

17.100. MEDICAL RECORDS

100.00. MEDICAL RECORDS: For the purposes of this section, "Medical Records" is defined as the written account of inmates' medical, dental, and mental health history, diagnoses, therapies, prescriptions, and status when seen by health care professionals. The Health Services staff shall maintain individual, complete, and dated health records. (Refer to Title 15, Sections 1205 and 1216 and Health Services Division Nursing Operation Procedure Manual)
(Rev. 04/2019)

101.00. MEDICAL RECORDS PROCEDURES: (Refer to Facility Specific Policy)
(Rev. 04/2019)

102.00. MEDICAL RECORDS AND TYPE I FACILITIES: Type I facilities shall not maintain inmate medical records.
(Rev. 04/2019)

103.00. MEDICAL RECORD CONFIDENTIALITY: The physician/patient confidentiality privilege applies to medical records. Access to the medical record shall be controlled by Health Services staff.

Inmate workers shall not be used for medical record keeping.

Health Services shall ensure the confidentiality of each inmate's medical record file and such files shall be maintained separately from, and in no way, be part of the inmate's other jail records.

The responsible physician or designee shall communicate information obtained in the course of medical screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order. (Refer to Title 15, Section 1205)
(Rev. 04/2019)

104.00. MEDICAL RECORD RELEASE: Written authorization by the inmate is necessary for transfer of medical record information unless otherwise provided by law or administrative regulations having the force and effect of law. (Refer to Title 15, Section 1205)
(Rev. 04/2019)

17.200. SICK CALL SCHEDULE

200.05. SICK CALL POLICY: (Refer to Facility Specific Policy)
(Rev. 04/2019)

210.00. NURSE SICK CALL: (Refer to Facility Specific Policy)
(Rev. 04/2019)

220.00. FACILITY MEDICAL DOCTOR: (Refer to Facility Specific Policy)
(Rev. 04/2019)

230.00. FACILITY PSYCHIATRIST: (Refer to Facility Specific Policy)
(Rev. 04/2019)

240.00. FACILITY PSYCHOLOGIST: (Refer to Facility Specific Policy)
(Rev. 04/2019)

250.00. FACILITY DENTIST: (Refer to Facility Specific Policy)
(Rev. 04/2019)

260.00. "WALK-IN" INMATES TO SICK CALL: Safety staff shall notify Health Services anytime they have an inmate who appears to be suffering from an injury or illness. Health Services shall determine the severity of the condition and whether the inmate should be treated immediately or at the next sick call.
(Rev. 06/2019)

270.00. INMATE REFUSAL OF MEDICAL TREATMENT: Inmates refusing medical or dental treatment, or refusing to be transported outside the facility for such treatment must sign a Medical Treatment Refusal Form. The procedure is as follows:

- Staff shall immediately notify Health Services of the inmate's refusal
- Health Services shall review the inmate's medical jacket to determine whether the inmate must be examined by a medical professional, and the necessity to be transported to a medical facility. Health Services shall determine if the inmate's medical condition is life threatening or non-life threatening before accepting the inmate's refusal. If the inmate has been transported to a medical facility and refuses treatment after consultation with the doctor/dentist, the refusal form shall be provided, signed by the inmate and forwarded to jail Health Services
- If Health Services has determined the inmate's refusal shall be accepted prior to transportation for treatment, the inmate shall sign the Medical Treatment Refusal Form. Health Services staff shall ensure the form is signed by the inmate and witnessed properly

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- Once the refusal form has been signed by the inmate and properly witnessed, the completed form shall be maintained in the inmate's medical record

(Rev. 04/2019)

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310.07. FIRST AID KITS: First aid kits shall be available in all facilities. The kit's contents, number, location, and procedure for periodic inspection shall be approved by the Detention and Corrections Bureau Chief Medical Officer. First aid kits shall be replenished by Health Services staff as necessary.

(Rev. 04/2019)

320.00. SICK CALL/MEDICATION DELIVERY: A safety staff member and a professional staff member shall be present in the housing unit during sick call and delivery of medication to general population, protective custody inmates, and inmate workers. Safety staff shall accompany Health Services staff for medication delivery to all other classifications of inmates. (Refer to the Health Services Division Operational Procedure Manual and Facility Specific Procedures Manual)

(Rev. 04/2020)

330.00. HOSPITAL REFERRAL: (Refer to the Health Services Division Procedure Manual and Facility Specific Procedures)

(Rev. 04/2020)

330.03. SURGICAL TREATMENT: All surgical procedures shall be performed at Arrowhead Regional Medical Center (ARMC) unless otherwise approved by a Detention and Corrections Bureau physician through the West Valley Detention Center (WVDC) medical clinic. (Refer to the Health Services Division Procedure Manual)

(Rev. 04/2020)

330.05. AMBULANCE TRANSPORT: Shift supervisors shall ensure inmates are supervised when transported by ambulance to the hospital. A chase car shall be provided if necessary. (Refer to Facility Specific Procedures)

(Rev. 04/2020)

330.10. TRANSPORT OF INMATES TO AND FROM THE HOSPITAL: Transporting safety staff shall notify hospital staff immediately upon arrival. Safety staff shall ensure inmates are secure and shall remain with them until examinations are complete. Safety staff shall request copies of treatment paperwork and return inmates to the appropriate facility when cleared from the hospital. Transporting safety staff shall deliver any paperwork, prescriptions, and medications the hospital provides for the inmate to Health Services staff. (Refer to Bureau Policy Section 17.1100, the Health Services Division Procedure Manual, and Facility Specific Procedures)

(Rev. 04/2020)

330.15. INFORMED CONSENT OF TREATMENT: The inmate shall sign an Informed Consent for Treatment form, authorizing the examination, treatment,

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or procedure prior to receiving any type of invasive procedure or treatment beyond that of venipuncture. In addition to the health care provider, a member of Health Services shall sign this form as witness to the consent. The completed form shall be filed in the inmate's health record. Safety staff shall make every effort to have the inmate sign the Consent for Treatment form while handcuffed. In cases where it poses an unreasonable security risk (High Security Inmate, Black Box, Seriously Mentally Ill Lockdown, Problem Inmate) to release one arm from handcuffs in order for the inmate to sign the consent form, a verbal consent will be documented on the form by two Health Services staff members and the reason for no signature from the inmate. If an inmate refuses to sign the Informed Consent of Treatment form, Health Services staff shall write "inmate refuses to sign". The form shall be signed by the Health Services staff member and another staff witness.

(Rev. 04/2019)

330.25. PROCEDURES FOR TRANSFERRING AND RETURNING INMATES TO ARROWHEAD REGIONAL MEDICAL CENTER: (Refer to Facility Specific Procedures)

(Rev. 04/2020)

330.45. FAMILY NOTIFICATION OF A SERIOUSLY ILL INMATE: Health Services staff shall provide a shift supervisor with information on inmates with life threatening illnesses. A shift supervisor shall, as soon as practical, contact a member of the inmate's immediate family or a responsible party listed in the arrestee information section of JIMSnet. This may be accomplished by a telephone call or by requesting a local law enforcement agency to make contact. Information provided to the family should include the nature of the illness, location of the inmate, and a telephone number where a responsible party may call for medical information.

(Rev. 04/2019)

340.00. INMATES ADMITTED TO AND RELEASED FROM PATTON STATE HOSPITAL: (Refer to the Health Services Division Operational Procedure Manual and Facility Specific Procedures)

(Rev. 04/2020)

350.00. ADMISSIONS TO THE BEHAVIORAL HEALTH UNIT: When inmates need to be admitted to the Behavioral Health Unit (BHU) at ARMC, Health Services staff shall contact ARMC's BHU prior to transferring the inmate and provide a brief statement of reasons for referral. The safety staff member shall:

- Give the Welfare and Institutions Code (W&I) 5150 application to BHU (completed by a safety staff member, a psychiatrist, or other certified mental health professional)

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- Sign the hold (can be signed at the BHU)

Transporting safety staff shall advise a shift supervisor when inmates are admitted to the BHU. Injured inmates may be referred and transported to ARMC's Emergency Room before the BHU.

(Rev. 04/2019)

350.05. RETURN FROM THE BEHAVIORAL HEALTH UNIT: The psychiatrist may send the inmate back to the facility with medication and/or instructions for Health Services staff. Transporting safety staff shall obtain a copy of the treatment record and discharge summary prior to returning to the facility. Documents shall be given to Health Services staff upon return to the facility.

(Rev. 04/2019)

360.00. COURT ORDERS: (Refer to Facility Specific Procedures)

(Rev. 04/2020)

370.00. SPECIFIC MEDICAL PROBLEMS: (Refer to the Health Services Division Procedure Manual and Facility Specific Procedures)

(Rev. 04/2020)

370.15. PRIVATE PHYSICIANS: Private physicians may treat inmates at the inmate's request or upon court order. Facility Commanders/designees shall review all requests and court orders for private physicians. Private physicians may enter the facility to treat the inmate with the approval of the Facility Commander/designee in consultation with Health Services staff. Inmates being treated by a physician away from the facility shall be charged for the cost of transportation. Payments are made through the Administrative Services Division. Health Services staff may liaison with families to coordinate the arrangements.

(Rev. 04/2019)

370.20. SPECIAL DIETS: (Refer to the Health Services Division Procedure Manual)

(Rev. 04/2020)

380.05. INTAKE PROCESS: POST PREGNANCY ASSESSMENT:

Additional psychiatric health screenings shall be performed on arrestees/inmates who have given birth within the last year and are charged with murder or attempted murder of their newborn infants. The screening shall be performed at intake and if the assessment indicates postpartum psychosis, a referral for further evaluation shall be made. (Refer Title 15, Section 1207.5)

(Rev. 04/2019)

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380.10. WIRE-FRAMED EYEGLASSES: Inmates who require eyeglasses with a wire frame shall be allowed to retain them for their personal use.
(Rev. 04/2019)

380.20. PROCEDURE FOR ACCEPTING AND EXCHANGING PRESCRIPTION EYEGLASSES: Facilities shall accept and exchange prescription eyeglasses. (Refer to Facility Specific Procedures)
(Rev. 04/2020)

380.25. PROCEDURE FOR PURCHASING EYEGLASSES: Inmates may purchase non-prescription eyeglasses through commissary. Indigent inmates may receive eyeglasses upon referral from Health Services. Prescription eyeglasses will be provided by Health Services.
(Rev. 04/2020)

390.00. FORENSIC MEDICAL SERVICE: Forensic medical services including drawing blood alcohol samples, body cavity searches and other functions for the purpose of prosecution shall not be performed by Sheriff's Health Services Division.
(Rev. 4/2020)

390.05. MEDICAL CLINIC SECURITY: (Refer to Facility Specific Procedures)
(Rev. 04/2020)

390.50. NON-CONSENSUAL BLOOD DRAWS: It is sometimes necessary to draw blood forcibly from arrestees who have refused chemical tests authorized by law. Sheriff's Health Services staff shall not perform any blood withdrawal for evidence or entry into the State of California DNA database.

PRE-BOOKING

Non-consensual blood withdrawals shall be made in the BA room at WVDC whenever reasonable and practical.

Outside agencies should provide a supervisor and sufficient manpower to complete a non-consensual blood withdrawal prior to the procedure. Sheriff's Detention and Corrections staff shall not assist outside agencies with non-consensual blood withdrawals. Sheriff's Detention and Corrections staff may assist in non-consensual blood withdrawals only from persons arrested by the Sheriff's Department.

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Non-consensual blood withdrawals for the State of California DNA database shall not be made until the arrestee has been booked.

POST- BOOKING

Once the arrestee has been medically cleared for booking:

Non-consensual blood withdrawals for the State of California DNA database may be completed. This procedure shall be completed only by approved contract medical services.

Blood shall be drawn for evidentiary purposes only by court order.

Sheriff's Detention and Corrections staff may assist in non-consensual blood withdrawal procedures. A shift supervisor shall be present if sheriff's custody staff assists in any procedure.

(Rev. 04/2020)

390.51. PROHIBITION ON CERTAIN NON-CONSENSUAL BLOOD

DRAWS: Blood samples shall not be taken from persons who are known to be hemophiliacs or have a heart condition and are using prescription anticoagulants.

(Refer to Department Manual Section 3.634)

(Rev. 04/2019)

395.00. INTER-BUREAU TRANSFERS: The Core Rover/bridge staff shall ensure facility housing units are promptly notified of inmates being inter-bureau transferred. Inmates should be moved to transportation right away.

(Rev. 04/2019)

396.00. HEALTH SERVICES STAFF CLEARANCE: Health Services staff conducting the initial assessment shall identify the jail facilities that could house the inmate. This will be notated on the "Inmate Status" medical notes screen. If later an inmate's medical situation changes and precludes the inmate from transferring to another facility, Health Services staff shall make the changes in the "Inmate Status" medical notes section.

(Rev. 11/2016)

17.500. METHADONE USAGE:

500.05. METHADONE USAGE: Inmates who are patients in a methadone maintenance program shall be able to receive methadone while in custody. All arrestees and inmates claiming to be patients in a methadone maintenance program shall be referred to a Health Services staff member. (Refer to Nursing Operational Procedure Manual Section 401.11)
(Rev. 04/2019)

510.00. ADMINISTRATION OF METHADONE: Inmates requesting methadone shall be advised they may make arrangements for methadone delivery from their own clinic. Methadone deliveries shall only be accepted from licensed clinics or contract delivery services. The methadone shall be delivered on a daily basis by a clinic employee, or an employee of a delivery service contracted by the clinic, and the delivery person shall provide the dose to the inmate at a location to be determined by the Facility Commander/designee. A safety staff member or Health Services staff member shall observe the delivery and the ingestion of the methadone dose by the inmate. No staff member shall accept any methadone delivery nor shall any staff member accept methadone doses for future administration to an inmate. Facility Commanders/designees shall publish a delivery schedule for their facility. (Refer to Facility Specific Policy)
(Rev. 04/2019)

17.600. COMMUNICABLE DISEASES/BLOODBORNE EXPOSURE

610.00. COMMUNICABLE DISEASE CONFIDENTIALITY: Staff shall not disclose to a third party (not a staff member) test results relating to a person's blood being tested for AIDS antibodies. The only exception is disclosure which may be necessary to obtain medical or psychological care.

The results of all blood tests are confidential and not open to public inspection. The results of a blood test shall not be used as admissible evidence in any inmate discipline report. (Refer to Penal Code Sections 7530 and 7531 and Health and Safety Code Sections 121070 and 120990)
(Rev. 04/2019)

615.00. STAFF COMMUNICABLE DISEASE CONTACT: Any staff (during the performance of their duties) who has contact, or suspected contact, with any potentially infectious material identified in the SBSB Bloodborne Pathogens Exposure Control Plan, shall report it immediately to a supervisor. The current reporting form contained in the SBSB Bloodborne Pathogen Exposure Control Plan shall be used to report the incident. The form shall be completed as soon as practicable following the exposure but shall be turned in to a shift supervisor no later than end of shift. (Refer to Penal Code Section 7510, Title 15, Section 1206.5, Department Manual Section 4.515, Bureau Policy Section 7.100, and SBCSD Bloodborne Pathogen Exposure Control Plan)
(Rev. 04/2019)

620.00. PROCEDURE FOR HANDLING AIDS-INFECTED INMATES: If, at any time, an arrestee or inmate states they have or may have AIDS, Health Services staff shall be notified and shall schedule the inmate for a medical appointment. Inmates suspected of having HIV/AIDS shall not be processed or housed separately unless otherwise indicated by Health Services.

Transportation of inmates for court appearances shall be consistent with bureau policy and procedure regarding handling, reporting and confidentiality of inmates known to be infected with a communicable disease. (Refer to the Nursing Operational Procedures Manual and Transportation Manual)
(Rev. 04/2019)

630.00. FORCED AIDS TESTING: When a staff member has come into direct contact with blood or other potentially infectious material of an inmate, and where there is reason to believe a transfer of blood or other bodily fluids have penetrated the staff member's skin or membranes, forced blood testing is Constitutional if the nondisclosure provisions of the statute are strictly enforced. (Refer to Penal Code Sections 7510-7519)
(Rev. 04/2019)

17.600. COMMUNICABLE DISEASES/BLOODBORNE EXPOSURE

630.05. HEARING FOR NON-CONSENSUAL BLOOD DRAW: If consent is not obtained from the inmate, a non-consensual blood draw shall only be performed under the authority of a search warrant and in compliance with the Non-Consensual Blood Draw Policy.

Testing shall be accomplished in a medically approved manner and the test results shall be confidential.

Petitions for blood testing are subjected to a civil standard. The burden of proof, therefore, is preponderance of the evidence rather than beyond a reasonable doubt as in a criminal law standard.

The inmate or other person who is the subject of a report pursuant to Penal Code Section 7510 may be tested in circumstances where transfer of HIV is theoretically possible.

The Facility Commander/designee shall provide the results of the blood test to all staff, contract staff, and volunteers providing services who may have had direct contact with the body fluids of the inmate in question.

The Facility Commander/designee and all staff notified that an inmate has tested positive for HIV/AIDS shall maintain the confidentiality of all affected staff and the inmate.

The results of the test shall not be a consideration in any discipline procedure.
(Refer to Penal Code Section 7530)
(Rev. 04/2019)

640.00. INVOLUNTARY HIV TESTING OF INMATES: The Penal Code (Refer to Penal Code Section 7501) provides a mechanism for requesting involuntary testing of inmates. Upon receipt of the proper forms, the County Health Officer and Civil Liabilities will decide whether or not to require HIV testing of the inmate based on the following:

- Whether, according to the latest guidelines and standards established by the Federal Centers for Disease Control and the State Department of Health Service, an exchange of bodily fluids occurred which could have resulted in AIDS infection
- Whether the inmate exhibits medical conditions or clinical findings categorizing them as a possible AIDS victim
- Documentation of the exposure including witness statements and a synopsis if the incident shall be provided within 48 hours of exposure on an inter-office memorandum with an attached copy of the current

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Bloodborne Pathogen Exposure Report contained in the SBCSD Bloodborne Pathogens Exposure Control Plan.

It is the County Health Officer's responsibility to see that counseling is provided to all involved parties regarding their decision. (Refer SBCSD Bloodborne Pathogen Exposure Control Plan)

(Rev. 04/2019)

640.05. STAFF RESPONSIBILITIES: Upon exposure to body fluids, staff shall:

- Perform immediate field decontamination procedures
- Report the exposure incident to a supervisor as soon as possible after the incident
- Attempt to obtain voluntary submission from the inmate for a blood test
- Complete an inter-office memorandum describing the incident that led to the exposure
- Submit both the Bloodborne Pathogen Exposure Report and the inter-office memorandum to a shift supervisor prior to the end of shift
- Report to selected Health Services staff for medical evaluation/follow-up as referred by shift a supervisor. (Refer to Bloodborne Pathogen Program Approved Medical Facilities)
- Attend initial and annual training as required

It is the responsibility of the staff member to follow-up any medical evaluations as recommended by a physician.

(Rev. 04/2019)

640.10. SHIFT SUPERVISOR RESPONSIBILITIES: The shift supervisor shall make two copies of the inter-office memorandum to be distributed as follows:

- The original shall be forwarded to the Medical Provider
- The second copy shall be sent to Civil Liabilities, in a sealed envelope which is marked confidential to the County Risk Control Officer

The shift supervisor shall:

- Provide the staff member authorization for the Hepatitis B vaccine series, upon request from the staff member
- Ensure the Bloodborne Pathogen Exposure Report is correctly completed and copies are distributed in accordance with instructions on the form
- Upon a staff member's report of an exposure incident, complete "Evaluation/Follow-up Treatment Authorization" portion of the Bloodborne

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Pathogen Exposure Report and refer the staff member to a specific medical provider selected from the list provided by Risk Management (the staff member cannot be referred to their personal physician unless the physician is included on the list, or the staff member has prior written notification of the name of their personal physician on file with Risk Management)

(Refer to Penal Code Section 7522 and SBSB Bloodborne Pathogen Exposure Plan)

(Rev. 04/2019)

640.15. APPEALS PROCESS: All parties of the decision to test or not test for HIV have the right to appeal. (Refer to Penal Code Section 7515)

(Rev. 04/2019)

650.00. COURT ORDERED AIDS TESTING: Penal Code Section 1202.6 mandates AIDS testing upon conviction for certain offenses relating to prostitution. The court will order such testing to be completed by the San Bernardino County Department of Public Health. When such an order is made, the court routes a copy of the order to the facility housing the inmate. The Public Health Department will contact the Detention and Corrections Bureau Health Services Division to arrange for the specimen collection. (Refer to the Nursing Operational Procedures Manual and Facility Specific Policy)

(Rev. 04/2019)

17.700. USE OF NALOXONE (NARCAN)/FENTANYL EXPOSURE

710.00. NALOXONE HYDROCHLORIDE (Narcan): Naloxone, also known as Narcan, is a prescription medication used for the treatment of a possible opioid or suspected opioid overdose or an exposure to Fentanyl. An opioid overdose is an acute, life threatening, medical condition caused by excessive intake of opiates, such as Heroin, Morphine, Tramadol and Oxycodone.

Staff may administer Naloxone to a person at risk of an opioid-related overdose.
(Refer to Senate Bill 1438)
(Add. 01/2020)

715.00. STAFF CONTACT: Any staff (during the performance of their duties) who has had contact, or suspected contact, with any potential opioid-related drug, shall report it immediately to a supervisor.
(Add. 01/2020)

720.00. PROCEDURE FOR HANDLING ARRESTEES/INMATES: If, at any time, an arrestee/inmate appears to be suffering from any opiate overdose, Health Services shall be notified immediately.
(Add. 01/2020)

725.00. ADMINISTERING NALOXONE: Naloxone shall only be administered by trained staff using the intra-nasal method as approved by Health Services.

A single dose of Narcan Nasal Spray is to be administered into one nostril of the nose.

If after three minutes the person has not responded to the first dose of Naloxone, a second dose may be administered if Health Services has not arrived on scene.

Health Services shall be notified anytime Naloxone has been administered, so further medical assessments can be made.
(Add. 01/2020)

730.00. NALOXONE TRAINING: Staff shall be required to attend training that consists of recognizing signs and symptoms of overdose, such as not being able to be awakened with loud noises, rubbing firmly on the middle of the chest, slow or shallow breathing, lack of breathing and/or pinpoint pupils.

Refresher training shall occur every two years.
(Add. 01/2020)

17.700. USE OF NALOXONE (NARCAN)/FENTANYL EXPOSURE

740.00. NALOXONE REPORTING: Upon administering Naloxone and notifying a shift supervisor and Health Services, staff shall complete the Naloxone Use Report form (ASU # 190627).

- Documentation shall include any witnesses or any additional victims and shall include a detailed narrative describing symptoms observed and any evidence of drug use observed at the scene.

(Add. 01/2020)

740.05. NALOXONE KITS: Only authorized personnel who have completed prescribed training in the use and application of Naloxone will be authorized to administer Naloxone.

Naloxone kits shall be stored in a container and contain the following items:

- Two doses of Naloxone
- CPR mask
- Gloves

Naloxone kits should be stored in a secured location that can be easily accessed and utilized when needed. Examples of storage locations may include but not be limited to the following:

- Intake
- Inmate housing control stations
- Medical/exam rooms
- Mailroom

Naloxone must be stored in a climate controlled area within the manufacturer's temperature specifications. Staff shall conduct a pre-shift inspection of the Naloxone kit to ensure it is not damaged or has expired.

Any kit in need of repair or missing items should be noted in the housing unit log. An inter-office memorandum detailing the missing or damaged equipment shall be submitted to the supervisor by the end of shift.

(Add. 01/2020)

17.800. PREGNANT INMATES

810.05. FACILITY NURSE RESPONSIBILITIES: (Refer to the Nursing Operational Procedures Manual)
(Rev. 04/2019)

820.00. PROBLEM PREGNANCY: Inmates claiming medical problems from pregnancy shall be evaluated by Health Services staff as soon as possible.
(Rev. 04/2019)

830.00. MEDICAL WRISTBAND: Pregnant inmates shall be identified with a yellow medical wristband marked "Pregnant".
(Rev. 04/2007)

840.00. SPECIAL MEALS/DIET: Pregnant inmates shall be evaluated and receive a special diet as ordered by Health Services staff.
(Rev. 04/2019)

840.02. MILK WITH MEALS: Pregnant inmates shall receive milk with every meal.
(Rev. 03/2008)

840.05. EVENING SNACKS: Pregnant inmates shall be given milk and a snack at approximately 2200 hours, unless otherwise directed by the OB/GYN.
(Rev. 03/2008)

850.00. PREGNANT INMATE HOUSING: Pregnant inmates shall be housed at West Valley Detention Center (WVDC) if the inmate is high risk or in their third trimester. Pregnant inmates shall be assigned to a bottom bunk. (Refer to Facility Specific Policy)
(Rev. 04/2019)

860.00. FAMILY PLANNING: Health Services staff shall provide inmates information on family planning, including, but not limited to abortions, inmates' right to have a physician and surgeon of their choice (at their own expense), and family planning services. (Refer to Penal Code Sections 3405, 3406, 3409, 4023.6, and 4028 Bureau Policy Section 12.2930.40)
(Rev. 04/2019)

860.05. NOTIFICATION OF RIGHTS: Upon identification or positive results of a pregnancy test, such inmates shall be advised of their rights by a member of Health Services. Health Services shall allow the inmate to read, or have read to them the Rights Advisal for Pregnant, Laboring, and Postpartum Inmates form (ASU#122012). The advisal form shall be signed by the inmate and the original placed in their medical jacket.
(Rev. 04/2019)

17.800. PREGNANT INMATES

860.10. REQUESTS FOR INFORMATION ON ABORTION: Inmates have the right to obtain legal abortions while in custody. Pregnant inmates requesting information on abortions shall be instructed to submit a Health Services Request form. (Refer to Nursing Operational Procedure Manual Section 314)
(Rev. 04/2019)

860.15. REQUEST FOR PREGNANCY TESTING: Inmates requesting pregnancy tests shall submit a Health Services Request form. (Refer to Nursing Operational Procedure Manual Section 314)
(Rev. 04/2019)

860.20. RIGHT TO CONTINUE BIRTH CONTROL MEASURES: Health Services staff shall check birth control medication in the possession of inmates at the time of intake and, if appropriate, return it to the inmates.

Inmates shall, at their request, be continued on birth control measures as prescribed by their physician. Inmates wanting to continue with their prescribed birth control medication shall submit a Health Services Request form. (Refer to Penal Code Sections 3409 and 4023.5, Bureau Policy Section 8.130.30, and Nursing Operational Procedure Manual Section 314.4)
(Rev. 04/2019)

865.00. WORK ASSIGNMENTS: Pregnant inmates may be assigned to work details only when medically cleared by Health Services staff. Health Services staff shall determine which work assignments are appropriate for pregnant inmates

Pregnant inmates who are medically unable to be assigned to work details shall earn good and work time.
(Rev. 04/2019)

870.00. TRANSPORT AND RESTRAINT OF PREGNANT INMATES: Handcuffs shall be the only restraints used on pregnant inmates. Handcuffs shall be secured with the inmate's arms in front of the inmate's body. Inmates being transported to a hospital for the purpose of childbirth shall be transported in the least restrictive way possible. Inmates known to be pregnant or in recovery after delivery shall not be restrained with leg restraints, waist restraints, or handcuffed behind the body. A pregnant inmate in labor, during delivery, or in recovery after delivery, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the inmate, staff, or the public.
(Rev. 04/2019)

873.00. LABOR, RECOVERY, AND AFTER DELIVERY DEFINED:

17.800. PREGNANT INMATES

Labor: Being in "active" labor as determined by the attending physician.

After Delivery: The duration after an inmate has delivered their child until the time the inmate is released from the hospital.

Recovery: The amount of time for a postpartum inmate to recover from childbirth as determined by a physician.

(Rev. 04/2019)

875.00. INMATES IN LABOR, RECOVERY AND AFTER DELIVERY:

Generally, restraints shall not be used on pregnant inmates in labor, after delivery, or during recovery. If a shift supervisor deems it necessary for the safety and security of the inmate, staff, or the public to restrain a pregnant inmate in labor, during delivery, or in recovery after delivery, the inmate shall not be restrained by the use of leg restraints, waist restraints, or handcuffs behind the body.

(Rev. 04/2019)

880.00. DOCUMENTING THE RESTRAINT OF INMATES IN LABOR, RECOVERY OR AFTER DELIVERY:

Supervisor approval and circumstances necessitating the use of restraints shall be documented using the Restraint of Laboring/Postpartum Inmate Authorization form (ASU#121912). Completed forms shall be filed in the inmate's booking jacket.

The shift supervisor shall make their determination based on the specific circumstances of each inmate. (Refer to Penal Code Sections 5007.7 and 6030)

(Rev. 04/2019)

890.05. POSTPARTUM EXAMINATIONS: (Refer to Nursing Operational Procedure Manual Section 314)

(Rev. 04/2019)

17.900. INMATE MEDICATIONS:

17.910.00. POSSESSING MEDICATION: Generally, personal medications brought into a facility by incoming arrestees/inmates shall be inventoried and placed in a property bag as with any other personal property. Prior to placement in the property bag, the Health Services Registered Nurse (RN) shall review each medication with the arrestee/inmate during the medical screening process. These medications shall be returned to the inmate when released.

Inmates requiring nitroglycerin shall be allowed to keep it in their possession with the approval of Health Services staff.

If an arrestee is eligible for release, the facility nurse or shift supervisor may authorize the arrestee to keep an appropriate amount of the arrestee's personal medication in their possession. (Refer to Bureau Policy Section 8.130.30)
(Rev. 04/2020)

17.950.05. MEDICATION EVALUATION (TYPE II FACILITIES): Incoming inmates claiming a need (not critical or immediate) for medications on their person, shall be advised of the normal sick call procedure. If they choose to utilize the sick call process, the facility physician or nurse shall evaluate their medication requirements. During those shifts when a facility nurse is on duty, the shift supervisor may elect to have the nurse interview the inmate at that time rather than wait until the next regular sick call.
(Rev. 08/2011)

17.960.00. MEDICATION DISBURSEMENT: All prescription medications for inmates being transported to Type I jails shall be individually ordered and/or prepared by Health Services staff according to the Health Services Division Operational Procedure Manual.

Inmates scheduled for court appearances shall have prescription medications issued to the inmate by Health Services staff or delivered to the Type I jail housing either by transportation or a local contract pharmacy. All medications carried by the inmate shall be packaged with the name of the medication, dosage, name of doctor who prescribed the medication and directions. Inmates carrying medications issued by Health Services staff may keep medications with them. Medications delivered to the Type I jails by transportation or a pharmacy shall be kept in a locked medication cabinet or drawer.

Court custody staff may distribute a single dose of medication for the inmate to self-administer. Health Services shall pre-package the medication prior to transporting to the court facility. Court custody staff shall not be responsible to verify the correctness of the medication dosage.
(Rev. 04/2020)

17.900. INMATE MEDICATIONS:

Generally, non-Health Services staff shall not dispense over-the-counter medications (aspirin, etc.) to inmates. All inmates who request medical care shall be required to fill out a Health Services Request form, except in emergencies. Inmates who choose to self-treat can purchase over-the-counter medications through commissary. (Refer to Title 15, Section 1216 and Facility Specific Procedures)

Generally, custody staff shall not deliver prescription medications unless extreme circumstances occur or in emergency situations. The custody staff shall follow the instructions of the Health Services staff assigned to the facility.

(Rev. 04/2020)

17.960.10. SPECIAL CONSIDERATIONS WITH MEDICATION AND THE SERIOUSLY MENTALLY ILL (SMIL): Safety staff may enter an inmate's cell and remove them for involuntary administration of anti-psychotic medication when:

- Health Services has determined that an emergency exists due to a sudden change in the inmate's mental condition where immediate action is necessary for the prevention of serious bodily harm or death to the inmate or others;
- A court has determined the inmate is gravely disabled and lacks the capacity to consent to or refuse medication or is a danger to self or others, if not medicated, and the court has ordered the involuntary administration of medication on a long term, non-emergency basis.

Depending on the circumstances, reasonable force may be justified to ensure the inmate receives necessary medication and safety and security is preserved.

The following procedure should be followed:

- Video recording of the encounter, including any de-escalation attempts, orders or warnings;
- Medical staff on-scene or on stand-by during the encounter;
- Consultation with medical staff to determine if a particular use of force is not medically advisable;
- Reasonable attempts to gain compliance with verbal communication;
- Use of Crisis Intervention Training;
- Participation of a mental health professional attempting to gain compliance, unless impractical;

17.900. INMATE MEDICATIONS:

- Giving an inmate a reasonable amount of time to calm down and become less agitated (a "reasonable" amount of time may vary under the circumstances, waiting at least 10 minutes is presumed to be reasonable);
- The supervisor will use their discretion to minimize the amount of force required to remove the inmate from their cell.

When faced with a potential use of force situation involving an (SMIL) inmate, the supervisor may direct deputies to enter the cell and use a firm grip or control hold to gain compliance, and immediately handcuff the inmate. If the inmate is displaying signs of being combative or any threat to staff, the supervisor should opt to use other levels of force.

Staff shall only use reasonable force to assist medical staff with the lawful administration of involuntary anti-psychotic medication.

(Refer to Penal Code Section 2603, Bureau Policy Section 14.105.00, 14.120.00 and Facility Specific Procedures)

(ADD. 04/2020)

17.1000. COURT ORDERED DOCTOR VISITS:

1010.00. PROCEDURE FOR IN-HOUSE DOCTOR VISIT: When a doctor arrives for a court ordered inmate visit, they will present the court paperwork. Staff shall obtain proper identification from the doctor and determine whether the visiting doctor has made prior arrangements with the medical clinic to view the inmate's records, or determine if the attorney/official visit booth can be utilized.
(Rev. 04/2019)

1020.00. IN-CUSTODY PSYCHIATRIC EXAMS: Upon presentation of a proper court order, a court ordered psychotherapist shall be allowed to examine or interview an inmate.

The prime elements of such an order are:

- The court has appointed a doctor to examine a specific inmate
- The specific inmate is currently in the custody of the San Bernardino County Sheriff's Department

Generally, court appointed Mental Health Examiners (MHE) shall conduct visits in official visiting booths, or other secured locations within the facility where the MHE and the inmate are separated by a barrier. When the court or an MHE requests to evaluate an inmate for competency/eligibility (face-to-face) and the evaluation cannot be conducted in an official visitation room, the facility shall allow face-to-face (no barrier) visits with the following restrictions:

- The appointment/examination shall be conducted at West Valley Detention Center (WVDC) and scheduled in advance by contacting the administrative sergeant/designee of the facility
- MHEs may be left alone with an inmate inside of a secured room (interview, vista room, etc.) provided they sign the Assumption of Risk and Release of Liability form (ASU#141212) before the visit is authorized. A safety staff member shall supervise the visit from a position which allows them to observe the interaction between the examiner and the inmate without overhearing private medical information
- If the MHE refuses to sign the Assumption of Risk and Release of Liability form, the MHE may have a face-to-face (no barrier) visit with the inmate. The inmate shall be secured with waist restraints or handcuffs and a safety staff member shall be present inside the room. The inmate may be unhandcuffed to sign documents or to complete an assessment test.

The Facility Commander/designee shall develop Facility Specific Policy that addresses the aforementioned visit options and restrictions.
(Rev. 04/2019)

17.1000. COURT ORDERED DOCTOR VISITS:

1020.05. COURT ORDERED PSYCHIATRIC EVALUATION OF AN INMATE'S MEDICAL FILE: Court ordered psychotherapists that need to review an inmate's medical file shall make arrangements with that facility. (Refer to Bureau Policy Section 17.1020.00 and Facility Specific Policy)
(Rev. 04/2019)

1020.15. ATTORNEY/OFFICIAL VISIT ROOMS: If the psychotherapist does not need to review the inmate's medical files or have a contact visit, the attorney/official visit rooms can be utilized for the visit. These visits shall be conducted during regular visiting hours.
(Rev. 04/2019)

17.1100. HOSPITAL POLICIES

1100.10. GENERAL: Inmates admitted to Arrowhead Regional Medical Center (ARMC) are subject to the same general rules and regulations that apply to inmates at other San Bernardino County detention facilities.
(Rev. 04/2019)

1110.00. MEDICAL APPOINTMENTS: Referrals to specialty clinics at ARMC shall only be made after a referral form has been completed by the referring physician and approved by the Chief Medical Officer.
(Rev. 04/2019)

1120.05. EMERGENCY DEPARTMENT TREATMENT: Whenever possible, the emergency department shall be contacted prior to transporting an inmate for treatment.
(Rev. 12/2006)

1120.15. HOSPITAL ARRIVAL: Upon arrival at ARMC, the inmate shall be detained in the emergency department lockup area and safety staff shall contact the ancillary registration section.
(Rev. 04/2019)

1130.00. TRANSPORTATION OF JAIL INMATES TO ARROWHEAD REGIONAL MEDICAL CENTER (ARMC): Inmates who have been scheduled for appointments at ARMC shall be transported by a safety staff member.
(Rev. 04/2019)

1130.05. HOSPITAL TRANSPORTATION SAFETY STAFF RESPONSIBILITIES: The hospital transportation safety staff member shall:

- Transport inmates to ARMC (or other hospitals at the direction of emergency personnel) for emergency runs or take inmates to ARMC's Behavior Health Unit (BHU)
- Report the time and mileage to dispatch at the beginning and end of transport if the inmate being transported is of the opposite gender of the hospital transportation safety staff member
- Be armed and wear a Class A uniform with Sam/Sally brown belt and vest
- Verify inmate's charges and classification before transport for security purposes. If a security concern exists, the shift supervisor shall be notified before transport
- Inspect the assigned marked Sheriff's vehicle designated for hospital transportation. They shall ensure all equipment is operable and complete a vehicle checkout sheet prior to leaving the facility

When transporting an inmate to the hospital, the hospital transportation safety staff member shall obtain the hospital paperwork from the facility nurse. The

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hospital transportation safety staff member shall maintain custody of the inmate at all times unless one of the following circumstances exists:

- The inmate is released from custody while at the hospital
- The inmate is admitted into ARMC and the jail ward deputy has taken over custody
- Removal of the safety staff member is approved per Penal Code Section (P.C) 4011.09. (Refer to Bureau Policy Section 17.1150.55)

If an inmate is released from custody while at the hospital, the hospital transportation safety staff member shall take the inmate's property and the appropriate paperwork to the hospital. The safety staff member shall verify and confirm the identification of the inmate using jail records, photograph, and thumbprint comparison. The safety staff member shall ensure the inmate signs their property receipt and release paperwork.

Inmates taken to the BHU shall be transported using the same procedure as inmates being transported to the hospital. The hospital transportation safety staff member shall ensure the Welfare and Institutions Code (W&I) 5150 application is complete before transporting the inmate.

(Rev. 04/2019)

1140.05. SPECIAL CIRCUMSTANCES: ARMC is capable of securing inmates in the lockup area if needed during treatment. In the event an inmate is admitted a hospital other than ARMC, every effort shall be made to have the inmate transferred to ARMC. If the inmate is admitted a hospital other than ARMC, special arrangements for security shall be made at that hospital. Security concerns are warranted for the safety and protection of hospital staff, other patients and visitors.

(Rev. 12/2006)

1140.10. JAIL CLOTHING: Jail ward safety staff shall maintain jail clothing issued to inmates admitted to ARMC. Inmates shall wear only jail and/or hospital issued clothing.

(Rev. 04/2019)

1150.30. INMATE MOVEMENT WITHIN ANY HOSPITAL: Safety staff shall not allow hospital security guards to move any inmate.

(Rev. 04/2019)

1150.35. RESTRAINTS: One inmate at a time shall be removed from lockup and taken to the emergency department for treatment. The inmate shall be placed in waist restraints or handcuffed and shall be placed in leg restraints when being moved from the lockup cell. Restraints shall always be

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double-locked. Restraints shall remain on the inmate until they are secured back into the lockup cell. When medical treatment directs the removing of a restraint, that restraint shall only be removed during the treatment, then placed back on the inmate before they are moved from the emergency department.

Note: An exception shall be made for female inmates who are pregnant. (Refer to Bureau Policy Section 17.870.00)
(Rev. 04/2019)

1150.40. OBSERVATION: Safety staff shall stay with an inmate at all times when they are removed from lockup. Safety staff shall be in the same room as the inmate and be in constant direct observation of the inmate. Safety staff supervising inmates of the opposite sex shall be cognizant of privacy issues during medical exams and shall be in close proximity of the inmate.
(Rev. 04/2019)

1150.45. INMATE TRANSPORTATION TO AND FROM ANY MEDICAL FACILITY: Inmates being transported to and from any medical facility shall be placed in waist restraints or handcuffed and shall be placed in leg restraints. All restraints shall be double-locked and shall stay on the inmate at all times while being transported.

Note: An exception shall be made for female inmates who are pregnant. (Refer to Bureau Policy Section 17.870.00)
(Rev. 04/2019)

1150.50. CONTROL OF THE INMATE: Safety staff shall maintain control of the inmate when being transferred to and from the transporting vehicle. All inmates shall wear seat belts (if applicable) when being transported.
(Rev. 04/2019)

1150.55. REMOVAL OF HOSPITAL GUARDS FOR FELONS: P.C. 4011.9 states: "Notwithstanding the provisions of Section 4011 and 4011.5, when it appears that the prisoner in need of medical or surgical treatment necessitating hospitalization or in need of medical or hospital care was arrested for, charged with, or convicted of an offense constituting a felony, the court in proceedings under Section 4011 or the Sheriff or jailer in action taken under Section 4011.5 may direct that the guard be removed from the prisoner while he is in the hospital, if it reasonably appears that the prisoner is physically unable to effectuate an escape, or the prisoner does not constitute a danger to life or property."
(Rev. 04/2019)

17.1100. HOSPITAL POLICIES

1150.60. AUTHORITY FOR GUARD REMOVAL: The authority to make the decision to remove a guard from a felon shall rest with the Facility Commander/designee or shift supervisor from the facility in which the inmate is assigned to. (Refer to Bureau Policy Section 17.1150.55)
(Rev. 04/2019)

1160.00. HOSPITAL VISITING PROCEDURE: Inmates housed at the ARMC jail ward shall be allowed visits Wednesday-Sunday during specific, scheduled visiting times determined by the visiting center. An exception to the normal visiting schedule may be made by a shift supervisor from the facility in which the inmate was housed if it is determined the inmate is in grave condition.

Inmates housed in the ARMC jail ward shall be allowed two visits per week. Visits shall be no more than 30 minutes in duration. Only one inmate at a time shall be allowed a visit.

Persons who wish to schedule a visit with an inmate in the ARMC jail ward shall contact the visiting center at Glen Helen Rehabilitation Center (GHRC) to make an appointment. All visitor information shall be entered into JIMSnet to track the visits. No more than two persons at a time shall be allowed to visit the inmate.

When a visit is scheduled with an inmate housed at the ARMC jail ward, visiting staff shall notify ARMC jail ward safety staff of the scheduled visit and all visitor information. At the time of the visit, ARMC jail ward safety staff shall check the visitor's identification.
(Rev. 04/2019)

1160.06. CONTRABAND: Safety staff shall search visitors (the type of search shall be determined by safety staff based on specific circumstances) for contraband. No purses or bags shall be allowed in the visiting room. Safety staff shall conduct a thorough search of the inmate's room after the visit.
(Rev. 04/2019)

1160.10. SECURITY DURING THE VISIT: Safety staff shall stay in the office/visiting room during the visit to ensure:

- No contraband is passed
- The visit is conducted without physical contact
- No more than two visitors per inmate shall be allowed at one time unless authorized by a shift supervisor from the facility in which the inmate is housed

(Rev. 04/2019)

17.1100. HOSPITAL POLICIES

1160.15. VISITS TO INMATES NOT HOUSED IN JAIL WARD: Inmates who are admitted into any hospital other than ARMC shall not receive visits without prior approval from the Facility Commander/designee of the facility in which the inmate was originally housed. Local hospitals are non-secure facilities, therefore visits are discouraged due to safety concerns for the hospital staff and other patients.

(Rev. 04/2019)

1160.20. LEAVING PERSONAL ITEMS: Safety staff shall not allow any visitor to leave personal items for inmates housed at the hospital.

(Rev. 04/2019)

1330.00. COMMISSARY AND ICARE PACKAGE: Inmates shall only be allowed items purchased through commissary. Commissary slips shall be distributed to inmates as requested. Inmates shall only be allowed to complete one commissary slip per week. Jail ward safety staff shall submit the completed forms to the commissary vendor at West Valley Detention Center (WVDC). ICare packages may be purchased for an inmate by a third party once per week. (Refer to Bureau Policy Section 12.2210.20)

Commissary shall bag the purchase, update JIMSnet and give the bagged commissary and/or iCare Package to the Transportation Division for their next run to the hospital.

(Rev. 04/2019)

1340.00. MAIL: All outgoing mail shall be given to jail ward safety staff and mailed from the hospital. All incoming mail for inmates shall be addressed to West Valley Detention Center (WVDC) and processed through the facility. Inmates shall not receive letters that are mailed to them at ARMC or any other medical facility. Mail received at WVDC for inmates admitted to ARMC shall be forwarded to jail ward safety staff by the Transportation Division. (Refer to Bureau Policy Section 12.650.00)

(Rev. 04/2019)

17.1200. HOSPITAL SECURITY

1210.00. LOCKUP AREA:

(Rev. 04/2019)

1220.00. INMATE MOVEMENT: Inmates moved within the hospital shall be handcuffed or placed in waist restraints and placed in leg restraints except in cases where an inmate has an identified medical condition that waist or leg restraints would potentially worsen their medical condition as written by Health Services staff. Inmates requiring treatment in the emergency room shall be secured to a hospital bed or wheel chair using waist and leg restraints. Inmates being moved or taken to another part of the hospital for treatment shall be escorted by safety staff at all times.

(Rev. 04/2019)

1230.00. USE OF LAVATORIES: Inmates shall be allowed to use hospital lavatories when necessary. Proper security measures shall be maintained, and the inmate shall remain in leg restraints, except when circumstances prohibit such action.

(Rev. 04/2019)

17.1500. PENAL CODE SECTIONS 290 AND 296 COMPLIANCE

1500.03. NOTIFICATION: Sex offenders shall be notified of their duty to register prior to release. Inmates with prior sex offenses shall be notified of the duty to re-register regardless of their current charge. Notice of Registration SS-8047 forms shall be used to notify inmates of registration requirements. Releasing staff shall only be required to have the inmate complete the Notice of Registration form when the inmate has been in custody for over 30 days. Copies shall be distributed in accordance with instructions on the SS-8047 form.

Releasing staff shall complete the following sections, where applicable, on the Notice of Registration SS-8047 form:

- Personal History Information
- Conviction Information
- Release Information
- Statement of Notifying Officer

Releasing staff shall have the inmate complete the following sections:

- Statement of Persons Notified: Sign and date where indicated and provide a rolled thumbprint in the box
- Registration Requirements: Initial all the areas

Releasing staff shall notate the name and booking number of the aforementioned inmates when they are released on a 290 Notification form (ASU#120514) and email the list to the Records Division at the end of the day. Notice of Registration forms shall not be completed for sex offenders released to the custody of state prison. (Refer to Penal Code Sections 290.016 and 290.017 and Facility Specific Policy)

(Rev. 04/2019)

1500.05. CHARGES REQUIRING PENAL CODE SECTION 290 REGISTRATION: Penal Code sections requiring pre-registration shall be identified by the Administrative Support Unit (ASU) and updated on Starlink no later than January 1st, each year.

(Rev. 04/2019)

1510.00. CALIFORNIA PENAL CODE SECTION 296 DNA COLLECTION DESCRIPTION: Staff shall check inmates' criminal histories and complete the Prop 69 Compliance Routing Slip (ASU#090602) for inmates meeting collection criteria. DNA samples shall be obtained from those arrested for felonies listed in Penal Code Section (P.C.) 296.

17.1500. PENAL CODE SECTIONS 290 AND 296 COMPLIANCE

Staff shall collect samples as soon as practical after booking, conviction or adjudication. Collection shall occur prior to release on bail, pre-trial release, or any physical release or transfer from custody.

Staff shall not collect DNA samples from inmates who have previously given a sample. Prior collection information may be found on an inmate's criminal history. (Refer to Penal Code Section 296)
(Rev. 04/2019)

1520.00. COLLECTION METHODS FOR PENAL CODE SECTIONS 290 and 296 COMPLIANCE: Samples shall be collected using California Department of Justice (DOJ) approved collection kits and in accordance with DOJ instructions.

Staff may collect buccal swab samples if properly trained. Buccal swabs shall be the primary DNA collection instrument. Inmates shall be given the opportunity to submit to this procedure.
(Rev. 04/2019)

1520.01. DNA LIVE SCAN SYSTEMS: Only properly trained jail staff shall be authorized to operate the DNA Live Scan equipment. Such operations shall follow the procedures outlined in the DNA Live Scan User Guide provided by ASU.

If the DNA Live Scan system is inoperable for any reason, the sample shall be collected manually, using the manual buccal swab and inmate information card.
(Rev. 04/2019)

1520.05. REFUSAL TO PROVIDE A BUCCAL SWAB SAMPLE: Staff shall draw blood samples if inmates refuse to provide buccal swab samples (Refer to Penal Code Section 298.1). Blood samples shall be drawn in a medically approved manner as non-consensual blood draws. The current contracted forensic company, not corrections Health Services staff, shall perform blood draws. Forms contained in the CAL DNA blood kits shall be discarded. Specimen Information Cards from the buccal swab kit shall be used as a replacement.

The shift supervisor shall respond and read the Admonishment/Data Collection Form (ASU#050603) to inmates and direct them to provide samples and sign the form. Staff shall write "Refused" in the inmate signature section if the inmate refuses to sign the form. Safety staff members shall sign as a witness. Shift supervisors shall determine the best method to secure inmates (cell extraction, restraint chair, etc.) and determine locations for specimen collections. Non-consensual blood draws shall be videotaped, including audio.

Force shall not be used without the prior written authorization of the shift supervisor. The authorization shall include information that reflects the fact that

17.1500. PENAL CODE SECTIONS 290 AND 296 COMPLIANCE

the inmate was asked to provide the requisite specimen, sample, or impression and refused (ASU#050603).

Safety staff shall complete Admonishment/Data Collection forms after specimen collections. Original forms shall be sent to ASU, and copies shall be placed in inmates' booking jackets. Audio/video recordings shall be placed in a manila envelope. Envelopes shall be kept at the facility and processed as evidence if a criminal report is written. Staff shall send envelopes to ASU if criminal charges are not being filed.

Criminal reports may be written and inmates may be booked on the supplemental charge, P.C. 298.1. Crime reports shall be forwarded to the District Attorney's Office for review. (Refer to Title 15, Section 1059, Penal Code Section 298.1, Department Manuel Section 3.634, and Bureau Policy Sections 17.390.50 and 17.1520.00)
(Rev. 04/2019)

1520.15. SHIPPING DNA SAMPLES: Once the DNA sample is collected, a portion of the DNA routing slip is to be completed by safety staff. The sample shall be forwarded to the duty officer. The duty officer shall complete the remaining portion of the routing slip.

The duty officer shall place the samples immediately into a centrally located secure lock box. The lock box shall only be accessible by the facility evidence officer and/or the shift supervisor. The evidence officer shall collect and assume custody of the DNA samples and log the DNA kit information onto the DNA Collection Log (ASU#120830).

The facility evidence officer shall package the kits and ship them via United States Postal Service to the Department of Justice Laboratory. The California Department of Justice mandates the completed DNA kits be packaged and shipped to the DNA Data Bank Program within seven days of DNA collection. Facilities shall maintain the DNA Collection Log in electronic format. The log shall be stored for a minimum of 30 months. A copy of the completed DNA Collection Log shall be emailed to ASU after each shipment.
(Rev. 04/2019)

1525.00. OUT-OF-CUSTODY PROBATIONERS: Out-of-custody probationers shall not be accepted at San Bernardino County detention facilities for the sole purpose of having DNA samples taken without written consent from the Facility Commander/designee. (Refer to Facility Specific Policy)
(Rev. 04/2019)

17.1500. PENAL CODE SECTIONS 290 AND 296 COMPLIANCE

1530.00. COURT RETURN OFFICER'S RESPONSIBILITIES: Court return officers shall identify court documents and charges which require inmates to preregister in accordance with P.C. 290 and/or submit samples per P.C. 296. Court return officers shall notify duty officers of inmates who need to provide DNA samples. (Refer to Facility Specific Policy)
(Rev. 04/2019)

1535.00. DUTY OFFICER: Duty officers shall ensure required DNA samples have been taken from P.C. 290 or P.C. 296 registrants prior to forwarding inmates' booking jackets to releases. (Refer to Facility Specific Policy)
(Rev. 04/2019)

1545.00. RELEASE OFFICER/SUPERVISOR'S RESPONSIBILITY: Release officers shall verify inmates have completed the P.C. 290 and/or P.C. 296 requirements.
(Rev. 04/2019)

1550.00. NOTIFICATIONS: Inmates' booking jackets shall have the following information stamped in red ink: DNA sample taken: _____. The date the sample was taken shall be entered into the lined space.
(Rev. 04/2019)

1555.00. REJECTED SAMPLES: The California Department of Justice will notify ASU when samples are rejected by the laboratory along with the reason for rejection. ASU staff shall determine if qualifying offenders are still in custody or if samples were taken at a station as a part of a P.C. 290 or P.C. 296 registration. ASU staff shall immediately notify the appropriate facility or station of those who need samples retaken.
(Rev. 04/2019)

17.1700. METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

1700.00. DEFINITION: Methicillin Resistant Staphylococcus Aureus (MRSA) is a strain of staphylococcus (staph) that is resistant to Methicillin and other common antibiotics used to treat staph infections. These bacteria can survive on an object for up to 90 days. Transmission of MRSA may occur from skin to skin contact with infected persons or touching objects that have been in contact with infected persons.

(Rev. 04/2019)

1703.00. INDICATIONS: Signs of a MRSA infection may include:

- Red, warm or swollen skin
- Pain or tenderness
- Rash
- Pimples or boils
- Pus
- Open wounds

(Rev. 04/2019)

1706.00. INTAKE PROCEDURES: Staff shall inquire further about abscesses or spider bites when arrestees answer "yes" on the Receiving Screening form (ASU#0107001). Inmates identified to have an abscess or spider bite shall be referred to Health Services. (Refer to Bureau Policy Section 8.120.04)

(Rev. 04/2019)

1710.00. SUSPECTED MRSA/HEALTH SERVICES NOTIFICATION:

When an inmate advises any staff member of a suspected spider bite or any open wound that staff member shall immediately refer the inmate to Health Services. Health Services staff shall treat the spider bite or wound according to the San Bernardino Sheriff's Department and Health Services Division standardized procedures.

(Rev. 04/2019)

1715.00. INMATE HOUSING: After being medically treated, all MRSA infected inmates shall be housed according to normal classification guidelines unless otherwise directed by Health Services staff.

(Rev. 04/2019)

1717.00. INMATE CLOTHING/BEDDING: Unless otherwise directed by Health Services staff, MRSA infected inmates shall have their clothing and bedding exchanged per Title 15, Bureau Policy, and Facility Specific Policy requirements. (Refer to Bureau Policy Section 11.800.00)

(Rev. 04/2019)

17.1700. METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

1720.00. HAIR/NAIL CLIPPERS AND ELECTRIC SHAVERS: MRSA infected inmates shall have the same opportunity to cut their hair, clip their nails and use electric shavers. (Refer to Bureau Policy Section 12.925.00)
(Rev. 04/2019)

1723.00. DISINFECTION OF INMATE RESTRAINTS: All restraints used on MRSA infected inmates shall be disinfected as soon as possible after use, and before being used on any other inmate. The types of restraints shall include, but are not limited to:

- Handcuffs
- Waist restraints
- Leg restraints
- Safety chairs

Only approved disinfectants/cleansers shall be used at all times.
(Rev. 04/2019)