT (PREA) SCREENING FOLLOW-UP**

Inmates who have an identified history of sexual victimization shall be offered a follow-up meeting with a qualified health care or mental health provider within 14 days of intake screening (28 CFR 115.81). Referral will be made at time of booking and prior to housing.

### **707.4 ANNUAL HEALTH EXAMINATIONS**

The Responsible Physician or Health Authority will determine the criteria for periodic health examinations for inmates. Inmates should be scheduled for an annual health examination within 14 days of the inmate's annual incarceration anniversary (15 CCR 1208.5). The examination should include:

- A review of current vital signs and weight.
- A TB skin test and review of the results.
- An evaluation of any health-related issues arising since the last health evaluation.
- Initiation of treatment, as appropriate.
- Any updates to the inmate treatment plan.
- Any other specific components determined by the Responsible Physician based on the age, gender, and health of the inmate (15 CCR 1208.5).

## Healthy Lifestyle Promotion

### 708.1 PURPOSE AND SCOPE

The purpose of this policy is to affirm the Department's commitment to promote healthy lifestyle choices by inmates by providing health education and inmate self-care learning opportunities that include classes, audio and video presentations and brochures and pamphlets.

#### 708.1.1 PROCEDURES

There are no procedures associated with this policy.

### 708.2 POLICY

This department will encourage inmates to maintain a healthy lifestyle by providing health education and wellness information.

### 708.3 HEALTH CARE ENCOUNTERS

During health care encounters, the qualified health care professionals should instruct inmates at the time service is rendered on how to avoid preventable diseases, such as athlete's foot, flu and the common cold, tooth decay and sexually transmitted diseases. Such instruction should be documented in the health record. Documentation should include the topics discussed, the written materials provided, if any, and that the inmate acknowledged an understanding of the information.

Informative brochures from various health organizations should also be available to inmates when possible.

Following are examples of appropriate topics for inmate education:

- Access to health care services
- Dangers of self-medication
- Personal hygiene and dental care
- Prevention of communicable diseases
- Education, smoking cessation
- Family planning
- Self-care for chronic conditions
- Self-examination for health concerns
- The benefits of physical fitness
- Chronic diseases and disabilities
- Counseling in preparation for release
- Domestic violence
- Medications

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- Nutrition
- Sexually transmitted diseases
- Substance abuse
- Tuberculosis

#### **708.4 GENERAL HEALTH PROMOTION INFORMATION**

Whenever possible, written materials, audio and video presentations should be made available to inmates for educational purposes. These materials are often available in bulk quantity through the public health department and other community-based organizations.

All items intended for distribution to the inmate population shall be approved by the Captain to avoid any conflict with rules regarding contraband in the facility.

Classes should also be conducted to inform the inmate on various healthy lifestyles. Class schedules should be posted in advance, curriculum and lesson plans developed, and attendance rosters maintained.

All documentation regarding health education and inmate self-care should be retained in inmate medical files in accordance with established records retention schedules. Statistics on program offerings and attendance may be used to determine program effectiveness and interest.

#### **708.5 FAMILY PLANNING SERVICES**

All inmates shall be offered family planning services at least 60 days prior to a scheduled release date (Penal Code § 4023.5).

## Transfer Screening

### 709.1 PURPOSE AND SCOPE

This policy recognizes that inmates are frequently transferred to and from facilities outside the system. This policy establishes a process for medical screening of transferred inmates to ensure continuation of care and to avoid unnecessary diagnostics.

#### 709.1.1 PROCEDURES

[Custody Procedure Manual: 710.1 TRANSFER SCREENING PROCEDURE](#)

### 709.2 POLICY

It is the policy of this department that inmates who are transferred to another jail, correctional system or health care facility will be screened prior to transfer to ensure that the receiving facility can assume and continue proper care. Medical needs of the inmate will be clearly communicated to the receiving facility, including the ongoing treatment plan, scheduled surgeries and outside appointments.

Inmates who are transferred to other facilities shall be sent with a discharge summary that includes information about the inmate's medical and mental health condition, the current treatment plan and any medications, if needed (15 CCR 1206(n)).

### 709.3 TRANSFERS

Completed transfer summaries shall accompany inmates being transferred to another department's jurisdiction to ensure that the receiving health care service can assume and continue necessary care. A release of information authorization is not required.

- Current health conditions
- Current treatments and medications
- Upcoming appointments and diagnostic studies
- Allergies
- Copies of any health information that is critical to continuity of care

If the receiving facility requests a copy of the medical record, it will be supplied within five working days.

The transfer summary and any related medical records being transferred shall be placed in a file or envelope that maintains the confidentiality of the inmate's medical information. The transporting personnel shall be provided separate written instructions regarding medication or health interventions, including necessary precautions that are required en route. The transporting personnel shall also document on the transfer log the date, time and name of the person receiving the inmate and the medical records.

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#### **709.4 RECEIVING TRANSFERRED INMATES**

When an inmate being transferred to this facility arrives without a full and comprehensive medical transfer packet from another facility, the inmate shall be medically screened and receive a comprehensive health appraisal in accordance with the Medical Screening Policy and Health Appraisals Policy. The medical department of the sending facility should be promptly contacted to determine if the transferred inmate has any medical needs that require immediate attention or any scheduled surgeries or appointments with community health care services. Arrangements should then be made with the sending facility for the delivery of a more detailed review of the inmate's medical needs.

## Medical Screening

### 710.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a medical screening process for newly booked inmates so that medical, mental health and dental issues are properly identified and addressed, and to obtain a medical clearance when necessary.

#### 710.1.1 PROCEDURES

[Custody Procedure Manual: 711.1 MEDICAL SCREENING PROCEDURE](#)

### 710.2 POLICY

It is the policy of this department that a medical screening be performed on all inmates upon arrival at the intake area to ensure that existing, emergent and urgent health care, dental or mental health needs are identified, risks are assessed and inmates with contagious and communicable diseases are properly classified and housed for their health and the health of the general population (15 CCR 1051; 15 CCR 1206.5(a); 15 CCR 1207).

### 710.3 ELEMENTS OF MEDICAL SCREENING

The medical screening shall be performed by health services personnel. All completed medical screenings should be forwarded to the Responsible Physician or Health Authority. A review of any positive finding shall be performed by a qualified health care professional.

Regardless of training, no inmate should be allowed to conduct health care evaluations or provide treatment to any other inmate.

All inmates shall complete a medical screening as part of the booking process. If an arrestee refuses to cooperate with the medical screening, the screener will complete as much of the health assessment as reasonably possible and the arrestee will be closely observed until he/she cooperates with the remainder of the screening process.

The Responsible Physician or Health Authority should develop the medical screening forms, which should be applicable for general health, mental health and suicide screening purposes. The forms should be completed prior to an inmate being housed. All medical screening forms shall be reviewed by qualified health care professionals and alert those that need priority attention.

#### 710.3.1 MEDICAL SCREENING INQUIRY

The medical screening inquiry should include a review of the inmate's prior jail medical record, if any, and document the following:

- History of infectious or communicable diseases that are considered serious in nature; current treatment, symptoms, medications, chronic illness, or health issues, including communicable diseases, or special health requirements and/or dietary needs (15 CCR 1051)
- Acute dental problems



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### *Medical Screening*

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- Past and recent serious communicable disease symptoms (e.g., chronic cough, coughing up bloody sputum, lethargy, weakness, weight loss, loss of appetite, fever, night sweats) (15 CCR 1051)
- Mental illness, including psychiatric hospitalizations within the last three months
- Gender issues
- History of or current suicidal ideation
- Acute allergies
- History of or current prescription or illegal drug use, including the time of last use
- History or current symptoms of substance abuse withdrawal
- Current, recent, or suspected pregnancy; any history of gynecological problems and present use and method of birth control
- Appearance or history of developmental disability, body deformities, or other physical abnormalities
- Females who have given birth in the past year and are charged with murder or attempted murder of their infants shall be referred to mental health services at the time of booking (15 CCR 1207.5)
- Any other health issues as identified by the Responsible Physician

Qualified health care professionals should assist in developing specific mental health medical screening questions and should provide training in analyzing inmate responses. The Responsible Physician or Health Authority should establish the role of the qualified health care professional in the medical screening process.

Should the medical screening identify a need for a more comprehensive medical assessment of the inmate, a qualified health care professional should initiate appropriate follow-up action, which may include transporting the inmate to an off-site medical facility.

#### 710.3.2 MEDICAL SCREENING OBSERVATION

The staff member completing the medical screening observation shall document the following observations:

- Appearance (e.g., sweating, tremors, anxious, disheveled)
- Behavior (e.g., disorderly, appropriate, insensible)
- State of consciousness (AVPU):
  - Alert - spontaneously responsive
  - Verbal - requires verbal stimulation to respond
  - Pain - requires painful stimulation to respond
  - Unresponsive - does not respond
- Ease of movement (e.g., body deformities, gait)

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- Breathing (e.g., persistent cough, hyperventilation)
- Skin (e.g., lesions, jaundice, rashes, infestations, bruises, scars, recent tattoos, needle marks or other indications of drug abuse)
- Any other observable health symptoms

The Responsible Physician or Health Authority should develop a procedure through which it can be reliably determined what prescription medications the inmate is taking and the medical urgency for continuing those medications without interruption.

#### **710.3.3 DOCUMENTATION**

Written documentation of the medical screening should include the name of the screener, the date and time and the following information:

- Immediate or scheduled referral to a medical, dental or mental health professional
- Guidance regarding housing placement, including disciplinary detention if necessary (15 CCR 1051)
- Guidance regarding activity limitations and work assignment
- The inmate's responses to questions asked by the interviewer
- Other individualized observations and recommendations

The initial medical screening should become part of the inmate's medical record and should be retained in accordance with established records retention schedules.

#### **710.4 MEDICAL SCREENING DISPOSITIONS**

Persons who are brought to the facility and are obviously in need of immediate medical attention shall be referred to an emergency medical facility for clearance. Conditions that require a medical clearance prior to booking include but are not limited to the following:

- Unconsciousness
- Uncontrolled bleeding
- Significant injuries from a motor vehicle accident
- Significant injuries from an altercation
- Significant injuries from handcuffs or other restraint devices
- Knife wounds, gunshot wounds, or lacerations
- Exposure to TASER® device deployment, or blunt force trauma during arrest
- Intoxication to a degree that the individual cannot speak coherently or stand or walk unaided
- Recent drug overdose
- Suspected or known complications of pregnancy
- Active seizures

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- Suspected or known complications of diabetes
- Exhibits behavior indicating a potential danger to themselves or others
- Active tuberculosis or other serious contagious diseases
- Any other medical condition, which, in the opinion of the booking personnel, should be urgently referred for evaluation by medically trained personnel

Inmates with these medical conditions are not suitable for admission to the facility until medically cleared by a qualified health care professional. This department requires medical clearance from an outside entity when such inmates are identified.

Medical clearance documentation shall include the medical diagnosis, treatment received at the emergency medical facility, any medications prescribed, any ongoing medical requirements, and any follow-up medical care that may be indicated before the arrestee is accepted for booking.

The Captain is responsible for notifying local police agencies and medical facilities of the jail admission refusal policy and the required clearance documentation.

Based upon the information obtained during the screening process, the medical classification disposition of the inmate shall be one of the following:

- General population or other appropriate cell assignment
- General population or other appropriate cell assignment and timely referral to appropriate health care services
- Immediate referral to health care services prior to housing

#### **710.5 HEALTH APPRAISAL**

Generally, a comprehensive health appraisal should occur within 14 days of booking (see the Health Appraisals Policy). However, when it is appropriate and based on an inmate's health condition, an early health appraisal should be recommended. An inmate may also be cleared for housing in general population with a prompt referral to the appropriate health care services when it is in accordance with the inmate's overall classification. Upon the identification of a mentally disordered inmate, a physician's opinion will be secured within 24 hours, or next sick call, whichever is earliest (15 CCR 1052).

##### **710.5.1 MEMBERS CONDUCTING HEALTH APPRAISALS**

Medical screening will be completed by licensed health personnel, with documentation of staff training regarding site-specific forms with appropriate disposition based on responses to questions and observations made at the time of screening (15 CCR 1207).

##### **710.5.2 TELEHEALTH**

Telehealth is not currently being used in this facility.

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## Mental Health Services

### 711.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that all incarcerated persons have access to mental health services and that incarcerated persons identified as needing these services are referred appropriately.

#### 711.1.1 DEFINITION

Definitions related to this policy include:

**Mental health services** - A variety of psycho-social and pharmacological therapies, either individual or group, including biological, psychological, and social therapies to alleviate symptoms, attain appropriate functioning and prevent relapse.

#### 711.1.2 PROCEDURES

[Custody Procedure Manual: 712.1 MENTAL HEALTH SERVICES PROCEDURE](#)

### 711.2 POLICY

It is the policy of this department that a range of mental health services shall be available for any incarcerated person who requires them (15 CCR 1206(g); 15 CCR 1207; 15 CCR 1209).

### 711.3 MENTAL HEALTH SERVICES

The Captain should collaborate with the local public and private organizations that offer mental health services, treatment, and care to those incarcerated persons in need of such services.

In coordination with the health authority, the Responsible Physician, and the Captain, such services shall include but are not limited to (15 CCR 1209):

- Identification and referral of incarcerated persons with mental health needs.
- Mental health treatment programs provided by qualified staff or other qualified remote services.
- Crisis intervention.
- Basic mental health service provided to incarcerated persons as clinically indicated.
- Medication support services.
- Suicide prevention.
- Referral, transportation, and admission to licensed mental health facilities for incarcerated persons whose psychiatric needs exceed the treatment or housing capability of the facility (Penal Code § 4011.6; Penal Code § 4011.8). Transport and admission will occur when a suitable licensed mental health facility is identified and a bed becomes available.
- Provision of health services sufficiently coordinated such that care is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.

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- Obtaining and documenting informed consent.
- Release planning services.

### **711.4 BASIC MENTAL HEALTH SERVICES**

Incarcerated persons may be referred to a qualified health care professional through a variety of methods, which include the medical screening process, the mental health appraisal process, and self-referral or staff referral. Qualified health care professionals should respond to all referrals in a timely manner and initiate the appropriate treatment services.

- (a) If the incarcerated person has received previous mental health treatment, the incarcerated person should be asked to complete a release of information form so that treatment records can be obtained.
- (b) Incarcerated persons who have been determined to be in need of ongoing mental health services after their release from this facility should be provided with information about community mental health treatment resources. Arrangements for more comprehensive mental health care may be made, if appropriate.
- (c) Incarcerated persons who are identified as being developmentally disabled should be evaluated for special housing needs. The qualified health care professional should work in cooperation with classification personnel to establish the best, reasonably available housing option.
- (d) Incarcerated persons who are suspected or known to have a developmental disability should receive a mental health appraisal by the qualified health care professional or health-trained custody staff as soon as reasonably practicable but no later than 24 hours after booking. Contact will be made with the regional center within 24 hours, excluding holidays and weekends, when an incarcerated person is suspected or confirmed to have a developmental disability. Incarcerated persons who have a developmental disability should be referred, where appropriate and available, for placement in non-correctional facilities or in units specifically designated for housing a developmentally disabled person (15 CCR 1057).
- (e) Incarcerated persons enrolled in mental health treatment, including psychiatric medication management, should be provided information regarding the risks and benefits to treatment. Informed consent documents should be signed by the incarcerated person to establish the incarcerated person's consent to treatment. The signed forms should be placed in the incarcerated person's health record and retained in accordance with established records retention schedules.
- (f) A treatment plan should be established for all incarcerated persons enrolled in mental health services.
  1. Psychiatric and special needs treatment plans shall be reviewed every 180 days, at a minimum. Incarcerated persons taking psychotropic medication should be seen by a psychiatrist at least every 90 days. Incarcerated persons classified as requiring mental health special needs should be seen at least monthly by a qualified health care professional.

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2. Incarcerated persons enrolled in other ongoing forms of mental health treatment should have treatment plan updates completed every six months, at a minimum.
  3. Incarcerated persons who present to the qualified health care professional as having notable difficulty adjusting to the correctional environment, but who are not diagnosed with a serious mental illness, should be evaluated for the appropriateness of mental health treatment. Consideration should be given to the qualified health care professional and the facility staff working together to address the issues that may be affecting the incarcerated person's ability to adjust to incarceration.
- (g) The qualified health care professional should utilize a site-specific suicide prevention program to ensure the safety of incarcerated persons who present with a risk of self-harm.
1. Qualified health care professionals should be assigned to do rounds three times per week in the segregation unit to determine the medical/mental health status of incarcerated persons housed there.
  2. Segregated incarcerated persons may be referred by the jail staff to qualified health care professionals for follow-up if concerns arise regarding their ability to function in disciplinary detention.
- (h) If the qualified health care professional has concerns about the level of mental health services that are required to manage an incarcerated person housed in the facility, the health authority shall be notified and the Responsible Physician shall be the decision-maker regarding the health care needs of the incarcerated person.
1. The Responsible Physician may consult with a psychiatrist, specialist, or other health care service in determining whether the incarcerated person should be transferred to a facility that is better equipped to handle the incarcerated person's psychiatric needs.
  2. The Responsible Physician should notify the Captain or the authorized designee of the request to transfer the incarcerated person for medical treatment. If the transfer is warranted, transport and admission will occur when a suitable licensed mental health facility is identified and a bed becomes available.
  3. The case review and disposition of the patient should be documented in the incarcerated person's health record and retained in accordance with established records retention schedules.

Incarcerated persons determined to be in need of substance abuse treatment services should be informed of the facility programs available and shall be provided information about community substance abuse treatment resources.

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## Mental Health Screening and Evaluation

### 712.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the process by which all inmates receive an initial mental health screening by a qualified health care professional. The initial mental health screening takes place at the time of booking and is for the safety of the inmate and the general population. It helps the custody staff to make appropriate classification and housing decisions and to ensure that the treatment and intervention needs of the inmate are met. For information on Mental Health classification, see the Inmate Classification Policy.

#### 712.1.1 PROCEDURES

There are no procedures associated with this policy.

### 712.2 POLICY

The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all mentally disordered inmates, and may include telehealth or other qualified remote services. If an evaluation from medical or mental health staff is not readily available, an inmate shall be considered mentally disordered for the purpose of this section if he or she appears to be a danger to himself/herself or others or if he/she appears gravely disabled. An evaluation from medical or mental health staff shall be secured within 24 hours of identification or at the next daily sick call, whichever is earliest. Segregation may be used if necessary to protect the safety of the inmate or others (15 CCR 1052).

The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to the identification and referral of inmates with mental health needs (15 CCR 1209(a)(1)).

### 712.3 MENTAL HEALTH SCREENING

The initial screening is designed to identify whether mental health conditions exist that require immediate or ongoing intervention. The screening shall be performed prior to the inmate being placed in general housing and should include:

- (a) Inquiry into whether the inmate is or has:
  - 1. Thoughts or history of suicidal behavior.
  - 2. Been prescribed or is taking psychotropic medication or antidepressants.
  - 3. Been treated for mental health issues.
  - 4. A history of psychiatric treatment.
  - 5. A history of treatment for substance abuse or been treated for substance abuse.
- (b) Any observations of:
  - 1. Appearance and behavior that may indicate mental health concerns.

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2. Abuse, injury or trauma.
  3. Symptoms of aggression, depression, psychosis.
- (c) A determination of whether the inmate is cleared for:
1. General housing
  2. General housing with mental health referral
  3. Mental health housing and treatment

This information shall be recorded on the receiving screening form. It will become part of the inmate's health record and be retained in accordance with established records retention schedules. If an evaluation from medical or mental health staff is not readily available, an inmate shall be considered mentally disordered for the purpose of this section if he or she is assessed to be at risk for or currently appears to be a danger to himself/herself or others or if he/she appears gravely disabled.

#### **712.4 MENTAL HEALTH APPRAISAL**

All inmates with mental health referrals shall receive a mental health appraisal by a qualified mental health professional within 14 days, unless documentation exists that an appraisal has been completed within the previous 90 days. Mental health appraisals should include, but not necessarily be limited to the following assessments:

- Mental health status
- Suicide potential
- Violence potential
- Previous psychiatric treatment
- Any history of treatment with psychotropic medication or antidepressants
- Substance abuse or treatment for substance abuse
- Educational history
- Sexual abuse victimization (28 CFR 115.81)
- Predatory behavior or perpetrated sexual abuse (28 CFR 115.81)

#### **712.5 MENTAL HEALTH REFERRALS**

Mental health staff will be notified whenever an inmate is classified Mental Health by the deputy recommending the classification. An evaluation from medical or mental health staff shall be secured as soon as possible or within 24 hours of identification or at the next daily sick call, whichever is earliest. The evaluation should include:

- Review of the inmate's screening and appraisal information.
- Observations of the inmate's behavior.



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### *Mental Health Screening and Evaluation*

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- Information gathered from interviews to determine the inmate's mental health condition, personality, problems and ability to deal with a custody environment.
- Collection of the Inmate's mental health history.

Following the evaluation, a plan of treatment and maintenance, which may include a complete psychological evaluation, should be developed to meet the inmate's needs.

#### **712.6 SEVERE PSYCHOTIC SYMPTOMS**

Referral, transportation, and admission to licensed mental health facilities for inmates whose psychiatric needs exceed the treatment or housing capability of the facility (Penal Code § 4011.6; Penal Code § 4011.8). Transport and admission will occur when a suitable licensed mental health facility is identified and a bed becomes available.

## Special Needs Medical Treatment

### 713.1 PURPOSE AND SCOPE

This purpose of this policy is the proper treatment and management of inmates with chronic diseases and special needs. This is accomplished by utilizing nationally recognized, generally accepted clinical guidelines and establishing communication between qualified health care professionals and custodial personnel.

#### 713.1.1 DEFINITIONS

Definitions related to this policy include:

**Chronic disease** - An illness or condition that affects an individual's well-being for an extended interval, usually at least six months, and generally is not curable but can be managed for optimum functioning within any limitations the condition creates in the individual.

**Chronic disease program** - The inmate has regular clinic visits during which a qualified health care professional monitors the medical condition and adjusts treatment as necessary. The program also includes patient education for symptom management.

#### 713.1.2 PROCEDURES AND ATTACHMENTS

Custody Procedure Manual: [714.1 INMATES WITH DEVELOPMENTAL DISABILITIES PROCEDURE](#)

See attachment: [DEVELOPMENTAL DISABILITIES FORM 1.pdf](#)

### 713.2 POLICY

It is the policy of this department that all individuals identified as having chronic diseases or special needs are enrolled in a chronic disease program to decrease the frequency and severity of the symptoms, prevent disease progression and complication, and foster improved function.

When a qualified health care professional recognizes that an inmate requires accommodation due to a special need, custody personnel should be notified. Consultation between the qualified health care professional and custodial personnel should occur regarding the condition and capabilities of inmates with known special needs prior to a housing, work or program assignment, transfer to another facility or the imposition of disciplinary action.

Qualified health care professionals shall furnish special needs information regarding inmates to custodial personnel in order for them to accurately classify and house inmates in the facility. It is the responsibility of the Captain or the authorized designee to ensure that inmates with special needs are receiving the proper care and that their needs are effectively communicated to custodial staff for appropriate accommodation (15 CCR 1206(g)).

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### **713.3 CLINICAL PRACTICE GUIDELINES**

The Responsible Physician, Health Authority, or authorized designee is responsible for establishing and annually reviewing clinical protocols to ensure consistency with the National Clinical Practice Guidelines.

The clinical protocols for the management of chronic disease and special needs include, but are not limited to, the following:

- Asthma
- Communicable diseases
- Developmentally disabled inmates
- Diabetes
- Dialysis
- Frail or elderly inmates
- High blood cholesterol
- HIV
- Hypertension
- Mental illness
- Mobility impairments
- Pregnancy
- Seizure disorder
- Suicidal ideation
- Terminally ill
- Tuberculosis

### **713.4 DOCUMENTATION**

Documentation in an inmate's medical record should include information regarding the chronic disease protocols deployed, the person responsible for the various protocols, the extent to which the chronic disease protocols are being followed and should include, but not be limited to:

- The frequency of follow-up for medical evaluation.
- How the treatment plan was adjusted when clinically indicated.
- The type and frequency of diagnostic testing and prescribed therapeutic regimens.
- The prescribed instructions for diet, exercise, adaptation to the correctional environment and medication.
- Clinical justification of any deviation from the established protocol.

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A master list of all chronic disease and special needs patients should be maintained by the Responsible Physician, Health Authority, or authorized designee.

### **713.5 CHRONIC CARE PROGRAM**

- (a) Newly incarcerated inmates shall receive a medical screening. This screening includes the documentation of any acute or chronic health problems or injuries, special needs and any medications or treatments the inmate is currently receiving.
  - 1. If the inmate has been incarcerated previously, his/her health records should be reviewed.
  - 2. A special needs communication form or notes in the inmate's Custody Management System electronic jail file should be completed and sent to the housing deputy to ensure the inmate is properly housed. The classification unit should follow-up to ensure the inmate has been properly housed and classified.
  - 3. Current medications being taken by the inmate should be verified and continued as deemed appropriate by the Responsible Physician or Health Authority.
  - 4. A health assessment shall be completed within 14 days of incarceration and a physical examination conducted within six months of incarceration.
  - 5. The status of a special needs inmate should be evaluated, at minimum, every 90 days to determine the need for the continued designation.
- (b) The Captain or the authorized designee and the Responsible Physician, Health Authority, or authorized designee should consult with one another prior to taking action regarding any special needs inmate with regard to housing, program or work assignments, disciplinary measures or transfers to other facilities.
  - 1. When immediate action is required and prior consultation is not reasonably practicable, that consultation should occur as soon as practicable but no later than 72 hours post-action.
- (c) Individual treatment plans are used to guide treatment for episodes of illness. The format for treatment planning may vary, but should include, at a minimum:
  - 1. The frequency of follow-up for medical evaluation and adjustment of treatment modality.
  - 2. The type and frequency of diagnostic testing and therapeutic regimens.
  - 3. When appropriate, instructions about diet, exercise, adaptation to the correctional environment and medication.
- (d) Reasonable effort should be made to obtain health information and records from previous health care services, with the consent of the inmate, when the inmate has a medical problem that was being treated prior to incarceration.
- (e) Upon transfer to another correctional facility, a summary of the inmate's current condition, medications and treatment plan will be forwarded to the receiving facility in a sealed envelope to maintain inmate privacy.

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- (f) Requests for health information from community health care services must be submitted with the inmate's written consent. If the inmate does not consent, the community health care service may be advised that the person is an inmate and the health information may not be provided without the inmate's written consent.
- (g) Critical specialty medical procedures or treatment, such as dialysis, which cannot be provided at the Marin County Sheriff's Office do not require a court order unless the care is expected to prevent the inmate from returning within 48 hours (Penal Code § 4011.5).
- (h) When inmates are sent out of this facility for emergency or specialty treatment, written information regarding the inmate's current medical status and treatment should accompany the inmate. Upon return to the facility, treatment recommendations from outside health care services should be reviewed by the Responsible Physician, Health Authority, or authorized designee for any changes in the custodial environment or in-house treatment plan.
- (i) Inmates identified as developmentally disabled shall be considered for discharge planning services.
  1. The local center for the developmentally disabled will be contacted within 24 hours of incarceration of an inmate suspected to be developmentally disabled.
  2. Referrals will be made to the jail's discharge planning specialist or Re-Entry Team. If no such position exists, the need for transition planning should be noted on the treatment plan.
- (j) With the inmate's written consent, the health services staff should:
  1. Share necessary information with outside health care services.
  2. Arrange for follow-up appointments.
  3. Arrange for transfer of health summaries and relevant parts of the health record to community providers or others assisting in planning or providing for services upon release.
- (k) Contacts with community providers should be documented via an administrative note in the patient's health record.
- (l) Patients with serious mental health issues, including those receiving psychotropic medication, will be informed about community options for continuing treatment and provided with follow-up appointments when possible.
- (m) Medications should be provided as appropriate.
- (n) The Responsible Physician or Health Authority is responsible for ensuring that local site-specific procedures facilitate discharge planning.

## Communicable Diseases

### 714.1 PURPOSE AND SCOPE

This policy is intended to provide guidelines for facility staff to assist in minimizing the risk of contracting and/or spreading communicable diseases. The policy offers direction in achieving the following goals:

- (a) Managing the risks associated with bloodborne pathogens (BBP), aerosol transmissible diseases (ATD), and other potentially infectious substances.
- (b) Providing appropriate treatment for ill incarcerated persons while minimizing the risk of the spread of disease.
- (c) Making decisions concerning the selection, use, maintenance, limitations, storage, and disposal of personal protective equipment (PPE).
- (d) Ensuring proper reporting to local, state, and federal agencies.
- (e) Establishing procedures for the identification, education, immunization, prevention, surveillance, diagnosis, medical isolation (when indicated), treatment, and follow-up care for new incarcerated persons, and for incarcerated persons or employees who have contracted a communicable disease from an ill person.
- (f) Providing appropriate treatment, counseling, and confidentiality should an employee become exposed to a communicable disease.
- (g) Protecting the privacy rights of all personnel who may be exposed to or contract a communicable disease during the course of their duties.

#### 714.1.1 DEFINITIONS

Definitions related to this policy include:

**Aerosol transmissible disease (ATD)** - A disease or pathogen for which droplet (whooping cough, influenza, streptococcus) or airborne (measles, chickenpox, tuberculosis) precautions are required.

**Aerosol transmissible disease (ATD) exposure** - Any event in which all of the following has occurred:

- An employee has been exposed to an individual who has or is suspected to have an ATD, or the employee is working in an area or with equipment that is reasonably expected to contain aerosol transmissible pathogens associated with an ATD.
- The exposure occurred without the benefit of applicable exposure controls required by this section.
- It reasonably appears from the circumstances of the exposure that transmission of disease is likely sufficient to require medical evaluation.

**Airborne precautions** - Include the use of an Airborne Infection Isolation Room (AIIR) that meets the American Institute of Architects/Facility Guidelines Institute (AIA/FGI) standards for AIIRs, for

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infectious agents such as measles, chickenpox, or tuberculosis in addition to medical personnel wearing masks or respirators.

**Bloodborne pathogens (BBP)** - Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

**Bloodborne pathogen exposure** - Includes but is not limited to the contact of blood or other potentially infectious materials with the eye, mouth, other mucous membranes, non-intact skin, needle sticks, human bites, cuts, abrasions, or any contact with blood or body fluids that is synonymous with bloodborne pathogen exposure as defined by the federal Centers for Disease Control and Prevention (CDC).

**Ectoparasitic infections** - Parasites that live on the skin, such as lice (pediculosis) and scabies (sarcoptic mange). Both infections are communicable and may lead to secondary infections.

**HBV** - Hepatitis B

**HIV** - Human Immunodeficiency Virus

**Medical isolation** - Housing in a separate room with a separate toilet, hand-washing facility, soap and single-service towels, and with appropriate accommodations for showering.

**NIOSH** - National Institute for Occupational Safety and Health

**Nosocomial** - Acquired during hospitalization. Nosocomial infections are infections that present 48 to 72 hours after admission to a hospital.

**OSHA** - Occupational Safety and Health Administration

**Personal protective equipment (PPE)** - Respiratory equipment, garments, gloves, and other barrier materials designed to reduce employee exposure to hazards.

**Source control measures** - The use of procedures, engineering controls, and other devices or materials to minimize the spread of airborne particles and droplets from an individual who has or exhibits signs or symptoms of having an ATD.

**Standard precautions** - Infection control practices used to prevent the transmission of disease that can be acquired by contact with blood, bodily fluids, non-intact skin (including rashes), and mucous membranes. Applies to all incarcerated persons receiving care, regardless of diagnosis or presumed infection status.

**Universal precautions** - A set of precautions designed to prevent transmission of HIV, HBV, and other bloodborne pathogens when providing first aid or health care.

#### 714.1.2 PROCEDURES

There are no procedures associated with this policy.

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#### **714.2 POLICY**

It is the policy of this department to maintain an effective program that focuses on the identification, education, immunization, prevention, surveillance, diagnosis, medical isolation (when indicated), treatment, follow-up and proper reporting to local, state and federal agencies of communicable diseases. The program is designed to ensure that a safe and healthy environment is created and maintained for all occupants of the facility (15 CCR 1051; 15 CCR 1206.5; 15 CCR 1206(i)).

#### **714.2.1 PROCEDURES**

The Responsible Physician or Health Authority shall be responsible for establishing, implementing, and maintaining effective written procedures for the following:

- (a) Incorporating the recommendations contained in the CDC's "Respiratory Hygiene/ Cough Etiquette in Healthcare Settings."
- (b) Screening and referring cases and suspected cases of ATD to appropriate facilities within five hours of identification.
- (c) Creating a multidisciplinary team, including the Responsible Physician or Health Authority, and security and administrative representatives, who will meet at least quarterly to review and discuss communicable disease issues and activities. The Responsible Physician or Health Authority shall retain minutes of these meetings in accordance with established records retention schedules. The ECO also shall coordinate with the local public health entity on appropriate policy and procedure.
- (d) Conducting an assessment on the incidence and prevalence of tuberculosis (TB) within the facility's population and the surrounding community. If the statistics indicate a risk, the Responsible Physician or Health Authority shall develop a written plan that addresses the management of TB, from testing to follow-up care.
- (e) Communicating with employees, other employers, and the local health officer regarding the suspected or diagnosed infectious disease status of referred incarcerated persons, including notification of exposed employees.
- (f) Reducing the risk of ATDs through the ECP and reviewing the plan at least annually.
- (g) Reducing the risk of exposure to BBPs (HIV, hepatitis).
- (h) Providing a system of medical services for employees who may become exposed to communicable diseases during the course of their employment.
- (i) Ensuring that all employees who have occupational exposure to communicable diseases participate in a training program at the time of their initial assignment, at least annually thereafter, and any time there is a change in working conditions.
- (j) Making all exposure and treatment plans available for employees, employee representatives, and NIOSH review.
- (k) Establishing procedures to ensure that members request exposure notification from health facilities after potential exposure to a person who may have a communicable disease who has been transported to a health facility and that the employee is notified of any exposure as required by Health and Safety Code § 1797.188.



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- (l) Informing members of the provisions of Health and Safety Code § 1797.188 (exposure to communicable diseases and notification).
- (m) Acting as the designated officer liaison with health care facilities regarding communicable disease or condition exposure notification. The designated officer should coordinate with other department members to fulfill the role when not available. The designated officer shall ensure that the name, title, and telephone number of the designated officer is posted on the department website (Health and Safety Code § 1797.188).
- (n) Coordinating with the Department of Human Services to provide required notices to members regarding COVID-19 exposures (Labor Code § 6409.6).

### 714.3 COMMUNICABLE DISEASE PROGRAM COMPONENTS

#### 714.3.1 SURVEILLANCE

Surveillance takes place throughout the period of the incarcerated person's confinement and is done in a variety of encounters and inspections. These include but are not limited to the following:

- (a) **Medical screening** - Each newly booked incarcerated person shall be evaluated for health care needs and signs and symptoms of infectious disease. The receiving screening includes questions regarding known symptoms of TB, HIV, sexually transmitted diseases (STDs), and HBV. The individual completing the medical screening should observe the incarcerated person for obvious signs of infection (15 CCR 1206.5(a)).
- (b) **Health assessment** - Incarcerated persons shall have a health assessment within the first 14 days of incarceration. The health assessment process includes screening for symptoms of communicable disease. Incarcerated persons will have a Purified Protein Derivative (PPD) test or a chest X-ray for TB and a blood test for STDs. Voluntary HIV testing is provided based on identified risk.
- (c) **Periodic health assessments** - Annual testing for TB is performed on all incarcerated persons who are in the facility for one year or more.
- (d) **Sick call and referrals** - At any time during incarceration, an incarcerated person may request to be evaluated for an infectious disease through the sick call process. Health and correctional staff can request that an incarcerated person be evaluated if they notice any signs of potentially infectious disease.
- (e) **Contact investigation** - When an incarcerated person housed in the general population develops symptoms of an infectious disease, the Responsible Physician should work cooperatively with the Captain or the authorized designee and the public health department to provide appropriate screening and testing of potentially exposed persons.
- (f) **Environmental health and safety inspections** - The health and safety of the facility environment shall be inspected by the local public health entity and reported to the Captain at least quarterly in a written report. Conditions identified as adversely affecting the health and safety of the incarcerated persons and/or employees or visitors shall be promptly addressed and corrected.

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#### 714.3.2 IDENTIFICATION

Any incarcerated person suspected of having a communicable disease will be evaluated by a qualified health care professional as soon as reasonably practicable. Incarcerated persons suspected of having communicable diseases will be appropriately isolated until disease confirmation and the period of communicability is determined. Long-term housing consideration will be based upon the classification status as well as the behavior, medical needs, and safety of incarcerated persons and staff. These incarcerated persons shall be examined by a qualified health care professional within 24 hours. The instructions of the qualified health care professional regarding care of the patient and sanitizing of eating utensils, clothing, and bedding shall be carefully followed (15 CCR 1206.5(a); 15 CCR 1206.5(b)(6)).

#### 714.3.3 TREATMENT

Qualified health care professionals shall provide care as directed by the Responsible Physician or Health Authority and consistent with scientific evidence-based medicine (15 CCR 1206.5(a)).

- (a) The Responsible Physician or Health Authority and the Captain shall collaborate on treatment planning with the public health department, as appropriate.
- (b) Complete documentation of the signs, symptoms, diagnostic results, treatment, and outcome of care provided to incarcerated persons who are suspected or confirmed as having a communicable disease will be entered into the incarcerated person's health record.

#### 714.3.4 COMMUNICATION

The Responsible Physician or Health Authority shall ensure the following notifications are made whenever a communicable disease is identified (15 CCR 1206.5(b)(3); 15 CCR 1206.5(b)(8)):

- (a) Notification to the public health department of all reportable diseases and conditions shall be made as soon as practicable. This is done by completing appropriate forms, and if necessary, contacting the public health department directly for situations of multiple spread occurrences.
- (b) The Responsible Physician or Health Authority and the Captain shall be kept informed of any incidence of communicable disease.
- (c) The Captain shall be apprised of any medical situation that raises the risk of disease level for incarcerated persons, deputies, or any other staff members.

#### 714.3.5 EMPLOYEE TRAINING

The Responsible Physician Health Authority or the authorized designee shall provide education to all custody staff who have contact with infected incarcerated persons during the initial employee orientation and annually thereafter. The Training Sergeant shall schedule this training and shall retain all associated records in accordance with established records retention schedules.

#### 714.3.6 DATA COLLECTION AND REPORTING

The health authority shall be responsible for ensuring the systematic collection and analysis of data to assist in the identification of problems, epidemics, or clusters of nosocomial infections.

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All reportable illnesses as defined by the public health department shall be reported as required (15 CCR 1206.5(b)).

#### 714.3.7 STANDARD PRECAUTIONS

Standard precautions shall be used by health care practitioners to minimize the risk of exposure to blood and bodily fluids of infected patients. The health authority shall be responsible for establishing basic guidelines including but not limited to (15 CCR 1206.5(b)(4)):

- Washing hands or using hand sanitizer before and after all patient or specimen contact.
- Handling all blood and bodily fluids such as saliva, urine, semen, and vaginal secretions as if they are known to be infectious. Where it is not possible to distinguish between body fluid types, all body fluids are to be assumed infectious.
- Wearing gloves for potential contact with blood and other bodily fluids.
- Placing used syringes immediately in a nearby, impermeable container. Do not recap or manipulate any needle in any way.
- Wearing protective eyewear and a mask if splatter with blood or other body fluids is possible.
- Handling all linen soiled with blood and/or bodily secretions as infectious.
- Processing all laboratory specimens as infectious.
- As appropriate, wearing a mask for TB and other ATDs.

#### 714.3.8 TRANSMISSION-BASED PRECAUTIONS

Transmission-based precautions may be needed in addition to universal precautions for selected patients who are known or suspected to harbor certain infections. These precautions are divided into three categories that reflect the differences in the way infections are transmitted. Some diseases may require more than one category. If precautions require an inmate to be placed in isolation for medical reasons, a nurse will notify a deputy and the Housing Sergeant.

- (a) Airborne precautions are designed to prevent the spread of ATDs, which are transmitted by minute particles called droplet nuclei or contaminated dust particles. These particles, because of their size, can remain suspended in the air for long periods of time, even after the infected person has left the room. Some examples of diseases requiring airborne precautions are TB, measles, and chicken pox.
  1. An incarcerated person requiring airborne precautions should be assigned to a designated respiratory isolation room with special ventilation requirements. The door to this room must be closed at all possible times. If an incarcerated person must move from the isolation room to another area of the facility, the incarcerated person should wear a mask during transport. Anyone entering the isolation room to provide care to the incarcerated person must wear a respirator.
- (b) Droplet precautions are designed to prevent the spread of organisms that travel on particles much larger than the droplet nuclei. These particles do not spend much time suspended in the air, and usually do not travel beyond a few feet of the incarcerated

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person. These particles are produced when an incarcerated person coughs, talks, or sneezes. Examples of disease requiring droplet precautions are meningococcal meningitis, influenza, mumps, and German measles (rubella).

1. All staff should wear masks within 6 feet of the incarcerated person. Incarcerated person movement should be restricted to the minimum necessary for effective facility operations. The incarcerated person should wear a mask during transport.
- (c) Contact precautions are designed to prevent the spread of organisms from an infected incarcerated person through direct (touching the incarcerated person) or indirect (touching surfaces or objects the incarcerated person touched) contact. Examples of incarcerated persons who might be placed in contact precautions are those infected with the following:
1. Antibiotic-resistant bacteria
  2. Hepatitis A
  3. Scabies
  4. Impetigo
  5. Lice

The following guide shall be used to determine the appropriate precautions that are necessary to reduce the risk of infection transmission while incarcerated persons are being transported. Incarcerated persons shall receive training on the disease transmission process and will be provided with appropriate barrier devices.

#### Precautions for Incarcerated Person Contact and Transportation

	<b>GLOVES</b>	<b>SURGICAL MASKS</b>	<b>N95 MASKS</b>	<b>ISOLATION GOWNS</b>
<b>Contact</b>				
Incarcerated Person	No	No	No	No
Personnel	Yes	No	No	Yes
<b>Droplet</b>				
Incarcerated Person	No	Yes	No	No
Personnel	No	Yes	No	Yes
<b>Airborne</b>				
Incarcerated Person	No	Yes	No	No
Personnel	No	No	Yes	No

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### 714.3.9 ENVIRONMENTAL HEALTH AND SAFETY

The Responsible Physician, Health Authority, or authorized designee, shall conduct a monthly inspection of areas where health services are provided to verify the following:

- The equipment is inspected and maintained to the manufacturer's recommendations.
- The area is clean and sanitary.
- The appropriate measures are being taken to ensure the unit is occupationally and environmentally safe.

### 714.3.10 REGULATED WASTE

The Department in coordination with the health authority, will provide for the management of biohazardous materials and waste and the establishment of a protocol for the decontamination of equipment used in medical and dental treatment. Medical and dental equipment decontamination shall comply with all applicable local, state and federal regulations. Precautions may include, but are not limited to:

- (a) Discarding biohazardous waste in red plastic bags marked with the word BIOHAZARD and displaying the international symbol for biohazardous material. Contaminated disposable PPE shall be discarded in these receptacles.
- (b) Whenever a large amount of fluid blood is present, an absorbent powder should be used to gelatinize the fluid, which should assist in clean up. Standard precautions shall be used when removing the product, that should then be placed in a red biohazard bag.
- (c) Used biohazard bags shall be stored in covered, rigid waste receptacles in designated locations pending weekly removal by a biohazard waste removal contractor.
- (d) Records documenting biohazardous waste removal, spore count logs and cleaning logs shall be retained in accordance with established records retention schedules.

### 714.4 ECTOPARASITE CONTROL

Ectoparasite control will be initiated, where clinically indicated, immediately following the medical screening or when the incarcerated person manifests signs and symptoms of lice or scabies (15 CCR 1212).

- (a) Any incarcerated person who indicates parasitical infection upon entering the facility shall be treated by a qualified health care professional.
- (b) Any incarcerated person suspected of having lice/scabies may be referred to sick call by a deputy.
- (c) An incarcerated person may access sick call if the person believes there is a problem with lice/scabies.
- (d) A qualified health care professional shall evaluate any incarcerated person with a lice/scabies complaint. If there are positive findings, the incarcerated person shall be treated for the infestation accordingly.

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1. The lice and scabies treatment guidelines will be followed by the qualified health care professional, if a physician's order for the medication administration is obtained.
  - (a) The prescribing physician shall be notified if the incarcerated person is pregnant, as certain medications are contraindicated for pregnant persons. An alternative topical application must be prescribed in these situations.
  - (b) Documentation in the medical record should include the patient's symptoms, observations regarding the condition, patient education, and prescribed treatment.
2. The incarcerated person's clothing and linen shall be removed from the person's cell placed in a plastic bag and sent to the laundry. These items are considered contaminated and must be disinfected by:
  - (a) Machine washing (hot cycle), machine drying (hot cycle), dry cleaning or ironing, or
  - (b) Storage in a plastic bag for non-washable items for 10-14 days (head lice), seven days (pubic lice). This method is not recommended for body lice.
  - (c) Isolation is not necessary as long as clothing and bedding are properly disinfected and incarcerated persons do not share items.
    1. An incarcerated person having poor hygiene should be housed in a single cell until 24 hours after beginning treatment.
    2. Gloves are to be used for direct contact until the incarcerated person has been treated and the clothing/bedding have been removed for disinfecting.
3. Cell mates, sexual partners, and any personnel having direct hands-on contact with an infected incarcerated person should be evaluated for prophylactic treatment because of the long incubation period of the scabies parasite.

#### **714.5 EMPLOYEE EXPOSURE CONTROL**

All facility staff who may come in contact with another person's blood or bodily fluids shall follow these procedures and guidelines. For the purposes of this policy, contact with blood or bodily fluids is synonymous with BBP exposure.

All employees shall use the appropriate barrier precautions to prevent skin and mucous membrane exposure whenever contact with blood or bodily fluid is anticipated. Disposable gloves shall be worn, if reasonably possible, before making physical contact with any incarcerated person and when handling the personal belongings of an incarcerated person.

Should gloves come in contact with blood or other bodily fluids, the gloves shall be disposed of as contaminated waste. Care should be taken to avoid touching other items (e.g., pens, books, personal items in general) while wearing disposable gloves in a potentially contaminated

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environment. All procedures involving blood or other potentially infectious materials shall be done in a way to minimize splashing, spraying, or otherwise generating droplets of those materials.

Eating, drinking, smoking, applying lip balm, and handling contact lenses shall be prohibited in areas where the potential for exposure exists.

#### 714.5.1 IMMUNIZATIONS

All facility staff members who may be exposed to, or have contact with, a communicable disease shall be offered appropriate treatment immunization. The ability of staff to provide health care services is predicated on a safe and secure working environment where employees feel safe to do their work, and that assures public safety.

Staff shall also receive a TB test prior to job assignment and voluntary annual testing thereafter, at no cost to the employee.

The HBV immunization shall be available to all employees who have direct incarcerated person contact and who test negative for HBV antibodies. The immunization is voluntary and provided at no cost to the employee. Employees who decline the offer of immunization and/or test shall be required to sign a waiver. Employees receiving immunization and testing shall be required to sign a consent form. Employees may reverse their decision to decline at any time by signing a consent form.

#### 714.5.2 PERSONAL PROTECTIVE EQUIPMENT (PPE)

The PPE is the last line of defense against communicable disease. Therefore, the following equipment is provided to all personnel to assist in the protection against such exposures:

- Disposable latex gloves
- Safety glasses or goggles
- Rescue mask with a one-way valve
- Alcohol (or similar substance) to flush skin

The PPE should be inspected at the start of each shift and replaced immediately after each use and when it becomes damaged.

#### 714.5.3 DECONTAMINATION OF PERSONAL PROTECTIVE EQUIPMENT

After using any reusable PPE, it shall be washed or disinfected and stored appropriately. If it is not reusable (e.g., disposable gloves), it shall be discarded in a biohazard waste container.

Any PPE that becomes punctured, torn, or loses its integrity shall be removed as soon as reasonably feasible. The employee shall wash up and replace the PPE if the job has not been terminated. If the situation resulted in a contaminated non-intact skin event, the affected area shall be decontaminated as described below.

A contaminated reusable PPE that must be transported prior to cleaning shall be placed into a biohazard waste bag. Gloves shall be worn while handling the biohazard waste bag and during placement into the biohazard waste container. The gloves shall be included with the waste.

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#### 714.5.4 DECONTAMINATION OF SKIN AND MUCOUS MEMBRANES

Personnel shall wash their hands as soon as possible following the removal of potentially contaminated gloves. Antibacterial soap and warm water or an approved disinfectant shall be used, paying particular attention to the fingernails.

If an employee's intact skin contacts someone else's blood or body fluids or other potentially infectious materials, the employee shall immediately wash the exposed part of the employee's body with soap and warm water and/or an approved disinfectant as soon as possible. If the skin becomes grossly contaminated, body washing shall be followed by an approved hospital strength disinfectant. If large areas of the employee's skin are contaminated, the employee shall shower as soon as reasonably possible, using warm water and soap and/or an approved disinfectant. Medical treatment should be obtained.

Contaminated non-intact skin (e.g., injured skin, open wound) shall be cleaned using an approved disinfectant and then dressed or bandaged as required. Medical treatment is required. All hand, skin, and mucous membrane washing that takes place shall be done in the designated cleaning or decontamination area. Cleaning shall not be done in the kitchen, bathrooms, or other locations not designated as a cleaning or decontamination area.

#### 714.5.5 DECONTAMINATION OF CLOTHING

Contaminated clothing such as uniforms and undergarments shall be removed as soon as reasonably feasible and rinsed in cold water to prevent the setting of bloodstains. If the clothing may be washed in soap and hot water, do so as soon as reasonably possible.

Contaminated leather boots shall be brushed and scrubbed with detergent and hot water. If the contaminant soaked through the boot, the boot shall be discarded and replaced. The cost of replacement shall be paid according to labor contract agreements.

#### 714.5.6 DECONTAMINATION OF VEHICLES

Contaminated vehicles and components such as the seats, radios and doors, shall be washed with soap and warm water and disinfected with an approved germicide as soon as reasonably feasible.

#### 714.5.7 DECONTAMINATION OF THE CLEANING AREA

The Responsible Physician or Health Authority shall designate a location in the facility that will serve as the area for cleaning/decontamination. This area is to be used to keep equipment clean and sanitary and for employees to wash any potential contamination from their bodies. This area is to be thoroughly cleaned after each use and to be maintained in a clean and sanitary order at all times between each use. The application of cosmetics, smoking of cigarettes and consumption of food and drink are prohibited in this area at all times.

### **714.6 SHARPS AND ITEMS THAT CUT OR PUNCTURE**

All personnel shall avoid using or holding sharps (needles) unless they are assisting medical personnel or collecting them for evidence. Unless required for reasons related to evidence preservation, employees are not to recap sharps. If recapping is necessary, a one-handed method



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shall be employed to avoid a finger prick. Disposal, when possible, shall be into a puncture-proof biohazard container.

All sharps and items that cut or puncture (e.g., broken glass, razors and knives) shall be treated cautiously to avoid cutting, stabbing or puncturing one's self or any other person. In addition, if a sharp object contains known or suspected blood or other body fluids, that item is to be treated as a contaminated item. If the item is not evidence, touching it with the hands shall be avoided. Rather, use a device such as tongs or a broom and a dustpan to clean up debris. If the material must be touched, protective gloves shall be worn.

#### **714.7 POST-EXPOSURE REPORTING AND FOLLOW-UP REQUIREMENTS**

In actual or suspected employee exposure incidents, proper documentation and follow-up action must occur to limit potential liabilities and to ensure the best protection and care for the employees.

##### **714.7.1 EMPLOYEE RESPONSIBILITY TO REPORT EXPOSURE**

To provide appropriate and timely treatment should exposure occur, all employees shall verbally report the exposure to their immediate supervisor and complete a written exposure report as soon as possible following the exposure or suspected exposure. That report shall be submitted to the employee's immediate supervisor. Employees should document in the exposure report whether they would like the person who was the source of the exposure to be tested for communicable diseases (15 CCR 1206.5(b)(8)).

##### **714.7.2 SUPERVISOR REPORTING REQUIREMENTS**

The supervisor on-duty shall investigate every exposure that occurs as soon as possible following the incident, while gathering the following information:

- (a) Name and employee identification number of the employee exposed
- (b) Date and time of incident
- (c) Location of incident
- (d) What potentially infectious materials were involved
- (e) Source of material or person
- (f) Current location of material or person
- (g) Work being done during exposure
- (h) How the incident occurred or was caused
- (i) PPE in use at the time of the incident
- (j) Actions taken post-event (e.g., clean-up, notifications)

The supervisor shall advise the employee of the laws and regulations concerning disclosure of the identity and infectious status of a source, and of information contained in this policy regarding source testing.

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It is the responsibility of the exposed employee's supervisor to ensure testing is sought for the person who was the source of the exposure, according to the guidelines in this policy.

#### 714.7.3 MEDICAL CONSULTATION, EVALUATION, AND TREATMENT

Any employee who was exposed or who suspects the employee was exposed to HIV or to hepatitis B or C should be seen by a physician or qualified health care professional as soon as reasonably possible.

The doctor or qualified health care professional should be given the supervisor's report and the employee's medical records relevant to the visit and examination. The blood of the exposed employee shall be tested.

The qualified health care professional will provide the Administrative Lieutenant and/or the Department's risk manager with a written opinion/evaluation of the exposed employee's medical condition. This opinion should only contain the following information:

- If a post-exposure treatment is indicated for the employee.
- If the employee received a post-exposure treatment.
- Confirmation that the employee received the evaluation results.
- Confirmation that the employee was informed of any medical condition that could result from the exposure incident and whether further treatment or evaluation will be required.
- Whether communicable disease testing from the source is warranted, and if so, which diseases the testing should include.

All other findings or diagnosis shall remain confidential and are not to be included in the written report.

#### 714.7.4 COUNSELING

The Department shall provide the exposed employee (and the employee's family if necessary) the opportunity for counseling and consultation through the Employee Assistance Program (EAP).

#### 714.7.5 CONFIDENTIALITY OF REPORTS

Most of the information involved in this process must remain confidential. The Administrative Lieutenant shall ensure that all records and reports are kept in the strictest confidence. The Responsible Physician or Health Authority shall be responsible for maintaining records containing the employee's treatment status and the results of examinations, medical testing and follow-up procedures.

The Department's risk manager shall be responsible for keeping the name and Social Security number of the employee and copies of any information provided to the consulting health care professional on file.

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This information is confidential and shall not be disclosed to anyone without the employee's written consent (except as required by law). Test results from persons who may have been the source of an exposure are to be kept confidential as well (15 CCR 1206.5(b)(5)).

#### 714.7.6 SOURCE TESTING

Testing of a person who was the source of an exposure to a communicable disease should be sought when it is desired by the exposed employee or when it is otherwise appropriate.

There are five methods to obtain such testing. It is the responsibility of the Responsible Physician or Health Authority to collaborate with the Captain and/or the authorized designee to ensure the proper testing and reporting occurs. These methods are:

- (a) Obtaining voluntary consent from any person who may be the source of an exposure to test for any communicable disease.
- (b) Filing a report with the county health officer when an employee is exposed to the bodily fluids of an arrestee. The county health officer may pursue testing for HIV or hepatitis B or C.
- (c) Seeking consent for testing or applying for a court order for HIV, hepatitis B, and hepatitis C testing.
- (d) Seeking a court order when the person who may be the source of an exposure will not consent to testing and the exposure does not fall under a statutory scheme for testing. This covers testing for any communicable disease as deemed appropriate by a qualified health care professional and documented in the request for the court order.
- (e) Under certain circumstances, a court may issue a search warrant for testing an adult when an employee of the Marin County Sheriff's Office qualifies as a crime victim.

#### 714.7.7 EXPOSURE FROM A NON-INCARCERATED PERSON

Upon notification of an employee's exposure to a non-incarcerated person (e.g., visitor, attorney, volunteer, vendor) a Sergeant should attempt to determine if the person who was the source of the exposure will voluntarily consent to testing. If consent is provided, the following steps should be taken:

- (a) A qualified health care professional should notify the person to be tested of the exposure and make a good faith effort to obtain voluntary informed consent from the person or the person's authorized legal representative to perform a test for HIV, hepatitis B, hepatitis C, and other communicable diseases the qualified health care professional deems appropriate.
- (b) The voluntary informed consent obtained by the qualified health care professional must be in writing and include consent for three specimens of blood. The Sergeant should document the consent as a supplement to the Exposure Control Report.
- (c) The results of the tests should be made available to the source and the exposed employee.

If consent is not obtained, the Sergeant should promptly consult with the Operations Lieutenant and consider requesting that a court order be sought for appropriate testing.

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#### 714.7.8 EXPOSURE FROM AN INCARCERATED PERSON

If a Sergeant receives notification from an employee of a potential exposure from an incarcerated person, the Sergeant should take the following steps:

- (a) Notify the Operations Lieutenant as soon as practicable.
- (b) Fill out an Exposure Incident form and Workers Comp Claim and forward it to the Administrative Lieutenant and the Professional Standards Unit Lieutenant.
- (c) Seek consent from the person who was the source of the exposure and seek a court order, if consent is refused.
- (d) Take reasonable steps to immediately contact the county health officer and provide preliminary information regarding the circumstances of the exposure and the status of the involved individuals to determine whether the county health officer will order testing.
- (e) Remain in contact with the county health officer to determine whether testing of the incarcerated person will occur and whether the testing satisfies the medical needs of the employee.
- (f) The results of the tests should be made available to the incarcerated person and the exposed employee.

Since there is potential for overlap between the two statutory schemes, the Operations Lieutenant or the authorized designee is responsible for coordinating the testing with the county health officer to prevent unnecessary or duplicate testing.

If the exposed employee is not covered by either statutory scheme, the Responsible Physician or Health Authority should seek consent or a court order in the same manner as for a non-incarcerated person.

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## Aids to Impairment

### 715.1 PURPOSE AND SCOPE

This policy acknowledges the high priority of inmate health and recognizes that some inmates will require adaptive devices to assist them with daily living activities on a temporary or permanent basis.

The Marin County Sheriff's Office has established this policy for physicians and dentists to review and evaluate the need for adaptive devices, while considering facility security concerns regarding the use of such items.

When a physician or dentist determines that the medical condition of an inmate indicates that an adaptive device is clinically appropriate, the parameters of this policy will determine if authorization for the use of such items during incarceration should be granted, and if any equipment modifications are indicated for safety or security purposes.

#### 715.1.1 DEFINITIONS

Definitions related to this policy include:

**Adaptive device** - Any orthotic, prosthetic or aid to impairment that is designed to assist an inmate with the activities of daily living or that is clinically appropriate for health, as determined by the Responsible Physician or dentist.

**Aids to impairment** - Includes, but is not limited to, eyeglasses, hearing aids, pacemakers, canes, crutches, walkers and wheelchairs.

**Orthoses** - Specialized mechanical devices, such as braces, shoe inserts or hand splints that are used to support or supplement weakened or abnormal joints, limbs and/or soft tissue.

**Prostheses** - Artificial devices designed and used to replace missing body parts, such as limbs, teeth or eyes.

#### 715.1.2 PROCEDURES

There are no procedures associated with this policy.

### 715.2 POLICY

It is the policy of the Department that, in accordance with security and safety concerns, medical and dental orthoses or prostheses and other adaptive devices should be permitted or supplied in a timely manner when the health of the inmate would otherwise be adversely affected or when such devices are necessary to reasonably accommodate a disability recognized under the American with Disabilities Act (ADA) (42 USC § 12101 et seq.), as determined by the Responsible Physician, Health Authority, or dentist (15 CCR 1206(d); 15 CCR 1207).

### 715.3 FACILITY-OWNED MEDICAL EQUIPMENT

All adaptive devices belonging to the Department shall be marked and numbered, identifying them as department property.

### *Aids to Impairment*

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- (a) Any medical equipment issued to an inmate, regardless of who owns the property, shall be documented in the inmate's electronic file.
- (b) Upon the release of an inmate, the releasing deputy shall review the medical equipment issued to the inmate and contact the medical staff for instructions regarding any department-owned adaptive device.

#### **715.4 MEDICAL OR DENTAL ORTHOSES, PROSTHESES, OR ADAPTIVE DEVICES**

The following applies to inmates with any orthopedic or prosthetic devices (Penal Code § 2656):

- (a) An inmate shall not be deprived of the possession or use of any orthopedic, orthodontic, or prosthetic device that has been prescribed or recommended and fitted by a physician or dentist (see the following exception).
- (b) Any such device that may constitute an immediate risk of bodily harm to any person in the facility or that threatens the security of the facility should be brought to the attention of sworn custody staff. If the sworn custody staff has probable cause to believe such a device constitutes an immediate risk of bodily harm to any person in the facility or threatens the security of the facility, the sworn custody staff may remove the device and place it in the inmate's property.
- (c) The sworn custody staff shall return the device to the inmate if circumstances change and the cause for removal no longer exists.
- (d) The sworn custody staff shall have the inmate examined by a physician within 24 hours after a device is removed.
- (e) The sworn custody staff should review the facts with the ADA Coordinator and shall address the issue in conjunction with the Inmates with Disabilities Policy.
- (f) The physician shall inform the inmate and the sworn custody staff if the removal is or will be injurious to the health or safety of the inmate. When the sworn custody staff is so informed but still does not return the device, the sworn custody staff shall inform the physician and the inmate of the reasons and promptly provide the inmate with a form, as specified in Penal Code § 2656, by which the inmate may petition the Superior Court for return of the appliance. The sworn custody staff shall promptly file the form with the Superior Court after it is signed by the inmate. The sworn custody staff should consider the following alternatives to removal of the device:
  - 1. Reclassifying the inmate to another housing unit or administratively segregating the inmate from the general population.
  - 2. With physician or dentist approval, modify the adaptive device to meet the medical needs of the inmate and the safety and security needs of the facility.

Once an adaptive device has been approved for use, the qualified health care professional shall enter the authorization into the inmate's health file. If the inmate requires special housing, the qualified health care professional shall document this in writing and notify custody or classification personnel appropriately. The qualified health care professional shall document the general condition of the prosthesis and have the inmate sign in the medical record that he/she received the prosthesis.

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Any prostheses that are brought to the facility by family members or others after the inmate has been incarcerated shall be subject to a security check. The facility shall accept no responsibility for loss or damage to any adaptive device.

#### **715.5 REQUESTS FOR MEDICAL AND DENTAL PROSTHESES**

All requests for new or replacement medical or dental prostheses shall be individually evaluated by the Responsible Physician, Health Authority, or dentist and reviewed for approval by the Operations Lieutenant. Considerations for approval shall be based upon:

- Medical needs of the inmate.
- The anticipated length of incarceration.
- The safety and security of the facility.

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## Detoxification and Withdrawal

### 716.1 PURPOSE AND SCOPE

Significant percentages of inmates have a history of alcohol and/or drug abuse. Newly incarcerated individuals may enter the facility while under the influence of a substance or they may develop symptoms of alcohol or drug withdrawal. This policy is intended to ensure that the staff is able to recognize the symptoms of intoxication and withdrawal from alcohol or drugs, and that those inmates who are intoxicated or experiencing withdrawal are provided appropriate medical treatment.

This policy also identifies protocols to be used by qualified health care professionals. These protocols are appropriate for inmates who are under the influence of alcohol or drugs or who are experiencing withdrawal from any type of substance abuse.

#### 716.1.1 DEFINITIONS

Definitions related to this policy include:

**Alcohol withdrawal** - A medical condition characterized by physiological changes that occur when alcohol intake is discontinued in an individual who is addicted to alcohol.

**Detoxification** - The process by which an individual is gradually withdrawn from drugs by the administration of decreasing doses of the drug on which the person is physiologically dependent, or a drug that is cross-tolerant to the dependent drug, or a drug that medical research has demonstrated to be effective in detoxifying the individual from the dependent drug.

#### 716.1.2 PROCEDURES

There are no procedures associated with this policy.

### 716.2 POLICY

Withdrawal from alcohol or drugs can be a life-threatening medical condition requiring professional medical intervention. It is the policy of this department to provide proper medical care to inmates who suffer from drug or alcohol overdose or withdrawal.

To lessen the risk of a life-threatening medical emergency and to promote the safety and security of all persons in the facility, staff shall respond promptly to medical symptoms presented by inmates.

The Responsible Physician or Health Authority shall develop written medical protocols on detoxification symptoms necessitating immediate transfer of the inmate to a hospital or other medical facility, and procedures to follow if care within the facility should be undertaken (15 CCR 1213).

Inmates who are booked into the facility who are participating in a narcotic treatment program shall, with the approval of the director of the program, be entitled to continue in the program until conviction (Health and Safety Code § 11222).



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#### **716.3 STAFF RESPONSIBILITY**

Staff should remain alert to signs of drug and alcohol overdose and withdrawal. These symptoms include, but are not limited to, sweating, nausea, abdominal cramps, anxiety, agitation, tremors, hallucinations, rapid breathing and generalized aches and pains. Any staff member who suspects that an inmate may be suffering from overdose or experiencing withdrawal symptoms shall promptly notify jail medical staff.

#### **716.4 MEDICAL STAFF RESPONSIBILITY**

The qualified health care professional will evaluate the inmate using approved protocols in order to determine the most appropriate care plan, which will be based on the patient's history, current physical status and treatment needs. Any patient who cannot be safely treated in the facility will be referred to the hospital Emergency Facility for appropriate treatment.

#### **716.5 PROCEDURE**

Inmates who are observed experiencing severe, life-threatening intoxication (overdose) or withdrawal symptoms will be promptly seen by a physician or referred to an off-site emergency facility for treatment. Detoxification shall be conducted under medical supervision at the facility or in a hospital under appropriate security conditions as long as they remain an in-custody inmate.

If the qualified health care professional determines that an inmate is at risk for progression to a more severe level of withdrawal, the inmate will be appropriately housed in an area where he/she can be kept under constant observation by qualified health care professionals or trained correctional staff.

#### **716.6 WITHDRAWAL AND DETOXIFICATION PROTOCOLS**

Protocols are available to the qualified health care professionals to guide the care and treatment of individuals who are intoxicated or experiencing drug and/or alcohol withdrawal. These protocols, which have been developed and approved by the Responsible Physician or Health Authority, fall within nationally accepted guidelines and are reviewed annually.

When dealing with inmates who are in a custody situation, qualified health care professionals shall utilize detoxification protocols in accordance with local, state and federal laws.

No direct supervision is required at the time of identifying and initiating care. Overall supervision is provided by the Responsible Physician or Health Authority. Qualified health care professionals shall evaluate and provide care to patients utilizing written procedures and/or physician orders.

#### **716.7 ALCOHOL WITHDRAWAL SYMPTOMS CHART**

The following chart describes typical symptoms of mild, moderate and severe withdrawal. It is to be used as a guide for determining when to refer inmates to a qualified health care professional. Not all symptoms are always present.

	<b>MILD</b>	<b>MODERATE</b>	<b>SEVERE</b> (Delirium Tremens)
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<b>ANXIETY</b>	Mild restlessness and anxiety	Obvious motor restlessness	Extreme restlessness and agitation with appearance of intense fear is common
<b>APPETITE</b>	Impaired appetite	Marked anorexia	Often rejects all food and fluid except alcohol
<b>BLOOD PRESSURE</b>	Normal or slightly elevated systolic	Usually elevated systolic	Elevated systolic and diastolic
<b>CONFUSION</b>	Oriented, no confusion	Variable confusion	Marked confusion and disorientation
<b>CONVULSIONS</b>	No	May occur	Severe convulsions are common
<b>HALLUCINATIONS</b>	No hallucinations	Often vague, transient, visual and auditory hallucinations and delusions, often with insight, often occurring only at night	Visual and occasional auditory hallucinations, usually of fearful or threatening content. Misidentification of persons and frightening delusions relating to hallucinatory experiences
<b>MOTOR CONTROL</b>	Inner "shaky"	Visible tremulousness	Gross uncontrollable shaking
<b>NAUSEA</b>	Nausea	Nausea and vomiting	Dry heaves and vomiting
<b>PULSE</b>	Tachycardia	Pulse 100-120	Pulse 120-140
<b>SLEEP</b>		Marked insomnia and nightmares	Total wakefulness
<b>SWEATING</b>	Restless sleep or insomnia	Obvious	Extreme

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## Clinical Decisions

### 717.1 PURPOSE AND SCOPE

This policy recognizes that a coordinated effort between the Responsible Physician or Health Authority, and the Captain, is needed to ensure an adequate health care system. It emphasizes the importance of clinical decisions being the sole responsibility of the qualified health care professional.

#### 717.1.1 DEFINITIONS

Definitions related to this policy include:

**Clinical decisions** - The process of formulating a differential diagnosis with information gathered from an inmate's medical history and physical and mental examinations, developing a list of possible causes and ordering tests to help refine the list or identify a specific disease.

**Differential diagnosis** - A systematic method of identifying unknowns or diagnosing a specific disease using a set of symptoms and testing as a process of elimination.

#### 717.1.2 PROCEDURES

There are no procedures associated with this policy.

### 717.2 POLICY

Clinical decisions and actions regarding inmate health care are the sole responsibility of qualified health care professionals and should not be countermanded by others. The Responsible Physician or Health Authority shall be responsible for arranging for appropriate health resources and for determining what services are needed. The Captain or the authorized designee shall be responsible for providing the custodial support to ensure a safe and secure environment for the delivery of the services and its accessibility to the inmates (15 CCR 1200(a); 15 CCR 1206(k)).

### 717.3 MEDICAL AUTONOMY

Clinical decisions shall be made only after a thorough evaluation of the patient's complaint and physical or mental condition. The implementation of clinical decisions is to be completed in an effective and safe manner that does not violate the security regulations of the facility.

### 717.4 PROBLEM RESOLUTION

Any issues arising because of the clinical decision process shall be reviewed under the provisions of the Continuous Quality Improvement Policy using medical records, grievances, staff complaints and any other relevant data.

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# Licensure, Certification, and Registration Requirements

## 718.1 PURPOSE AND SCOPE

The purpose of this policy is to recognize that inmates are entitled to health care services that are provided by qualified health care professionals working within the scope of their respective licensure, certification, registration, and training. This policy also establishes a credentials verification process.

### 718.1.1 PROCEDURES

There are not procedures associated with this policy.

## 718.2 POLICY

It is the policy of this department that all qualified health care professionals who provide health care services to inmates meet the same standards as those working in the community, including required licenses, certifications, and restrictions, including those defining the recognized scope of practice specific to the profession (15 CCR 1203). Job descriptions shall include minimum qualifications and specific duties and responsibilities, and shall be approved by the Responsible Physician or health authority.

The current credentials and job descriptions for all qualified health care professionals are on file at the facility and retained in accordance with established records retention schedules.

Any health care provided to inmates at the facility that is not provided by a physician is provided in accordance with a standing order or direct order issued by personnel qualified under governing laws to give such orders (15 CCR 1203; 15 CCR 1204).

## 718.3 CREDENTIALING AND FILE MAINTENANCE

A completed file of current licenses, certifications, registration, reference checks, and applications shall be maintained by the Department of Health and Human Services and/or the Health Authority, and by the Responsible Physician or the authorized designee at this facility.

- (a) The Department of Health and Human Services and/or the Health Authority should obtain confirmation of current licensure, certification, and registration prior to making any offer of employment.
- (b) Inquiries into any sanctions or disciplinary actions of state boards, employers, and the U.S. Department of Health and Human Services' National Practitioner Data Bank should be conducted prior to making any offer of employment.
- (c) Individuals shall be required to pass a job-related, pre-employment background investigation. Employment references may be obtained via mail or over the telephone with documentation.
- (d) Each employee should be held responsible for providing renewal verification of licenses, certificates, and registration prior to the expiration date.

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- (e) Any group or individual providing health care services must complete the credentialing process that is appropriate for their profession and must provide the facility a copy of current licensure and, when appropriate, a Drug Enforcement Administration certificate to prescribe controlled substances.
- (f) To be eligible for hire, all clinical health care personnel must possess and maintain a current CPR certification and provide documentation to the Responsible Physician and/or Health Authority, or the authorized designee.

### **718.4 STUDENTS AND/OR INTERNS**

If the health care services provided to an inmate are performed by any intern, resident, or student who is authorized to provide specific health care services as part of a formal medical training program, the individuals in training will work under the control and supervision of a qualified health care professional. Assigned tasks shall be commensurate with the intern, student, or resident's level of training.

There shall be a written agreement between the facility and the entity sponsoring the training program that covers the scope of work, duration of the agreement, and any legal or liability issues.

Any student, intern, or resident working in the facility shall participate in a facility orientation that includes but is not limited to topics such as fire safety, facility security, items considered contraband, and inmate culture.

All students, interns, or residents shall be required to agree in writing to abide by all facility policies, including those relating to hostages, facility security, and the confidentiality of information.

All training provided, written agreements, and/or contracts shall be maintained in the intern, resident, or student's file by the Responsible Physician and/or Health Authority, or the authorized designee in accordance with established records retention schedules.

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# Suicide Prevention and Intervention

## 719.1 PURPOSE AND SCOPE

This policy establishes the suicide prevention and intervention program to identify, monitor and, when necessary, provide for emergency response and treatment of incarcerated persons who present a suicide risk while incarcerated at the department detention facilities.

This policy is intended to reduce the risk of self-inflicted injury or death by providing tools to the staff that will allow a timely and organized emergency response to suicide, suicide attempts, or an incarcerated person's unspoken indications that suicide is being considered. The three key components of this plan are evaluation, training, and screening with intervention.

### 719.1.1 PROCEDURES

[Custody Procedure Manual: 723.1 SUICIDE PREVENTION PLAN PROCEDURE](#)

[Custody Procedure Manual: 723.2 SUICIDE WATCH PROCEDURE](#)

## 719.2 POLICY

It is the policy of this department to minimize the incidence of suicide by establishing and maintaining a comprehensive suicide prevention and intervention program designed to identify incarcerated persons who are at risk of suicide and to intervene appropriately whenever possible. The program shall be developed by the Captain or the authorized designee and the Responsible Physician, approved by the local public health entity, and reviewed annually by the Captain. A copy of this policy shall be maintained in each unit of the facility where it can be easily accessed by all staff members (15 CCR 1029(a)(8); 15 CCR 1030).

## 719.3 SUICIDE PREVENTION TEAM

The Captain in cooperation with the Responsible Physician or Health Authority shall establish a suicide prevention team. The team will evaluate and approve the suicide prevention and intervention program annually. The suicide prevention team will consist of qualified health care professionals, the Captain or their authorized designee, the Nursing Service Manager, and the Mental Health Supervisor. The yearly evaluation will include a review of all current policies to ensure they are relevant, realistic, and consistent with the mission of the program. The program and policies will be updated as needed (15 CCR 1030).

The suicide prevention team shall also ensure that the facility is evaluated annually to identify any physical plant characteristics or operational procedures that might be modified to reduce the risk of suicide. This should be accomplished by conducting a review of suicides and suicide attempts, physical inspection, review of various facility inspection reports, and by participating in incarcerated person/management team meetings. If physical modifications are recommended, the team shall ensure the Captain is promptly notified.

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It shall also be the responsibility of the suicide prevention team to coordinate with the Training Sergeant to ensure that suicide prevention training is provided in compliance with applicable statutes and standards.

#### **719.4 STAFF TRAINING**

All facility staff members who are responsible for supervising incarcerated persons shall receive initial and annual training on suicide risk identification, prevention, and intervention, to include, at minimum (15 CCR 1030):

- The provisions of this policy.
- Identification of the warning signs and indicators of potential suicide, including training on suicide risk factors.
- Identification of the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors.
- Responding to suicidal and depressed incarcerated persons.
- Communication between corrections staff, court staff, and health care personnel.
- Using referral procedures.
- Housing observation and suicide watch-level procedures.
- Follow-up monitoring of incarcerated persons who attempt suicide.
- Communication between members and arresting/transporting deputies.
- A plan for mental health consultation following return from court as needed.

Recommendations for modification to suicide training should be directed to the Captain, who shall review the recommendations and approve, if appropriate.

#### **719.5 SCREENING AND INTERVENTION**

All incarcerated persons shall undergo medical and mental health screening during the intake process (15 CCR 1030). A portion of the intake medical screening is devoted to assessing incarcerated persons at risk for suicide. Upon an incarcerated person entering the facility, the person should be assessed by custody staff for the ability to answer medical and mental health screening questions.

Any incarcerated person who appears to be unable to answer the initial medical screening questions shall be examined by a qualified health care professional at a designated hospital and receive medical clearance before acceptance into the jail. Incarcerated persons who refuse to answer these questions shall be placed under observation until the screening can be completed, or until sufficient information is obtained to allow the staff to make appropriate decisions concerning housing and care.

Staff members shall promptly refer any incarcerated person who is at risk for suicide to classification, health services, and mental health services. The incarcerated person shall remain

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under direct and constant observation in a safe setting until designated staff makes appropriate health care and housing decisions (15 CCR 1030).

Special situations may arise where a screening and intervention is appropriate for an incarcerated person when the person is placed in restrictive housing, following a hearing, and after a transfer or change in classification (15 CCR 1030).

#### **719.6 SUICIDE WATCH**

Incarcerated persons placed on suicide watch shall be dressed in a safety garment, given a safety blanket and placed on suicide watch in a safety cell. Incarcerated persons should only be housed on suicide watch with the approval of the Sergeant. If a qualified health care professional is not present in the jail, the Sergeant or the authorized designee should notify a qualified health care professional as soon as practicable. Incarcerated persons placed on suicide watch shall be closely monitored and housed in a cell that has been designed to be suicide resistant. Prior to housing the incarcerated person, the staff should carefully inspect the cell for objects that may pose a threat to the person's safety. While monitoring may be supplemented by video monitoring, it may never be a substitute for direct visual monitoring.

Qualified health care professionals are primarily responsible for the treatment of incarcerated persons on suicide watch. Deputies and general employees are responsible for the physical safety of incarcerated persons. All staff members should coordinate their efforts to ensure that incarcerated persons do not have the means or the opportunity to injure themselves.

An observation log shall be maintained for each incarcerated person on suicide watch. A staff member shall be designated to make a direct visual observation of the incarcerated person twice every 30 minutes at approximately 15-minute intervals. A Lieutenant and a qualified health care professional, if available, must observe the incarcerated person at least once every five hours. Each staff member who is required to observe the incarcerated person shall make notations in the observation log documenting the time of observation and a brief description of the person's behavior.

An incarcerated person classified as actively suicidal must be continuously monitored by direct visual observation of a deputy. While monitoring may be supplemented by video monitoring, it may never be a substitute for direct visual monitoring.

The status of suicidal incarcerated persons should be readily identifiable in a manner discernible by staff. When standard-issue clothing presents a security or medical risk to the incarcerated person or others, the incarcerated person shall be supplied with a security garment that is designed to promote the person's safety and not cause unnecessary humiliation and degradation. Use of the security garment shall be documented in the incarcerated person's health record. Suicidal persons shall not be permitted to retain undergarments or any other item that can be fashioned into an implement for hanging (e.g., plastic bags, shoelaces, sheets). Incarcerated persons shall not be permitted to keep personal property while housed on suicide watch and shall not be permitted to possess razors or other sharp objects, such as pencils, items with staples, or any other item that



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may be used to cause a self-inflicted injury. Physical restraints should only be used as a last resort measure. The decision to use or discontinue use of restraints should be made in consultation with qualified health care professionals.

Incarcerated persons who are not actively suicidal but who have expressed suicidal thoughts or have a recent history of self-injurious behavior should be observed by staff at irregular intervals, not to exceed every 15 minutes.

#### **719.6.1 INTERVENTION**

Any suicide attempt is a medical emergency. Staff should take action to facilitate emergency medical care and preserve and collect evidence as necessary. A qualified health care professional should be summoned immediately any time the staff suspects a suicide attempt is imminent. Staff should take reasonable and appropriate precautions to mitigate the ability of the incarcerated persons to injure themselves, and should consider establishing and maintaining a non-threatening conversation with the person while awaiting assistance. If a qualified health care professional is not immediately available, the incarcerated person should be placed in an appropriate and safe location until such time as qualified health care professionals or the Responsible Physician is available.

Following a suicide attempt, staff should initiate a medical emergency response and initiate and continue appropriate life-saving measures until relieved by qualified health care professionals. The arriving medical staff should perform the appropriate medical evaluation and intervention. The Responsible Physician or the authorized designee should be notified in situations when referral and transportation to the emergency room of a local hospital is required (15 CCR 1030).

#### **719.6.2 NOTIFICATION**

In the event of an attempted or completed suicide, the Jail Lieutenants, or in their absence the Watch Commander, should be promptly notified. The Jail Lieutenants or Watch Commander should notify the Captain.

The location where a suicide or attempted suicide has occurred should be treated as a crime scene after the incarcerated person has been removed from the cell or after emergency medical care is rendered. The area should be secured and access-controlled to preserve evidence until the appropriate investigation can be completed.

All suicides or attempted suicides shall be documented in an incident report. Any injury must be documented in an incarcerated person injury report (15 CCR 1030).

All in-custody deaths, including those resulting from suicide, shall be investigated and documented in accordance with the Reporting In-Custody Deaths Policy (15 CCR 1030).

#### **719.7 FOLLOW-UP**

Qualified health care professionals should evaluate any incarcerated person placed in suicide watch within 4 hours of placement or at the next available physician's visit, whichever is earliest. After evaluation, qualified health care professionals should make a recommendation whether to

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keep the incarcerated person on suicide watch. Only a qualified health care professional may remove an incarcerated person from suicide watch.

All changes in incarcerated person status should be reported to the qualified health care professional to ensure the person receives appropriate care. The incarcerated person's health record should be updated to reflect all contacts, treatment, and any other relevant information, and the records maintained in accordance with established records retention schedules.

Although the goal of this program is to significantly reduce the risk of in-custody deaths, the ongoing care of suicidal incarcerated persons after release must also be considered. Incarcerated persons who are at risk for suicide should work with local or area mental health resources and their families after release. A deputy should complete the necessary application, documenting the reasons why the incarcerated person is believed to be suicidal. The completed application should accompany the released incarcerated person to the designated facility.

#### **719.7.1 DEBRIEFING**

A critical incident debriefing should occur after any suicide attempt or death of an incarcerated person or on-site staff member. Information will be communicated to the Captain or their designee to apprise them of the incident and the actions taken with regard to the incident.

#### **719.8 TRANSPORTATION**

When an inmate is considered 5150 and displays severe psychotic symptoms that cannot be adequately addressed in the jail or at the Crisis Stabilization Unit (CSU), the Mental Health staff in conjunction with the Sergeant will arrange to have the inmate transferred to a contractual facility for mental health placement. Transport and admission will occur when a suitable licensed mental health facility is identified and a bed becomes available. The Sergeant will notify jail administration that an inmate has been transferred to a contractual facility. The Sheriff's Office will be responsible for the transportation of the inmate to and from the contractual facility.

Incarcerated persons at risk for suicide pose additional challenges during transport and while being held in court holding facilities. The transportation staff should take reasonable steps to closely monitor at-risk incarcerated persons whenever they are transported or held in any cell that is not designated as a suicide-watch cell. All additional security and monitoring measures implemented by the staff should be documented in the incarcerated person's record. The transporting deputy should ensure that the suicide threat or other danger is communicated to personnel at the receiving facility.

## Inmate Death - Clinical Care Review

### 720.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the actions and notifications required in the event of an in-custody death and the medical care received by the inmate. The policy requires that a review of all in-custody deaths be conducted to assess the appropriateness of the clinical care provided and the effectiveness of the facility's policies and procedures.

#### 720.1.1 DEFINITIONS

Definitions related to this policy include:

**Administrative review** - An assessment of the facility's emergency response actions surrounding the death of an inmate. The purpose of the administrative review is to identify areas where operations, policies and procedures may be improved.

**Clinical mortality review (CMR)** - An assessment of the medical condition of the inmate prior to treatment, the clinical care provided by contractors and the circumstances of the death. The purpose of the CMR is to identify areas of patient care or system policies and procedures that may be improved.

**Psychological autopsy** - A written reconstruction of an inmate's life with an emphasis on factors that may have contributed to his/her death. This is sometimes referred to as a psychological reconstruction and is usually conducted by a psychologist or other qualified mental health care professional.

#### 720.1.2 PROCEDURES

[Custody Procedure Manual: 724.1 INMATE DEATH AND NEXT OF KIN NOTIFICATION PROCEDURE](#)

### 720.2 POLICY

It is the policy of this department that all in-custody deaths are reviewed to determine the appropriateness of the clinical care provided, to determine whether existing policies are appropriate or if revision is necessary and to identify any other issues associated with the circumstances of the death. A postmortem examination should be performed according to the laws of the jurisdiction if the cause of death is unknown, if the death occurred under suspicious circumstances or if the inmate was not under current medical care (15 CCR 1046(a)).

### 720.3 NOTIFICATIONS

In the event of an in-custody death, all authorities with jurisdiction, including the Coroner or the authorized designee shall immediately be notified by the Captain or the authorized designee at the time of death.

The Responsible Physician or Health Authority should also be notified and should coordinate with the Captain, who will be responsible for notifying his/her chain of command regarding all medical issues surrounding the in-custody death.

### *Inmate Death - Clinical Care Review*

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Information regarding the individual designated by the deceased inmate for notification should be provided to the Coroner or the authorized designee, who is charged with the responsibility of making such notifications.

#### **720.4 DOCUMENTATION**

The qualified health care professional on-duty at the time of the in-custody death shall ensure that all witnessed facts concerning the death are documented on the inmate's health record. Written documentation should include, but is not limited to, the time of death, the preceding circumstances surrounding the death, nature of the death, treatment rendered and who was notified of the death and by whom.

The Responsible Physician or Health Authority should initiate a death report and document it in accordance with the Continuous Quality Improvement Policy.

#### **720.5 CLOSING THE MEDICAL RECORD**

The Responsible Physician or Health Authority should review the inmate's health record to ensure appropriate entries have been made, and within 24 hours of the death have the original and a complete copy of the medical record made and delivered as follows (see the Reporting In-Custody Deaths Policy):

- (a) Seal the original in an envelope and retain in the custody of the Responsible Physician or Health Authority.
- (b) Send the copy to the facility for inclusion into the inmate file and retain in accordance with established records retention schedules.

#### **720.6 DEATH BY SUICIDE**

In the event of a suspected inmate suicide, the qualified health care professional shall make a report within 24 hours to the Responsible Physician or Health Authority containing:

- (a) The inmate's known mental health history.
- (b) The most recent known mental health treatment.
- (c) All known circumstances surrounding the suicide.

A psychological autopsy should be conducted by a qualified mental health care professional if the cause of death is determined to be a suicide.

The initial Clinical Mortality Review (CMR) should be conducted by the Responsible Physician or Health Authority and, if available, a mental health care professional. The CMR should be finalized within 30 days by the Responsible Physician or Health Authority. The findings should be shared with the treating staff.

#### **720.7 DEATH REVIEW**

All deaths should be reviewed within 30 days. The review shall consist of a Custody and Mental Health Administration review if the death was by suicide.

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### *Inmate Death - Clinical Care Review*

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Treating staff shall be informed of the CMR and the administrative review findings at the quarterly continuous quality improvement meeting.

Corrective actions identified through the CMR should be implemented and monitored in accordance with the Continuous Quality Improvement Policy for systemic issues and the Inmate Safety Policy for staff-related issues.

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## Nursing Assessment Protocols

### 721.1 PURPOSE AND SCOPE

The purpose of this policy is to establish standards for evaluating and treating inmates with medical issues that are easily and effectively treated or triaged by nursing personnel who have been properly trained in the use of nursing assessment protocols.

#### 721.1.1 DEFINITIONS

Definitions related to this policy include:

**Nursing assessment protocols** - Written instructions or guidelines that specify the steps to be taken in evaluating an inmate's health status and providing medical treatment. Protocols may include first-aid procedures for the identification and care of ailments that ordinarily would be treated with over-the-counter (OTC) medication or through self-care. These protocols also may address more serious symptoms, such as chronic health conditions, chest pain, shortness of breath or intoxication. The protocols provide a sequence of steps to evaluate and stabilize an inmate and to offer essential healthcare treatment.

#### 721.1.2 PROCEDURES

There are no procedures associated with this policy.

### 721.2 POLICY

It is the policy of this department that medical care performed by personnel other than a physician shall be performed pursuant to a written protocol or order of the Responsible Physician or Health Authority.

### 721.3 PROTOCOL DEVELOPMENT AND AUTHORIZATION

The facility's Responsible Physician, Health Authority, or authorized designee shall develop, review and authorize all nursing protocols used for the treatment of inmates, and shall develop, deliver or procure appropriate training for the nurses on their use. Each nursing assessment protocol will have a signed declaration indicating it has been reviewed and approved by the nursing administrator, Responsible Physician, or Health Authority.

The protocols developed shall be appropriate for the training and experience of the health care services staff members who will deliver the services. Each protocol shall comply with the standards of practice for the level of care the health care services staff members are authorized to provide.

The Responsible Physician or Health Authority shall review the nursing assessment annually, revising as necessary and dating and signing approved protocols (15 CCR 1204).

### 721.4 TRAINING

Nurses will be trained and approved in the nursing assessment protocols prior to their use. The training shall be documented and should include:

### *Nursing Assessment Protocols*

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- (a) Evidence that new nurses have been trained.
- (b) Demonstration of knowledge and skills.
- (c) Evidence of annual review of skills.
- (d) Evidence of retraining when protocols are introduced or revised.

#### **721.5 AUTHORIZED USE OF PROTOCOLS**

Nursing staff may use a nursing assessment protocol only after they have been trained and authorized by the Responsible Physician or Health Authority. Nursing assessment protocols shall only be used after a nurse fully evaluates the inmate's complaint and the inmate's condition meets the appropriate criteria.

Inmates may only be treated using a nursing protocol for the same condition on two consecutive visits. If the inmate requests service for the same condition a third time, the inmate should be referred to a nurse practitioner or physician.

A registered nurse (RN) is considered the minimum certification level required to independently initiate medical treatment. The RN must be present to physically assess the inmate; an assessment cannot be done via telephone or electronically.

Licensed vocational nurses (LVNs) are generally prohibited from independently initiating any standardized protocol. Under very specific circumstances (e.g., early detoxification, a history of a seizure disorder), it may be acceptable for an LVN to initiate a standing order following a telephone consultation with a physician, psychiatrist, dentist or other person who meets the minimum certification level to initiate such orders. Under these circumstances, it is essential that the inmate be personally evaluated within 24 hours by a nurse practitioner, registered nurse or physician.

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## Medical Equipment and Supply Control

### 722.1 PURPOSE AND SCOPE

This policy outlines the control and inventory process to be utilized in accounting for all medical equipment and supplies. Medical equipment and supplies can pose a hazard for both the inmate population and the staff. Unauthorized possession of medical equipment and supplies constitutes possession of contraband. Unauthorized use of medical equipment and supplies violates inmate rules detailed in the inmate handbook. Since it is necessary to have a well-stocked medical space within the secure perimeter of the facility, there must be a plan to ensure that equipment and medical supplies are accounted for and tightly controlled.

#### 722.1.1 PROCEDURES

There are no procedures associated with this policy.

### 722.2 POLICY

It is the policy of this department that all medical equipment, including sharps, dental instruments, needles and other items must be tightly controlled so they cannot be used as weapons or to facilitate the injection of drugs or other substances. Additionally, these tools and supplies must be controlled to prevent exposure to biohazards.

### 722.3 STAFF RESPONSIBILITIES

It is the responsibility of the Captain to ensure that the inmate handbook clearly defines the unauthorized possession and/or use of medical equipment and supplies as a rule violation that may result in discipline.

The Responsible Physician, Health Authority, or authorized designee shall create and maintain an inventory log for all medical equipment and supplies. This log will be utilized by medical personnel who work within the facility to track and control medical equipment and supplies. When not in use, all medical equipment and supplies shall be stored in a secure manner to prevent unauthorized access.

At the beginning of each shift, the qualified health care professional shall inventory the medical supplies and equipment within their control. Any time a disposable item is used, the log shall reflect its use and disposal. At the end of each shift, the qualified health care professional will conduct another inventory using the supply and equipment log, and reconcile any disposable supplies used during their shift.

If there is a discrepancy that indicates that medical supplies or equipment are missing, the Lieutenant shall be immediately notified. The Lieutenant shall initiate a search for the missing supplies and/or equipment. The Lieutenant shall document the incident and any actions taken and provide the Captain with a complete report.



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## Continuation of Care

### 723.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain a proactive health system in the facility that fosters the continuation of health care needs that, if discontinued, would have a negative effect on the health of the incarcerated person. The sole objective is to maintain or improve the health of the incarcerated persons. This policy is intended to ensure that incarcerated persons receive health services in keeping with current community standards as ordered by qualified health care professionals.

#### 723.1.1 PROCEDURES

There are no procedures associated with this policy.

### 723.2 POLICY

It is the policy of this department that all incarcerated persons shall have access to the continuation of care for a health issue, provided the treatment plan meets community standards. The incarcerated person's health care needs will be assessed by qualified health care professionals and continued as determined or referred after release (15 CCR 1206.5(a); 15 CCR 1210).

### 723.3 CONTINUATION OF CARE

The Captain is responsible for coordinating with the Responsible Physician or Health Authority to ensure that all incarcerated persons receive appropriate health care, including but not limited to:

- (a) Newly booked incarcerated persons shall have a medical screening as part of the booking and classification process. This screening includes documentation of acute or chronic health issues or conditions, existing injuries, and medications or treatments the incarcerated person is currently receiving.
  - 1. Any prior jail health records, including those from other facilities, should be reviewed.
  - 2. Current medications will be verified and continued as deemed appropriate by the Responsible Physician or the authorized designee.
- (b) A health assessment is completed prior to housing.
- (c) Continuation of birth control measures, upon request by the incarcerated person, as prescribed by a physician, nurse practitioner, certified nurse midwife, or physician assistant (Penal Code § 4023.5).
- (d) Individual treatment plans that are used to guide treatment. The format for planning may vary but should include, at a minimum:
  - 1. The frequency of follow-up for medical evaluation and adjustment of treatment modality.
  - 2. The type and frequency of diagnostic testing and therapeutic regimens.

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### *Continuation of Care*

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3. When appropriate, instructions about diet, exercise, medication, and adaptation to the correctional environment.
  4. Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the incarcerated person.
- (e) Reasonable effort should be made to obtain information and records relating to previous health care professionals, with the consent of the incarcerated person, if the incarcerated person is currently under medical care.
- (f) Upon transfer to another facility, a medical discharge summary of the incarcerated person's current condition, medications, and treatment plan will be forwarded in a sealed envelope (to maintain confidentiality) to the receiving facility.
- (g) Response to requests for health information from medical facilities and health care professionals, with the incarcerated person's written consent.
- (h) When incarcerated persons are sent out of the facility for emergency or specialty medical treatment, written information regarding the incarcerated person's reason for transfer, pertinent medical problems, and list of current medications should be sent with the incarcerated person and may be given to those providing care upon request. The name and telephone number of a contact person the medical facility can call should be included with the patient's health information. Upon the incarcerated person's return to the facility, treatment recommendations should be reviewed by the Responsible Physician, Health Authority, or the authorized designee and appropriate plans should be made for continuing care in the facility based on the treating facility's diagnosis, recommended medications, and other treatment.
- (i) Upon release from the facility, incarcerated persons should be given written instructions for the continuation of care, including but not limited to:
1. The name and contact information of health care facilities for follow-up appointments.
  2. Prescriptions and/or an adequate supply of medication for those with chronic medical or psychiatric conditions.

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# Continuous Quality Improvement

## 724.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a Continuous Quality Improvement (CQI) process of health care review in an effort to identify improvement needs in policies, processes or staff actions, and to develop and implement better health care strategies to improve the processes and outcomes of the health care services delivered at this facility.

### 724.1.1 PROCEDURES

There are no procedures associated with this content.

## 724.2 POLICY

It is the policy of this department that an internal review and CQI process for inmate health care delivery and outcomes is developed and maintained, measurable goals and objectives are established and reviewed annually, and that the process itself is periodically reviewed and updated as needed. The process should be supervised by the Health Authority. The data evaluated should result in more effective access to services, an improved quality of care and a better utilization of resources.

## 724.3 CQI TECHNIQUES AND MONITORING

The CQI process may be applied to any aspect of health care delivery and health service outcomes, including, but not limited to, monitoring and reviewing the following:

- Quality of the medical charts, by the Health Authority or the authorized designee
- Investigations of complaints and grievances
- Corrective action plans and plan outcomes
- Deaths in custody, suicide attempts, sentinel events, and incident and management of serious communicable disease outbreaks
- Plans for employee education and training, using investigation findings
- Records of internal review activities
- Quarterly reports to the Health Authority and Captain
- Legal requirements for confidentiality of medical records
- Credentialing (assessing and confirming qualifications), privileging (authorization to provide services), and training of employees and the associated peer review processes
- Condition and effectiveness of the care environment
- Adequacy and quality of supplies and equipment
- Quality of care provided to individual patients
- Accuracy and efficiency of pharmacy services and medication administration

## *Continuous Quality Improvement*

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- Ease of access to care
- Risk minimization tactics
- Data describing the types, quality and quantity of care provided
- Accreditation compliance

### **724.4 CQI COMMITTEE MEETINGS**

The jail CQI committee should meet quarterly under the direction of the Responsible Physician or Health Authority. The CQI meetings may be conducted at the same time as quarterly administrative meetings, but CQI minutes must be produced and maintained separately from any other minutes.

The CQI minutes are not subject to disclosure outside of the CQI program, including requests from local, regional and national entities. Other interested parties with a need to know are only entitled to the disclosure of information that includes:

- (a) Problems that may have been identified.
- (b) Solutions that have been agreed upon.
- (c) Persons responsible for implementing the corrective action.
- (d) The time frame for implementing the corrective actions.

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# Informed Consent and Right to Refuse Medical Care

## 725.1 PURPOSE AND SCOPE

This policy recognizes that inmates have a right to make informed decisions regarding their health care. It establishes the conditions under which informed consent should be obtained prior to treatment, when medical care may proceed without consent, the documentation process for the refusal of medical care and the retention of refusal forms.

### 725.1.1 DEFINITIONS

Definitions related to this policy include:

**Informed consent** - The written agreement by an inmate to a treatment, examination or procedure. Consent is sought after the inmate has received the material facts about the nature, consequences and risks of the proposed treatment, the examination or procedure, the alternatives to the treatment and the prognosis if the proposed treatment is not undertaken, in a language understood by the inmate.

### 725.1.2 PROCEDURES

[Custody Procedure Manual: 730.1 MEDICATION CONSENT PROCEDURE](#)

## 725.2 POLICY

It is the policy of this department that generally, all health care examinations, treatments and procedures shall be conducted with the informed consent of the inmate. Exceptions include emergencies, life-threatening conditions and a court order (15 CCR 1214).

## 725.3 INFORMED CONSENT

The qualified health care professional initiating treatment shall inform the inmate of the nature of the treatment and its possible side effects and risks, as well as the risks associated with not having the treatment.

For invasive procedures or any treatment where there is some risk to the inmate, informed consent is documented on a written form containing the signatures of the inmate and a health services staff witness.

A signed informed consent shall be obtained and witnessed by the prescribing psychiatrist for the initiation of psychotropic medication.

Appropriate arrangements shall be made to provide language translation services as needed before an inmate signs any informed consent form.

For conservatees, the informed consent of a guardian or legal custodian applies where required by law. Involuntary medications are not administered at the Marin County Jail.

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### *Informed Consent and Right to Refuse Medical Care*

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#### **725.4 REFUSAL OF TREATMENT**

When an inmate refuses medical, mental health or dental treatment or medication, he/she shall be counseled regarding the necessity of the treatment/medication and the consequences of refusal. The inmate shall then be requested to sign a form acknowledging that he/she refused an examination and/or treatment.

The form shall be filled out completely by the qualified health care professional and include the inmate's name, booking number, treatment/medication refused, the risks or consequences of refusal and the inmate's mental status. The form must be signed by the inmate and a witness.

In the event that the inmate refuses to sign, a notation to this effect shall be documented on the inmate signature line. This shall require a signed acknowledgement by two witnesses.

Documentation regarding the inmate's mental status shall be noted in the medical record, along with a brief note describing the intervention of the qualified health care professional.

The completed form is to be placed in the inmate's medical record.

It is the responsibility of the qualified health care professional to refer all refusal forms to the Responsible Physician or Health Authority.

Any time there is a concern about the decision-making capacity of the inmate, an evaluation shall be conducted, particularly if the refusal is for critical or acute care.

The refusal form shall be a permanent part of the inmate's medical record.

The inmate may revoke his/her refusal at any time.

#### **725.4.1 STERILIZATION**

This department shall not perform any sterilization procedure on an inmate, without the inmate's consent, unless the procedure is necessary to save the inmate's life. A sterilization procedure may be performed with the inmate's consent under the following conditions (Penal Code § 3440(b)):

- (a) Less invasive measures are not available, have been refused by the inmate or have been deemed unsuccessful.
- (b) A second physician, approved to provide medical services for the facility, but not employed by the county, confirms the need for the procedure.
- (c) The inmate has been advised of the impact and side effects of the procedure, and that refusal will not affect his/her ability to receive future medical treatment.

If a sterilization procedure is performed, this department shall provide psychological consultation before and after the procedure, as well as the appropriate medical follow-up (Penal Code § 3440(c)).

The Records Manager shall also submit data annually to the Board of State and Community Corrections regarding the race, age, medical justification and method of sterilization for any sterilization procedure performed (Penal Code § 3440(d)).

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### **725.5 RECORDS**

The Captain or the authorized designee shall work with the Responsible Physician or Health Authority to develop medical care consent and refusal forms and a system for retaining records in the inmate's health file in accordance with established records retention schedules.

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## Management of Health Records

### 726.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a uniform manner of maintaining the active health records of incarcerated persons for easy accessibility during clinical treatment, and the storage methods for inactive health records. This policy also addresses practices that will ensure the confidentiality of health record information by separating it from custody records.

#### 726.1.1 DEFINITIONS

Definitions related to this policy include:

**Protected health information** - Information that relates to the incarcerated person's past, present, or future physical or mental health or condition, the provision of medical care to the incarcerated person, or the past, present, or future payment for the provision of health care to the incarcerated person (45 CFR 160.103).

#### 726.1.2 PROCEDURES

There are no procedures associated with this policy.

### 726.2 POLICY

It is the policy of this department to maintain the confidentiality of incarcerated persons' protected health information. Incarcerated person health records will be maintained separately from custody records and under secure conditions, in compliance with all local, state, and federal requirements.

The Responsible Physician, Health Authority, or the authorized designee will establish standardized facility procedures for recording information in the file and for the control and access to incarcerated person health records. Incarcerated person workers shall not have any access to incarcerated person health records.

### 726.3 INITIATING A HEALTH RECORD

Following the initial medical screening process, the qualified health care professional shall initiate a health record for each incarcerated person. The Responsible Physician, or Health Authority, shall be responsible for developing and implementing procedures for standardized record formatting (15 CCR 1205 et seq.).

### 726.4 CONFIDENTIALITY OF AN INCARCERATED PERSON'S HEALTH RECORDS

Information regarding an incarcerated person's health status is confidential. Active health records shall be maintained separately from custody records. Access to an incarcerated person's health record shall be in accordance with state and federal law (Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191 and the implementing regulations) (15 CCR 1205).

The incarcerated person's protected health information may be disclosed, with the incarcerated person's written authorization, to any person so designated. A fully completed authorization



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for release and/or a disclosure of protected health information form shall be required prior to disclosure based upon informed consent (15 CCR 1205).

The incarcerated person's protected health information may be disclosed by the qualified health care professional without the incarcerated person's authorization under certain circumstances and when approved by the Responsible Physician, Health Authority, or the authorized designee. Those circumstances include:

- (a) To known qualified health care professionals who are members of the health care team responsible for the incarcerated person's care.
- (b) To custody staff regarding incarcerated persons as reasonably necessary to protect the safety, security, and good order of the facility. Examples may include information that the incarcerated person may be:
  - 1. Suicidal.
  - 2. Homicidal.
  - 3. A clear custodial risk.
  - 4. A clear danger of injury to self or others.
  - 5. Gravely disabled.
  - 6. Receiving psychotropic medications.
  - 7. A communicable disease risk.
  - 8. In need of special housing.
- (c) To the local public health officer when an incarcerated person is part of a communicable disease investigation.
- (d) Pursuant to a court order or valid subpoena duces tecum, accompanied by satisfactory assurance that the incarcerated person has been given notice and an opportunity to file an objection or efforts have been made to secure a protective order as required under HIPAA (45 CFR 164.512).
- (e) To a law enforcement officer for purposes of a criminal investigation, to avert a serious threat to the health or safety of any person or to fulfill mandatory reporting requirements.
- (f) To a law enforcement officer when the incarcerated person has died as a result of criminal conduct.

The incarcerated person's limited protected health information may also be disclosed to a law enforcement officer for purposes of identifying or locating a suspect or when the incarcerated person is a victim of a crime. When reasonably possible, the approval of the Captain should be obtained prior to disclosure.

Attorneys requesting health record information regarding an incarcerated person shall be advised that an authorization for release and/or a disclosure of medical information form or an attorney release form signed by the inmate is required.

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Family members may be informed of the incarcerated person's custody status and whether the incarcerated person is receiving medical care. Family members requesting additional information must provide a proper authorization for release and/or a disclosure of medical information form.

The Captain, in consultation with the Responsible Physician, shall designate personnel who will be responsible for reviewing all requests for access to medical records and who will propose related policies and procedures and other activities designed to facilitate proper documentation of health care and access to records.

### **726.4.1 ADDITIONAL STATE PRIVACY PROTECTIONS**

The Responsible Physician, Health Authority, or the authorized designee shall ensure that privacy protections comply with state law requirements regarding privacy and confidentiality applicable to the specific type of medical records requested, including:

- (a) Records associated with human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS) (Health and Safety Code § 121025).
- (b) Records of patients in alcohol or substance abuse treatment programs (Health and Safety Code § 11845.5).

### **726.5 HEALTH RECORD CONTENTS**

- (a) To standardize record keeping and to identify responsibilities, the following should apply to incarcerated person health records (15 CCR 1205):
  - 1. The qualified health care professional or the authorized designee should be responsible for ensuring that all required information and forms are included in the medical records. There should also be a periodic informal review as described in the Continuous Quality Improvement Policy.
  - 2. The qualified health care professional or the authorized designee should be responsible for ensuring incoming written findings and recommendations are returned with the incarcerated person from any offsite visit and filed in the incarcerated person's medical record.
- (b) Incarcerated persons' health records shall minimally contain but are not limited to:
  - 1. Identifying information (e.g., incarcerated person name, identification number, date of birth, gender) on each sheet in the file.
  - 2. Completed incarcerated person medical/mental health screening forms and evaluation reports.
  - 3. Health appraisal information and data forms.
  - 4. Complaints of illness or injury.
  - 5. A problem summary, containing medical and mental health diagnoses and treatments as well as known allergies.
  - 6. Immunization records.

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### *Management of Health Records*

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7. Progress notes of all significant findings, diagnoses, treatments, and dispositions.
8. Orders from a qualified health care professional for prescribed and administered medications and medication records in conformance with 15 CCR 1216.
9. X-ray and laboratory reports and diagnostic studies.
10. A record of the date, time, and place of each clinical encounter with incarcerated persons.
11. Health service reports.
12. Individualized treatment plans when available or required.
13. Consent and refusal forms.
14. Release of information authorization forms (including HIPAA forms).
15. Results of specialty consultations and off-site referrals.
16. Special needs treatment plans, if applicable.
17. Names of personnel who treat, prescribe, and/or administer/deliver prescription medication.

#### **726.6 ACTIVE INCARCERATED PERSONS HEALTH RECORDS**

Active incarcerated person health records will be accessible through the Electronic Medical Record (EMR) to qualified health care professionals as necessary for the provision of medical treatment and other uses allowed by law, or the Captain or the authorized designee under exigent circumstances, to protect the safety, security, and good order of the facility.

All entries in the incarcerated person's health record will have the place, date, time, signature and title of each individual providing care and should be legible.

Documentation in the incarcerated person's health record is done in the subjective, objective, assessment, and plan (SOAP) format. An incarcerated person's health record is initiated at the first health encounter in booking.

If an incarcerated person has been previously incarcerated, the previous health record should be reactivated. If a new record has been initiated and a previous record exists, medical records personnel should merge the two records in order to compile a complete history, unless mandated statutory retention schedules have provided for the destruction of one file and there is a need to create a new file.

New information shall be entered on the health record at the completion of each encounter.

All the incarcerated person's health records shall be returned to the file prior to the end of each watch.

#### **726.7 TRANSFER OF MEDICAL RECORDS TO STATE PRISON AND OTHER FACILITIES**

Medical records will be transferred with all inmates who are released to other agencies.

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#### **726.7.1 SUBSECTION TITLE**

When the Housing Sergeant is notified of the pending release of an inmate to an outside agency, the sergeant or his/her designee will immediately notify Medical staff of the inmate's name, JID number and approximate time of release. If Medical staff is not in the office the message can be left on their voicemail (6291). Whenever a teletype is sent to notify an agency of immediate pick-up (5 day notice) a copy of the teletype will be sent to Medical staff so they can prepare the medical transportation packet in advance.

Medical staff will gather all pertinent documents and place them into a blue and white transportation envelope. The envelope will have the inmate's name prominently placed on the outside of the envelope along with any medical information the transporting officer may need to know. All other medical records will be sealed inside the envelope.

When the inmate is released from the Pod, the releasing deputy will pick up the medical records envelope from the medical offices. The inmate will not be released from our custody unless the medical record envelope has been given to the outside agencies transporting officer.

#### **726.8 INACTIVE MEDICAL RECORDS**

When an incarcerated person is released from custody, the inmate is automatically released from the Electronic Medical Record (EMR).

The health record should be reviewed for completeness. Any loose documents should scanned and filed according to the established health record format.

The health record is securely stored in the Electronic Medical Record format in accordance with established records retention schedules but no less than 10 years from the date of the last clinical encounter. Adult records and juvenile records may have different jurisdictional retention requirements.

Inactive incarcerated person medical record files are stored off-site. Health record information from inactive files may be transmitted to specific and designated physicians or medical facilities upon the written request or authorization of the incarcerated person.

#### **726.9 ELECTRONIC MEDICAL RECORDS**

If medical records are maintained in an electronic format, the system should be structured with redundancies to ensure the records will survive any system failure.

#### **726.10 HIPAA COMPLIANCE**

The Captain, in consultation with the Responsible Physician or Health Authority, shall ensure that a health record protection and disclosure compliance plan conforming to the requirements of HIPAA is prepared and maintained. The plan should detail all necessary procedures for security and review of the access and disclosure of protected health information.

At minimum, the plan will include:

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- Assignment of a HIPAA compliance officer, who is trained in HIPAA compliance and will be responsible for maintaining procedures for and enforcing HIPAA requirements, including receiving and documenting complaints about breaches of privacy.
- Ongoing training on HIPAA requirements, depending on the level of access the member has to protected health information.
- Administrative, physical and technical safeguards to protect the privacy of protected health information.
- Procedures for the permitted or required use or disclosure of protected health information and the mitigation of harm caused by improper use or disclosure.
- Protocol to ensure privacy policies and procedures, any privacy practices notices, disposition of any complaints, and other actions, activities, and designations required to be documented, are maintained for at least six years after the date of creation or last effective date, whichever is later.

# Inmate Health Care Communication

## 727.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain effective communication between the treating qualified health care professionals and custody personnel. This communication is essential at all levels of the organization to ensure the health and safety of all occupants of the facility.

### 727.1.1 PROCEDURES

There are no procedures associated with this policy.

## 727.2 POLICY

It is the policy of this department that effective communication shall occur between the Captain and the treating qualified health care professionals regarding any significant health issues of an inmate. All health issues should be considered during classification and housing decisions in order to preserve the health and safety of the occupants of this facility.

When a qualified health care professional recognizes that an inmate will require accommodation due to a medical or mental health condition, custody personnel shall be promptly notified.

The Captain shall be responsible for establishing measurable goals relating to processes that enhance good communication between the qualified health care professionals and the custody staff. The Captain should also establish the desired performance objectives relating to practices that support good communication between the qualified health care professionals and the custody staff. The Captain should annually review the performance objectives for updates in support of continuous improvement in the delivery of health care services.

## 727.3 MANAGING SPECIAL NEEDS INMATES

Upon an inmate's arrival at the facility, the qualified health care professional, in conjunction with the custody staff, should determine if the inmate has any special needs.

- (a) If staff determines that an inmate has special needs, a communication form or other appropriate documentation in CMS, relating to special needs should be completed. This is to ensure that the inmate is assigned to a housing unit that is equipped to meet his/her special needs.
- (b) The qualified health care professional should arrange for the appropriate follow-up evaluation.
- (c) The health care of special needs inmates should be continuous and ongoing. At minimum, the inmate should be seen by the Responsible Physician or a qualified health care professional at least once every 90 days to evaluate his/her continued designation as a special needs inmate.
- (d) Inmates who have been determined by qualified health care professionals to require a special needs classification should be seen at least once monthly by a qualified health care professional.

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- (e) Prior to transfer to another facility, a medical transfer summary should be completed detailing any special requirements that should be considered while the inmate is in transit and upon his/her arrival at the destination. Discharge planning should be included, as appropriate.
- (f) A treatment plan should be developed for each inmate and should include, at a minimum:
  - 1. The frequency of follow-up for medical evaluation and anticipated adjustments of the treatment modality.
  - 2. The type and frequency of diagnostic testing and therapeutic regimens.
  - 3. When appropriate, instructions about diet, exercise, adaptation to the correctional environment and using prescribed medications.
- (g) When clinically indicated, the qualified health care professionals and the custody personnel should consult regarding the condition and capabilities of inmates with known medical and/or psychiatric illnesses or developmental disabilities prior to any of the following:
  - 1. Housing assignment
  - 2. Program or job assignment
  - 3. Admissions to, and transfers from or between institutions
  - 4. Disciplinary measures for mentally ill patients
- (h) Qualified health care professionals and custody personnel should communicate about inmates who require special accommodation. These include, but are not limited to, inmates who are:
  - 1. Chronically ill
  - 2. Undergoing dialysis
  - 3. In an adult facility, as an adolescent
  - 4. Infected with a communicable disease
  - 5. Physically disabled
  - 6. Pregnant
  - 7. Frail or elderly
  - 8. Terminally ill
  - 9. Mentally ill or suicidal
  - 10. Developmentally disabled

#### **727.4 NOTIFICATION TO SUPERVISORS**

In the event that there is no mutual agreement regarding an individual or group of inmates who require special accommodation for medical or mental health conditions, supervisors in the respective chain of command within the health care and custody staff should address these issues.

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#### **727.5 NOTIFICATION TO THE SHERIFF FOR MEDICAL RELEASE**

Supervisors, through the chain of command, should advise the Sheriff when a terminally ill inmate may be appropriate for early release or medical probation under Government Code § 26605.6 because the inmate would not reasonably pose a threat to public safety and the inmate has a life expectancy of six months or less, or the inmate requires 24-hour care or acute long-term inpatient rehabilitation services.



## Forensic Evidence

### 728.1 PURPOSE AND SCOPE

The purpose of this policy is to maintain credibility between the inmates and the facility's qualified health care professionals by establishing clear guidelines restricting facility health care professionals from participating in the collection of forensic evidence for disciplinary or legal proceedings.

#### 728.1.1 DEFINITION

Definitions related to this policy include:

**Forensic evidence** - Physical or psychological data collected from an inmate that may be used against the inmate in disciplinary or legal proceedings.

#### 728.1.2 PROCEDURES

There are no procedures associated with this policy.

### 728.2 POLICY

Qualified health care professionals of this facility are generally prohibited from participating in the collection of forensic evidence or performing psychological evaluations for disciplinary or legal proceedings.

Qualified health care professionals of this facility should not be involved in the collection of forensic evidence except when complying with state laws requiring the collection of blood samples from inmates, provided the inmate has consented to the procedure and staff are not involved in any punitive action against the inmate.

Qualified health care professionals of this facility may collect blood or urine for testing for alcohol or drugs when it is done for medical purposes and under a physician's order. Qualified health care professionals of this facility may conduct inmate-specific, court-ordered laboratory tests and examinations or radiology procedures with the consent of the inmate.

Qualified health care professionals of this facility are prohibited from being involved in the following procedures:

- (a) Body cavity searches
- (b) Psychological evaluations for use in adversarial proceedings
- (c) Blood draws for lab studies ordered by the court, without inmate consent
- (d) Any medical procedure, except emergency lifesaving measures, that does not have the inmate's written consent

It shall be the responsibility of the Sheriff or the authorized designee to arrange for appropriately trained professionals to collect forensic evidence for disciplinary or legal proceedings.

## Oral Care

### 729.1 PURPOSE AND SCOPE

The intent of this policy is to ensure that inmates have access to dental care and treatment for serious dental needs. While the focus of this policy is primarily on urgent and emergent dental care, as with medical or mental health care, dental care is available based upon patient need.

#### 729.1.1 DEFINITIONS

Definitions related to this policy include:

**Infection control practices** - Are defined by the American Dental Association (ADA) and the Centers for Disease Control and Prevention (CDC) as including sterilizing instruments, disinfecting equipment and properly disposing of hazardous waste.

**Oral care** - Includes instruction in oral hygiene, examinations and treatment of dental problems. Instruction in oral hygiene minimally includes information on plaque control and the proper brushing of teeth.

**Oral examination** - Includes taking or reviewing the patient's oral history, an extra-oral head and neck examination, charting of teeth, and examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer and adequate illumination.

**Oral screening** - Includes visual observation of the teeth and gums, and notation of any obvious or gross abnormalities requiring immediate referral to a dentist.

**Oral treatment** - Includes the full range of services that in the supervising dentist's judgment are necessary for proper mastication and for maintaining the inmate's health status.

#### 729.1.2 PROCEDURES

[Custody Procedure Manual: 734.1 ORAL CARE PROCEDURE](#)

### 729.2 POLICY

It is the policy of this department that oral care is provided under the direction of a dentist licensed in this state and that care is timely and includes immediate access for urgent or painful conditions. There are established priorities for care when, in the dentist's judgment, the inmate's health would otherwise be adversely affected (15 CCR 1215).

### 729.3 ACCESS TO DENTAL SERVICES

Emergency and medically required dental care is provided to each inmate upon request. Dental services are not limited to extractions. It is the goal of dental services to alleviate pain and suffering, ensure that inmates do not lose teeth merely as a consequence of incarceration and to provide appropriate dental service whenever medically required to maintain nutrition (15 CCR 1215).

Access to dental services should be as follows:

- (a) All inmates wishing to see the dentist for a non-emergency issue shall complete a sick call form. Requests should be triaged according to the nature and severity of

### Oral Care

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the problem and should be seen by a dentist according to assigned priority. Inmates requesting dental services on weekends or after hours will initially be evaluated by a qualified health care professional and referred appropriately.

- (b) If an inmate suffers obvious trauma or other dental emergency, the qualified health care professional may arrange for immediate access to a dentist or may transfer the inmate to an emergency room for treatment.
- (c) Inmates who are furloughed or sentenced to work release or another form of community release may see their own dentist pursuant to approval of scheduling arrangements with facility medical and custody staff. The inmate will be financially responsible for any payment. The Department is under no obligation to transport the inmate to this appointment.
- (d) Records documenting all dental treatment should be maintained in the inmate's medical record and retained in accordance with established records retention schedules. Examination results should be recorded on a uniform dental record using a numbered system.
- (e) Medications prescribed by a dentist should be administered in accordance with pharmacy procedures and documented in the inmate's medical record.
- (f) Necessary dental services identified by a dentist that are not available on-site should be provided by referral to community resources as deemed necessary by the facility dentist.

#### **729.4 DENTAL CARE OPTIONS**

Inmates should be offered a dental screening by a qualified health care professional at time of Booking intake. The intake nurse may make referrals if deemed appropriate.

Inmates should be offered a dental examination, supported by diagnostic X-rays if necessary, by a dentist within 12 months of incarceration at time of annual Physical.

Inmates who are scheduled to be incarcerated for less than 12 months should have access to the treatment of dental pain, fillings, extractions of non-restorable teeth, cleaning and treatment of symptomatic areas and repair of partials and dentures.

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## Pharmaceutical Operations

### 730.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the procedures and protocols under which the facility must manage a pharmaceutical operation in order to comply with federal, state and local laws that govern prescribing and administering medication.

#### 730.1.1 DEFINITIONS

Definitions related to this policy include:

**Administration** - The act of giving a single dose of a prescribed drug or biological substance to an incarcerated person. Administration is limited to qualified health care professionals.

**Controlled substances** - Medications classified by the Drug Enforcement Administration (DEA) as Schedule II-IV (21 USC § 812).

**Delivery** - The act of providing a properly labeled prescription container (e.g., a dated container that includes the name of the individual for whom the drug is prescribed, the name of the medication, dose, and instructions for taking the medication, the name of the prescribing physician, and expiration dates). Under these circumstances, a single dose at a time can be delivered to the incarcerated person, according to the written instructions, by any qualified health care professional. It is the policy of the Marin County Jail, that at no time will non-medical custody staff deliver or administer medications. The Marin County Jail has nursing services 24-hours per day, 7 days a week.

**Dispensing** - Those acts of processing a drug for delivery or administration to an incarcerated person pursuant to the order of a qualified health care professional. Dispensing consists of:

- Comparing directions on the label with the directions on the prescription or order to determine accuracy.
- Selection of the drug from stock to fill the order.
- Counting, measuring, compounding, or preparing the drug.
- Placing the drug in the proper container and affixing the appropriate prescription label to the container.
- Adding any required notations to the written prescription.

Dispensing does not include the acts of distributing, delivery, or administration of the drug. The function of dispensing is limited to pharmacists and qualified health care professionals.

**Distributing** - The movement of a drug, in the originally labeled manufacturer's container or in a labeled pre-packaged container, from the pharmacy to a health care services area.

**Dose** - The amount of a drug to be administered at one time.

**Drug** - An article recognized in the United States Pharmacopoeia and National Formulary (USP-NF), the Homeopathic Pharmacopoeia of the United States, or any supplement that is intended for

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use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans. A substance, other than food, intended to affect the structure or any function of the human body.

**Pharmaceutical operations** - The functions and activities encompassing the procurement, dispensing, distribution, storage, and control of all pharmaceuticals used within the jail, the monitoring of incarcerated person drug therapy, and the provision of incarcerated person/patient drug information.

#### 730.1.2 PROCEDURES

[Marin County Sheriff's Office Custody Procedure Manual: 731.1 PHARMACEUTICAL OPERATIONS PROCEDURE](#)

#### **730.2 POLICY**

It is the policy of this department that pharmaceutical operations meet all federal, state, and local legal requirements and be sufficient to meet the needs of the facility population (15 CCR 1216).

#### **730.3 PHARMACEUTICAL OPERATIONS**

- (a) Diamond Pharmacy Services are the vendor that supply, oversee, and deliver medications to the Marin County Jail Medical Services. The assigned Pharmacist will oversee pharmaceutical operations with the Physician and or Healthcare Authority. At least quarterly, the assigned Pharmacist will produce a status report, and will be available, as needed, as a consultant. The Responsible Physician or Health Authority, in conjunction with the pharmacist, shall establish a list of all prescription and non-prescription medications available for incarcerated person use.
  1. Drugs approved for use in the facility should promote safe, optimum, and cost-efficient drug therapy.
  2. The list should be periodically updated.
- (b) The Responsible Physician or Health Authority, in conjunction with the pharmacist, shall ensure appropriate medication storage, handling and inventory control.
- (c) The Responsible Physician or Health Authority shall inspect the pharmaceutical operation quarterly and regularly review charts on medication utilization.
- (d) The Responsible Physician or Health Authority shall be responsible for establishing and maintaining a system for storing and accounting for controlled substances. A count of syringes, needles, and controlled substances shall be taken and verified as correct and documented at the change of each shift by two qualified health care professionals. An incorrect count shall be reported immediately to the Lieutenant. Medications shall be stored under proper conditions of security, separation, and environmental control at all storage locations.
  1. Medication shall be accessible only to legally authorized persons.
  2. Medication and device cabinets (stationary or mobile) shall be closed and locked when not in use.

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3. Diamond Pharmacy Services will consult with the Pharmacist's overview, and inspections take place at least quarterly, or more often as needed.
  4. Controlled substances shall be stored and handled in accordance with DEA regulations.
  5. Medication requiring refrigeration shall be stored separately either in a refrigerator that is locked or in a refrigerator that is in a locked room and is used exclusively for medication and medication adjuncts. The inside temperature of this refrigerator shall be maintained between 36 and 46 degrees. The inside temperature shall be monitored and recorded daily on a refrigerator temperature log.
  6. Antiseptics and other medications for external use shall be stored separately from internal and injectable medications.
- (e) Medication shall be kept in pharmacist-packaged or the original manufacturer's labeled containers. Medication shall only be removed from these containers to prepare a dose for administration. Drugs dispensed to incarcerated persons who are off grounds or are being discharged from the facility shall be packaged in accordance with the provisions of federal packaging laws (15 USC § 1471 et seq.) and any other applicable state and federal law.
- (f) Medication shall be properly labeled with the label firmly affixed to the prescription package. Each label shall indicate the name, address, and telephone number of the dispensing pharmacy, in addition to:
1. The medication name, strength, quantity, manufacturer, manufacturer's lot number or internal control number, and expiration date.
  2. Directions for use, dispensing date, and drug order expiration date. Accessory or cautionary labels shall be applied as appropriate.
  3. In cases where a multiple dose package is too small to accommodate the prescription label, the label may be placed on an outer container into which the multiple dose packages are placed.
- (g) Medication that is outdated, visibly deteriorated, unlabeled, inadequately labeled, discontinued, or obsolete shall be stored in a separate secure storage area and disposed of in accordance with the following requirements:
1. Controlled substances shall be disposed of in accordance with the state and federal regulations (15 CCR 1216(b)(8)).
  2. Unused, outdated, or discontinued doses or excess inventories of non-controlled drugs that have not been in the possession of the incarcerated person shall be returned to the pharmacy for disposition.
  3. Returned, non-controlled substances that have been in the possession of the incarcerated person, unclaimed personal medication collected at intake, or individual doses of medication removed from the original pharmacy packaging shall be destroyed at the facility by health services staff and placed in the medical waste disposal system.

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4. Pharmaceutical waste shall be separated from other types of medical waste for handling and disposal purposes, and will be discarded in designated containers distinctly identified for medical waste.
- (h) All medication preparation, storage and administration areas shall be clean, organized, illuminated, ventilated, and maintained at an appropriate temperature range. Any mobile medication cart that is not being used in the administration of medication to incarcerated persons shall be stored in a locked room that meets similar requirements.
- (i) Current drug reference information, such as a Physician's Desk Reference (PDR) or an approved website, shall be available to staff.
- (j) An annual report on the status of the pharmaceutical operation will be prepared by the pharmacist and provided to the Responsible Physician or Health Authority and the Captain.

#### **730.4 PRESCRIBING MEDICATIONS**

All medications shall be prescribed in a safe and effective manner for clinically appropriate reasons and documented in the individual patient medical record. Records shall be retained in accordance with established records retention schedules (15 CCR 1216; 15 CCR 1217).

- (a) Any medication prescribed by a qualified health care professional shall specify the drug name, strength, dose, route, frequency, discontinuation date, and indication for use if the medication is intended to be used as needed. Medication shall not be prescribed for an indefinite period. The qualified health care professional shall review medication regimens at specified time intervals. An order to continue or discontinue any medication shall be documented in the medical record, which will supersede any earlier orders for that medication. A physician's signature should be required on all verbal orders within 72 hours of the order.
- (b) Any medication prescription that is not complete or is questionable shall not be prepared until clarification is received from the qualified health care professional. Staff shall make an effort to obtain prescription clarification in a timely manner.
- (c) Medication shall only be ordered upon approval of the Responsible Physician. Medication shall be prescribed and ordered from the facility list of approved medications unless the Responsible Physician approves otherwise.
- (d) Some incarcerated persons may be permitted to possess and self-administer some medications when monitored and controlled, in accordance with this policy.
- (e) Apparent adverse drug reactions shall be recorded in the incarcerated person's health record by the qualified health care professional.
- (f) The qualified health care professional shall notify the Responsible Physician in a timely manner. Medication error reports shall be completed on all known medication errors.

#### **730.5 PER DOSE MEDICATION ADMINISTRATION**

Psychotropic medication, controlled substances, tuberculosis (TB) medication, seizure medication, and those listed as directly observed therapy (DOT) shall be administered to

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incarcerated persons on a per dose basis. Health-trained custody staff members may administer medication on the order of the Responsible Physician or a qualified health care professional (15 CCR 1216(b)).

- (a) Each medication ordered on a per dose basis for individual incarcerated persons shall be kept in the medication room of the facility.
- (b) Medication dispensing envelopes bearing the incarcerated person's name, booking number, housing location, and the medication and its dosing schedule shall be generated for each incarcerated person receiving per dose medication. These shall be administered from the individually packaged supply and delivered to the patient at each scheduled medication time.
- (c) The qualified health care professional or health-trained custody staff member will confirm the incarcerated person's identity prior to administering the medication by comparing the name/booking number on the dispensing envelope with the incarcerated person's identification badge/armband.
  - 1. Incarcerated persons should have a fluid container and adequate fluid to take the medication being administered.
  - 2. The qualified health care professional or health-trained custody staff member should observe the incarcerated person taking the medication to prevent "cheeking" or "palming."
  - 3. The qualified health care professional or health-trained custody staff member should inspect the incarcerated person's mouth after the incarcerated person swallows the medication to ensure it was completely ingested. If the incarcerated person appears to be "cheeking" the medication, a chart entry will be made and a notation entered on the medication envelope, as well as the back of the Medication Administration Record (MAR). Custody staff shall be immediately notified of the suspected "cheeking" and shall follow-up with the appropriate security, corrective, and/or disciplinary action.
- (d) The qualified health care professional or health-trained custody staff member shall record each medication administered on the Electronic Medical Record by initialing the appropriate date and time. The qualified health care professional or health-trained custody staff member shall authenticate the initials by placing the staff member's initials, signature, or name stamp in the designated area on the lower portion of the MAR. Pre-charting is not allowed.
  - 1. In the event that medication cannot be administered (for example, the incarcerated person is in court or the medication is not in stock), a note explaining the situation and planned action shall be made on the Electronic Medication Administration Record (MAR) or on a progress note.
- (e) The qualified health care professional or health-trained custody staff member shall have incarcerated persons who refuse their medication sign a refusal form at the medication round. If the incarcerated person willfully refuses to sign the refusal form, the qualified health care professional or health-trained custody staff member shall advise custody staff, who should attempt to resolve the situation through voluntary compliance, by reminding the incarcerated person that a refusal to sign may lead to



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disciplinary action. The qualified health care professional or health-trained custody staff member shall also:

1. Note the refusal on the medication log including the date and time.
  2. Review the medication logs for prior refusals.
  3. Document patterns of refused medications on the incarcerated person's medical record.
  4. Make a reasonable effort to convince the incarcerated person to voluntarily continue with the medication as prescribed.
  5. Report continued refusals to the Responsible Physician and have the incarcerated person complete and sign a medication refusal form.
- (f) No incarcerated person should be deprived of prescribed medication as a means of punishment.

#### **730.6 NON-PRESCRIPTION MEDICATION**

Any over-the-counter non-prescription medication available to incarcerated persons for purchase in the facility commissary shall be approved by the Captain, the Responsible Physician, and Health Authority, and reviewed annually (15 CCR 1216(c)).

The Captain, the Responsible Physician, and the Health Authority should establish a limit on the amount of non-prescription medication an incarcerated person may purchase and have in the person's possession at any time. Incarcerated persons with medication in an amount above the proscribed limit may be subject to disciplinary sanctions.

## Release Planning

### 731.1 PURPOSE AND SCOPE

This department recognizes that inmates may require information and assistance with health care follow-up upon release from custody. The purpose of this policy is to establish guidelines to assist staff with providing resources for the continuity of an inmate's health care after he/she is released from custody.

#### 731.1.1 DEFINITION

Definitions related to this policy include:

**Release planning** - The process of providing sufficient resources for the continuity of health care to an inmate before his/her release to the community.

#### 731.1.2 PROCEDURES

There are no procedures associated with this policy.

### 731.2 POLICY

The qualified health care professional should work with custody staff to ensure that inmates who have been in custody for 30 or more days and have pending release dates, as well as serious health, dental or mental health needs, are provided with medication and health care resources sufficient for the inmate to seek health care services once released.

The Captain or the authorized designee shall be responsible for ensuring that release preparation curriculum and materials are developed and maintained for this purpose, and that community resource information is kept current. Release planning should include:

- (a) Resources for community-based organizations that provide health care services, housing, funding streams, employment and vocational rehabilitation.
- (b) Lists of community health professionals.
- (c) Discussions with the inmate that emphasize the importance of appropriate follow-up care.
- (d) Specific appointments and medications that are arranged for the inmate at the time of release.
- (e) The Sheriff's Re-Entry Team, Detention Medical Team, Detention Mental Health, in collaboration with the Courts and Custody staff.

### 731.3 PREPARATION FOR RELEASE

Upon notification of the imminent release of an inmate who has been identified as having serious medical or mental health needs, release planning shall include the following:

- (a) A medical screening shall be conducted to assess the inmate's immediate medical needs, and arrangements should be made for community follow-up where needed, including sufficient medication.

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- (b) With the inmate's written consent, the qualified health care professional should:
  - 1. Share necessary information with health care services.
  - 2. Arrange for follow-up appointments.
  - 3. Arrange for the transfer of health summaries and relevant parts of the health record to community health care services or others who are assisting in planning for or providing services upon the inmate's release.
- (c) Contact with community health care services shall be documented via an administrative note in the inmate's health record.
- (d) Inmates with serious mental health issues, including those receiving psychotropic medication, shall be informed about community options for continuing treatment and provided with follow-up appointments, when reasonably possible.
- (e) Medication will be provided as appropriate.

### **731.4 RELEASE PLANNING RECORDS**

All records of community referrals, transfer forms, logs, documentation of release planning, lists of medication provided, records release authorization forms and any other relevant documents shall be maintained in the inmate's health file and retained in accordance with established records retention schedules.

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## Privacy of Care

### 732.1 PURPOSE AND SCOPE

This policy recognizes that inmates have a right to privacy and confidentiality regarding their health-related issues. It also recognizes inmates' right to health care services that are provided in such a manner as to ensure that privacy and confidentiality, and encourage inmates use and trust of the facility's health care system.

#### 732.1.1 DEFINITION

Definitions related to this policy include:

**Clinical encounters** - Interactions between inmates and health care professionals involving a treatment and/or an exchange of confidential health information.

#### 732.1.2 PROCEDURES

There are no procedures associated with this policy.

### 732.2 POLICY

It is the policy of this department that, in order to instill confidence in the health care system by the inmate population, all discussions of health-related issues and clinical encounters, absent an emergency situation, will be conducted in a setting that respects the inmate's privacy and encourages the inmate's continued use of health care services.

### 732.3 CLINICAL EVALUATIONS

Emergency evaluations and rendering of first aid should be conducted at the site of the emergency, if reasonably practicable, with transfer to the medical clinic or emergency room as soon as the inmate is stabilized.

Inmates shall have a same-sex escort for encounters with an opposite-sex qualified health care professional or health-trained staff member, as appropriate.

Custody personnel should only be present to provide security if the inmate poses a risk to the safety of the qualified health care professional or others.

### 732.4 REPORTING INAPPROPRIATE ACCESS OF MEDICAL INFORMATION

The Captain and Responsible Physician or Health Authority have an established process for staff, inmates or any other persons to report the improper access or use of medical records via the grievance process. All inmates have access to grievances, medical slips, or inmate request forms to report any issues or complaints with regard to access of medical care or medical information.

### 732.5 TRAINING

Marin County Health and Human Services, in cooperation with the Captain, and health authorities from the medical and mental health departments, hold a 8-hour biennial training. The training is for all custody teams and sergeants regarding medical/mental health training covering a full

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scope of topics including, confidentiality, emergency response, suicide prevention, communicable disease, and substance use. All custody personnel and qualified health care professionals who are assigned to a position that enables them to observe or hear qualified health care professional/inmate encounters shall receive appropriate training on the importance of maintaining confidentiality when dealing with inmate health care.

## Chapter 8 - Environmental Health

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## Sanitation Inspections

### 800.1 PURPOSE AND SCOPE

The Marin County Sheriff's Office has established a plan to promote and comply with the environmental safety and sanitation requirements established by applicable laws, ordinances and regulations. This policy establishes a plan of housekeeping tasks and inspections required to identify and correct unsanitary or unsafe conditions or work practices in this facility.

#### 800.1.1 PROCEDURES

[Custody Procedure Manual: 800.1 FACILITY SANITATION, SAFETY AND INSPECTION](#)

[Custody Procedure Manual: 800.2 CELL INSPECTIONS](#)

### 800.2 POLICY

It is the policy of the Department to maintain a safe and sanitary facility. To accomplish this goal, the Department will maintain a written plan that contains schedules and procedures for conducting weekly and monthly sanitation inspections of the facility.

### 800.3 RESPONSIBILITIES

The Captain will ensure that the safety and sanitation plan addresses, at a minimum, the following (15 CCR 1280):

- (a) Schedules of functions (e.g., daily, weekly, monthly or seasonal cleaning, maintenance, pest control, safety surveys)
- (b) Self-inspection checklists to identify problems and to ensure cleanliness of the facility.
- (c) Procedures, schedules and responsibilities for coordinating annual inspections by the county health department, including how deficiencies on the inspection report are to be corrected in a timely manner.
- (d) A list of approved equipment, cleaning compounds, chemicals and related materials used in the facility, and instructions on how to operate, dilute or apply the material in a safe manner.
- (e) Record-keeping of self-inspection procedures, forms and actions taken to correct deficiencies.
- (f) Training requirements for custody staff and inmate workers on accident prevention and avoidance of hazards with regard to facility maintenance.

Consideration should be given to general job descriptions and/or limitations relating to personnel or inmates assigned to carrying out the plan. Specialized tasks, such as changing air filters and cleaning ducts or facility pest control, are more appropriately handled by the Department of Public Works or by contract with private firms.

Inmates engaged in sanitation duties shall do so only under the direct supervision of qualified custody staff. When inmate work crews are used, additional controls should be implemented to account for all equipment and cleaning materials.

### *Sanitation Inspections*

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All staff shall report any unsanitary or unsafe conditions to a supervisor. Staff shall report repairs needed to the facility and to equipment by notifying Central Control or the Administrative Sergeant. The Operations Lieutenant or designee will conduct cleaning inspections on a weekly basis. Monthly and quarterly inspections will be done by Administrative staff. The Custody Bureau Commander will inspect the facility monthly. In his/her absence, the Operations Lieutenant conducts the inspection and reports to the Captain. The Sheriff will inspect the facility quarterly. In his/her absence, the Undersheriff or designee will conduct the inspection and report to the Sheriff.

The facility will be inspected bi-annually by the State Board of Corrections. Areas to be inspected are the Division's Policy and Procedure Manual, health and sanitary conditions, security, and fire life safety. The facility will be inspected annually by the County Health Department. Water samples from both drinking and waste water will be tested annually by the Environmental Health Services to ensure the facility's water meets all applicable laws.

#### **800.4 WORK ORDERS**

All reports of unsafe or unsanitary conditions, as well as repairs needed to the facility and equipment, shall be reported to the appropriate supervisor or Central Control so they can notify building maintenance. The Captain will designate a staff person to receive these work orders and take appropriate action to ensure the repairs are made or action is taken. All work and action taken will also be documented. Requests for budget resources above and beyond already budgeted maintenance items shall be reported to the Captain.

#### **800.5 SAFETY DATA SHEETS**

Materials and substances used in the operation and maintenance of the facility may qualify as hazardous material. Hazardous material is required to have a companion Safety Data Sheet (SDS) that is provided by the manufacturer or distributor of the material. The SDS provides vital information on individual hazardous materials and substances, including instructions on safe handling, storage, disposal, prohibited interactions and other details relative to the specific material.

The Captain shall be responsible for ensuring that a written hazard communication plan is developed, implemented and maintained at each workplace. Each area of the facility in which any hazardous material is stored or used shall maintain an SDS file in an identified location that includes (29 CFR 1910.1200(e)(1)):

- (a) A list of all areas where hazardous materials are stored.
- (b) A physical plant diagram and legend identifying the storage areas of the hazardous materials.
- (c) A log for identification of new or revised SDS materials.
- (d) A log for documentation of training by users of the hazardous materials.



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## Custody Manual

### *Sanitation Inspections*

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#### 800.5.1 SDS USE, SAFETY AND TRAINING

All supervisors and users of SDS information must review the latest issuance from the manufacturers of the relevant substances. Staff and inmates shall have ready and continuous access to the SDS for the substance they are using while working. In addition, the following shall be completed (29 CFR 1910.1200(e)):

- (a) Supervisors shall conduct training for all staff and inmates on using the SDS for the safe use, handling and disposal of hazardous material in areas they supervise.
- (b) Upon completion of the training, staff and inmates shall sign the acknowledgement form kept with each SDS in their work area.
- (c) Staff and inmates using the SDS shall review the information as necessary to be aware of any updates and to remain familiar with the safe use, handling and disposal of any hazardous material.

#### 800.5.2 SDS DOCUMENTATION MAINTENANCE

Changes in SDS information occur often and without general notice. Any person accepting a delivery, addition or replacement of any hazardous material shall review the accompanying SDS. If additions or changes have occurred, the revised SDS shall be incorporated into the file and a notation shall be made in the SDS revision log.

Supervisors shall review SDS information in their work areas semiannually to determine if the information is current and that appropriate training has been completed. Upon review, a copy of the SDS file and all logs shall be forwarded to the Facility's Stationary Engineer or the authorized designee.

#### 800.5.3 SDS RECORDS MASTER INDEX

The Facility's Stationary Engineer or the authorized designee will compile a master index of all hazardous materials in the facility, including locations, along with a master file of SDS information. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semiannual reviews will be maintained in the SDS master file. The master index should also include a comprehensive, current list of emergency phone numbers (e.g., fire department, poison control center) (29 CFR 1910.1200(g)(8)).

#### 800.5.4 CLEANING PRODUCT RIGHT TO KNOW ACT

In addition to SDS information, printable information regarding ingredients of certain products used by staff and inmates shall be readily accessible and maintained in the same manner as an SDS (Labor Code § 6398.5; Health and Safety Code § 108952(f); Health and Safety Code § 108954.5(c)).

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## Hazardous Waste and Sewage Disposal

### 801.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a system for disposing of hazardous waste. The Department recognizes that the effectiveness of a disposal system depends not only on the written policies, procedures and precautions, but on adequate supervision and the responsible behavior of the staff and inmates. It is the responsibility of everyone in the facility to follow hazardous waste disposal instructions, utilizing prescribed precautions and using safety equipment properly.

#### 801.1.1 DEFINITION

Definitions related to this policy include:

**Hazardous waste** - Material that poses a threat or risk to public health or safety or is harmful to the environment (e.g., batteries, paints, solvents, engine oils and fluids, cleaning products).

#### 801.1.2 PROCEDURES

There are no procedures associated with this policy.

### 801.2 POLICY

It is the policy of this department that any sewage and hazardous waste generated at the facility shall be handled, stored and disposed of safely and in accordance with all applicable federal and state regulations and in consultation with the local public health entity. The Captain or the authorized designee shall be responsible for:

- Contracting with a hazardous waste disposal service.
- Developing and implementing a storage and disposal plan that has been reviewed and approved by a regulatory agency.
- Including hazardous waste issues on internal health and sanitation inspection checklists.
- Including hazardous waste issues in the inmate handbook and ensuring that inmates receive instruction on proper handling and disposal during inmate orientation.
- Developing and implementing procedures for the safe handling and storage of hazardous materials until such time as the contractor removes the items from the facility.
- Ensuring the staff is trained in the proper identification of hazardous waste and the appropriate handling, storage and disposal of such items.

### 801.3 DISPOSAL PROCEDURE

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### *Hazardous Waste and Sewage Disposal*

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#### **801.3.1 SEWAGE DISPOSAL**

All sewage and liquid waste matter must be disposed of into a public system of sewerage or, if public sewerage is not available, into a private system of sewage disposal in accordance with the requirements of the local public health entity.

The institution's use of the private system must be discontinued and the private system must be properly abandoned when public sewerage becomes available.

#### **801.3.2 HAZARDOUS WASTE**

Hazardous waste generated in the facility shall be properly disposed of in designated containers and stored until removed by the contractor. Staff shall use universal standard precautions when in contact with hazardous materials, at a minimum, unless directed otherwise.

#### **801.4 SAFETY EQUIPMENT**

The Captain and the county emergency manager shall ensure that appropriate safety equipment is available. All supervisors shall be knowledgeable in how to access the safety equipment at all times. The county may coordinate with local fire departments or contracted vendors to obtain the necessary safety equipment.

#### **801.5 TRAINING**

The Administrative Sergeant and Training Manager shall be responsible for ensuring that all facility personnel receive appropriate training in the use of appropriate safety equipment and the identification, handling and disposal of hazardous waste, if applicable. Training records shall be maintained, including the course roster, curriculum, instructor name and credentials, and testing instruments.

#### **801.6 SUPERVISOR RESPONSIBILITY**

Supervisors are responsible for monitoring any hazardous waste containment issue, ensuring that employees have the appropriate safety equipment, that any exposed persons receive immediate medical treatment, and that the appropriate measures are taken to lessen the exposure of others. Supervisors shall ensure that incident reports are completed and forwarded to the Captain in the event of an exposure to staff, inmates or visitors.

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## Housekeeping and Maintenance

### 802.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines to ensure that the facility is kept clean and in good repair in accordance with accepted federal, state and county standards.

#### 802.1.1 PROCEDURES

[Custody Procedure Manual: 802.1 JAIL CLEANING PROCEDURE - INFORMAL INSPECTIONS](#)

[Custody Procedure Manual: 802.2 JAIL CLEANING PROCEDURE - BOOKING RESPONSIBILITIES](#)

[Custody Procedure Manual: 802.3 JAIL CLEANING PROCEDURE - CIVILIAN HOUSEKEEPING RESPONSIBILITIES](#)

[Custody Procedure Manual: 802.4 JAIL CLEANING PROCEDURE - SANITATION OF CELLS AND ROOMS](#)

[Custody Procedure Manual: 802.5 JAIL CLEANING PROCEDURE - INMATE WORKER RESPONSIBILITIES](#)

### 802.2 POLICY

The Captain shall establish housekeeping and maintenance plans that address all areas of the facility. The plan should include, but is not limited to (15 CCR 1280):

- Schedules that determine the frequency of cleaning activities on a daily, weekly or monthly timetable, by area of the facility.
- Supervision of the staff and inmates to ensure proper implementation of the procedures and to ensure that no inmate supervises or assigns work to another inmate.
- Development and implementation of an overall sanitation plan (e.g., cleaning, maintenance, inspection, staff training, inmate supervision).
- Development of inspection forms.
- All inmate responsibilities, which should be included in the inmate handbook.
- A process to ensure that deficiencies identified during inspections are satisfactorily corrected and documented.
- Detailed processes for the procurement, storage and inventory of cleaning supplies and equipment.
- A process for the preventive maintenance of equipment and systems throughout the facility.
- Staff supervision of the provision and use of cleaning tools and supplies.

### *Housekeeping and Maintenance*

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To the extent possible, cleaning and janitorial supplies shall be nontoxic to humans. Any poisonous, caustic or otherwise harmful substances used for cleaning shall be clearly labeled and kept in a locked storage area.

#### **802.3 SANITATION SCHEDULE**

A daily, weekly and monthly cleaning schedule will be established by the housing unit supervisor. The facility staff should implement a site specific plan for cleaning and maintenance of each area of the jail (e.g., housing, food preparation, laundry, loading dock/trash storage, booking, property storage, common areas). See the associated procedures for the cleaning schedule.

#### **802.4 TRAINING**

All inmate workers assigned cleaning duties shall receive instruction commensurate with their tasks, including proper cleaning techniques, the safe use of cleaning chemicals and areas of responsibility.

#### **802.5 INSPECTION CHECKLIST**

The Captain or the authorized designee should develop an inspection checklist that includes the cleaning and maintenance items that will be checked by staff on a regular basis throughout the facility.

The inspection checklist will closely correspond to the established cleaning and maintenance schedule.

## Physical Plant Compliance with Codes

### 803.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the timeline, process and responsibilities for facility maintenance, inspections and equipment testing in compliance with all applicable federal, state and local building codes.

#### 803.1.1 PROCEDURES

There are no procedures associated with this policy.

### 803.2 POLICY

It is the policy of this department that all construction of the physical plant (renovations, additions, new construction) will be reviewed and inspected in compliance with all applicable federal, state and local building codes. All equipment and mechanical systems will be routinely inspected, tested and maintained in accordance with applicable laws and regulations.

### 803.3 COMPLIANCE WITH CODES AND STATUTES

Plumbing, sewage disposal, solid waste disposal and plant maintenance conditions will comply with rules and regulations imposed by state regulatory entities governing such practices.

### 803.4 RESPONSIBILITIES

The Captain or designee, shall be responsible for establishing and monitoring the facility maintenance schedule, the inspection schedules of the Lieutenants and deputies, and ensuring that any deficiencies discovered are corrected in a timely manner.

Copies of the local jurisdiction's applicable health and sanitation codes shall be kept in the facility by the Captain or the authorized designee. The Captain or the authorized designee is responsible for developing internal health and sanitation inspection checklists, for maintaining valid licensing and sanitation certificates and inspection reports, and for proof of corrective actions.

### 803.5 PROCEDURE

All safety equipment (e.g., emergency lighting, generators, and an uninterruptible power source (UPS)) shall be tested at least quarterly. Power generators and UPS equipment should be inspected weekly and load-tested quarterly or according to the manufacturer's instructions. All completed inspection forms shall be kept on file for review by the appropriate department committees or external agencies.

Any remodeling or new construction shall have prior approval of the local fire, building and health authorities. Any required plans and permits will be procured prior to the commencement of any changes to the facility.

The following areas of the facility shall be inspected and evaluated for functionality, wear, and rodent or pest infestation. The list is not meant to be all inclusive:

# Marin County Sheriff's Office

## Custody Manual

### *Physical Plant Compliance with Codes*

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- Admissions
- Food services
- Inmate housing
- Laundry
- Loading dock/trash storage
- Water systems and plumbing
- Emergency generators
- Fire safety equipment
- The entire physical structure of the facility, including, roof, walls, exterior doors, mechanical systems and lighting

#### **803.6 PLUMBING - FLOOR DRAINS**

Floor drains must be flushed and all traps must contain water to prevent the escape of sewer gas. Grids and grates must be present.

## Water Supply

### 804.1 PURPOSE AND SCOPE

The Marin County Sheriff's Office recognizes the importance of providing the facility with safe, potable water. The purpose of this policy is to establish guidelines for testing the facility's water to ensure that the water is safe to consume.

#### 804.1.1 PROCEDURES

There are no additional procedures associated with this policy other than the subsection below.

### 804.2 POLICY

In compliance with standards set by law, this facility will ensure the continued supply of safe potable water for use by inmates, staff and visitors through rigorous annual testing of water supplies (42 USC § 300f et seq.).

### 804.3 PROCEDURE

The Captain shall ensure that the facility's potable water source is tested by the Marin Municipal Water District or an independent public/private testing service at least once each year. Water quality will be certified to be in compliance with all state and local regulations. Corrective measures shall be promptly taken if the test results fall below acceptable regulatory standards.

In the event that water testing reveals any significant hazards to the inmates or staff at the facility, the Sheriff, Captain and the Department health authority shall take immediate action to mitigate the problem.

The testing results, valid certificates of the sampling entity and the testing laboratory shall be kept in accordance with established records retention schedules.

Where the facility's water supply is obtained from a private source, the source shall be properly located, constructed and operated to protect it from contamination and pollution and the water shall meet all current standards set by the applicable state and/or local authority regarding bacteriological, chemical and physical tests for purity.

For facilities not served by a public or regulated private water supply, the water should be tested daily by the local authority within the facility's jurisdiction.

### 804.4 EMERGENCY PLAN

The Captain and the Department health authority shall develop a plan for the supply of potable water for drinking and cooking in the event that a man-made or natural disaster interrupts the regular water supply. The plan shall address methods for providing clean potable water for a minimum of three days, and should have contingency plans for emergencies lasting longer than three days. The plan should also include contingencies for the use of non-potable water to flush toilets and remove effluent from the facility.



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## Vermin and Pest Control

### 805.1 PURPOSE AND SCOPE

The purpose of this policy is to establish inspection, identification and eradication processes designed to keep vermin and pests controlled in accordance with the requirements established by all applicable laws, ordinances and regulations of the local public health entity.

#### 805.1.1 PROCEDURES

There are no procedures associated with this policy.

### 805.2 POLICY

It is the policy of this department that vermin and pests be controlled within the facility (15 CCR 1280). The Captain or the authorized designee shall be responsible for developing and implementing this policy, in cooperation with the Responsible Physician or Health Authority and the local public health entity, for the sanitation and control of vermin and pests, and to establish medical protocols for treating inmate clothing, personal effects and living areas, with specific guidelines for treating an infested inmate (15 CCR 1264).

### 805.3 PEST CONTROL SERVICES

The Captain or the authorized designee shall be responsible for procuring the services of a licensed pest control professional to inspect the facility and treat areas as required to ensure that vermin and pests are controlled as needed.

### 805.4 PREVENTION AND CONTROL

Many infestations and infections are the result of a recently admitted inmate who is vermin infested or whose property is vermin infested. Most infestations are spread by direct contact with an infected person or with infested clothing and bedding. Inmates with lice or mites should be treated with approved pediculicides as soon as the infestation is identified to avoid spreading it. To reduce the chance of further transmission, separate quarters for inmates undergoing treatment for lice should be used as described in the Communicable Diseases Policy.

Because the use of the treatment chemicals can cause allergic reactions and other negative effects, treatment should be done only when an infestation is identified and not as a matter of routine.

Clothing, bedding and other property that is suspected of being infested shall either be removed from the facility or cleaned and treated by the following methods, as appropriate or as directed by the pest control provider or the Responsible Physician or Health Authority (15 CCR 1264):

- Washing in water at 140 degrees for 20 minutes
- Tumbling in a clothes dryer at 140 degrees for 20 minutes
- Dry cleaning

### *Vermin and Pest Control*

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- Storing in sealed plastic bags for 30 days
- Treating with an insecticide specifically labeled for this purpose

Head lice and their eggs are generally found on the head hairs. There may be some uncertainty about the effectiveness of some available pediculicides to kill the eggs of head lice. Therefore, some products recommend a second treatment seven to 10 days after the first. During the interim, before the second application, eggs of head lice could hatch and there is a possibility that lice could be transmitted to others.

Pubic lice and their eggs are generally found on the hairs of the pubic area and adjacent hairy parts of the body, although they can occur on almost any hairy part of the body, including the hair under the arm and on the eyelashes.

Pubic lice and their eggs are generally successfully treated by the available pediculicides. However, when the eyelashes are infested with pubic lice and their eggs, a physician should perform the treatment.

Successful treatment depends on careful inspection of the inmate and proper application of the appropriate product. The area used to delouse inmates needs to be separate from the rest of the inmate population. All of the surfaces in the treatment area must be sanitized. There must be a shower as part of the delousing area, or a separate shower will be made available for use.

The medical supervisor shall document the date of treatment, the area treated, the pest treated and the treatment used.

#### **805.5 LABELING AND SECURE STORAGE OF COMPOUNDS**

Containers of pest exterminating compounds shall be conspicuously labeled for identification of contents. The containers shall be securely stored separately from food and kitchenware, and shall not be accessible by inmates.

## **Inmate Safety**

### **806.1 PURPOSE AND SCOPE**

The purpose of this policy is to establish a safety program to reduce inmate injuries by analyzing causes of injuries and identifying and implementing corrective measures.

#### **806.1.1 PROCEDURES**

There are no procedures associated with this policy.

### **806.2 POLICY**

The Marin County Sheriff's Office will provide a safe environment for individuals confined at this facility, in accordance with all applicable laws, by establishing an effective safety program, investigating inmate injuries and taking corrective actions as necessary to reduce accidents and injury (15 CCR 1280).

The Sheriff shall appoint a staff member who will be responsible for the development, implementation and oversight of the safety program. This program will include, but not be limited to:

- A system to identify and evaluate hazards, including scheduled inspections to identify unsafe conditions.
- Analysis of inmate injury reports to identify causes and to recommend corrective actions.
- Establishment of methods and procedures to correct unsafe and/or unhealthful conditions and work practices in a timely manner.

### **806.3 INVESTIGATION OF REPORTED INMATE INJURY**

Whenever there is a report of an injury to an inmate that is the result of accidental or intentional acts, other than an authorized use of force by custody staff, the Sheriff or the authorized designee will initiate an investigation to determine the cause of the injury and develop a plan of action whenever a deficiency is identified. Injuries resulting from use of force incidents will be investigated and reported in accordance with the Use of Force Policy.

### **806.4 INVESTIGATION REPORTS**

The Lieutenant shall ensure that reports relating to an inmate's injury are completed and should include the following:

- Incident reports
- Investigative reports
- Health record entries
- Any other relevant documents

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# Incarcerated Person Hygiene

## 807.1 PURPOSE AND SCOPE

This policy outlines the procedures that will be taken to ensure the personal hygiene of every incarcerated person in the Marin County Sheriff's Office jail is maintained. The Marin County Sheriff's Office recognizes the importance of each incarcerated person maintaining acceptable personal hygiene practices by providing adequate bathing facilities and hair care services, and the issuance and exchange of clothing, bedding, linens, towels, and other necessary personal hygiene items.

### 807.1.1 PROCEDURES

[Custody Procedure Manual: 807.1 CLOTHING AND PERSONAL HYGIENE PROCEDURE](#)

[Custody Procedure Manual: 807.2 LAUNDRY EXCHANGE](#)

[Custody Procedure Manual: 807.3 INCARCERATED PERSON HAIRCARE SERVICES](#)

[Custody Procedure Manual: 807.4 INCARCERATED PERSON SHOWER PROCEDURE](#)

## 807.2 POLICY

It is the policy of the Marin County Sheriff's Office facility to maintain a high standard of hygiene in compliance with the requirements established by all state laws, ordinances, and regulations (15 CCR 1069). Compliance with laws and regulations relating to good incarcerated person hygiene practice is closely linked with good sanitation practices. Therefore, the need to maintain a high level of hygiene is not only for the protection of all incarcerated persons, but for the safety of the correctional staff, volunteers, contractors, and visitors.

## 807.3 RESPONSIBILITIES

The Captain shall ensure the basic necessities related to personal care are provided to each incarcerated person upon entry into the general population. Appropriate additional personal care items may be available for purchase from the incarcerated person commissary.

## 807.4 STORAGE SPACE

There should be adequate and appropriate storage space for incarcerated person bedding, linen, or clean clothing. The inventory of clothing, bedding, linen, and towels should exceed the maximum incarcerated person population so that a reserve is always available (15 CCR 1263).

The facility should have clothing, bedding, personal hygiene items, cleaning supplies, and any other items required for the daily operation of the facility, including the exchange or disposal of soiled or depleted items. The assigned staff shall ensure that the storage areas are properly maintained and stocked. The Captain should be notified if additional storage space is needed.

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### *Incarcerated Person Hygiene*

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#### 807.4.1 BEDDING ISSUE

Upon entering a living area of the Marin County Sheriff's Office jail, every incarcerated person who is expected to remain overnight shall be issued bedding and linens including but not limited to (15 CCR 1270):

- (a) Sufficient freshly laundered blankets to provide comfort under existing temperature conditions. Blankets shall be exchanged and laundered in accordance with facility operational laundry rules.
- (b) One clean, firm, nontoxic, fire-retardant mattress with built in pillow (16 CFR 1633.1 et seq.).
  1. Mattresses will be serviceable and enclosed in an easily cleanable, nonabsorbent material and conform to the size of the bunk. Mattresses will be cleaned and disinfected when an incarcerated person is released or upon reissue.
  2. Mattresses shall meet the most recent requirements of the State Fire Marshal, the Bureau of Home Furnishings' test standard for penal mattresses, and any other legal standards at the time of purchase (15 CCR 1272).
  3. Mattresses shall be free of holes and tears. Mattresses with holes, tears, or that lack sufficient padding shall be replaced upon request with mattresses that meet the requirements of 15 CCR 1270 (15 CCR 1271).
- (c) Two sheets or one sheet and a clean mattress cover.
  1. Two blankets or a sleep bag may be issued in place of one mattress cover or one sheet at the request of the incarcerated person.
- (d) One clean washcloth, hand towel, and two bath towels.
- (e) One pillow and pillowcase.

Linen exchange, including towels, shall occur at least weekly and shall be documented in the daily activity log (15 CCR 1271).

The Captain or the authorized designee shall conduct both scheduled and unannounced inspections of the facility to ensure that bedding issuance policies and procedures are carried out in accordance with the applicable laws and regulations.

#### 807.4.2 CLOTHING ISSUE

An incarcerated person admitted to the facility for 72 hours or more and assigned to a living unit shall be issued a set of facility clothing. The issue of clothing appropriate to the climate for incarcerated persons shall include but is not limited to: (15 CCR 1260):

- Clean socks.
- Clean outer garments.
- Clean undergarments (e.g., shorts, undershirt, bra and two pairs of panties).
- Footwear.

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### *Incarcerated Person Hygiene*

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Incarcerated persons who are issued a change of clothing upon admission to the facility may have their personal clothing returned after laundering, at the discretion of the Captain.

All issued and exchanged clothing shall be clean and free of holes or tears, reasonably fitted, durable, and easily laundered and repaired. Undergarments shall be clean, free of holes or tears, and substantially free of stains. Individuals shall be able to select the garment type more compatible with their gender identity and gender expression (15 CCR 1260).

Clothing shall be exchanged twice each week, at a minimum (15 CCR 1262). All exchanges shall be documented by Laundry Services.

Additional clothing may be issued as necessary for changing weather conditions or as seasonally appropriate. An incarcerated person's personal undergarments and footwear may be substituted for the institutional undergarments and footwear, provided there is a legitimate medical necessity for the items and they are approved by the medical staff.

Each incarcerated person assigned to a special work area, such as food services,, sanitation, laundry, and other specified work, shall be clothed in accordance with the requirements of the job, including any appropriate protective clothing and equipment, which shall be exchanged as frequently as the work assignment requires. All issued clothing shall be clean, free of holes and tears (15 CCR 1261).

The Captain or the authorized designee shall conduct both scheduled and unannounced inspections of the facility to ensure that clothing issuance policies and procedures are carried out in accordance with the applicable laws and regulations.

The Captain or the authorized designee shall ensure that the facility maintains a sufficient inventory of extra clothing to ensure each incarcerated person shall have neat and clean clothing appropriate to the season.

An incarcerated person's excess personal clothing shall be mailed, picked up by, or transported to a designated family member or stored in containers designed for such purpose. All incarcerated person personal property shall be properly identified, inventoried, and secured. Incarcerated persons shall sign and receive a copy of the inventory record.

#### **807.5 LAUNDRY SERVICES**

Laundry services shall be managed so that daily clothing, linen and bedding needs are met. See Laundry Exchange Procedure.

#### **807.6 INCARCERATED PERSON ACCOUNTABILITY**

To ensure incarcerated person accountability, incarcerated persons are required to exchange item for item when clean clothing, bedding, and linen exchange occurs.

Prior to being placed in a housing unit, incarcerated persons shall be provided with an inmate handbook or access to a tablet with the incarcerated personhandbook readily.

## *Incarcerated Person Hygiene*

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### **807.7 PERSONAL HYGIENE OF INCARCERATED PERSONS**

Personal hygiene items, hair care services, and facilities for showers will be provided in accordance with applicable laws and regulations. This is to maintain a standard of hygiene among incarcerated persons in compliance with the requirements established by state laws as part of a healthy living environment.

Each incarcerated person held more than 24 hours who does not have the following personal care items because of either indigency or the absence of an incarcerated person canteen shall be issued the following items (15 CCR 1265):

- Toothbrush
- Dentifrice
- Soap
- Comb
- Shaving implements
- Sanitary pads, panty liners, and tampons as requested at no cost and no maximum allowance (Penal Code § 4023.5)

The Captain or the authorized designee may modify this list to accommodate the use of liquid soap and shampoo dispensers. Personal hygiene items should be appropriate for the incarcerated person's gender. Additional hygiene items shall be provided to incarcerated persons upon request, as needed.

Personal care items shall be issued within the first 12 hours of a housing assignment. Incarcerated persons shall not be required to share personal care items or disposable razors (15 CCR 1265). Used razors are to be disposed into approved sharps containers. Other barbering equipment capable of breaking the skin must be disinfected between individual uses, as prescribed by the California Board of Barbering and Cosmetology to meet the requirements of 16 CCR 979 and 16 CCR 980 (15 CCR 1267(c)).

Incarcerated persons, except those who may not shave for reasons of identification in court, shall be allowed to shave daily (15 CCR 1267(b)). The Captain or the authorized designee may suspend this requirement for any incarcerated person who is considered a danger to others.

### **807.8 BARBER AND COSMETOLOGY SERVICES**

The Captain or the authorized designee shall be responsible for developing and maintaining a schedule for hair care services provided to the incarcerated person population and will have written policies and procedures for accessing these services (see the Grooming Policy). The Captain shall ensure that the rules are included in the incarcerated person handbook.

### *Incarcerated Person Hygiene*

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#### **807.8.1 SCHEDULE FOR HAIR CARE SERVICES**

Incarcerated persons shall have the ability to receive hair care services once per month (15 CCR 1267(b)). The facility administrator may suspend this requirement in relation to inmates who are considered to be a danger to themselves or others.

Prior to being placed in a housing unit, incarcerated persons will be given an incarcerated person handbook or access to a tablet with the incarcerated person handbook readily accessible, which details how to request hair care services.

#### **807.9 AVAILABILITY OF PLUMBING FIXTURES**

Incarcerated persons confined to cells or sleeping areas shall have access to toilets and washbasins with hot and cold running water that is temperature controlled. Access shall be available at all hours of the day and night without staff assistance.

The minimum number of plumbing fixtures provided for incarcerated persons in housing units is:

- One sink/washbasin for every 10 incarcerated persons (24 CCR 1231.3.2(2)).
- One toilet to every 10 incarcerated persons (urinals may be substituted for up to one-third of the toilets in facilities for male incarcerated persons) (24 CCR 1231.3.1).

#### **807.10 INCARCERATED PERSON SHOWERS**

Incarcerated persons will be allowed to shower upon assignment to a housing unit and at least every other day thereafter, or more often if possible. Absent exigent circumstances, no person shall be prohibited from showering at least every other day following assignment to a housing unit. If showering is prohibited, it shall be approved by the Captain or the authorized designee, and the reasons for prohibition shall be documented (15 CCR 1266).

There should be one shower for every 20 incarcerated persons unless federal, state, or local building or health codes differ. Showering facilities for incarcerated persons housed at this facility shall be clean and properly maintained. Water temperature shall be periodically measured to ensure a range of 100 to 120 degrees for the safety of incarcerated persons and staff, and shall be recorded and maintained (24 CCR 1231.3.4).

Transgender and intersex incarcerated persons shall be given the opportunity to shower separately from other incarcerated persons (28 CFR 115.42).

#### **807.11 DELOUSING MATERIALS**

Delousing materials and procedures shall be approved through consultation with the Responsible Physician or qualified health care professionals.

#### **807.12 ADDITIONAL PRIVACY REQUIREMENTS**

Incarcerated persons shall be permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the



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opposite sex shall announce their presence when entering an incarcerated person housing unit (28 CFR 115.15).

## **Chapter 9 - Food Services**

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## Food Services

### 900.1 PURPOSE AND SCOPE

The Department recognizes the importance of providing nutritious food and services to incarcerated persons to promote good health, to reduce tension in the jail, and ultimately support the safety and security of the jail. This policy provides guidelines on the preparation of food services items and dietary considerations for incarcerated persons housed in the facility.

#### 900.1.1 PROCEDURES AND ATTACHMENTS

[Custody Procedure Manual: 900.2 RELIGIOUS/VEGETARIAN DIETS](#)

[Custody Procedure Manual: 900.3 MEAL SERVICE PROCEDURE](#)

[See attachment: Religious.Veg Diet form.pdf](#)

[See attachment: Religious.Veg diet waiver.pdf](#)

[See attachment: Meal Transport Form.pdf](#)

[See attachment: Marin County Jail Evening Snacks.pdf](#)

### 900.2 POLICY

It is the policy of this department that food services shall provide incarcerated persons with a nutritionally balanced diet in accordance with federal, state, and local laws, and with regulations for daily nutritional requirements (15 CCR 1241 et seq.).

The food services operation shall be sanitary and shall meet the acceptable standards of food procurement, planning, preparation, service, storage, and sanitation in compliance with Food and Drug Administration (FDA) and United States Department of Agriculture (USDA) requirements and standards set forth in Health and Safety Code § 113700 et seq. (15 CCR 1245(a)).

### 900.3 FOOD AND SUPPORT SERVICES MANAGER

The Food and Support Services Manager shall be responsible for oversight of the day-to-day management and operation of the food services area, including:

- Developing, implementing, and managing a budget for food services.
- Ensuring sufficient staff is assigned and scheduled to efficiently and safely carry out all functions of food services operations.
- Establishing, developing, and coordinating appropriate training for staff and incarcerated person workers.
- Developing a menu plan that meets all nutrition and portion requirements and can be produced within the available budget.
- Developing procedures for food found to be contaminated, expired, showing signs of spoilage, or otherwise not fit for human consumption (15 CCR 1243).
- Other duties and activities as determined by the Captain.

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#### **900.4 MENU PLANNING**

All menus shall be planned, dated, and available for review at least one month in advance of their use. Records of menus and of foods purchased shall be kept on file for one month. Menus shall provide a variety of foods and should consider food flavor, texture, temperature, appearance, and palatability. Menus shall be approved by a registered dietitian or nutritionist before being served to ensure the recommended dietary allowance for basic nutrition meets the needs of the appropriate age group. The dietitian shall ensure that the meals meet the nutritional and hot food requirements of 15 CCR 1240 and 15 CCR 1241(15 CCR 1242).

Any changes to the meal schedule, menu, or practices should be carefully evaluated by the Food and Support Services Manager in consultation with the Captain, dietician, medical staff, and other professionals, and shall be recorded. All substitutions will be of equal or better nutritional value and meet the caloric requirements set forth in 15 CCR 1241. If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production sheet.

Menus as planned, including changes, shall be evaluated by a registered dietitian at least annually (15 CCR 1242). Facility menus shall be evaluated at least quarterly by the food services supervisory staff to ensure adherence to established daily servings.

Copies of menus, foods purchased, annual reviews, and quarterly evaluations should be maintained by the Food and Support Services Manager in accordance with established records retention schedules.

#### **900.5 FOOD SAFETY**

Temperatures in all food storage areas should be checked and recorded at the beginning of each shift, but shall be checked and recorded at least once daily. Holding temperatures for cold and hot foods shall be checked and recorded every two hours. Hot food shall be reheated to 165 degrees if it falls below 135 degrees at any time.

All reach-in or walk-in refrigerators and cold storage must maintain food temperature below 41 degrees. All freezers, other than during the defrosting cycle, must maintain a temperature of 0 degrees or lower as outlined in the Food Storage Policy.

One sample for each meal served shall be dated and maintained under refrigeration for testing in the event of a food-borne illness outbreak. Sample meals shall be discarded at the end of three days if no food-borne illness is reported.

Food production shall be stopped immediately if there is any sewage backup in the preparation area or if there is no warm water available for washing hands. Food production shall not resume until these conditions have been corrected (15 CCR 1245(a)).

#### **900.6 THERAPEUTIC DIETS**

The Food and Support Services Manager shall be responsible for ensuring that all incarcerated persons who have been prescribed therapeutic diets by qualified health care professionals are provided with compliant meals. A therapeutic diet manual, which includes samples of medical

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diets, shall be maintained in the health services and food services areas for reference and information.

More complete information may be found in the Prescribed Therapeutic Diets Policy.

Persons who are known to be pregnant or lactating shall be provided a balanced, nutritious diet approved by a physician (15 CCR 1248).

#### **900.7 RELIGIOUS DIETS**

The Food and Support Services Manager, to the extent reasonably practicable, will provide special diets for incarcerated persons in compliance with the parameters of the Religious Programs Policy and the Religious Land Use and Institutionalized Persons Act (RLUIPA).

When religious diets are provided, they shall conform to the nutritional and caloric requirements for non-religious diets (15 CCR 1241).

#### **900.8 FOOD SERVICES REQUIREMENTS**

All reasonable efforts shall be made to protect incarcerated persons from food-borne illness. Food services staff shall adhere to sanitation and food storage practices and there shall be proper medical screening and clearance of all food handlers in accordance with the Food Services Workers' Health, Safety and Supervision Policy (15 CCR 1230).

Food production and services will be under staff supervision. Food production, storage, and food-handling practices will follow the appropriate federal, state, or local sanitation laws (15 CCR 1246).

#### **900.9 MEAL SERVICE PROCEDURE**

Incarcerated person meals that are served in a dining room or dayroom should be provided in space that allows groups of incarcerated persons to dine together, with a minimum of 15 square feet of space per incarcerated person. A dining area shall not contain toilets or showers in the same room without appropriate visual barriers.

Meals shall be served at least three times during each 24-hour period. At least one meal must include hot food. Any deviation from this requirement shall be subject to the review and approval of a registered dietitian to ensure that incarcerated persons receive meals that meet nutritional guidelines.

Incarcerated persons must be provided a minimum of 15 minutes dining time for each meal. There must be no more than 14 hours between a substantial evening meal and breakfast. A substantial evening meal is classified as a serving of three or more menu items at one time, including a high-quality protein, such as meat, fish, eggs, or cheese. The meal shall represent no less than 20 percent of the day's total nutrition requirements. If more than 14 hours pass between meals, approved snacks will be provided. If a nourishing snack is provided at bedtime, up to 16 hours may elapse between the substantial evening meal and breakfast. A nourishing snack is classified as a combination of two or more food items from two of the four food groups, such as cheese and crackers or fresh fruit and cottage cheese.

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Incarcerated persons who miss, or may miss, a regularly scheduled meal must be provided with a beverage and a sandwich or substitute meal. Approved snacks should be served to incarcerated persons on medical diets in less than the 14-hour period if prescribed by the Responsible Physician or registered dietitian. Incarcerated persons on medical or therapeutic meals who miss their regularly scheduled meal will be provided with their prescribed meal (15 CCR 1240).

As the meal time approaches, facility staff should direct the incarcerated persons to get dressed and be ready for meals. Incarcerated persons should be assembled and a head count taken, to verify all incarcerated persons in the housing location are present. Staff should be alert to signs of injury or indications of altercations, and should investigate any such signs accordingly. Staff should remain alert to the potential for altercation during incarcerated person movement and meals. Meals shall be served under the direct supervision of staff.

Staff should identify incarcerated persons who have prescribed therapeutic or authorized religious diets so those incarcerated persons receive their meals accordingly.

It shall be the responsibility of the deputies to maintain order and enforce rules prohibiting excessive noise and intimidation of other incarcerated persons to relinquish food during mealtime.

Accommodations will be made for incarcerated persons who have been prescribed a longer time to eat by qualified health care professionals, a dietitian, or as deemed appropriate by a supervisor.

To the extent reasonably practical, an adequate number of food services staff and correctional personnel should supervise meal service in central dining areas.

In the interest of security, sanitation, and vermin control, incarcerated persons shall not be allowed to store food from the meal service in their cells.

#### **900.10 EMERGENCY MEAL SERVICE PLAN**

The Food and Support Services Manager shall establish and maintain an emergency meal service plan for the facility (15 CCR 1243(k)).

Such a plan should ensure that there is at least a seven-day supply of food maintained in storage for incarcerated persons. In the event of an emergency that precludes the preparation of at least one hot meal per day, the Captain may declare an "Emergency Suspension of Standards" pursuant to 15 CCR 1012 for the period of time the emergency exists.

During an emergency suspension, the Food and Support Services Manager shall assign a registered dietician to ensure that minimum nutritional and caloric requirements are met (15 CCR 1242). The Captain shall notify the Board of State and Community Corrections (BSCC) in writing in the event the suspension lasts longer than three days. The emergency suspension of food service standards shall not continue more than 15 days without the approval of the chairperson of the BSCC (15 CCR 1012).

In the event that the incarcerated person food supply drops below that which is needed to provide meals for two days, the Captain or the authorized designee shall purchase food from wholesale or retail outlets to maintain at least a four-day supply during the emergency.

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Depending on the severity and length of the emergency, the Sheriff should consider requesting assistance from allied agencies through mutual aid or the National Guard.

## Food Services Training

### 901.1 PURPOSE AND SCOPE

The purpose of this policy is to reduce the risk of potential injury to staff, contractors and inmate workers in the food services areas by developing and implementing a comprehensive training program in the use of equipment and safety procedures.

#### 901.1.1 PROCEDURES

There are no procedures associated with this policy.

### 901.2 POLICY

The Marin County Sheriff's Office ensures a safe and sanitary environment is maintained for the storage and preparation of meals through the appropriate training of food services staff and inmate workers (15 CCR 1230; 15 CCR 1243(g); 15 CCR 1245(a)).

### 901.3 TRAINING

The Food and Support Services Manager, under the direction of the Captain, is responsible for ensuring that a training curriculum is developed and implemented in the use of equipment and safety procedures for all food services personnel, including staff, contractors and inmate workers.

The training shall include, at minimum:

- (a) Work safety practices and use of safety equipment.
- (b) Sanitation in the facility's food services areas.
- (c) Reducing risks associated with operating machinery.
- (d) Proper use of chemicals in food services areas.
- (e) Employing safe practices.
- (f) Facility emergency procedures.

A statement describing the duties and proper time schedule should be developed for each job function in the facility's kitchen and food services operation. The Food and Support Services Manager, at the direction of the Captain, shall establish an employee/kitchen worker training course, and all staff or inmate workers shall be trained on how to assemble, operate, clean and sanitize kitchen equipment.

Information about the operation, cleaning and care of equipment, including manufacturer's literature, that is suitable for use as reference material shall be kept in the food services operation area. The reference material should be used in developing training on the use of the equipment and the maintenance and cleaning procedures.

Safety and sanitation shall be the primary consideration in equipment purchase and replacement. Placement and installation of equipment must be carefully planned to facilitate cleaning, sanitizing, service and repairs. The equipment must also meet any applicable government codes.



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### **901.4 TESTING**

A test should be developed to determine and document that the food services worker understands the proper procedures demonstrated during training. Food services workers are required to pass the test in order to work in the food services area. Upon achievement of a passing score, the food services worker shall acknowledge receipt of the training in writing. The signed document shall be forwarded to the Training Sergeant and retained in the worker's training file. Contracted service providers should be required to provide documentation and certification of their employees. Only trained personnel are authorized to use food services equipment.

### **901.5 BRIEFING TRAINING**

The Food and Support Services Manager should consider daily briefing training as a method of staff development. Regular and repetitive trainings of short duration (8 to 10 minutes) at the beginning of each shift are an effective and cost efficient way to maintain the competency of staff. A lesson plan and record of attendance should be incorporated into the briefing training. Records of all training, including training for contract workers, should be forwarded to the Training Sergeant and maintained in the worker's training files in accordance with established records retention schedules.

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## Dietary Guidelines

### 902.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that the nutritional needs of the incarcerated person are met and that overall health is promoted through the use of balanced nutritious diets.

#### 902.1.1 PROCEDURES

There are no procedures associated with this policy.

### 902.2 POLICY

It is the policy of this department that diets provided by this facility will meet or exceed the guidelines established in the current publications of the Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies, the California Food Guide (CFG) and the U.S. Department of Agriculture's Dietary Guidelines for Americans (DGA).

### 902.3 REVIEW OF DIETARY ALLOWANCES

The Food and Support Services Manager is responsible for developing the facility's menus and shall ensure that all menus served by food services comply with the nutritional and caloric requirements found in the 2019 DRI, and the 2020-2025 DGA guidelines (15 CCR 1241). Any deviation from these guidelines shall be reviewed by the Sheriff and/or the Captain and the Responsible Physician.

The Food and Support Services Manager or the authorized designee shall ensure that the facility's menus and dietary allowances are evaluated annually by a registered dietitian, and that any changes meet the DRI and DGA guidelines. A registered dietitian must approve menus before they are used (15 CCR 1242).

Menus should be evaluated at least quarterly by the Food and Support Services Manager or the authorized designee.

### 902.4 MENU CYCLE PLANNING

The Food and Support Services Manager or the authorized designee should plan the menus one month in advance of their use.

Any changes to the menu must be recorded and kept until the next annual inspection (15 CCR 1242). Any menu substitutions must use better or similar items.

Menus should include the following minimum food group allowances per day (15 CCR 1241):

- (a) Dairy Group: Three servings of pasteurized fat-free or low-fat milk fortified with Vitamins A and D or food providing at least 250 mg. of calcium and equivalent to 8 ounces of fluid milk. One serving can be from a fortified food containing at least 150 mg. of calcium. Persons who are known to be pregnant or lactating should receive four servings of milk or milk products.

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- (b) Vegetable-Fruit Group: Five servings of fruits and vegetables. At least one daily serving, or seven servings per week, shall be from each of the following three categories:
  - 1. One serving of a fresh fruit or vegetable.
  - 2. One serving of a Vitamin A source, fruit or vegetable, containing at least 200 micrograms retinol equivalents or more.
  - 3. One serving of a Vitamin C source containing at least 30 mg. or more.
- (c) Grain Group: A minimum of six servings of grains, three of which must be made with whole grains.
- (d) Protein Group: Three servings of lean meat, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter, or textured vegetable protein, equivalent to 14 grams or more of protein. The daily requirements shall be equal to three servings for a total of 42 grams per day or 294 per week. In addition, a fourth serving from the legumes category shall be served three days a week.
- (e) A daily or weekly average of the food group's requirement is acceptable.
- (f) Saturated dietary fat should not exceed 10 percent of the total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable. Facility diets shall consider the recommendations and intentions of the 2015-2020 DGA of reducing overall sugar and sodium levels.

Additional servings of dairy, vegetable-fruit, and grain groups must be provided in amounts to meet caloric requirements when the minimum servings outlined in the requirements above are not sufficient to meet the caloric requirements of an incarcerated person.

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# Food Services Workers' Health, Safety and Supervision

## 903.1 PURPOSE AND SCOPE

The purpose of this policy is to establish basic personal health, hygiene, sanitation and safety requirements to be followed by all food services workers and to ensure the proper supervision of food services staff and inmate workers.

### 903.1.1 PROCEDURES

There are no procedures associated with the policy.

## 903.2 POLICY

The Marin County Sheriff's Office will ensure that meals are nutritionally balanced, safe and prepared and served in accordance with applicable health and safety laws. All inmate food services workers will be properly supervised by custody staff to ensure safety and security at all times (15 CCR 1243(h)).

## 903.3 FOOD AND SUPPORT SERVICES MANAGER RESPONSIBILITIES

The Food and Support Services Manager is responsible for developing and implementing procedures to ensure that all meals are prepared, delivered and served only under direct supervision by staff.

Work assignments shall be developed to ensure that sufficient food services staff is available to supervise inmate food services workers. The Food and Support Services Manager should coordinate with the corrections supervisor to ensure that sufficient correctional staff is available to supervise inmate meal service.

The food preparation area must remain clean and sanitary at all times. The Food and Support Services Manager or the authorized designee shall post daily, weekly and monthly cleaning schedules for the equipment and food preparation area.

## 903.4 MEDICAL SCREENING

The Food and Support Services Manager shall work cooperatively with the Health Authority to develop procedures to minimize the potential for spreading contagious disease and food-borne illness. In an effort to prevent the spread of illness, the following shall be strictly observed (15 CCR 1230):

- (a) All food services workers shall have a pre-employment/pre-assignment medical examination, in accordance with local requirements, to ensure freedom from diarrhea, skin infections and other illnesses transmissible by food or utensils.
- (b) Periodic reexaminations of food services workers shall be given to ensure freedom from any disease transmissible by food or utensils.

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- (c) Food services workers shall have education and ongoing monitoring in accordance with the standards set forth in the applicable government health and safety codes.
- (d) A supervisor shall inspect and monitor all persons working in any food services area on a daily basis for health and cleanliness, and shall remove anyone exhibiting any signs of food-transmissible disease from any food services area.
- (e) Any person working in any food services area who is diagnosed by a qualified health care professional with a contagious illness should be excluded from the food services areas until medically cleared to return to work.
- (f) All food handlers shall wash their hands when reporting for duty and after using toilet facilities. Aprons shall be removed and secured in a clean storage area before entering the toilet facility.
- (g) Food services workers shall wear disposable plastic gloves and a protective hair covering, such as a hat or hairnet, when handling or serving food. Gloves shall be changed after each task is completed.
- (h) Any outside vendor must submit evidence of compliance with state and local regulations regarding food safety practices.
- (i) Smoking at any time is prohibited in any food services area.
- (j) Documentation of compliance with all of the above and with any other risk-minimizing efforts implemented to reduce food transmissible disease shall be maintained in accordance with established records retention schedules.
- (k) All food services workers shall report to a supervisor any information about their health and activities in accordance with health and safety codes as they relate to diseases that are transmittable through food, (e.g., open sores, runny nose, sore throat, cough, vomiting, diarrhea, fever, recent exposure to contagious diseases such as Hepatitis A or tuberculosis).

Any food services worker is prohibited from handling food or working in any food services area if he/she reports symptoms such as vomiting, diarrhea, jaundice, sore throat with fever or has a lesion containing pus, such as a boil or infected wound that is open or draining. Food service workers shall only return to work in food service areas when cleared by a qualified health care professional.

#### **903.5 TRAINING REQUIREMENTS FOR FOOD SERVICES WORKERS**

The Food and Support Services Manager is responsible for developing and implementing a training program for inmate food services that includes food safety, proper food-handling techniques and personal hygiene. Each inmate food services worker shall satisfactorily complete the initial training prior to being assigned to prepare, deliver or serve food. Food services workers should receive periodic supplemental training as determined by the Food and Support Services Manager (15 CCR 1243(g)).

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The training curriculum for inmate food services workers should include, at minimum, the following topics:

- Proper hand-washing techniques and personal hygiene as it applies to food services work
- Proper application and rotation of gloves when handling food
- Proper use of protective hair coverings, such as hats or hairnets
- Wearing clean aprons and removing aprons prior to entering toilet facilities
- Maintaining proper cooking and holding temperatures for food
- Proper portioning and serving of food
- Covering coughs and sneezes to reduce the risk of food-borne illness transmission
- Reporting illness, cuts or sores to the custody staff in charge

#### **903.6 SUPERVISION OF INMATE WORKERS**

Only personnel authorized to work in the food preparation area will be allowed inside. Inmate food handlers working in the kitchen must be under the supervision of a staff member (15 CCR 1243(h)). The Food and Support Services Manager or designee will be responsible for the oversight of daily activities and ensuring food safety. The appointed staff member must be certified by passing the American National Standards Institute food safety manager certification examination.

Sufficient custody staff shall be assigned to supervise and closely monitor inmate food services workers. Staff shall ensure that inmate food services workers do not misuse or misappropriate tools or utensils, and that all workers adhere to the following:

- Correct ingredients are used in the proper proportions.
- Food is maintained at proper temperatures.
- Food is washed and handled properly.
- Food is served using the right utensils and in the proper portion sizes.
- Utensils such as knives, cutting boards, pots, pans, trays and food carts used in the preparation, serving or consumption of food are properly washed and sanitized after use. Disposable utensils and dishes will not be reused.
- All utensils are securely stored under sanitary conditions when finished.

#### **903.7 SUPERVISION OF THE FOOD SUPPLY**

The risk of conflict and protest is reduced when the inmate population has confidence in the safety and quality of their food. Custody staff should supervise the transport and delivery of food to the

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respective serving areas. Custody staff should ensure the food is protected during transportation, delivered to the right location efficiently and under the right temperatures.

Food services staff should report any suspected breach in the safety or security of the food supply. Staff should be alert to inmate behavior when serving food, and cognizant of any comments concerning perceived contamination or portioning issues. Staff should report any suspicion of inmate unrest to a supervisor.

Any change to the published menu or the standard portioning should be documented and reported to the Food and Support Services Manager as soon as practicable.

## Food Preparation Areas

### 904.1 PURPOSE AND SCOPE

This policy is intended to ensure the proper design and maintenance of the food preparation area.

#### 904.1.1 PROCEDURES

There are no procedures associated with this policy.

### 904.2 POLICY

It is the policy of this department to comply with all federal, state and local laws and regulations concerning the institutional preparation of food.

### 904.3 COMPLIANCE WITH CODES

The Captain is responsible for ensuring that food preparation and service areas are in compliance with all applicable laws and regulations and that food preparation areas are sanitary, well lit, ventilated and have adequate temperature-controlled storage for food supplies (15 CCR 1245(a)).

Any physical changes in the food preparation area, such as changing equipment or making major menu changes (from cold production to hot food), must be approved by the local public health entity to ensure adequate food protection.

Living or sleeping quarters are prohibited in the food preparation and food services areas (Health and Safety Code § 114286).

The food preparation area must avoid cross contamination and remain free from vermin infestation (Health and Safety Code § 114259).

### 904.4 CONSTRUCTION REQUIREMENTS

All remodeling and new construction of food preparation areas shall comply with federal, state and local building codes, comply with food and agricultural laws and standards and include any required approvals from any local regulatory authority (Health and Safety Code § 113700 et seq.).

The food preparation area shall be sized to include space and equipment for adequate food preparation for the facility's population size, type of food preparation and methods of meal services.

Floors, floor coverings, walls, wall coverings and ceilings should be designed, constructed and installed so they are smooth, non-absorbent and attached so that they are easily cleanable (Health and Safety Code § 114268; Health and Safety Code § 114271).

Except in the area used only for dry storage, porous concrete blocks or bricks used for interior walls shall be finished and sealed for a smooth, non-absorbent, easily cleanable surface.

Food storage areas shall be appropriately clean, sized, typed and temperature-controlled for the food being stored (Health and Safety Code § 114047).



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Lighting throughout the kitchen and storage areas shall be sufficient for staff and inmates to perform necessary tasks (Health and Safety Code § 114252).

Mechanical ventilation of sufficient capacity to keep rooms free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke and fumes shall be provided if necessary (Health and Safety Code § 114149(a)).

All equipment used in the food preparation area shall be commercial grade and certified by the American National Standards Institute or approved by a registered environmental health professional/sanitarian (Health and Safety Code § 114130).

Dishwashing machines will operate in accordance with the manufacturer recommendations and hot water temperatures will comply with federal, state and local health requirements (Health and Safety Code § 114101).

Equipment must be smooth, easy to clean, and easy to disassemble for frequent cleaning. Equipment should be corrosion resistant and free of pits, crevices or sharp corners.

Dry food storage must have sufficient space to store a minimum of 15 days of supplies and be stored in compliance with the provisions of Health and Safety Code § 114047.

#### **904.5 TOILETS AND WASHBASINS**

Adequate toilet and washbasin facilities shall be located in the vicinity of the food preparation area for convenient sanitation and proper hygiene. Toilet facilities shall be completely enclosed and shall have tight-fitting, self-closing, solid doors, which shall be closed except during cleaning and maintenance.

Signs shall be conspicuously posted throughout the food preparation area and in each restroom informing all food services staff and inmate workers to wash their hands after using the restroom. Signs shall be printed in English and in other languages as may be dictated by the demographic of the inmate population.

To reduce the potential for contaminants being brought into the food preparation area, toilet facilities in the vicinity of the food preparation area should be limited to use by the food services staff and inmate workers only. Anyone working in the food services area must store their aprons in a designated clean area before entering the toilet facilities.

The Food and Support Services Manager shall be responsible for procedures to ensure:

- (a) All fixtures in the toilet facilities are clean and in good operating condition.
- (b) A supply of toilet tissue is maintained at each toilet at all times. Toilet facilities used by women shall have at least one covered waste receptacle.
- (c) The hand-washing station located adjacent to the toilet facility has warm water available and is kept clean and in good operating condition. Single-dispensing soap and a method for drying hands shall be provided at all times (Health and Safety Code § 113953.3).

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If the toilet facility is outside of the kitchen area, food services workers must wash their hands after using the toilet facility and again upon returning to the kitchen area before preparing or serving food.

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## Food Budgeting and Accounting

### 905.1 PURPOSE AND SCOPE

The purpose of this policy is to establish processes that will enable the facility's food services to operate within its allocated budget, and for the development of specifications for purchasing food, equipment and supplies for the delivery of food services.

#### 905.1.1 PROCEDURES

There are no procedures associated with this policy.

### 905.2 POLICY

The Marin County Sheriff's Office food services facilities shall serve nutritious meals in an efficient and cost-effective manner in accordance with applicable laws and standards (15 CCR 1243(i)).

### 905.3 FOOD AND SUPPORT SERVICES MANAGER RESPONSIBILITIES

The Food and Support Services Manager is responsible for establishing a per meal, per inmate budget for food, equipment and supplies that are needed for the effective operation of the facility food services. This includes monitoring purchases according to the budgeted weekly and monthly spending plans.

The volume for purchasing should be based upon the food services needs and storage availability. The Food and Support Services Manager is responsible for establishing and maintaining detailed records and proper accounting procedures, and should be prepared to justify all expenditures and establish future budget requirements.

### 905.4 PROCEDURE

The Food and Support Services Manager is responsible for ensuring that food services are delivered in an efficient and cost-effective manner by employing the following procedures, including, but not limited to:

- (a) Developing an annual budget that is realistically calculated according to previous spending data and available revenue, and lists all anticipated costs for the food services operation for the coming year.
- (b) Establishing a per meal, per inmate cost using an inventory of existing supplies and planned purchases, minus the anticipated ending inventory (15 CCR 1243(i)).
- (c) Ensuring that accurate meal record data is collected and maintained. Meal records should include, but not be limited to, the date and time of service and the number of:
  1. Meals prepared and served for each meal period.
  2. Meals served per location.
  3. Prescribed therapeutic diet meals served.
  4. Authorized religious diet meals served.
  5. Authorized disciplinary isolation diet meals served.

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- (d) Ensuring that food is purchased from an approved wholesale/institutional vendor to ensure food safety.
- (e) Bulk-purchasing nonperishable items to maximize the budget dollars (15 CCR 1243(b)).
- (f) Continuous monitoring and improvement to minimize poor food management and/or accounting, including, but not limited to:
  - 1. Following planned menus.
  - 2. Inspection of food deliveries to ensure the right quantity is delivered and the condition of the food is acceptable.
  - 3. Purchasing food that is in season.
  - 4. Purchasing the grade of product best suited to the recipe.
  - 5. Following standard recipes.
  - 6. Producing and portioning only what is needed.
  - 7. Minimizing food production waste and establishing appropriate food storage and rotation practices, including proper refrigeration.
  - 8. When reasonably practicable, responding to the inmate's food preferences.
  - 9. Establishing minimum staffing requirements based on the layout and security requirements of the facility.
  - 10. Budgeting adequately for equipment repair and replacement, factoring in any labor cost savings, the need for heavy-duty equipment with corrections packages for safety, and inmate abuse.
- (g) Establishing purchasing specifications, which are statements of minimum quality standards and other factors, such as quantity and packaging. A basic specification should contain (15 CCR 1243(b)):
  - 1. The common name of the product.
  - 2. The amount to be purchased.
  - 3. The trade, federal or other grade or brand required.
  - 4. The container size and either an exact, or a range of the number of pieces in a shipping container.
  - 5. The unit on which prices are to be quoted (e.g., 6/#10 cans, 10/gallons).
- (h) Establishing accounting procedures for financial statements and inventory control.
- (i) Maintaining records of invoices, purchase orders, meal count sheets, food production records, therapeutic and religious diet records, inventory of food, supplies and equipment for the required period of time, as mandated by the governing body of the facility.

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### **905.5 MONTHLY REPORTING**

The Food and Support Services Manager is responsible for ensuring that accurate meal record data is collected and maintained. Meal records should include, but not be limited to, the number of (15 CCR 1243(j)):

- (a) Meals prepared and served for each meal period.
- (b) Meals served per location.
- (c) Prescribed therapeutic diet meals served.
- (d) Authorized religious diet meals served.
- (e) Authorized disciplinary isolation diet meals served.

A monthly report summarizing all data should be provided to the Captain.

All meal records shall be retained in accordance with department retention schedules and state statutory regulations.

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## Inspection of Food Products

### 906.1 PURPOSE AND SCOPE

The purpose of this policy is to establish methods by which the Food and Drug Administration (FDA) and/or the United States Department of Agriculture (USDA) inspections and/or approvals are conducted on any food products grown or produced within the jail system.

#### 906.1.1 PROCEDURES

There are no procedures associated with this policy.

### 906.2 POLICY

The Marin County Sheriff's Office will ensure the safety and quality of all food products grown or produced at this facility through routine inspections and approvals, as required by law.

#### 906.2.1 FOOD INSPECTION PROCEDURES

The Food and Support Services Manager is responsible for developing procedures for ensuring that all food used in the food services operation has been inspected and/or approved to standards established by statute, and that the delivery of all foodstuffs to the jail kitchens and to the inmates occurs promptly to reduce the risk of any food-borne illness or contamination.

The Food and Support Services Manager shall establish inspection procedures in accordance with established standards and statutes. Such procedures shall include, but are not limited to:

- (a) The FDA or USDA inspection and/or approval of all food products grown or produced by this facility prior to distribution.
- (b) A system of periodic audits and inspections of the facility and of all raw material suppliers, either by custody staff or by a third-party vendor.
- (c) A system of thorough documentation of all inspection and approval processes, training activities, raw material handling procedures, activities, cleaning and sanitation activities, cleanliness testing, correction efforts, record-keeping practices and the proper use of sign-off logs shall be developed and implemented.
- (d) Documentation of any recommendations for continuous quality improvement and their implementation, with the intent of eliminating deficiencies. Documentation should include a post-deployment verification of the correction.
- (e) The Food and Support Services Manager is responsible for ensuring adherence to the following practices, including, but not limited to:
  1. The scope of food products being grown or processed internally is well-defined.
  2. All critical processes are validated to ensure consistency and compliance with specifications.
  3. Any changes to the process are evaluated for effectiveness.
  4. There are clearly, written instructions and procedures for the staff and inmates to follow.

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## Custody Manual

### *Inspection of Food Products*

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5. The staff and inmates are trained to perform all established tasks and document all necessary procedures.
6. Physical barriers for separating raw and cooked food-processing areas are established and maintained.
7. The traffic flow of workers is designed to minimize the risk of any cross-contamination.
8. All drains are used and cleaned properly, within industry standards.
9. Proper equipment and/or tools are provided and designated for specific use.
10. All persons working in the food services areas are wearing proper clothing and protective devices at all times.
11. All persons working in the food services areas wash their hands properly and frequently.
12. Only authorized personnel are allowed in the food processing areas.
13. Only potable water is used for growing or washing produce.
14. The distribution of all prepared food is done in a manner that reduces the risk of food-borne illness or contamination.

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## Food Services Facilities Inspection

### 907.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for inspecting food services areas and facilities to ensure a safe and sanitary environment for staff and inmates.

#### 907.1.1 PROCEDURES

There are no procedures associated with this policy.

### 907.2 POLICY

It is the policy of the Marin County Sheriff's Office that the food services area be maintained in a safe, sanitary condition by conducting regularly scheduled inspections, both by facility staff and by an outside independent inspection authority as may be required by law (15 CCR 1245(a)).

### 907.3 CLEANING AND INSPECTIONS BY STAFF

The Food and Support Services Manager shall ensure the dining and food preparation areas and all equipment in the food services area are inspected weekly. Adequate hot and cold water should be available in the kitchen. Water temperature of all fixtures, including washing equipment, should be checked and recorded weekly to ensure compliance with the required temperature range. Deficiencies noted by inspections shall be promptly addressed.

A cleaning schedule for each food services area shall be developed and posted for easy reference by staff, and shall include areas such as floors, walls, windows and vent hoods. Equipment, such as chairs, tables, fryers and ovens, should be grouped by frequency of cleaning as follows:

- After each use
- Each shift
- Daily
- Weekly
- Monthly
- Semi-annually
- Annually

The Food and Support Services Manager is responsible for establishing and maintaining a record-keeping system to document the periodic testing of sanitary conditions and safety measures, in accordance with established records retention schedules. At the direction of the Captain or the authorized designee, the Food and Support Services Manager shall take prompt action to correct any identified problems.

#### 907.3.1 SAFETY INSPECTION CHECKLIST

The following items should be part of the weekly inspection:



# Marin County Sheriff's Office

## Custody Manual

### *Food Services Facilities Inspection*

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- Lighting is adequate and functioning properly.
- Ample working space is available.
- Equipment is securely anchored.
- There are suitable storage facilities, minimizing the risk of falling objects.
- Floors are clean, dry, even and uncluttered.
- Machines have proper enclosures and guards.
- A clear fire safety passageway is established and maintained.
- Fire extinguishers and sprinkler systems are available, not expired and are tested regularly.
- The food preparation area has good ventilation.
- Furniture and fixtures are free from sharp corners, exposed metal and splintered wood.
- All electrical equipment is in compliance with codes and regulations.
- All workers wear safe clothing, hair coverings, gloves and protective devices while working.
- All workers are in good health, with no symptoms of illness or injury that would pose a risk to food safety.
- All ranges, ovens and hot holding equipment are clean and in good operating condition.
- Mixers and attachments are clean and in good operating condition.
- Dishwashing machines are clean and in good operating condition, and proper chemicals are in use.
- Water temperatures for hand sinks, ware washing sinks and dishwashing machines meet minimum acceptable temperatures.
- All hand-washing stations have free access, soap, hot and cold running water under pressure and a method to dry hands.
- Toilet facilities are in good repair and have a sufficient supply of toilet paper.
- All temperature charts and testing documents are current, accurate and periodically reviewed and verified by the Food and Support Services Manager.
- Only authorized personnel are allowed in the kitchen area.
- Foods are labeled and stored properly using the first-in first-out system.
- The refrigerators and freezers are in good operating condition and maintain proper temperature.
- There is no evidence of cross-connection or cross-contamination of the potable water system.

## *Food Services Facilities Inspection*

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### **907.4 CONTRACTING FOR INSPECTION**

The Food and Support Services Manager is responsible for ensuring that the food services operation works in accordance with all state and local laws and regulations.

The Captain shall contract with an independent, outside source for periodic inspection of the food services facilities and equipment, to ensure that established state and local health and safety codes have been met.

Documentation of the inspections, findings, deficiencies, recommended corrective actions and verification that the corrective standards were implemented will be maintained by the facility in accordance with established records retention schedules.

A contract for services from an independent and qualified inspector should include, but is not limited to, the following components:

- (a) The inspector should conduct a pre-inspection briefing with the Captain and other appropriate personnel, including the Food and Support Services Manager, to identify the applicable government health and safety codes and the areas to be inspected. The inspector should provide the necessary equipment to conduct the inspection.
- (b) The inspector should audit the policies and procedures of the food services operation.
- (c) During the course of the inspection, the inspector should study and report on whether the following meet acceptable standards:
  1. Walls, ceilings and floors are in good condition, smooth and easily cleanable.
  2. The kitchen layout is properly designed to avoid cross-contamination.
  3. The kitchen is properly lighted and ventilated.
  4. The temperature controlled storage areas are in good operating condition and proper temperatures are being maintained.
  5. Dry foods are properly stored off the floor, away from the walls and ceilings.
  6. There is no sign of vermin infestation.
  7. All equipment is in good and sanitary condition and is certified by one of the American National Standards Institute certification agencies e.g., Underwriters Laboratories, or Extract, Transform and Load, and the National Science Foundation product certification marks.
  8. The dishwashing equipment is clean, in good operating condition and maintains proper washing and rinsing temperatures.
  9. There is no evidence of cross-contamination between the potable and contaminated water systems.
  10. The ware washing area is clean and supplied with proper chemicals and Material Safety Data Sheets.
  11. The food is properly stored, labeled and rotated according to first-in first-out procedures.

# Marin County Sheriff's Office

## Custody Manual

### *Food Services Facilities Inspection*

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12. The food services staff and inmate workers are wearing clean uniforms and practice proper personal hygiene.
13. All food services workers are trained for proper food handling and there is a person in charge who is responsible for the food safety of the facility.
14. There are ample hand-washing stations supplied with warm water under pressure, soap, a method to dry hands, a waste container and employee hand-washing signs.

Any deficiencies should be noted by the inspector in his/her inspection report, and recommendations made for corrective action.

At the exit interview, the inspector should cite any violations according to the government health and safety codes.

The inspector should conduct a follow-up inspection to verify the deficiencies have been corrected as recommended.

The Food and Support Services Manager should provide the Captain with a plan to implement the recommended corrections in a timely manner and schedule a post-correction inspection with the original independent inspector.

## Food Storage

### 908.1 PURPOSE AND SCOPE

The purpose of this policy is to establish food storage methods that are designed to meet manufacturer's recommendations, Health and Safety Codes, state laws and local ordinances, and to safely preserve food, extend storage life and reduce food waste.

#### 908.1.1 PROCEDURES

There are no procedures associated with this policy.

### 908.2 POLICY

Food and food supplies will be stored in sanitary and temperature-controlled areas, in compliance with state and local health laws and standards (15 CCR 1243(c); 15 CCR 1245(a)).

### 908.3 PROCEDURES

The Food and Support Services Manager shall be responsible for establishing procedures to ensure the safe preservation and storage of food in the most cost-effective manner, beginning with the receipt of the raw materials through the delivery of prepared meals.

When receiving food deliveries, food services staff shall inspect the order for quality and freshness, and shall ensure that the order is correct by checking the order received against the order form. All delivery vehicles shall be inspected by food services staff to make certain that the vehicles are clean, free from vermin infestations and are maintained at the appropriate temperature for the type of food being carried.

If food quality and freshness do not meet commonly accepted standards or if it is determined that proper storage temperatures have not been maintained, the employee checking the order in will refuse the item and credit the invoice.

Any food destined for return to the vendor should be stored separately from any food destined for consumption. The Food and Support Services Manager will contact the vendor and arrange for replacement of the unacceptable food items.

Storage temperatures in all food storage areas should be checked and logged on a daily basis. Records of the temperature readings should be maintained in accordance with established records retention schedules.

An evaluation system should be established for food stored in any area with temperature readings outside the normal range, and should include contingency plans for menu changes, food storage relocation or food destruction, as indicated. All actions taken to ensure the safety of the food served should be documented and retained in accordance with established records retention schedules.

# Marin County Sheriff's Office

## Custody Manual

### *Food Storage*

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#### **908.4 DRY FOOD STORAGE**

Canned items and dry food that does not need refrigeration should be stored in a clean, dry, secure storage area where temperatures are maintained between 45 and 80 degrees. Temperatures shall be monitored and recorded once each day on a checklist.

All dry items shall be stored at least 6 inches off the floor and at least 6 inches away from any wall. Only full unopened cans and containers shall be stored in the storerooms. Open containers and packages shall be appropriately stored in the working or holding areas.

All storage areas will be kept locked when they are not in actual use. New food shipments shall be placed behind existing like items and rotated using a first-in first-out rotation method.

Personal clothing and personal items shall not be stored in food storage areas.

##### **908.4.1 MAINTENANCE OF DRY FOOD STORAGE AREAS**

Inmate workers or staff should clean the storage areas at least once each day by sweeping and mopping all floors and wiping down shelves and walls. Any damaged items should be inspected for spoilage and repackaged or discarded as appropriate. Food services staff should inspect the storage areas to ensure they are clean and orderly. Staff will document the inspection and record the daily temperature on the storage area checklist (15 CCR 1243(m)).

#### **908.5 REFRIGERATED AND FROZEN STORAGE**

Unless health codes dictate otherwise, refrigerators must be kept between 32 and 41 degrees. Deep chill refrigerators will be set between 28 and 32 degrees for cook-chill products, dairy and meat items, to extend shelf life. Freezers shall be maintained at 32 degrees or below.

All freezer and refrigerator storage areas should have at least two thermometers to monitor temperatures. One thermometer should have a display visible to the outside. The second thermometer shall be placed in the warmest place inside the storage area. Daily temperature readings shall be recorded on the storage area checklist. Any variance outside of acceptable temperature range shall be immediately addressed.

All food must be covered and dated when stored. Cooked items shall not be stored beneath raw meats. Cleaned vegetables shall be stored separately from unwashed vegetables. Storage practices shall use a first-in first-out rotation method.

##### **908.5.1 MAINTENANCE OF REFRIGERATED AND FREEZER AREAS**

Refrigeration storage units should be cleaned daily, including mopping floors and wiping down walls. A more thorough cleaning should occur weekly to include dismantling and cleaning shelves. Food services staff should inspect the contents of freezers and storage units daily to ensure all items are properly sealed and labeled (15 CCR 1243(m)).

##### **908.5.2 STORAGE OF CLEANING SUPPLIES AND MATERIALS**

The storage of soaps, detergents, waxes, cleaning compounds, insect spray and any other toxic or poisonous materials are kept in a separate, locked storage area to prevent cross contamination with food and other kitchen supplies.

## *Food Storage*

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### **908.6 WASTE MANAGEMENT**

The Food and Support Services Manager shall develop and maintain a waste management plan that ensures the garbage is removed daily (15 CCR 1243(l)). This plan also should include methods to minimize the waste of edible food and to dispose of non-edible or waste food material without utilizing a landfill.

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## Prescribed Therapeutic Diets

### 909.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that incarcerated persons who require prescribed therapeutic diets as a result of a diagnosed medical condition are provided with nutritionally balanced therapeutic meals that are medically approved and meet nutritional and safety standards.

#### 909.1.1 PROCEDURES AND ATTACHMENTS

There are no procedures associated with this policy.

[See attachment: Religious.Veg Diet form.pdf](#)

[See attachment: Religious.Veg diet waiver.pdf](#)

### 909.2 POLICY

It is the policy of this department to provide therapeutic diet meals as prescribed by qualified health care professionals.

### 909.3 PROCEDURES

The Responsible Physician or Health Authority, in consultation with the Food and Support Services Manager, shall (15 CCR 1248):

- (a) Develop written procedures that identify individuals who are authorized to prescribe a therapeutic diet.
- (b) The therapeutic diets utilized by this facility shall be planned, prepared, and served with consultation from a registered dietitian.
- (c) The Captain shall comply with any therapeutic diet prescribed for an incarcerated person.
- (d) The Captain and the Responsible Physician or Health Authority shall ensure that the diet manual, which includes sample menus of therapeutic diets, shall be available to both the health services and food services work areas for reference and information. A registered dietitian shall review, and the Responsible Physician or Health Authority shall approve, the diet manual on an annual basis.

As a best practice, all therapeutic diet prescriptions should be reviewed and rewritten, if appropriate, on a quarterly basis. This is to reduce the risk of an incarcerated person developing an adverse medical condition or nutritional defect as the result of a diet that is inconsistent with the person's current medical needs. A diet request form should be made available to incarcerated persons.

Pregnant or lactating incarcerated persons shall be provided a balanced, nutritious diet approved by a physician (15 CCR 1248).

## *Prescribed Therapeutic Diets*

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### **909.4 STAFF COMMUNICATION/COORDINATION**

It is the responsibility of the health authority to compile a list of all incarcerated persons who are prescribed therapeutic diets. The list should contain the following information:

- (a) Incarcerated person's name
- (b) Incarcerated person's identification number
- (c) Housing location or dining location where the meals will be delivered
- (d) Incarcerated person's therapeutic diet type
- (e) Special remarks or instructions

Any time incarcerated persons are assigned to a different housing area, custody staff must notify the food services personnel.

### **909.5 PREPARATION AND DELIVERY OF MEALS**

The Food and Support Services Manager or the authorized designee is responsible for reviewing the therapeutic diet lists prepared by the Responsible Physician or Health Authority, counting the number and type of therapeutic meals to be served, and preparing the food according to the therapeutic menu designed by the registered dietitian.

Therapeutic diets may include snacks and oral supplements. Snacks and supplements should be distributed with regularly scheduled meal service or may be distributed with medications. Individual labels or written documents containing the following information should be prepared by the kitchen, clearly identifying each meal and any included snacks:

- (a) Incarcerated person's name
- (b) Incarcerated person's identification number
- (c) Housing location or dining location where the meals will be delivered
- (d) Incarcerated person's therapeutic diet type
- (e) A list of items provided for the meal

The custody staff responsible for meal distribution shall ensure that any incarcerated person who has been prescribed a therapeutic meal by the Responsible Physician or the authorized designee receives the prescribed therapeutic meal.

Therapeutic meal receipts should be retained in the incarcerated person's medical record for an amount of time necessary to resolve any dispute about the receipt or composition of a prescribed meal.

Unless a therapeutic diet was prescribed with a specific end date, only the Responsible Physician or the authorized designee may order that a therapeutic diet be discontinued.

Incarcerated persons who are receiving therapeutic diets must receive clearance from the Responsible Physician or Health Authority before they may receive a religious or disciplinary diet.



## *Prescribed Therapeutic Diets*

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If prescribed by the Responsible Physician or Health Authority, supplemental food shall be served to incarcerated persons more frequently than the regularly scheduled meals. An incarcerated person who misses a regularly scheduled meal shall receive the prescribed meal.

### **909.6 THERAPEUTIC AND RELIGIOUS MEAL RECORDS**

Incarcerated persons receiving prescribed therapeutic diet meals and/or authorized religious diet meals must sign a document indicating the following:

- (a) Incarcerated person's name
- (b) Incarcerated person's identification number
- (c) Dates and times of service
- (d) Housing location or dining location where the meals will be delivered
- (e) Incarcerated person's therapeutic diet type
- (f) A list of items provided for the meal

All information regarding a therapeutic diet is part of an incarcerated person's medical record and is therefore subject to state and federal privacy laws concerning medical records.

All meal records shall be retained in accordance with established retention schedules and applicable statutory regulations.

## Jail Meal Policy

### 911.1 PURPOSE AND SCOPE

This policy provides guidelines for the storage, access, provision, and preparation of food and beverage for jail staff by food service employees.

#### 911.1.1 PROCEDURES

There are no procedures associated with this policy.

### 911.2 POLICY

It shall be the policy of this department to provide for the storage, access, provision, and preparation of food and beverage for jail staff by food service employees.

### 911.3 JAIL MEALS

The Food and Support Services Manager shall prepare a menu and eating schedule in advance for jail staff meals. Staff shall not request that the Food and Support Services Manager prepare beverage set ups and snacks or special meals unless permission has been obtained from the Sheriff, Undersheriff, or Detention Services Bureau Commander.

Jail staff will clean up after themselves and eating utensils will be bussed to the appropriate location in the dining room.

Prepared meals or foodstuff for the jail graveyard staff will be left in a designated freezer, refrigerator, or storage area within the jail kitchen.

No staff member shall go into any food storage area or container for the purpose of removing food without prior approval of command staff or the Food and Support Services Manager.

#### 911.3.1 AUTHORIZED PERSONNEL

Authorized personnel working eight hour shifts will receive one meal. Staff working twelve hour shifts will receive two meals. Staff will refrain from frequent visits to the staff dining room for snacks and beverages during their assigned shift. Staff members dining in the jail facility shall not take food out of the staff dining room or kitchen without prior approval from a supervisor.

The following members and employees are authorized to consume a jail prepared meal, at county expense, while they are on duty and confined to their workspace:

- Sworn Custody Division staff
- Sheriff Service Assistants assigned to the Custody Division
- Nursing Staff assigned to the Custody Division
- Mental Health staff
- Documentary Services staff when on duty during evening hours or weekends and only one or two persons are on-duty and unable to leave
- Food Service and Laundry staff

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## Custody Manual

### *Jail Meal Policy*

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- Maintenance Personnel assigned to the Custody Division
- Members of Courts Services may be furnished a meal if they are required to work four or more hours of overtime in the building without an opportunity to leave their work station

#### 911.3.2 EXCEPTIONS

Exceptions to this policy include:

- Members of the Grand Jury in normal course of duty while checking food quality and preparation.
- Emergencies when members are assigned a duty responsibility and unable to leave for their regular meal.
- Staff members not listed above, or official guests may, by prior arrangement, consume a jail meal during the course of duty when such meal is appropriate to complete necessary County business or touring of the jail facility. The cost of that meal will be reimbursed to the County at a rate established by the Food and Support Service Manager.
- When Transportation Deputies are traveling outside of the County, they may have a jail lunch prepared prior to their transportation detail, when not applying for an out of County lunch reimbursement.
- Lunches will be furnished for members, employees, and San Quentin Guards assigned for special San Quentin related security trials when they are unable to leave the court floor during the security trial. The California Department of Corrections reimburses the costs of these lunches.
- Coffee may be provided for department training classes when circumstances do not permit personnel to purchase coffee from a commercial vendor only with prior approval by the Sheriff, Undersheriff, or Detention Services Commander.

Should there be any other reason for a jail prepared meal, other than those listed above, express permission must be given by the Sheriff, Undersheriff, or Bureau Commander. The Detention Services Bureau Commander may authorize such an exception in their absence, subject to ratification by appropriate authority.

#### 911.3.3 ACCOUNTING

An accounting for paid meals served will be maintained in jail administration and all revenue collected will be transferred to the department's fiscal manager.

## Chapter 10 - Inmate Programs

## Inmate Programs and Services

### 1000.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the programs and services that are available to inmates. The programs and services exist to motivate offenders toward positive behavior while they are in custody. The policy identifies the role and responsibilities of the Inmate Programs Coordinator, who manages a range of programs and services.

#### 1000.1.1 PROCEDURES

There are no procedures associated with this policy.

### 1000.2 POLICY

The Marin County Sheriff's Office will make available to inmates a variety of programs and services subject to resources and security concerns. Programs and services offered for the benefit of inmates may include social services, faith-based services, recreational activities, library access, educational/vocational training, alcohol and drug abuse recovery programs and leisure time activities (15 CCR 1070).

### 1000.3 INMATE PROGRAMS COORDINATOR RESPONSIBILITIES

The Inmate Programs Coordinator is selected by the Captain and is responsible for managing the inmate programs and services, including the following:

- (a) Research, plan, budget, schedule, and coordinate security requirements for all inmate programs and services.
- (b) Develop or procure programs and services as authorized by the Captain (15 CCR 1070).
- (c) Act as a liaison with other service providers in the community that may offer social or educational programs (e.g., school districts, Department of Social Services, health educators, substance abuse counselors).
- (d) Develop, maintain, and make available to inmates the schedule of programs and services.
- (e) Develop policies and procedures, and establish rules for the participation of inmates in the programs and services.
- (f) Develop and maintain records on the number and type of programs and services offered, as well as inmate attendance at each offering.
- (g) Establish controls to verify that the content and delivery of programs and services are appropriate for the circumstances.
- (h) Accumulate data and prepare monthly and annual reports as directed by the Captain.
- (i) Ensure inmates are not denied access to educational and vocational programs based solely on their indigent status.

# Marin County Sheriff's Office

## Custody Manual

### *Inmate Programs and Services*

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#### **1000.4 SECURITY**

All programs and services offered to benefit inmates shall adhere to the security and classification requirements of this facility. To the extent practicable, the Inmate Programs Coordinator will develop individualized programs and services for inmates who are housed in high-security or administrative segregation.

#### **1000.5 DISCLAIMER**

Inmate programs are provided at the sole discretion of the Marin County Sheriff's Office in keeping with security interests, available resources and best practices.

Nothing in this policy is intended to confer a legal right for inmates to participate in any program offered other than what is required by law or that which is medically required.

## Inmate Welfare Fund

### 1001.1 PURPOSE AND SCOPE

The Department is authorized to maintain a fund derived from proceeds from the commissary, vending machines, telephones and other inmate-related commerce activities to be used primarily to provide welfare and education programs for the benefit of the inmate population.

#### 1001.1.1 PROCEDURES

[Custody Procedure Manual: 1001.1 INMATE WELFARE FUND FIXED ASSET INVENTORY PROCEDURE](#)

### 1001.2 POLICY

It is the policy of this department to maintain and administer an Inmate Welfare Fund that supports inmate programs.

### 1001.3 INMATE WELFARE FUND

The Inmate Programs Coordinator, in cooperation with the Fiscal Services, will establish and maintain an Inmate Welfare Fund where proceeds derived from inmate telephones, commissary profits, vending machines and other income intended for the support of inmate programs are deposited.

The Inmate Welfare Fund is allocated to support a variety of programs, services and activities benefiting the general inmate population and enhancing inmate activities and programs. This includes capital construction and improvement projects in support of such programs, services and activities (Penal Code § 4025).

### 1001.4 INMATE WELFARE FUNDING SOURCES

Revenues and funding from the following sources shall be deposited into the Inmate Welfare Fund account:

- (a) All proceeds from commissary and canteen operations
- (b) Proceeds from vending machines made available for inmate use
- (c) Proceeds from the operation of inmate telephones
- (d) Donations
- (e) Interest income earned by the Inmate Welfare Fund
- (f) Confiscated contraband money
- (g) Directions of court orders, i.e. fines for jail overcrowding
- (h) Property lockers in jail lobby

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## Custody Manual

### *Inmate Welfare Fund*

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#### **1001.5 EXPENDITURE OF INMATE WELFARE FUNDS**

The Inmate Welfare Fund shall be used solely for the welfare and benefit of the inmate population or as otherwise permitted by law.

Expenditures permitted from the Inmate Welfare Fund include, but are not limited to, the following:

- (a) Education programs
- (b) Recreational goods and services, such as:
  - 1. Recreational equipment, games and sporting goods
  - 2. Televisions and cable/satellite subscriptions, video players and content media
  - 3. Library books
  - 4. Vending machines
- (c) Salary and benefit costs for personnel while they are employed in positions or are performing activities solely for the benefit of inmates or to facilitate inmate programs
- (d) Welfare packages for indigent inmates
- (e) Alcohol and drug treatment programs
- (f) Department facility canteens, including vending machines available for inmate use
- (g) Inmate trust accounting system
- (h) Envelopes, postage and personal hygiene items for indigent inmates
- (i) Approved non-prescription, over-the-counter health aids for inmate use
- (j) Visiting room equipment, supplies and services
- (k) Inmate activity programs, including:
  - 1. Equipment for television viewing
  - 2. Visiting music/entertainment groups
  - 3. Music equipment and supplies
  - 4. Activities equipment, supplies and services
  - 5. Repair of equipment purchased from the Inmate Welfare Fund
  - 6. Food or supplies for special occasions
  - 7. Inmate holiday events
  - 8. Entertainment equipment and other related supplies
  - 9. Materials for faith-based programs

#### **1001.5.1 EXPENDITURE FOR REENTRY PROGRAMS**

Expenditures from the Inmate Welfare Fund are also permitted for programs that assist indigent inmates with the reentry process within 30 days of release. These programs include work placement, counseling, obtaining proper identification, education and housing (Penal Code § 4025.5).



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## Custody Manual

### *Inmate Welfare Fund*

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#### 1001.5.2 PROHIBITED EXPENDITURES OF INMATE WELFARE FUND

Except as permitted by law, the Inmate Welfare Fund shall not be used to fund activities associated with any of the following:

- (a) Security-related functions, including staff, safety equipment, radios, weapons or control devices that are specifically designated for use by the custody staff in maintaining the security, safety and order in the facility
- (b) Food service, staff costs, equipment and supplies
- (c) Medical/dental services, staff costs, equipment and supplies
- (d) Maintenance and upkeep of department facilities not otherwise permitted by law
- (e) Janitorial services and supplies
- (f) Transportation to court, medical appointments or other reasons not related to inmate programs
- (g) Inmate clothing
- (h) Any other normal operating expenses incurred by the day-to-day operation of the Department

#### **1001.6 FINANCIAL ACCOUNTING OF INMATE WELFARE FUNDS**

The Inmate Programs Coordinator in cooperation with the Fiscal Services Office shall maintain an accounting system to be used for purchasing goods, supplies and services that support inmate programs (see the Financial Practices Policy).

##### 1001.6.1 ANNUAL REPORTING

The Captain is responsible for ensuring an annual report of expenditures from the Inmate Welfare Fund is submitted annually to the County Board of Supervisors (Penal Code § 4025).

Biennial audits of the funds will be completed externally by the County Auditor/Controller's Office or an independent public accounting firm. An itemized report will be posted in the jail in an area accessible to all inmates and to the public. The Sheriff's Business Office will maintain an inventory and record for the Inmate Welfare Account, which includes the processing of all receipts and disbursements from the fund.

## **Inmate Accounts**

### **1002.1 PURPOSE AND SCOPE**

This policy establishes guidelines and procedures for managing, handling and accounting of all money belonging to inmates that is held for their personal use while they are incarcerated in this facility.

#### **1002.1.1 PROCEDURES**

There are no procedures associated with this policy.

### **1002.2 INMATE ACCOUNTS**

The Department will establish an inmate account for the purpose of receiving funds from authorized sources for inmate use. A separate account will be established for each inmate when he/she is booked into this facility.

When an inmate is admitted to the jail, a written, itemized inventory of the money in the inmate's possession shall be completed. Any subsequent deposits to the inmate's fund shall be inventoried and documented. An inmate shall be issued a receipt for all money held until his/her release.

An inmate may use money in his/her inmate account for bail or to purchase items from the inmate commissary. Inmates may receive and release money while in custody. Funds will be made available to inmates for their use in accordance with the rules and regulations established by the Captain.

### **1002.3 FUNDING SOURCES**

The inmate account will only accept funds for deposit from approved sources. Funds deposited into an inmate's account will first be used to settle the inmate's negative balance, should one exist.

#### **1002.3.1 DEPOSITS DURING BOOKING**

With the exception of legally prescribed fees (e.g., booking fees, pay to stay), all money received during the booking process shall be deposited to the inmate's account.

#### **1002.3.2 DEPOSITS THROUGH THE MAIL**

All funds received by mail to be deposited to an inmate's account shall be delivered to the Sergeant.

Only money orders and checks issued by federal, state, county or city government agencies that are received through the mail are acceptable for deposit into inmate accounts. Although cash may be accepted for deposit, it is not recommended that cash be sent through the mail. All personal checks, payroll checks and other unapproved monies will be forwarded to the personal property storage area and placed in the inmate's property bag or returned to sender.

#### **1002.3.3 PUBLIC DEPOSITS**

In addition to the mail, the public may deposit funds into an inmate's account using "Access Corrections." "Access Corrections" allows for deposit in a variety of ways including:

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- Deposit machine located in the lobby.
- Telephone
- Online
- Using an App

#### **1002.4 AUTHORIZATION FOR SELF-BAIL**

Inmates wishing to use their personal funds as bail must sign a transaction document. This transaction document must be received by a Sergeant before the inmate's account can be debited and a receipt issued.

#### **1002.5 RELEASE OF FUNDS TO OTHER PERSONS**

Inmates wishing to release all or part of their personal funds to a person who is not in custody must complete an Inmate Request Form indicating the amount of money to be released and to whom the money is to be released too. The request must be forwarded and approved by the Booking Sergeant prior to any release of funds. The person to whom the funds are to be released must contact a Sheriff's Service Assistant (SSA) who will handle the release. That person must furnish a valid driver's license or state-issued identification card to the Sheriff's Service Assistant. After the money is released, the Inmate Request Form is placed in the Inmate's Jail File. No monies will be released without prior permission except within the first 48 hours of incarceration. Whenever money is released a receipt is printed and distributed to the inmate at the next mail call.

#### **1002.6 RELEASE FROM CUSTODY**

The Sergeant will receive a daily roster of inmates scheduled for release. Each inmate's account will be accessed and a report showing all activity on the account will show how the account has been adjusted to show a zero balance. The Sergeant will be responsible for releasing the funds in check form, or via debit card to the inmate being released. The account will be closed. The inmate signs the final receipt. It is attached to the release documents and filed in the inmate's Booking Jacket.

#### **1002.7 CASHIER RESPONSIBILITY**

The Sheriff's Service Assistant (SSA) will verify all funds received against the amounts recorded on the inmate account financial record at time of booking. The SSA will then post the funds to the inmate's account and prepare a receipt for the inmate.

All monies shall be counted, verified against the transactions, bundled and placed in a designated secure safe or transferred to the bank with appropriate transmittal documentation, in accordance with Department finance rules.

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### *Inmate Accounts*

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Any unresolved discrepancies found during the balancing procedures shall be promptly reported. The Sergeant reporting the discrepancies should prepare a report showing the amount of the discrepancy.

The report shall include the following:

- (a) Date and time each cash discrepancy was discovered
- (b) Amount of overage or shortage
- (c) Explanation of the cause of the overage/shortage
- (d) Documentation used to identify the error
- (e) Recovery attempts
- (f) Name of person reporting the discrepancy
- (g) Name of person approving the report and the date approved

The supervisor shall initial the report prior to submission to the Fiscal Services for final review.

#### **1002.8 SECURE BANKING OF INMATE FUNDS**

All monies collected by custody personnel shall be secured in an officially designated and secure place. Twice weekly the funds will be collected, verified by a supervisor and deposited into the appropriate bank account.

#### **1002.9 AUTOMATED KIOSKS**

The use of automated kiosks for the deposit of monies into the inmate account or to transfer inmate monies for the purchase of commissary or other authorized items will meet the financial accounting requirements of this policy and other standard financial practices.

## Counseling Services

### 1003.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for providing counseling and crisis intervention services to inmates.

#### 1003.1.1 PROCEDURES

There are no procedures associated with this policy.

### 1003.2 POLICY

This department will provide counseling and crisis intervention services to any inmate who either requests services or is determined by a health provider to be in need of counseling or crisis intervention services. These services may be provided by:

- (a) Medical/mental health staff assigned to the facility.
- (b) Faith-based counseling by the chaplain or religious volunteers (see the Religious Programs Policy).

The Captain shall coordinate with the Responsible Physician or Health Authority to develop and confidentially maintain records of counseling and crisis intervention services provided to inmates and to ensure that those records are retained in accordance with established records retention schedules.

The Captain shall ensure that request forms are available and provided to inmates who request counseling services. All inmate requests for counseling shall be forwarded to mental health staff. If an inmate displays behavior indicating a need for counseling or crisis intervention services, the facility employee shall notify mental health staff. The Deputy receiving the request shall assess the need and area of counseling and make a reasonable effort to provide the inmate with the requested counseling as soon as reasonably practicable with consideration given to facility security, scheduling and available resources. Inmates who are victims of a sexual abuse or harassment incident will be informed of the availability and continuity of counseling (28 CFR 115.82; 28 CFR 115.83).

### 1003.3 NON-CRISIS COUNSELING

The Department shall, when reasonably practicable, make counseling services available to assist inmates who are being released into the community.

## Exercise and Out of Cell Time

### 1004.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines and procedures ensuring that the Marin County Sheriff's Office facility will have sufficiently scheduled exercise and out of cell time periods and sufficient space for these activities, as required by law.

#### 1004.1.1 DEFINITIONS

Definitions related to this policy include (15 CCR 1006):

**Exercise** - The opportunity for physical exertion.

**Out of Cell Time** - Time spent outside of the sleeping area, where an individual has the opportunity to exercise or participate in recreation.

**Recreation** - An individual's ability to choose from activities that occupy the attention and offer the opportunity for relaxation and may include reading, games, socialization, entertainment, education, and programs.

#### 1004.1.2 PROCEDURES

[Custody Procedure Manual: 1004.1 INCARCERATED PERSON EXERCISE AND OUT OF CELL TIME PROCEDURE](#)

### 1004.2 POLICY

It is the policy of this department to provide incarcerated persons with access to exercise opportunities, exercise equipment, and out of cell time activities in accordance with state laws or requirements.

### 1004.3 RESPONSIBILITIES

The Captain or the authorized designee shall be responsible for ensuring there is sufficient secure space allocated for physical exercise and out of cell time, and that a schedule is developed to ensure accessibility to both activities for all incarcerated persons. At least three hours per week of exercise opportunities shall be provided and at least seven hours of out of cell time distributed over a period of seven days for recreation (15 CCR 1065).

### 1004.4 ACCESS TO EXERCISE

Incarcerated persons shall have access to exercise opportunities and equipment, including access to physical exercise outside the cell and adjacent dayroom areas, and the opportunity to exercise outdoors when weather permits.

### 1004.5 ACCESS TO OUT OF CELL TIME

Each incarcerated person shall have access to the minimum state-required out of cell time (leisure-time) activities outside the cell and adjacent dayroom areas (15 CCR 1065). The length of time will be determined by the incarcerated person's classification status, security concerns, and

### *Exercise and Out of Cell Time*

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operational schedules that preclude out of cell time during a period of time (e.g., meal times, searches, lockdown, court). The staff should ensure that the maximum time possible is provided to the incarcerated persons for this purpose.

Televisions, newspapers, table games, and other items may also be made available to enhance out of cell time time. Consideration will be given to the passive or active out of cell time needs of older incarcerated persons and incarcerated persons with disabilities.

#### **1004.5.1 USE OF THE INCARCERATED PERSON WELFARE FUND**

Monies derived from the Incarcerated Person Welfare Fund may be used to purchase and maintain equipment and supplies.

#### **1004.6 SECURITY AND SUPERVISION**

Staff shall be responsible for inspecting exercise equipment to ensure it appears safe for use. Broken equipment or equipment that is in an unsafe condition shall not be used. Incarcerated persons will not be permitted to use equipment without supervision. All equipment shall be accounted for before incarcerated persons are returned to their housing unit.

The supervising staff may terminate the exercise or out of cell time period and escort back to the housing unit any incarcerated person who continues to act in an aggressive or disorderly manner after being ordered to stop by the staff. Whenever an exercise or out of cell time period is involuntarily terminated, the staff will document the incident and rationale for terminating the exercise period. The Pod deputy will determine whether a disciplinary report is warranted.

#### **1004.7 EXERCISE SPACE**

Exercise areas, as specified by federal, state, and/or local laws or requirements, should be sufficient to allow each incarcerated person the required minimum amount of exercise. Use of outdoor exercise is preferred but weather conditions may require the use of covered/enclosed space. Dayroom space is not considered exercise space.

Incarcerated persons on separation status shall have access to the same facilities as other incarcerated persons unless security or safety considerations dictate otherwise. When incarcerated persons on separation status are excluded from use of regular facilities, the alternative area for exercise use shall be documented.

#### **1004.8 INABILITY TO MEET REQUIREMENTS**

In the event that the incarcerated person population exceeds the ability of the facility to meet the exercise and out of cell time requirements, the facility should notify the governing body about the deficiency in space for exercise, that it may violate the law and/or the requirements, and request funds to remedy the situation. The facility should document all action taken to try to remedy the situation, including funding requests, population reduction requests, and all responses to those requests.

# Inmate Educational, Vocational and Rehabilitation Programs

## 1005.1 PURPOSE AND SCOPE

This department provides educational and vocational programs that are designed to help inmates improve personal skills, assist in their social development and improve inmate employability after release. The ability of the department to offer educational programs is dictated by available funding, inmate classification and other required inmate programs and routines.

### 1005.1.1 PROCEDURES

[Custody Procedure Manual: 1005.1 PROGRAMS PROCEDURES](#)

## 1005.2 POLICY

The educational and vocational programs offered by the Department are available to all eligible inmates and are subject to schedule, space, personnel and other resource constraints.

Designated space for inmate education and vocational programs will, whenever practicable, be designed in consultation with the appropriate school authorities or educational/vocational service providers.

Adequate funding is required. If the funding source reduces or eliminates funding in these areas, educational and/or vocational programs may be reduced or eliminated.

While the housing classification of an inmate has the potential to pose security issues, every effort, to the extent reasonably practicable, will be made to provide individualized educational opportunities (15 CCR 1061).

## 1005.3 INMATE PROGRAMS COORDINATOR

The Sheriff or the authorized designee shall appoint an Inmate Programs Coordinator, who shall be responsible for managing all aspects of the inmate educational and vocational program. Those duties include, but are not limited to:

- (a) Conducting an annual needs assessment to determine the type of programs needed to serve the inmate population.
- (b) Developing the program plans.
- (c) Developing or directing the curricula for each educational, vocational and testing component.
- (d) Developing and implementing individualized programs for high-risk or administrative inmates, as needed.
- (e) Coordinating with corrections staff regarding the security issues associated with these programs.



## *Inmate Educational, Vocational and Rehabilitation Programs*

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- (f) Developing and maintaining records of all needs assessments, all training offered, all inmate attendees, testing records and class evaluations.
- (g) Forecasting the annual cost of the program and coordinating with the budget office to secure funding.

### **1005.4 COURSE OFFERINGS**

Course offerings will be subject to need, available resources, security concerns, available space and inmate classification, and may include the following:

- Basic education, General Educational Development (GED)/ HiSet preparation
- High School Diploma Program
- English as a second language (ESL)
- Basic literacy
- Substance abuse and healthy lifestyles education
- Parenting courses
- Basic computer instruction
- Basic life skills
- Vocational skills such as:
  - Cooking and food services
  - Landscaping, horticulture
  - Basic woodworking
  - Auto body and painting
  - Basic auto repair
  - Basic office skills
- Other courses as deemed appropriate by the Inmate Programs Coordinator

### **1005.5 OUTREACH**

Information about educational opportunities should be included in the general inmate orientation. At a minimum, inmates should receive instruction on how to request participation in the inmate education programs and rules for participation.

### **1005.6 ELIGIBILITY REQUIREMENTS**

Educational/vocational programming (other than televised courses) may be offered to sentenced and pretrial inmates. The Sheriff shall ensure that there is equal opportunity for participation for male and female inmates.

### *Inmate Educational, Vocational and Rehabilitation Programs*

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#### **1005.7 INMATE REQUESTS**

Inmates should be given a form to request participation in the inmate education program. Inmate requests will be forwarded to the Inmate Programs Coordinator.

The Inmate Programs Coordinator will notify the inmate whether he/she has been approved for an education program. If approved, the Inmate Programs Coordinator will provide instruction to the inmate on how to access the program services and will notify the affected facility staff about the inmate's scheduled attendance.

Inmates may also contact the Inmate Programs Coordinator at any time via an inmate request form to request information regarding educational opportunities.

Inmates have the right to refuse to participate in programs other than work assignments or programs that are required by statute or court order.

#### **1005.8 SELF-STUDY PROGRAM**

Whenever reasonably feasible, the basic educational program may be presented by self-study tutoring.

Inmates admitted into the GED/HiSet program are issued the necessary books and supplies. Studying is done throughout the day at scheduled periods.

Upon completion of a GED/HiSet self-study program, the inmate may be given the opportunity to take the GED/HiSet or High School Diploma test.

#### **1005.9 HIGH-SECURITY/ADMINISTRATIVE SEGREGATION INMATES**

To the extent reasonably practicable, high-security inmates and those held in administrative segregation may receive individual instruction in the form of a correspondence course.

#### **1005.10 REHABILITATION PROGRAM**

The Department provides opportunities for rehabilitation programs that are based upon victim and community input and are fashioned in a way that gives the inmate an opportunity to make amends for the harm done.

The Sheriff and Captain should work with other justice system partners to create such programs and opportunities. Examples include the following:

- Programs designed to deter domestic violence and substance abuse
- Community service, such as supervised public works projects
- Making restitution to victims
- Paying court fines

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## *Inmate Educational, Vocational and Rehabilitation Programs*

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### **1005.11 DISCLAIMER**

Nothing in this policy is meant to confer a legal right for inmates to participate in any educational offering. Educational programming is provided at the sole discretion of the Sheriff and Captain.

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## Commissary Services

### 1006.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a commissary program that will give inmates the opportunity to purchase specific items that are not provided to them while in custody.

#### 1006.1.1 PROCEDURES

[Custody Procedure Manual: 1006.1 COMMISSARY PROCEDURE](#)

[Custody Procedure Manual: 1006.2 COMMISSARY PRICE SETTING](#)

### 1006.2 POLICY

It is the policy of this department to provide commissary services so that inmates who are not on disciplinary restriction and who have funds posted to their inmate accounts may purchase items approved by the Captain (Penal Code § 4025).

### 1006.3 COMMISSARY MANAGER RESPONSIBILITIES

The Captain shall be responsible for designating a qualified person to act as the Commissary Manager (Prisoner Services). The Commissary Manager shall be responsible for the accounting and general operation of the commissary, which shall include but is not limited to:

- Maintaining current rules, regulations, and policies of the commissary.
- Managing inventory and processing orders in a timely manner.
- Performing weekly audits of high-security items.
- Ensuring that sufficient space is provided either on or off facility property for the storage and processing of commissary orders.
- Ensuring commissary facilities are sanitary and secure.
- Conducting a quarterly inventory of all supplies and immediately reporting any discrepancies to the Captain.
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Any commissary inventory or sales issues related to religious diets shall be addressed in the Religious Programs Policy.

### 1006.4 COMMISSARY ACCOUNTING

The Operations Lieutenant shall be responsible for ensuring that all inmates who have commissary privileges have the opportunity to order and receive commissary items in a timely manner.

All inmates shall be afforded the opportunity to review an accounting of their money held in their account, including deposits, debits, and commissary goods purchased and received. Any discrepancy of the inmate's funds shall be immediately reported to the Commissary Manager. If

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the Commissary Manager and the involved inmate cannot settle the discrepancy, the matter will be handled by grievance in order to resolve the discrepancy.

#### **1006.5 INMATE WELFARE PACKS**

The Captain or the authorized designee shall monitor the provision of welfare packs to indigent inmates. Welfare packs shall include but not be limited to:

- (a) At least two postage-paid envelopes and two sheet of paper each week to permit correspondence with family members and friends (see the Inmate Mail Policy).
- (b) Personal hygiene items, including toothbrush, toothpaste, soap, and other supplies deemed to be appropriate for indigent inmates.

The Sheriff may expend money from the Inmate Welfare Fund to provide indigent inmates with essential clothing and limited transportation expenses upon release (Penal Code § 4025(i)).

#### **1006.6 ANNUAL AUDIT OF THE COMMISSARY**

The Commissary Manager should ensure that an annual audit of the commissary operation is conducted by a certified auditor. The written report prepared by the auditor should be reviewed for accuracy by the Commissary Manager and provided to the Captain.

All surplus funds from the commissary operation should be deposited into the Inmate Welfare Fund or used in a manner from which the inmates will benefit. They also may be deposited and used in accordance with expenditures authorized by the board of supervisors. An itemized report on expenditures shall be submitted annually to the board of supervisors (Penal Code § 4025 (e)).

## Library Services

### 1007.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for funding of library services and for providing incarcerated persons access to leisure and legal reading materials.

#### 1007.1.1 PROCEDURE

[Custody Procedure Manual: 1007.1 LAW LIBRARY PROCEDURE](#)

### 1007.2 POLICY

It is the policy of this facility to operate a library service that provides leisure and legal reading materials to incarcerated persons.

### 1007.3 RESPONSIBILITIES

The Captain or the authorized designee is responsible for the administration of the library services and should appoint a capable member to serve as librarian to run the daily library operations. The library services shall include access via paper documents or through electronic media to legal reference materials, current information on community services and resources, and religious, educational, and recreational reading material (15 CCR 1064). The Program Coordinator is the Librarian and handles all aspects of library operations except for legal and current information about community services and resources. The librarian shall

The librarian shall ensure that reading materials are provided to the general housing units and that any member assigned to assist with the delivery of library services has received the appropriate training in facility safety and security practices.

Prisoner Services is responsible for all legal requests and provides Penal Code books when requested by incarcerated persons. The Legal Information Request form has space for up to five items per request. Each incarcerated person can submit two forms per month, unless ProPer.

### 1007.4 LIBRARY FUNDING AND MAINTENANCE

The Captain should ensure that funding is available to operate the library. The Captain may use monies from the Incarcerated Person Welfare Fund to offset the cost of salaries, services, and supplies. The librarian may enlist the assistance of the local public library system and other community organizations to maintain and update the library. Donated books and materials should be screened by the librarian for permissible content and safety prior to being distributed to incarcerated persons.

The Department may reject library materials that may compromise the safety, security, and orderly operation of this facility (see the Mail Policy for examples of materials that may be rejected).

The library shall be operated within the physical, budgetary, and security limits of the existing facility.

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Books and other reading material should be provided in languages that reflect the population of the facility.

#### **1007.5 LEISURE LIBRARY MATERIALS**

Each incarcerated person is allowed to have no more than five books at any given time. Existing selections must be returned before new books may be selected by an incarcerated person. Incarcerated persons who destroy or misuse books and library materials will be subject to disciplinary action and may be required to pay for the material.

#### **1007.6 LEGAL MATERIALS**

All incarcerated persons shall have reasonable access to the legal system, which may include access to legal reference materials. Pro per incarcerated persons shall have priority regarding access to legal publications.

Legal information that may be provided through the library includes but is not limited to:

- Criminal code sections.
- Copies of criminal and/or civil cases.
- Copies of relevant judicial forms.

Incarcerated persons desiring access to the library or legal publications shall submit a completed legal information request to the housing deputy. Only one request per incarcerated person per week is allowed unless the inmate is a court-ordered pro per.

The housing deputy will collect completed request forms and deliver them to the librarian. Upon receipt the librarian will time stamp, log, and number the request and arrange for the incarcerated person to have access to the library or to legal research services if they are available and do not conflict with scheduling or security concerns. Records of access to legal materials and whether the requests were fulfilled or denied should be documented each day and maintained in the incarcerated person's file in accordance with established records retention schedules.

Pro per incarcerated persons may keep minimal supplies for their case in their cells (e.g., paper, letters, reference materials), provided they do not create a fire hazard or other safety or security concern.

#### **1007.7 ALTERNATE MEANS OF ACCESS TO LEGAL RESOURCES**

Nothing in this policy shall confer a right to access a law library. Unless it is specified by court order, the Sheriff may provide access to legal resources by a variety of means that may include public or private legal research services (e.g., web-based legal resources).

#### **1007.8 ACCESS TO LIBRARY**

Access to the incarcerated person library or to library materials shall be based on incarcerated person classification, housing location, and other factors that legitimately relate to maintaining the safety and security of the facility.

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### *Library Services*

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The library carts rotate in the pods every four to six weeks. The only pod without a library cart is Restrictive Housing. Incarcerated persons in the Restrictive Housing pod have to submit a written request to Prisoner Services for books.



## Mail

### 1008.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines for the receipt, rejection, inspection, and sending of incarcerated person mail.

#### 1008.1.1 PROCEDURES

[Custody Procedure Manual: 1008.1 INCARCERATED PERSON MAIL PROCEDURE](#)

[Custody Procedure Manual: 1008.2 BOOKS, NEWSPAPERS AND PERIODICALS PROCEDURE](#)

### 1008.2 POLICY

This department will provide ample opportunity for incarcerated persons to send and receive mail, subject to restriction only when there is a legitimate government interest.

### 1008.3 MAIL GENERALLY

Incarcerated persons may, at their own expense, send and receive mail without restrictions on quantity, provided it does not jeopardize the safety of staff, visitors, or other incarcerated persons, or pose an unreasonable disruption to the orderly operation of the facility.

However, incarcerated persons are only allowed to store a limited amount of mail in their cells as determined by the Captain. Excess mail will be stored with the incarcerated person's personal property and returned at the incarcerated person's release.

### 1008.4 CONFIDENTIAL CORRESPONDENCE

Incarcerated persons may correspond confidentially with courts, legal counsel, officials of this department, elected officials, the Department of Corrections, jail inspectors, government officials, or officers of the court. This facility will also accept and deliver a fax or interoffice mail from these entities.

Foreign nationals shall have access to the diplomatic representative of their country of citizenship. Staff shall assist in this process upon request.

Facility staff may inspect incoming confidential correspondence for contraband. Facility staff may inspect outgoing confidential correspondence for contraband before it is sealed, provided the inspection is completed in the presence of the incarcerated person. In the event that confidential correspondence is inspected, staff shall limit the inspection to a search for physical items that may be included in addition to the correspondence and shall not read the content of the correspondence itself (15 CCR 1063(c)).

### 1008.5 SUSPENSION/RESTRICTION OF MAIL PRIVILEGES

Mail privileges may be suspended or restricted upon approval of the Operations Lieutenant or the authorized designee whenever staff becomes aware of mail sent by an incarcerated person that involves (15 CCR 1083(f)):

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- (a) Threats of violence against any member of the government, judiciary, legal representatives, victims, or witnesses.
- (b) Incoming or outgoing mail representing a threat to the security of the facility, staff, or the public.

The County Counsel or County Counsel should be consulted in cases where criminal charges are considered against an incarcerated person or there is an apparent liability risk to the Department that relates to suspension or restriction of mail privileges.

#### **1008.6 PROCESSING AND INSPECTION OF MAIL BY STAFF**

Staff should process incoming and outgoing mail as expeditiously as reasonably possible. All incoming and outgoing mail should be processed within 24 hours and packages within 48 hours. Mail processing may be suspended on weekends, holidays, or during an emergency situation.

Assigned deputies should open and inspect all incoming and outgoing general mail of current incarcerated persons. The incoming correspondence may be read as frequently as deemed necessary to maintain security or monitor a particular problem. Mail for incarcerated persons no longer in custody should not be opened.

Outgoing general mail should not be sealed by the incarcerated person and may be read by staff when:

- (a) There is reason to believe the mail would:
  - 1. Interfere with the orderly operation of the facility.
  - 2. Be threatening to the recipient.
  - 3. Facilitate criminal activity.
- (b) The incarcerated person is on a restricted mail list.
- (c) The mail is between incarcerated persons.
- (d) The envelope has an incomplete return address.

When mail is found to be inappropriate in accordance with the provisions of this policy or when an incarcerated person is sent material that is not prohibited by law but is considered contraband by the facility, the material may be returned to the sender or held in the incarcerated person's property to be given to the incarcerated person upon release.

Incarcerated persons are not allowed to correspond with other incarcerated persons in this jail, unless approved by the Operations Lieutenant. Inmates may correspond with other inmates housed in other jails or correctional institutions, as long as they pay for the mailing and the mailing is sent and received through the U.S. Postal Service.

Incarcerated persons shall be notified in writing whenever their mail is held or returned to the sender. Mail logs and records, justification of censoring or rejection of mail, and copies of hold or return notices shall be maintained in the incarcerated person's file in accordance with established records retention schedules.

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### Mail

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Cash, government checks, and money orders contained in incoming incarcerated person mail shall be removed and credited to the incarcerated person's account. Personal checks may be returned to the sender or held in the incarcerated person's property to be given to the incarcerated person upon release.

#### 1008.6.1 DESIGNATION OF STAFF AUTHORIZED TO READ MAIL

Only staff members designated by the Captain are authorized to read incoming and outgoing non-confidential mail. These staff members should receive training on legitimate government interests for reading and censoring mail and related legal requirements (15 CCR 1063).

#### 1008.6.2 CENSORSHIP OF INCOMING AND OUTGOING NON-CONFIDENTIAL CORRESPONDENCE

In making the determination of whether to censor incoming non-confidential correspondence, consideration shall be given to whether rejecting the material is rationally related to a legitimate government interest, and whether alternate means of communicating with others is available.

The impact the correspondence may have on other incarcerated persons and jail staff is also a factor. Reasonable alternatives should be considered and an exaggerated response should be avoided; for example, discontinuing delivery of a magazine because of one article.

Outgoing non-confidential correspondence shall only be censored to further a substantial government interest, and only when it is necessary or essential to address the particular government interest. Government interests that would justify confiscation of outgoing mail include:

- (a) Maintaining facility security.
- (b) Preventing dangerous conduct, such as an escape plan.
- (c) Preventing ongoing criminal activity, such as threats of blackmail or extortion, or other similar conduct.
- (d) Preventing harassment of those who have requested that no mail be sent to them by the incarcerated person.

Correspondence and material identified for censorship shall be delivered to the Housing Sergeant, who shall make the decision if such mail will be censored.

Notices should be sent to the sender of censored correspondence or publications, even when the sender is the editor or publisher. A single notification may be sent if the publication is received by multiple incarcerated persons.

#### 1008.6.3 DOCUMENTING REJECTED OR CENSORED CORRESPONDENCE

In each case where it is necessary to remove any item, or reject or censor correspondence, a written record should be made of such action in the incarcerated person's file, to include:

- (a) The incarcerated person name and number.
- (b) A description of the mail in question.
- (c) A description of the action taken and the reason for such action.

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- (d) The disposition of the item involved.
- (e) Signature of the deputy.
- (f) Notification to the incarcerated person and sender (unless such notification jeopardizes any investigation or the security of the facility).

#### **1008.7 BOOKS, MAGAZINES, NEWSPAPERS, AND PERIODICALS**

Unless otherwise in conflict with this policy and prohibited by the Captain, incarcerated persons are permitted to purchase, receive, and read any book, newspaper, periodical, or writing accepted for distribution by the U. S. Postal Service (15 CCR 1066(a)).

Publications, magazines, or newspapers shall be accepted only if they are mailed directly from the publisher to a named incarcerated person. A current newspaper in general circulation or other like source, including a non-English alternative shall be made available to interested people (15 CCR 1066(a)).

#### **1008.8 REJECTION OF MAGAZINES AND PERIODICALS**

The Department may reject magazines, periodicals, and other materials that may inhibit the reasonable safety, security, and discipline in the daily operation of this facility. Generally, books, newspapers, and magazines are accepted only if they are sent directly by the publisher. Materials that may be rejected include but are not limited to (15 CCR 1066(a)):

- Materials that advocate violence or a security breach.
- Literature that could incite racial unrest.
- Sexually explicit material, including pornographic magazines, nude pictures, or pictures or descriptions of sexually explicit activities.
- Obscene publications or writings and mail containing information concerning where or how such matter may be obtained; any material that would have a tendency to incite murder, arson, riot, violent racism, or any other form of violence; any material that would have a tendency to incite crimes against children; any material concerning unlawful gambling or an unlawful lottery; any material containing information on the manufacture or use of weapons, narcotics, or explosives or any other unlawful activity.
- Material that could lead to sexual aggression or an offensive environment for incarcerated persons.
- Material that could create a hostile or offensive work environment.
- Any material with content that could reasonably demonstrate a legitimate government interest in rejecting the material.

Staff shall notify the Housing Sergeant whenever a decision is made to reject books, magazines, or periodicals. The Captain or the authorized designee will be responsible for making the final decision as to the specific magazines, periodicals, and other materials that will be prohibited within this facility.

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Religious texts not supplied by facility-authorized entities may be accepted by the chaplain or other religious volunteer who has received training on facility rules involving contraband, and who has been approved by a supervisor to review such documents for distribution.

#### **1008.9 FORWARDING OF MAIL**

Any non-legal mail received for a former incarcerated person should be returned to the sender with a notation that the incarcerated person is not in custody. Obvious legal mail should be forwarded to the former incarcerated person's new address if it is reasonably known to the facility. Otherwise, legal mail should be returned to the sender.

#### **1008.10 INDIGENT INCARCERATED PERSONS REQUESTS FOR WRITING MATERIALS**

Indigent incarcerated persons shall receive writing materials on a weekly basis, as provided by an approved schedule established by the Captain. Writing materials should include the following (15 CCR 1063):

- (a) At least four pre-stamped envelopes for correspondence with family and friends
- (b) At least eight sheets of writing paper
- (c) One pencil

Indigent incarcerated persons shall receive an amount of pre-stamped envelopes and writing paper sufficient to maintain communication with courts, legal counsel, officials of this department, elected officials, jail inspectors, government officials, and officials of the Board of State and Community Corrections. There shall be no limitation on the number of postage-paid envelopes and sheets of paper permitted for correspondence to the indigent incarcerated person's attorney and to the courts (15 CCR 1063(e)).

Requests shall be screened and granted based on need by Prisoner Services. Incarcerated persons should not be permitted to maintain an excess supply of writing materials without the approval of a supervisor.

## Telephone Access

### 1009.1 PURPOSE AND SCOPE

This policy establishes guidelines for permitting incarcerated persons to access and use telephones.

#### 1009.1.1 PROCEDURES

[Custody Procedure Manual: 1009.1 INCARCERATED PERSON TELEPHONE ACCESS PROCEDURE](#)

[Custody Procedure Manual: 210.1 HEARING IMPAIRED ACCESSIBILITY PROCEDURE](#)

### 1009.2 POLICY

The Jail will provide access to telephones for use by incarcerated persons consistent with federal and state law. The Captain or the authorized designee shall develop written procedures establishing the guidelines for access and usage (15 CCR 1067). All incarcerated persons will be provided a copy of the telephone usage rules as part of their incarcerated person orientation during the booking process.

### 1009.3 PROCEDURE

Incarcerated persons housed in general population will be permitted reasonable access to public telephones at scheduled times in the dayrooms for collect calls unless such access may cause an unsafe situation for the facility, staff, or other incarcerated persons. All calls, with the exception of calls to a verified attorney, are monitored and recorded. The Captain shall ensure a notice is conspicuously posted near the phones, informing incarcerated persons that non-attorney calls may be monitored and recorded.

Incarcerated persons are not permitted to receive telephone calls. Messages will only be delivered in the event of a verified emergency.

In the event of a facility emergency, or as directed by the supervisor or the Captain, all telephones will be turned off.

For security reasons, incarcerated persons who are awaiting transport to another facility or release to another agency are not permitted to use the telephones.

Teletypewriter or other communication devices (e.g., videophones, third-party communications assistant) will be made available to persons who are known to have, or are perceived by others as having, hearing or speech impairments to allow them equivalent telephone access as those without these disabilities (15 CCR 1067).

The minimum time allowed per call should be 10 minutes, except where there are substantial reasons to justify such limitations. Reasons for denial of telephone access shall be documented and a copy placed into the incarcerated person's file. The rules governing the use of the telephone will be provided to persons during orientation and posted near the telephones.

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The staff should monitor the use of public telephones to ensure incarcerated persons have reasonable and equitable access and that the rules of use are observed. Any incarcerated persons refusing to cooperate with the telephone rules may have their call terminated, telephone privileges suspended, and/or incur disciplinary action.

Requirements relating to the use of telephones during booking and reception are contained in the Reception Policy.

#### **1009.4 USE OF TELEPHONES IN HIGH-SECURITY OR ADMINISTRATIVE SEPARATION HOUSING**

Incarcerated persons who are housed in high-security or administrative separation may use the public telephones in the dayroom during the time allocated for that classification of incarcerated person to utilize that space. If portable telephones are available in the facility, persons who are housed in high-security or administrative separation units may have reasonable access to the portable telephones.

#### **1009.5 COURT-ORDERED TELEPHONE CALLS**

If a court order specifying free telephone calls is received by the facility, or a supervisor determines there is a legitimate need for a free telephone call for a specific incarcerated person, the supervisor may direct that a person use a facility telephone at no charge. Calls placed from a facility telephone should be dialed by a staff member. The staff shall be responsible for ensuring that the incarcerated person is not calling a number that has been restricted by a court order or by request of the recipient. Such a call shall be recorded to the same extent authorized for calls that are not court-ordered.

#### **1009.6 ATTORNEY-CLIENT TELEPHONE CONSULTATION**

At all times through the period of custody, whether the incarcerated person has been charged, tried, convicted, or sentenced, reasonable and non-recorded telephone access to an attorney shall be provided to the person at no charge to either the attorney or to the incarcerated person, in accordance with the Access to Courts and Counsel Policy.

Foreign nationals shall be provided access to the diplomatic representative of their country of citizenship. Staff shall assist them upon request. Domestic and international calling cards are available through the inmate commissary.

## Visitation

### 1010.1 PURPOSE AND SCOPE

The purpose of this policy is to establish rules for visitation and to provide a process for incarcerated person visits and visitors. Visitation is a privilege and is based on space availability, schedules, and on-duty staffing.

#### 1010.1.1 DEFINITIONS

Definitions related to this policy include (Penal Code § 4032):

**In-person visit** - An on-site visit that may include barriers. In-person visits include interactions in which an incarcerated person has physical contact with a visitor, the incarcerated person is able to see a visitor through a barrier, or the incarcerated person is otherwise in a room with a visitor without physical contact. "In-person visit" does not include an interaction between an incarcerated person and a visitor through the use of an on-site two-way audio/video terminal.

**Video visitation** - Interaction between an incarcerated person and a member of the public through the means of an audio-visual communication device when the member of the public is located at a local detention facility or at a remote location.

#### 1010.1.2 PROCEDURES

[Custody Procedure Manual: 1010.1 VISITING PROCEDURE FOR INCARCERATED PERSONS](#)

[Custody Procedure Manual: 1010.2 VISITING PROCEDURE FOR THE PUBLIC](#)

[Custody Procedure Manual: 1010.3 VISITING FOR BOOKING AND SPECIAL NEEDS](#)

[Custody Procedure Manual: 1010.4 METAL DETECTOR](#)

[Custody Procedure Manual: 1010.5 ATTORNEY VISITS](#)

[Custody Procedure Manual: 1010.6 CONTACT VISITING](#)

### 1010.2 POLICY

It is the policy of the Marin County Sheriff's Office to allow incarcerated person visitation, including video visitation when applicable, as required by law.

### 1010.3 PROCEDURES

The Department shall provide adequate facilities for visiting that include appropriate space for the screening and searching of incarcerated persons and visitors and storage of visitors' personal belongings that are not allowed in the visiting area.

The Captain shall develop written procedures for incarcerated person visiting, which shall provide for as many visits and visitors as facility schedules, space, and number of personnel will reasonably allow, with no fewer visits allowed than specified by 15 CCR 1062 per week, by type of facility. The procedures are subject to safety and security requirements and should consider:

- The facility's schedule.



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### Visitation

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- The space available to accommodate visitors.
- Whether an emergency or other conditions justify a limitation in visiting privileges.
- Video visitation if applicable (Penal Code § 4032; 15 CCR 1062).

The visiting area shall accommodate incarcerated persons and visitors with disabilities. Visitors with disabilities who request special accommodations shall be referred to a supervisor. Reasonable accommodations will be granted to incarcerated persons and disabled visitors to facilitate a visitation period.

Visitor logs and records shall be developed and maintained in accordance with established records retention schedules.

Court orders granting a special incarcerated person visitation are subject to county legal review and interpretation.

#### 1010.3.1 VISITOR REGISTRATION AND IDENTIFICATION

All visitors must register and produce a valid state, military, tribal, or other government identification. Identification will be considered valid for 90 days after expiration, provided the visitor has renewed the ID and has proof of the renewal.

- (a) The registration form must include the visitor's name, address, and the relationship to the incarcerated person.
- (b) A valid identification shall include the following:
  1. A photograph of the person
  2. A physical description of the person
- (c) An official visitor shall present proof of professional capacity. For example, attorney license/Supreme Court card, law enforcement identification, or a business card/letterhead of the business with the visitor's name.

Failure or refusal to provide a valid identification is reason to deny a visit.

#### 1010.3.2 VIDEO VISITATION NOT TO REPLACE IN-PERSON VISITATION

The Department may not substitute video visitation for in-person visitation to meet the requirements of 15 CCR 1062.

#### 1010.4 AUTHORIZATION TO SEARCH VISITORS

Individuals who enter the secure perimeter of this facility are subject to search if there is reasonable cause to believe the visitor has violated the law, is wanted by a law enforcement agency, or is attempting to bring contraband onto the facility property or into the facility. All searches shall be made in accordance with current legal statutes and case law.

The area designated for a visitor to be searched prior to visiting with an incarcerated person shall have a notice posted indicating that any cellular telephone, wireless communication device, or any component thereof shall be confiscated for the period of the visitation and returned to the visitor upon departure from the facility (Penal Code § 4576(b)(3)).

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#### **1010.5 VISITING SCHEDULE**

The Captain shall designate a person to develop a schedule for incarcerated person visitation that includes daytime, evening, and weekend hours. Each incarcerated person shall receive a copy of the visitation schedule in the incarcerated person handbook viewable on inmate tablets in the pods. The visiting hours will also be posted in the public area of the facility.

#### **1010.6 DENIAL OR TERMINATION OF VISITING PRIVILEGES**

The Captain or the authorized designee is responsible for defining, in writing, the conditions under which visits may be denied.

Visitation may be denied or terminated by a supervisor if the visitor poses a danger to the security of the facility or there is other good cause (15 CCR 1062). Danger to the security of the facility or other good cause includes but is not limited to the following:

- (a) The visitor appears to be under the influence of drugs and/or alcoholic beverages.
- (b) The visitor refuses to submit to being searched.
- (c) The visitor or incarcerated person violates facility rules or posted visiting rules.
- (d) The visitor fails to supervise and maintain control of any minors accompanying the visitor into the facility.
- (e) Visitors attempting to enter this facility with contraband will be denied a visit and may face criminal charges.

Any visitation that is denied or terminated early, on the reasonable grounds that the visit may endanger the security of the facility, shall have the actions and reasons documented. A copy of the documentation will be placed into the incarcerated person's file and another copy will be forwarded to the Captain (15 CCR 1062).

#### **1010.7 GENERAL VISITATION RULES**

All visitors and incarcerated persons will be required to observe the following general rules during visitation:

- (a) A maximum of two adults and two children will be permitted to visit an incarcerated person at any one time. Children visiting incarcerated persons must be deemed age appropriate by the parent or guardian accompanying the child. Where a dispute over children visiting occurs between the incarcerated person and the parent or legal guardian, the incarcerated person will be advised to use the court for resolution. Adults must control minors while they are waiting to visit and during the visit.
- (b) An incarcerated person may refuse to visit with a particular individual.
- (c) Those incarcerated persons who are named as the restrained person in any restraining or other valid court order shall not be allowed visits from persons who are protected by the order.
- (d) Visitors must be appropriately attired prior to entry into the visitor's area of the facility.

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- (e) Inappropriate clothing, such as transparent clothing, halter-tops, excessively tight or revealing clothing, hats and bandannas, or any other clothes associated with a criminal gang or otherwise deemed by the staff to be unacceptable, will not be permitted.
- (f) All visitors must have footwear.
- (g) Visitors will leave all personal items, with the exception of car keys and identification, outside of the secure area. Visitors who enter the facility with handbags, packages, or other personal items will be instructed to lock the items in a vehicle or locker or return at another time without the items. The facility is not responsible for lost or stolen items.
- (h) Food or drink is not permitted in the visitor's area.
- (i) Incarcerated persons will be permitted to sign legal documents, vehicle release forms, or any other items authorized by the Housing Sergeant. Transactions of this nature will not constitute a regular visit.

#### **1010.8 SPECIAL VISITS**

The Lieutenant may authorize special visitation privileges, taking into consideration the following factors:

- The purpose of the visit
- The relationship of the visitor to the incarcerated person
- The circumstances of the visit
- Distance traveled by the visitor

Whenever a special visit is denied, an entry into the duty log will be made. The entry will include the requesting visitor's name and the reason why the visit was denied.

#### **1010.9 ATTORNEY VISITS**

Incarcerated persons shall have access to any attorney retained by or on behalf of the incarcerated person, or to an attorney the incarcerated person desires to consult, in a private interview room. Staff shall not interfere with, suspend, or cancel official visits except in circumstances where the safety, security, or good order of the facility is compromised (see the Incarcerated Person Access to Courts and Counsel Policy).

#### **1010.10 CONTACT VISITS**

The Marin County Sheriff's Office recognizes the need to facilitate the medical evaluation of inmates housed in the Marin County Jail by licensed physicians, psychiatrists, and psychologists, as well as the Sheriff's Office's absolute responsibility to provide a safe living and working environment for the inmates, staff and visitors who live in, work at, or visit that facility.

In keeping with the aforementioned declaration, it is the policy of the Marin County Sheriff's Office to provide secure rooms within the Marin County Jail from which an inmate can have unhindered, direct and confidential contact with physicians, psychiatrists, and psychologists, licensed by the

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State of California who are required by the court to treat or evaluate that inmate's physical, mental, or emotional health.

Attorneys will be allowed to have contact visits when they are representing inmates on capital cases (Death Penalty). Attorney contact visits will only be scheduled to take place on Saturdays, Sundays, Holidays and other dates that the courts are closed unless authorized by the Captain or the authorized designee.

No other contact visits shall be allowed.

#### 1010.10.1 ENTRANCE BACKGROUND CHECK

A preliminary background investigation will be conducted by the Marin County Sheriff's Office to determine if a person meets the basic security criteria needed to allow escorted entry into the secured portion of the Marin County Jail. The entrance background check includes an inquiry check through the California Department of Justice and Marin County automated criminal history files and a global CLETS inquiry. For the purposes of this policy, the background entrance check will also include a confirmation that the health care professional is licensed to practice in the State of California. An index of individuals who have previously passed the entrance background check will be maintained at the Lobby SSA Station and will be updated at least once per calendar year. All Jail clearances must be authorized by the Jail's Administrative Lieutenant or higher authority.

## Inmate Work

### 1011.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the guidelines and requirements for the Inmate Work Program. The Inmate Work Program allows inmates to improve and/or develop useful job skills, work habits and experiences that will facilitate a successful return to the community.

#### 1011.1.1 PROCEDURES

[Custody Procedure Manual: 1015.1 INMATE WORKERS SELECTION PROCESS PROCEDURE](#)

### 1011.2 POLICY

The Marin County Sheriff's Office shall operate an Inmate Work Program within the secure perimeter of the facility, in accordance with all applicable federal, state or local work safety laws, rules and regulations, and to the extent that the operation of inmate work programs do not pose a risk to the safety of the staff, other inmates or the public. This policy establishes the requirements, selection process, supervision and training of inmates prior to and after entering the facility's Inmate Work Program.

### 1011.3 LEGAL REQUIREMENTS

#### 1011.3.1 SENTENCED INMATE WORK REQUIREMENTS

All sentenced inmates who are physically and mentally able may be required to work if they are not assigned to other programs. Inmates shall not be required to perform work which exceeds their physical limitations. Inmates may be excused from work in order to maintain their participation in an educational, vocational or drug abuse treatment program. The Department will abide by all laws, ordinances and regulations when using inmates to work in the facility.

#### 1011.3.2 PRETRIAL AND UNSENTENCED INMATE WORK REQUIREMENTS

Pretrial inmates and those awaiting sentencing may not be required to work, except to do personal housekeeping and to clean their housing area. However, they may volunteer for work assignments.

### 1011.4 INMATE WORKER SELECTION

The Deputy working the housing unit shall be responsible for the selection and assignment of inmates to the various work assignments when there are vacancies that need to be filled. Deputies shall take into consideration the following eligibility criteria:

- (a) Inmates who have posed a threat in the past or have been charged with escape should be carefully screened for inmate work projects.
- (b) The inmate's charges and classification are such that the inmate will not pose a security risk to other inmates, staff or the public.
- (c) The inmate's capacity to perform physical tasks will match the job requirements.
- (d) The inmate is able to learn the necessary work routines.

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- (e) The special interests, abilities, craft or trade of the inmate will benefit the work assignment.

Inmates must be able to pass a health screening test in accordance with the policies contained in this manual, and must meet all statutory and regulatory requirements. Health-screening shall be done for inmates who work in the kitchen, around food products or who serve meals to the inmate population.

Inmate workers are assigned at the discretion of Deputies and can be removed from their position for any reason. An inmate worker who has been removed from their work assignment by a disciplinary action must wait a minimum of 30 days to apply for another position.

[Custody Procedure Manual: 1015.1 INMATE WORKERS SELECTION PROCESS PROCEDURE](#)

#### **1011.5 PROHIBITION OF NON-PUBLIC WORK PROJECTS**

Work projects on behalf of any private individual or to an individual's private property are strictly prohibited and may constitute a violation of the law.

#### **1011.6 SUPERVISION OF INMATE WORKERS**

Facility staff in charge of work programs or who provide supervision of inmates assigned to work crews should adhere to the following:

- (a) Inmate workers should be provided with safety equipment, clothing and footwear commensurate with the work performed. Safety equipment may include, but is not limited to, PPE, eye protection, gloves, hardhat or head wear and sunscreen for protection from sun exposure.
- (b) Occasionally cooks may ask an inmate to work double shift if the kitchen worker wants to.
- (c) Inmate workers should be provided with work breaks to allow them to take care of personal needs.
- (d) Inmate workers shall have access to nutritious meals and a reasonable amount of time to consume those meals during their work period.
- (e) Inmate performance is regularly evaluated and may be recorded.

Inmate workers shall be under the direct supervision of the facility staff at all times when they are on assignment through the Inmate Work Program.

Persons who are responsible for the supervision of inmates on work crews should receive training in basic areas of safety, security and reporting procedures.

Disciplinary action for inmate worker misconduct shall adhere to the Inmate Discipline Policy.

#### **1011.7 INMATE WORKER TRAINING**

Inmates who are assigned to work in any area that may require the handling of any chemicals or the use of any equipment shall receive training from the respective department supervisor prior

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to using the chemicals or equipment. Work-crew supervisors shall also train inmate workers on safety practices. Inmates should never be assigned to handle dangerous chemicals or equipment that normally require a level of expertise and competency beyond their demonstrated ability.

#### **1011.8 INMATE WORKER INCENTIVES**

The Captain is responsible for establishing a recognition program for inmates assigned to the Inmate Work Program. Recognition of inmates can be observed in the following ways:

- (a) Granting "Good Time and Work" credits as allowed by state or local law.
- (b) Using credits for sentence reduction when allowed by statute.
- (c) Granting special housing, extra privileges, recreation and special rewards, as allowed by law regulation and policy. Inmate welfare funds may be used to offset the cost of a reward program.
- (d) Awarding certificates of achievement for successful completion of vocational, educational and/or work programs.

## Religious Programs

### 1012.1 PURPOSE AND SCOPE

This policy provides guidance regarding the right of inmates to exercise their religion and for evaluating accommodation requests for faith-based religious practices of inmates (15 CCR 1072).

#### 1012.1.1 DEFINITIONS

Definitions related to this policy include:

**Compelling government interest** - A method for determining the constitutionality of a policy that restricts the practice of a fundamental right. In order for such a policy to be valid, there must be a compelling government interest, which is necessary or crucial to the mission of the Department, as opposed to something merely preferred, that can be furthered only by the policy under review.

**Least restrictive means** - A standard imposed by the courts when considering the validity of policies that touch upon constitutional interests. If the Department adopts a policy that restricts a fundamental religious liberty, it must employ the least restrictive measures possible to achieve its goal.

**Religious exercise** - Any exercise of religion, whether or not it is compelled by, or central to, a system of religious belief. The key is not what a faith requires but whether the practice is included in the inmate's sincerely held religious beliefs.

**Substantial burden** - For the purposes of this policy, substantial burden means either of the following:

- A restriction or requirement imposed by the Department that places an inmate in a position of having to choose between following the precepts of his/her religion and forfeiting benefits otherwise generally available to other inmates, or having to abandon one of the precepts of his/her religion in order to receive a benefit.
- The Department puts considerable pressure on an inmate to substantially modify his/her behavior in violation of his/her beliefs.

#### 1012.1.2 PROCEDURES AND ATTACHMENTS

[Custody Procedure Manual: 900.2 RELIGIOUS/VEGETARIAN DIETS](#)

[Custody Procedure Manual: 1016.2 RELIGIOUS PROGRAMS PROCEDURE](#)

[See attachment: Religious or Vegetarian Diet Authorization Form.pdf](#)

### 1012.2 POLICY

It is the policy of this department to permit inmates to engage in the lawful practices and observances of their sincerely held religious beliefs consistent with the legitimate governmental objectives of the facility.



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#### **1012.3 STAFF RESPONSIBILITIES**

Members shall not show favoritism or preference to any religion and will not discriminate or retaliate against any inmate for participating or not participating in any religion or religious practice. Inmates are not required to participate in religious programs or activities.

Facility staff will not allow their personal religious beliefs to influence them in the daily management of the inmate population, particularly as it relates to religious practices.

#### **1012.4 PROGRAM COORDINATOR**

The Inmate Program Coordinator shall be responsible for assisting the Captain with supervising, planning, directing and coordinating religious programs. The Inmate Program Coordinator may be responsible for duties including, but not limited to:

- (a) Coordinating religious services.
- (b) Maintaining a list of accepted religious practices that have been approved by the Captain and ensuring the current list is available to the staff.
- (c) Reviewing requests for religious accommodations.
- (d) Providing or arranging for grief counseling for inmates.
- (e) Distributing a variety of religious texts.
- (f) Developing and maintaining a liaison with a variety of religious faiths in the community.
- (g) Making reasonable efforts to enlist religious leaders from outside the community as necessary.
- (h) Seeking donations for religious programs from the community, when appropriate.
- (i) Working with inmate families when requested.
- (j) Periodically surveying the facility population to assist in determining whether current resources are appropriate for the inmate population.
- (k) Providing guidance to the Sheriff and the Captain on issues related to religious observance.

#### **1012.5 RELIGIOUS BELIEFS AND ACCOMMODATION REQUESTS**

Inmates are not required to identify or express a religious belief. An inmate may designate any belief, or no belief, during the intake process and may change a designation at any time by declaring his/her religious belief in writing to the Inmate Program Coordinator. Inmates seeking to engage in religious practices shall submit a request through the established process. Requests to engage in practices that are on the facility's list of accepted practices should be granted. Requests to engage in religious practices that are not on the approved list shall be processed as provided in this policy.

All requests for accommodation of religious practices shall be treated equally, regardless of the religion that is involved. Equal and consistent treatment of all religions and religious beliefs shall not always require that all inmates of the same religion receive the same accommodations.

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Requests for accommodation of religious practices shall be submitted to a supervisor. In determining whether to grant or deny a request for accommodation of a religious practice, the supervisor will work with the Inmate Program Coordinator to determine the sincerity of the religious claim of an inmate. Requests should be denied only if the denial or reason for denial would further a compelling interest of the facility and is the least restrictive means of furthering that compelling interest.

A supervisor who does not grant the accommodation, either in part or in full, should promptly forward the request to the Operations Lieutenant, who, after consultation with legal counsel as appropriate, should make a determination regarding the request within 10 days following the inmate's request.

The Captain shall be informed of all approved accommodations. The Inmate Program Coordinator should make any necessary notifications to staff as necessary to meet an approved accommodation.

All inmate requests for religious accommodations and related determinations shall be fully documented in the inmate's record.

#### **1012.5.1 SUSPENSION OR REVOCATION OF ACCOMMODATIONS**

In an emergency or extended disruption of normal facility operations, the Captain may suspend any religious accommodation. The Captain may also revoke or modify an approved religious accommodation if the accommodated inmate violates the terms or conditions under which the accommodation was granted.

#### **1012.5.2 APPEALS OF SUSPENSION OR REVOCATION OF ACCOMMODATIONS**

Inmates may appeal the Captain's denial, suspension or revocation of an accommodation through the inmate appeal process.

#### **1012.6 DIETS AND MEAL SERVICE**

The Captain should provide inmates requesting a religious diet, including fasting and/or hour of dining, a reasonable and equitable opportunity to observe their religious dietary practice. This should be done within budgetary constraints and be consistent with the security and orderly management of the facility. The Inmate Program Coordinator shall provide a list of inmates authorized to receive religious diets to the Food and Support Services Manager. The Food and Support Services Manager shall establish a process for managing religious meal accommodations.

#### **1012.7 HAIRSTYLES AND GROOMING**

Unless it is necessary for the health and sanitation of the facility, inmates who wear head and facial hair in the observance of their religion will generally not be required to shave or cut their hair. To the extent reasonably practicable, alternative housing may be considered to accommodate the need for religious hair and grooming, while meeting the health and sanitation needs of the facility.

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Any inmate whose appearance is substantially altered due to changes in facial hair or hair length may be required to submit to additional identification photographs.

#### **1012.8 RELIGIOUS TEXTS**

Religious texts should be provided to the requesting inmate, if the texts available do not pose a threat to the safety, security and orderly management of the facility.

#### **1012.9 UNAUTHORIZED PRACTICES OR MATERIAL**

The following list, which is not intended to be exhaustive, includes materials or practices that shall not be authorized:

- (a) Animal sacrifice
- (b) Language or behaviors that could reasonably be construed as presenting a threat to facility safety or security
- (c) Self-mutilation
- (d) Use, display or possession of weapons
- (e) Self-defense or military training
- (f) Disparagement of other religions
- (g) Nudity or sexual acts
- (h) Profanity
- (i) Use of illegal substances or controlled substances without a prescription

#### **1012.10 GROUP RELIGIOUS SERVICES**

Group religious services may be allowed after due consideration of the inmate's classification or other concerns that may adversely affect the order, safety and security of the facility.

Alternatives to attendance of group religious services may include, but are not limited to:

- The provision of religious books and reading materials.
- Access to religious counselors.
- Recorded religious media (e.g., DVDs, CDs, video tapes).

[Custody Procedure Manual: 1016.2 RELIGIOUS PROGRAMS PROCEDURE](#)

#### **1012.11 RELIGIOUS SYMBOLS AND IMPLEMENTS**

Religious symbols and implements used in the exercise of religion should generally be allowed unless the symbol or implement poses a threat to the safety and security of the facility. Alternatives to the provision of religious symbols and implements may be considered when security, safety or efficient operations may be jeopardized (e.g., substitution of a towel in lieu of a prayer rug).

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Inmates who wish to use and/or possess religious symbols and implements shall submit a request through the established process. The inmate must be specific as to the type of religious symbol or implement and why it meets his/her religious need. If the religious symbol or implement has been approved by the previously mentioned procedure, the inmate can possess the item in his/her cell only. The inmate cannot possess a religious symbol or implement outside of his/her cell.

#### **1012.12 RELIGIOUS GARMENTS AND CLOTHING**

Inmates are not permitted to retain personal religious garments and clothes while in custody. It is the policy of the Marin County Sheriff's Office to accommodate the religious beliefs of inmates and not impose a substantial burden on the exercise of those beliefs. However, the safety and security of the jail facility are compelling interests. The following are considered the least restrictive means furthering the compelling interests while accommodating inmates' right to religious exercise.

Inmates who practice a religion that requires specific modes of dress, garments, headgear, etc., other than standard-issue clothing, should generally be accommodated subject to the need to identify inmates and maintain security.

Head coverings shall be searched for contraband before being worn in the housing areas of the facility and shall be subject to random searches for contraband. Personal head coverings should be exchanged in favor of department-supplied head coverings when available and appropriate.

Inmates wearing headscarves or other approved coverings shall not be required to remove them while in the presence of or while visible to the opposite sex, if they so desire. Religious garments that substantially cover the inmate's head and face shall be temporarily removed during the intake/booking process and for identification photographs.

Religious head coverings will not be permitted if the inmate displays behavior, which results in the destruction of property or reveals intent to cause physical harm to themselves or others. The decision to prohibit the religious head covering can be made at any time and shall be determined by the Captain or the authorized designee.

To the extent reasonably practicable, alternative housing may be considered to accommodate an inmate's need for religious attire, while meeting the security needs of the facility.

#### **1012.13 COMMUNITY RESOURCES**

A religious leader or other volunteer from the community, credentialed by the particular faith, may be sought to help provide religious services. All individuals providing faith-based services should be supervised by the Inmate Program Coordinator. All efforts to contact faith-based representatives should be documented and retained in accordance with established records retention schedules.

Volunteers are another valuable resource that could be utilized extensively in the delivery of the religious program (see the Volunteer Program Policy).

The Inmate Program Coordinator, in cooperation with the Captain or the authorized designee, shall develop and maintain communication with faith communities. The Inmate Program Coordinator

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shall review and coordinate with the Captain regarding offers to donate equipment or materials for use in the religious programs. All communication efforts and donations should be documented and retained in accordance with established records retention schedules.

#### **1012.14 TRAINING**

The Department shall provide training to facility staff on the requirements of this policy.

The Department shall also provide training in safety and security to the Program Coordinator. The Program Coordinator shall approve and train clergy and religious volunteers. This includes the preparation of a training curriculum, as well as the development and maintenance of training records.

## Inmate Marriages

### 1013.1 PURPOSE AND SCOPE

The purpose of this order is to establish a procedure by which an inmate incarcerated in the Marin County Jail may marry.

#### 1013.1.1 PROCEDURES

There are no procedures associated with this policy other than what is listed below.

### 1013.2 POLICY

Subject to the laws of the State of California, an inmate may get married while incarcerated in the Marin County Jail provided they meet the conditions outlined by the Marin County Sheriff's Office.

### 1013.3 PROCEDURE

In order to ensure the security and smooth operation of the Jail Facility, inmate marriages must meet the following criteria:

- No inmate may marry another inmate who is also incarcerated in this facility.
- Should the future spouse of the requesting inmate be a person identified by the District Attorneys Office as having been the victim of, or witness to, the inmates criminal case, the requesting inmate must advise the Operations Lieutenant of that fact in their written request to marry.
- There will be no contact weddings performed. All weddings will be conducted in an Attorney Visiting Room located in the Pod in which the requesting inmate is housed.
- Due to space limitations in the Attorney Visiting Rooms, only four (4) persons may take part in the visit during which the marriage ceremony takes place. Those four shall include the person performing the marriage, the future spouse of the inmate, and no more than two (2) witnesses.
- All weddings will be performed on Saturdays, during routine visiting hours, and within established visiting time restrictions.
- Requests to marry shall require at least seven (7) days prior written notice.
- The inmate, or the inmate's family, must ensure all necessary licensing and ministerial arrangements have been made prior to the ceremony taking place.
- Other inmates may not be used as witnesses in the marriage ceremony.
- Inmates serving disciplinary time in any Pod may not participate in any marriage ceremony during that disciplinary period.
- Jail Chaplains are not allowed to perform Marriages within the Facility.
- Marin County Judges have stated they too will not perform marriage ceremonies for incarcerated inmates.

# Marin County Sheriff's Office

## Custody Manual

### *Inmate Marriages*

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In the event of an emergency within the facility, the marriage ceremony may be canceled or postponed without prior notice.

When an inmate incarcerated in the Marin County Jail wishes to marry, he/she shall send a request to marry on a "Marin County Jail Inmate Request Form" to the Jail's Operations Lieutenant. The request must include:

- The full name, address, and date of birth of the person the inmate wishes to marry.
- The date of the planned marriage.
- The name and telephone number of the individual who will be performing the marriage ceremony. (The named individual will be required to provide proof of his/her legal ability to perform marriage ceremonies in the State of California before the inmate's request will be processed further.)

Should the future spouse of the requesting inmate be a person identified by the District Attorney's Office as having been the victim of, or witness to, the inmate's criminal case, jail staff shall notify the District Attorney's Office of the inmate's intention to marry before the marriage ceremony takes place. Notice of that advisement shall be recorded on the inmate's original written "request to marry" form and shall include the name of the person contacted and the date and time the advisement was made. Once approved, the written "request to marry" form shall be placed in the inmate's jail file for permanent retention.

## Chapter 11 - Facility Design



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## Space and Environmental Requirements

### 1100.1 PURPOSE AND SCOPE

This policy describes the desired space and environmental requirements for the Marin County Jail.

#### 1100.1.1 PROCEDURES

There are no procedures associated with this policy.

### 1100.2 POLICY

It is the policy of this department to comply with federal and state laws, codes and correctional standards in matters relating to the jail space and environmental requirements. Any designs for renovations, modifications, additions or new construction within the facility should be in compliance with federal and state laws, codes and jail standards.

Planned designs for renovations, modifications, additions or new construction within the facility should facilitate continuous personal contact and interaction between the custody staff and inmates. This contact should be by direct physical observation of all cells, dayrooms and recreation areas. Electronic surveillance may be used to augment the observation of inmates but shall not be used as a substitute for personal contact and interaction.

All parts of the facility that are accessible to the public should be accessible to and usable by disabled persons.

### 1100.3 SPACE REQUIREMENTS

Except for emergency accommodations of a limited duration, all areas in the jail shall conform to building and design requirements contained in federal and state law, codes and minimum jail standards as required for their intended design and use. Areas that are repurposed for other than their original intended use shall likewise comply with all building design requirements for the new purpose.

### 1100.4 ALTERNATE APPROVED CAPACITY

If needed, the Captain may base the approved capacity on an alternate method of calculation as provided in the jail standards. This alternate method allows capacity to be based on overall living space available to inmates, adjusted for the time inmates actually have access to any specific areas. If this method is selected, the Captain, together with county officials, should develop a plan to bring the facility into agreement with the space-related standards within a five-year period.

### 1100.5 DETENTION HARDWARE

All locks, detention hardware, fixtures, furnishings and equipment shall have the proper security value for the areas in which they are used. The use of padlocks in place of security locks on cell or inmate housing unit doors is generally prohibited, as unauthorized locking mechanisms may pose a significant threat to the safety and security of the facility in the event of an emergency.

## *Space and Environmental Requirements*

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### **1100.6 ENVIRONMENTAL REQUIREMENTS**

All occupied areas of the jail shall conform to the building and design requirements contained in federal and state law, codes and jail standards with respect to light, air and noise level.

#### **1100.6.1 LIGHTING LEVELS**

Lighting throughout the facility shall be sufficient for staff and inmates to perform necessary tasks. Night lighting levels should permit adequate illumination for supervision but should not unnecessarily interfere with the ability of inmates to sleep.

#### **1100.6.2 NATURAL LIGHT**

All inmate living areas should provide visual access to natural light, unless prohibited by security concerns.

#### **1100.6.3 NOISE LEVEL**

Noise levels at night should be sufficiently low to allow inmates to sleep. Nothing in this policy is intended to limit or impair in any way staff's ability to monitor the jail in a manner that is consistent with safety and security and good correctional practices.

#### **1100.6.4 VENTILATION**

The ventilation system shall be sized and calibrated to supply fresh or circulated air in accordance with federal and state laws, codes and jail standards. Toilet rooms and cells with toilets shall be calibrated to have no less than four exchanges of air per hour, unless local codes require a different number of air exchanges.

Other than an emergency situation, inmates or jail staff shall not adjust or restrict the ventilation systems without the express permission of the supervisor. Any adjustments made to the ventilation system shall only be allowed for the duration of the emergency or until qualified maintenance personnel can adjust or repair the ventilation system.

Air quantities shall be documented at least annually by a qualified independent contractor, and a report provided to the Captain.

#### **1100.6.5 TEMPERATURE LEVELS**

Temperature and humidity levels shall be mechanically maintained at a level established by facility maintenance personnel and deemed comfortable and cost efficient.

Staff may contact facility maintenance in the event that temperatures or humidity levels become uncomfortable.

#### **1100.6.6 CELL FURNISHINGS**

Each inmate housed in this facility shall have access to the following items:

- A sleeping surface and mattress at least 12 inches off the floor
- A writing surface and seat
- An area for the storage of clothing and personal belongings

### *Space and Environmental Requirements*

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#### **1100.7 DAYROOMS**

Dayrooms shall be equipped with at least one shower for every 20 inmates or fraction thereof (24 CCR 1231.3.4; 24 CCR 1231.2.9), and tables and sufficient seating for all inmates at capacity. Where inmates do not have continuous access to their cells, dayrooms shall also be equipped with one toilet, an immediate source of fresh potable water and lavatory with hot and cold water for every 10 inmates or fraction thereof.

#### **1100.8 JANITOR CLOSETS**

Janitor closets shall be located near or inside each housing unit. Each janitor closet should contain a sink and the necessary cleaning implements. Access to the janitor closets shall be controlled and supervised by the staff.

#### **1100.9 EMERGENCY POWER**

The facility shall be equipped with a sufficient emergency power source to operate communications, security and alarm systems in control centers, and emergency lighting in corridors, stairwells, all inmate housing areas, security control points and audio-visual monitoring systems.

#### **1100.10 NEW CONSTRUCTION AND RENOVATION**

In the case of partial renovation of an existing facility, it is intended that these standards should apply only to the part of the facility being renovated. The remainder of the facility would be subject to the existing standards.

## Crowding

### 1102.1 PURPOSE AND SCOPE

One of the determining factors in maintaining a safe and secure jail is to limit the inmate population to the number of beds constructed in each inmate classification level. Occasionally, emergencies occur that will require the jail to exceed its approved bed capacity. This policy establishes the approved bed capacity of the facility, addresses temporary population excess and provides a plan for gathering statistics and projecting long-term space needs via a jail needs assessment.

#### 1102.1.1 PROCEDURES

[Custody Procedure Manual: 1103.1 JAIL OVERCROWDING PROCEDURE](#)

### 1102.2 POLICY

It is the policy of the Marin County Sheriff's Office to manage the inmate population to the extent as is reasonably possible to avoid exceeding the facility's approved bed capacity. The approved bed capacity of this facility is 385. The Sheriff is responsible for ensuring that the number of inmates does not exceed the approved bed capacity.

### 1102.3 DAILY INMATE POPULATION REPORT

The Captain or the authorized designee is responsible for ensuring that detailed daily logs of the facility's inmate population and other demographic information are completed and maintained by the staff. These logs shall reflect the monthly, average daily population of sentenced and non-sentenced inmates by categories of male and female as of midnight of each day. The number of inmates occupying holding cells shall also be counted at midnight each day. The Captain shall provide the Board of State and Community Corrections with applicable inmate demographic information as described in the Jail Profile Survey (15 CCR 1040).

### 1102.4 RESPONSIBILITIES

The Sheriff is responsible for ensuring that the facility has a sufficient number of housing units in an appropriate configuration so that inmates can be separated according to the facility's classification plan.

In the event of an emergency that causes the facility to be populated beyond the approved bed capacity, every reasonable effort should be made to reduce the inmate population to the approved bed capacity as soon as reasonably practicable. The Department will take affirmative action to address excess population. In the event that the inmate population remains over capacity or continues to increase, a crowding committee should be formed to examine any and all methods to ensure that the facility population is reduced and remains within the approved bed capacity.