



San Diego County Sheriff's Department



William D. Gore, Sheriff

Kelly A. Martinez
Undersheriff

July 21, 2021

Susan N. Youngflesh, Board Chairperson
Citizens' Law Enforcement Review Board
555 West Beech Street, Suite 505
San Diego, CA 92101-3819

CLERB CASE NUMBER: 17-150

Dear Chairperson Youngflesh,

The Sheriff's Department welcomes and supports the Citizens' Law Enforcement Review Board's independent review of complaints alleging improper actions by members of this organization. We continuously strive to respond with professionalism and concern to the citizens we serve and the CLERB process provides invaluable input to that end.

We have received your letter dated July 13, 2020, for Policy Recommendations for DSB P&P I.43, I.64, and M.6. The Sheriff's Department understands the concerns expressed by the CLERB members. Please see below for the individual responses to each recommendation.

- 1. It is recommended that the Sheriff's Department review and update the **Psychiatric Security Unit ("PSU")** hard count and safety check policies, and either edit 1.43 and 1.64, or create new policies specifically for the PSU to ensure each PSU inmate is alive and well, and accounted for, understanding that medical signs of distress may not be "obvious" late at night, especially in the PSU when inmates may be heavily sedated, and side effects of drugs may be less than obvious. Specifically evaluate whether inmate breathing can be evaluated through a window; whether entry into each cell is required; whether verbal or physical acknowledgment is required to detect signs of medical distress which may be muted, when inmates are sedated (which may be more common in the PSU, than in the general inmate population). CLERB recommends defining "obvious signs of medical distress, including but not limited to, difficulty breathing, lack of respirations, presence of vomit, seizure-like movements, trauma or injury, bluish discoloration, etc." in the PSU.*

It appears during their analysis that CLERB has blended the requirements of two separate policies together (DSB P&P I.43 – Inmate Count Procedure and DSB P&P I.64 – Safety Checks of Inmates in Housing Units and Holding Cells). DSB P&P I.43 sets out the requirements for counts and proof-of-life checks (verbal or physical acknowledgment) and DSB P&P I.64 sets out the

requirements for hourly checks in-between the counts, observing only obvious signs of medical distress, trauma or criminal activity.

Safety checks as defined in policy are intended to detect "obvious signs of medical distress, trauma or criminal activity." In section II of the currently approved DSB P&P I.64 (12/30/19), examples are given of the signs deputies are required to look for, including medical distress ("e.g., asthma attack, chest pain, etc."), medical trauma ("e.g., bleeding, ligature marks, etc."), criminal activity ("e.g., drug usage, fighting, etc."), facility damage ("e.g., broken fixtures, graffiti, etc.") and maintenance issues ("e.g., clogged toilet, running water"). The policy requires deputies to physically enter each module, thus ensuring the safety check will not be completed via a video monitor. In cell style housing modules (PSU at SDCJ), sworn staff shall stop at or enter each cell and observe each inmate. This allows for deputies to observe inmates through cell windows without entering the cell if they are able to observe the inmate(s) from the window. There is no requirement that the deputy must enter the cell during a safety check.

DSB P&P I.43 (12/23/20) sets out the standards for conducting a more in-depth review of the inmate, thus requiring the verbal or physical acknowledgment from the inmate to prove they are awake, conscious and responsive. This is done in conjunction with a count to confirm the identities of the inmates and determine if the correct number of inmates are in the housing unit. The most recent policy update provided examples of verbal acknowledgment and physical acknowledgment. Counts and acknowledgment from inmates occur at approximate times of 0400 hours, 0600 hours, 1000 hours, 1700 hours, 1830 hours and 2100 hours.

DSB P&P M.6 (12/2/20) requires immediate response by sworn staff for any code blue (medical emergency) situation, including cardiac arrest, respiratory arrest and trauma emergencies.

It is important to note there are not separate policies, guidelines or procedures for the PSU as compared to the general population for safety checks, counts and proof-of-life checks. Deputies in PSU shall conduct these checks/counts consistent with DSB policy.

- 2. It is recommended that the Sheriff's Department review and update the **night-time hard count and safety check policies in both the PSU and general inmate populations, balancing the safety of each inmate with his right to sleep between the hours of 10pm and 4am.** Specifically CLERB recommends that between the hours of 10pm and 4am, sheriffs stop outside each large window in the PSU during a safety check, and a hard count, long enough to observe breathing patterns and the rise and fall of inmates' chest, spending 2 – 5 seconds illuminating each inmate by flashlight, observing a stable breathing pattern. Blankets must be removed from inmates' faces. During hours of 10pm – 4am, amount of time can be verified by flashlight scanning face and chest area of each inmate. Clarify what hours a sheriff must "verif[y] each inmate's well-being through verbal or physical acknowledgment from the inmate." Evaluate whether any signs of "obvious" medical distress are visible underneath a standard-issue blanket, especially when placed over the face of the inmate.*

In regard to the hard count process, deputies shall verify the inmate's wristband to an inmate report. For those inmates that may not or are unable to cooperate with this process (i.e., PSU inmates), sworn staff shall visually verify the inmate's photo on the report to the inmate's face. Regardless, the hard count process requires visual confirmation of the identity of the inmate, thus requiring either the inmate to come to the cell door or the deputy to enter the cell and get close enough to see the inmate's face. In addition, the inmate must either respond verbally or give some form of physical acknowledgment in response to the deputy.

A federal case that arose out of a California county jail is currently winding its way through the court. The inmates claimed cruel and unusual punishment due to not being given enough or adequate time to sleep. Sleep deprivation is something that staff need to be cognizant of and creating policies and practices causing sleep deprivation opens us up to potential liability. While the case is not completely litigated, a judge did issue a preliminary injunction requiring the facility to change their practices, thus providing a full six hours of lights out time on weekdays and seven hours on weekends.

When we take a person into custody, we have a duty to provide for that person's basic human needs. Conditions of confinement that deprive inmates of those needs or the measure of life's necessities violate the Constitution. Uninterrupted sleep has been shown to count as one of life's basic needs. This basic need along with the need to verify an inmate's well-being creates an issue as to how to develop policies that ensure both needs are met. Our current policy sections on safety checks and inmate counts have taken into account both of these needs, whereas our sworn staff conducts the proof-of-life checks during each of the several counts each day and looks for obvious signs of abnormal activity during safety checks. An inmate sleeping under a blanket and showing no outright signs of being in distress would not prompt a deputy to disrupt the inmate, particularly during sleeping hours.

3. *CLERB recommends that Sheriffs evaluate the Sheriff's standard issue thick blankets in the PSU and either change the material, or make a new policy mandating that inmates uncover their faces at night (or be prepared to be woken up to ensure each inmate is still breathing.)*

The design of the "thick blankets" are for safety purposes and to limit the inmate's access to materials that could be used to harm themselves. This is particularly pertinent in a behavioral care area like the PSU. The safety blankets mitigate suicidal behaviors and are impossible to roll or tear into a noose or weapon that inmates could use to harm themselves or others.

DSB will research alternatives to the current blankets to determine if another blanket exists that meets the standards for our safety blankets and would allow the deputies and medical staff the ability to better evaluate inmates under these blankets.

The Medical Services Division, mental health team, was asked to review this recommendation. They have concerns with having staff go in and wake up inmates in the PSU at night, particularly due to potential use of force issues and/or decompensation of the inmates if they do not get the proper amount of sleep needed. Often times, these inmates are on medications that are set in place

to encourage positive sleep hygiene at night. Sleep and reestablishing more normal circadian rhythms is one of the most effective treatments for acute psychiatric symptoms. The mental health team is supportive of researching alternatives to the thick blankets, as having to enter the inmate's cell with any regularity during the evening and early morning hours will affect treatment, regardless of how clandestine the maneuvers used to verify signs of life.

See response above related to balancing an inmate's basic human need to sleep with the need to verify well-being.

4. *CLERB recommends that Sheriffs consult the nurses in the PSU to develop effective safety check procedures in the PSU. CLERB recommends that nurses accompany sheriffs on each round to ensure inmate safety, and/or provide education and training to sheriffs regarding common inmate medications, sedation, and side effects – including possible breathing side effects, seizures, and other issues – that inmates may be more likely to experience in the PSU.*

Note: Per DSB P&P section M.25 (03/27/20), sworn staff shall log and conduct a safety check at least once within every 30-minute time period (versus 60 minutes for all other general housing areas).

Health staff in the PSU have specific requirements for checking on the welfare of inmates. Often times, these specific requirements do not allow for the health staff to conduct their rounds with sworn staff.

Sworn staff selected for assignment to the PSU must complete a course curriculum established by the Detention In-Service Training Unit in collaboration with the Medical Services Division training staff. The curriculum is an orientation to the guidelines associated with an LPS licensed care unit.

At this time, the DSB is not considering any revisions to its current policy sections beyond those already incorporated into the DSB P&P.

It is our goal to provide the highest quality public safety services to everyone in San Diego County. I would like to thank you for your service to the citizens of the County of San Diego.

Sincerely,

WILLIAM D. GORE, SHERIFF



Michelle Craig, Lieutenant
Office of the Sheriff
Division of Inspectional Services
WDG:MC:kb

DATE:	DECEMBER 23, 2020
NUMBER:	I.43
SUBJECT:	INMATE COUNT PROCEDURE
RELATED SECTIONS:	I.64

PURPOSE

To provide guidelines for conducting counts of inmates.

POLICY

All inmates at each detention facility shall be accounted for. Sworn staff will physically conduct counts of inmates. All counts require sworn staff to verify each inmate's well-being through "verbal or physical acknowledgment" from the inmate. In addition, sworn staff will look for any obvious signs of medical or physical distress (e.g., asthma attack, chest pain, etc.), trauma (e.g., bleeding, ligature marks, etc.) and/or criminal activity (e.g., drug usage, fighting, etc.). Inmates away from the facility for authorized reasons (e.g., court, medical appointments, etc.) will be accounted for upon their return.

PROCEDURE

I. DEFINITIONS

- A. "Verbal or physical acknowledgment" – a response from the inmate to sworn staff that proves the inmate is alive, awake, conscious, and responsive. Verbal acknowledgment includes the use of spoken words, while physical acknowledgment includes actions of the body (i.e., hand gestures, head nod, etc.), in confirmation that the inmate notices and is responding to sworn staff.
- B. Soft Count - a count of the number of inmates in a facility or housing unit which verifies each inmate's well-being through verbal or physical acknowledgment from the inmate. It also determines if the correct numbers of inmates are currently in the facility or housing unit.
- C. Hard Count – A count which verifies each inmate's well-being through verbal or physical acknowledgment from the inmate *AND* uses one of the approved methods detailed in Section II(B) of this policy to confirm the identity of every inmate in a facility.

II. INMATE COUNT REQUIREMENTS

A. SOFT COUNTS

- 1. All soft counts require the following actions.
 - a. Verbal or physical acknowledgment from each inmate.
 - b. A count of the number of inmates in the unit/module/area.

2. Soft counts shall be conducted during the following time periods:
 - a. 0400-0500 hours (nightshift)
 - b. 0600-0700 hours (dayshift)
 - c. 1700-1800 hours (dayshift)
 - d. 1830-1930 hours (nightshift)
3. Sworn staff shall compare the soft count number for each unit/module to the Operation Status Board (OSB) in the Jail Information Management System (JIMS) to verify a correct count.
 - a. Once a soft count number is confirmed to be accurate, a JIMS log entry will be made in the area activity utilizing the type "SOFT COUNT."
 - b. The count number(s) shall be notated in the "COUNT" section or in the "NOTES" section of the area activity log entry.

B. HARD COUNTS

1. All hard counts require the following actions
 - a. Verbal or physical acknowledgment from each inmate.
 - b. Visual verification of the inmate's identity by comparing the inmate's wristband photo to the inmate's face. For those inmates that may not or are unable to cooperate with the wristband and/or hard count process (e.g., Psychiatric Stabilization Units, Enhanced Observation Housing, Administrative Segregation), sworn staff shall visually verify the inmate's photo on the JIMS Web Report or Face Card with the inmate's face.
 - c. Visual verification of the inmate's wristband identification information to the JIMS Web Report "Floor Count." In the event staff is unable to print the "Floor Count" report (i.e., power outage, computer failure, system update), Face Cards may be utilized to conduct the hard count.
 - d. A count of the number of inmates in the unit/module/area.
2. Hard counts are to be conducted during the following time periods.
 - a. 1000-1200 (day hard count)
 - b. 2100-2300 (night hard count)
3. During day hard count, inmates in facility court holding cells at the time of day hard count will be accounted for using paper court lists. The paper court list will be archived with the housing count sheets for each facility.

4. During night hard count, sworn staff shall:
 - a. Verify each inmate occupies the bed/bunk they are assigned to in JIMS. Discrepancies shall be resolved immediately after the conclusion of the hard count.
 - b. Verify count numbers for each unit/module utilizing the Facility Count in JIMS.
 5. Once a hard count is confirmed to be accurate, a JIMS Area Activity Log entry will be made utilizing the type "HARD COUNT" notating the final count number(s).
- C. If any of the counts are conducted in conjunction with a safety check, the procedures articulated in Detention Services Bureau Policies and Procedures section I.64 will be followed.
 - D. Each facility shall develop a green sheet outlining specific procedures for conducting counts and archiving count records.
 - E. The watch commander is responsible for ensuring all counts are completed. The watch commander shall make a notation in the Watch Commander's Log verifying facility hard count completion.

III. INMATE COUNT DISCREPANCIES

- A. Any discrepancies in a count shall be immediately resolved. If the discrepancy cannot be resolved, the watch commander shall be notified immediately.
- B. During an emergency, the watch commander will direct a facility hard count be performed to verify the inmates in the facility. Depending on the circumstances, the watch commander may direct a soft count be conducted first to quickly determine if an inmate(s) is missing.
- C. If an escape is suspected and the escape route is known, the watch commander may initially focus the count efforts in that area. However, a facility hard count will be completed as soon as practical.

IV. RANDOM COUNTS

Unscheduled, random inmate counts (either soft or hard) should be conducted periodically, at the discretion of the watch commander or designee.

V. DOCUMENTATION

All scheduled/unscheduled counts will be documented in JIMS and all count sheets or lists (e.g., facility count, court lists, etc.) will be archived in accordance with the department records management plan.

DATE: DECEMBER 30, 2019
NUMBER: I.64
SUBJECT: SAFETY CHECKS: INMATES, HOUSING AND HOLDING AREAS
RELATED SECTIONS: Title 15 CCR § 1027.5; Penal Code § 4021; [I.43](#), [I.63](#)

PURPOSE

To provide guidelines for conducting and documenting safety checks.

POLICY

Sworn staff will conduct safety checks of inmates, housing areas, holding areas and vacant cells through direct visual observation (i.e., direct personal view of the inmate/area without the aid of audio/video equipment). Safety checks of inmates consist of looking at the inmates for any obvious signs of medical distress, trauma or criminal activity. Safety checks shall be conducted at least once within every hour (60 minute) time period. The intervals of the safety checks, within the hour (60 minute) time period, shall vary and must be logged in the Jail Information Management System (JIMS). In addition to observing the safety and welfare of inmates, sworn staff shall also be attentive to security and maintenance issues as well as environmental factors (e.g., temperature, odors, cleanliness) while conducting safety checks.

PROCEDURE

I. CONDUCTING SAFETY CHECKS

- A. California Penal Code section 4021, in part, mandates it is unlawful for a deputy to enter into the room or cell occupied by an inmate of the opposite gender, except when accompanied by a deputy of the same gender as the inmate. Sworn staff shall adhere to California Penal Code section 4021 while conducting safety checks of inmates. This does not preclude sworn staff of either gender from assisting each other, or excuse them from ensuring a check is completed.

Each detention facility will develop a facility green sheet identifying safety check procedures and the staff positions within the facility responsible for ensuring safety checks are initiated, conducted and documented.

- B. Staff of the opposite gender of inmates will be required to announce their presence when entering an area where inmates are likely to be showering, performing bodily functions or changing clothing. Inmates shall be able to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except when such viewing is incidental to routine safety checks or in exigent circumstances.

- C. When sworn staff conduct safety checks in a high-risk security level housing unit (e.g., administrative segregation), they should utilize the practice of contact and cover. Sworn staff should enter each module together on the same level and conduct the safety check as a team. Sworn staff should not split up in order to have one check the top tier and the other the bottom tier. Although recommended in high risk security level housing, contact and cover can be used in any housing unit/module when inmates are present in the dayroom. The cover deputy's primary responsibility is to provide security for the contact deputy during the safety check. While providing cover, this deputy is not expected to conduct the safety check.
- D. During safety checks in housing locations, sworn staff will physically enter each module and observe each inmate present in the common areas of the module (e.g., dayrooms, showers, exercise areas, holding areas). In cell style housing modules, sworn staff shall stop at or enter each cell and observe each inmate. In dorm style housing modules, sworn staff shall walk by each bunk in a manner that permits them to observe each inmate.
- E. Safety checks shall be completed in all non-housing locations designed as cells/holding areas for inmates (e.g., receiving, medical, release, court holding), even when unoccupied (the release area at Las Colinas Detention and Reentry Facility is excluded from this safety check requirement). Sworn staff shall stop at or enter each cell/holding area to conduct the safety check.

II. LOGGING OF SAFETY CHECKS

- A. The start of a safety check will be logged in JIMS using the event type "11-53 Started." The description field of the entry shall include the name(s) and/or ARJIS numbers of the sworn staff conducting the safety check. If additional space is needed, the notes section may be used. Once all necessary fields are completed, the sworn staff making the entry will immediately close the "11-53 Started" entry
- B. At the conclusion of the safety check, an entry may be logged in JIMS using the event type "11-53 Notes," if there was anything encountered during the safety check. Items that necessitate documentation include, but are not limited to:
 - 1. Inmate in medical distress (e.g., asthma attack, chest pain, etc.),
 - 2. Inmate suffering medical trauma (e.g., bleeding, ligature marks, etc.),
 - 3. Criminal activity (e.g., drug usage, fighting, etc.),
 - 4. Facility damage (e.g., broken fixtures, graffiti, etc.),
 - 5. Maintenance issues (e.g., clogged toilet, running water),
 - 6. Different or additional sworn staff conducted the safety check,
 - 7. Anything that delayed the start or completion of the safety check.
- C. In the event a safety check requirement cannot be met, the deputy of the affected area will document an explanation as detailed in section II.B and will immediately notify the responsible supervisor. Upon notification, or as soon as practicable, the supervisor shall make a notation in the notes field utilizing the event type "Supervisor's Log Review." This entry shall state the supervisor is aware the safety check was conducted outside the required timeframe.

- D. Sergeants will review the JIMS Area Activity Logs and ensure safety checks were logged and conducted at varying intervals within the required time periods.
1. Each supervisor's review of safety checks will extend back to the previous supervisor's log review entry.
 2. In the event the supervisor finds any discrepancies in their review, they will make a notation in the notes field of their "Supervisor's Log Review" entry.
 3. The watch commander will review the JIMS Area Activity Logs and ensure safety checks were conducted within the required time period. The watch commander will make an entry in the JIMS Area Activity Log, documenting any discrepancies they find during their review utilizing the event type "Supervisor's Log Review."

DATE:	DECEMBER 2, 2020
NUMBER:	M.6
SUBJECT:	LIFE THREATENING EMERGENCIES: CODE BLUE
RELATED SECTIONS:	M.5 , MSD.C.2 , SDSD P&P 6.128

PURPOSE

To provide procedures when responding to a life threatening “code blue” medical emergency for inmates, staff, and/or visitors within the detention facilities.

POLICY

Any life-threatening medical emergency shall trigger a 911 request for a paramedic emergency response team. Sworn and health staff shall initiate emergency response and basic lifesaving measures until relieved by the paramedic emergency response team.

PROCEDURE

I. CODE BLUE

A code blue is generally used to indicate the need for resuscitation or immediate lifesaving medical attention. This includes, but is not limited to cardiac arrest, respiratory arrest and trauma emergencies.

Personnel responding to a code blue incident shall:

A. Sworn Staff:

1. Assess the victim's condition.
2. Without leaving the victim, immediately call for help via radio or any other means of communication to notify health staff and/or request the activation of emergency medical services (911). Provide the location, victim status (e.g., breathing, pulse) and nature of any injury if known.
3. If opioid overdose is suspected, initiate naloxone administration as outlined in Section II of this policy.
4. Start cardiopulmonary resuscitation (CPR) as needed using a barrier device (e.g., PAM mask, pocket mask). Additional resuscitative equipment will be provided by health staff. Health staff will determine the appropriateness of utilizing additional emergency equipment including, but not limited to, the Automated External Defibrillator (AED).

5. Switch to two-person CPR if additional help has arrived after the above notifications have been made. Continue CPR until relieved by health staff or the paramedic emergency response team.
 6. Provide the watch commander with a brief description of the incident.
- B. Health Staff:
1. Respond to the scene with the appropriate emergency equipment.
 2. Assess the situation immediately.
 3. Manage the emergency response and monitor the victim's status continuously.
 4. Delegate as necessary. In addition to sworn staff, health staff, including any medical doctor (MD), registered nurse practitioner (RNP), registered nurse (RN) or licensed vocational nurse (LVN) shall have the authority to call 911 or other medical transport for any medical condition they deem necessary. If health staff calls 911, notification shall be made to the watch commander or designee.
 5. Document the sequence of events.
 6. If there is a MD or mid-level provider (e.g., RNP) in the facility, they shall be called to the scene.
 7. When the paramedic emergency response team arrives, health staff will provide information regarding the scene, emergency medical care provided to the inmate and any medical history obtained. Health staff will relinquish care to the paramedic emergency response team.

NOTE: The paramedic emergency response team is required by law to transport to the nearest acute care emergency department.

II. SUSPECTED OPIOID OVERDOSE AND NALOXONE

- A. An opioid overdose requires immediate medical attention. The most common signs of overdose include the following:
1. Extreme sleepiness or unresponsiveness.
 2. Breathing problems that can range from slow to absent breathing.
 3. Fingernails and/or lips turning blue/purple.
 4. Extremely small "pinpoint" pupils.
 5. Slow heartbeat and/or low blood pressure.
- B. Naloxone should be administered to any inmate who presents with signs of opioid overdose or when opioid overdose is suspected. When administering naloxone, staff shall:

1. Maintain universal precautions against blood borne pathogens.
 2. Inform responding health staff that naloxone was administered and the number of doses used.
 3. Appropriately dispose of the naloxone applicator.
 4. Notify the naloxone coordinator of the naloxone administration.
- C. Naloxone is a controlled substance and as such must be monitored. Deputies shall account for the naloxone kits at the beginning of each shift and make an entry in the Jail Information Management System (JIMS). Deputies will select NLX-Naloxone from the drop-down menu of the Area Activity in JIMS. At the beginning of each shift, the watch commander will make an entry in the Watch Commander's Log indicating all naloxone kits were accounted for. Missing or damaged naloxone kits will be reported to the naloxone coordinator.
- D. Each facility/unit will outline, via a green sheet, the naloxone coordinator for their facility/unit and the location of each naloxone kit. The naloxone coordinator will be responsible for tracking, ordering and replacing naloxone products. All naloxone products have an expiration date. The naloxone coordinator will conduct a monthly inspection of all naloxone kits to check the expiration date and obtain replacement naloxone as needed.

III. DOCUMENTATION

- A. Documentation of medical emergencies shall be completed in compliance with Detention Services Bureau Policies and Procedures section M.5.
- B. Naloxone administration by either sworn or health staff will be documented by a sworn staff member on a JIMS Inmate Status Report (ISR) using NLX-Naloxone as the Incident Type Code. The narrative will contain a synopsis of the incident, indicate the staff who administered the naloxone, the number of doses administered and the NetRMS case number (if applicable).
- C. Naloxone administration by sworn staff will also require the completion of a Naloxone Usage Report (SO-195) form and a NetRMS case report to track law enforcement's use of naloxone. The SO-195 form will be included as an attachment to a miscellaneous NetRMS report (unless a specific crime/incident report is warranted). The NetRMS report should include the Special Studies drop-down, "NRI – Naloxone Related Event."
- D. Sworn staff involved in the naloxone administration should coordinate with the Detentions Investigation Unit (DIU) to follow-up on any possible investigations and/or crime/incident reports related to the suspected drug overdose that prompted the use of naloxone.

DATE:	MARCH 27, 2020
NUMBER:	M.25
SUBJECT:	PSYCHIATRIC STABILIZATION UNITS (PSU/WPSU)
RELATED SECTIONS:	1.47 ; SDCSD P&P 6.48

PURPOSE

To establish the procedures for the Psychiatric Stabilization Units.

POLICY

Sworn staff shall be responsible for security of the Psychiatric Stabilization Unit (PSU) and Women's Psychiatric Stabilization Unit (WPSU) with input from health staff. The PSU/WPSU health staff shall be responsible for evaluations and treatment.

For assignment to a post position in the PSU/WPSU, sworn staff will complete a course curriculum established by the Detention In-Service Training Unit (DTU). The curriculum has been developed in collaboration between DTU and the Medical Services Division as an orientation to the guidelines associated with a Lanterman-Petris-Short (LPS) licensed care unit.

Administrative staff from the facilities will be responsible for communicating to DTU any personnel selected for assignment to PSU/WPSU prior to or upon selection in order to schedule or verify completion of the curriculum. Only those assigned to either the San Diego Central Jail (SDCJ) or the Las Colinas Detention and Reentry Facility (LCDRF) shall work these positions.

PROCEDURE

I. REFERRALS FOR PSYCHIATRIC EVALUATION

Any person who has pertinent information regarding the behavior of any inmate may make inmate referrals to the health staff.

II. ADMISSION

A. The Psychiatric Stabilization Units are located at SDCJ (PSU) and Lcdrf (WPSU).

B. Inmates shall be admitted to the PSU/WPSU at the order of either staff psychiatrists, San Diego County Psychiatric Hospital (SDCPH), Emergency Psychiatric Unit (EPU) psychiatrists, or by a court order.

III. SECURITY

A. Safety checks shall be conducted and documented in compliance with Detention Services Bureau Policies and Procedures (DSB P&P) section I.64. However, sworn staff shall log and conduct a safety check at least once within every 30 minute time

period. This check shall include housing, common areas, treatment/interview areas, close observation cells, and holding areas.

- B. Extraordinary incidents shall be brought to the attention of the watch commander.
- C. PSU/WPSU inmates are to be returned daily to their dormitory no later than 2200 hours.
- D. Inmates may be removed from the housing unit for acute psychiatric, medical, or security reasons and only with a deputy present.
 - 1. When security is compromised and the inmate is considered to be extremely dangerous, sworn staff may move the inmate to another housing area. If possible, the PSU/WPSU health supervisor or designee, or the staff psychiatrist shall be consulted first.
 - 2. Health staff shall notify the watch commander when the medical needs of any PSU/WPSU inmate require that they be housed in the medical observation area rather than PSU/WPSU, or if the PSU/WPSU inmate is discharged from the PSU/WPSU to another housing assignment while on suicide precautions.
 - 3. When an inmate is discharged from the PSU/WPSU, the Jail Population Management Unit shall be consulted to determine the appropriate housing assignment for the inmate.
 - 4. PSU/WPSU sworn and health staff shall be notified prior to removing or when returning an inmate to the housing unit.
 - 5. PSU/WPSU sworn and health staff shall be notified in advance of any tour or visit to the PSU/WPSU to prevent disruption of activities within the housing unit.

IV. WRISTBANDS

- A. Inmates housed in PSU/WPSU shall wear red identification wristbands while housed in PSU/WPSU. Plastic fasteners are available for inmates who may use metal for self-injury or are allergic to metal fasteners.
- B. The red identification wristband shall be applied and removed by sworn staff whenever an inmate is admitted to or discharged from the unit.
- C. The red identification wristband shall be worn on the left wrist.
- D. The PSU/WPSU health staff shall make no alterations to the wristband.
- E. If it becomes necessary to change an inmate's wristband, sworn staff shall make the change.

V. SECURITY BEDDING

The only bedding inmates in PSU/WPSU shall possess are two safety blankets, one of which may be used as a mattress cover. Cotton/wool blankets and sheets are prohibited in the PSU/WPSU.

VI. MEAL DISTRIBUTION

- A. All food and water shall be served in soft, disposable containers.
- B. Sworn staff are responsible for providing meals during normal meal times. The staff providing the meal must ensure there are no items that the inmate may use to inflict injury.

VII. TREATMENT

- A. Application for evaluation for treatment is covered under the Welfare and Institutions Code 5150.
- B. Sworn staff may be requested to move an inmate to an isolation or seclusion cell by the PSU/WPSU charge nurse and/or psychiatrist.
- C. A time specific seclusion order by a psychiatrist is required to house an inmate in seclusion and/or restraints.
- D. Anytime health staff enters a seclusion cell to provide inmate care and or treatment, sworn staff shall accompany them and provide security.

VIII. USE OF RESTRAINTS

- A. Sworn staff are responsible for containing the inmate while PSU/WPSU health staff apply the restraints.
- B. If sworn staff assists with the application of restraints in collaboration with PSU/WPSU health staff, health staff will verify correct placement when completed.
- C. Color coded blue upper extremity and red lower extremity and waist restraints are the only type of restraints authorized for inmates housed in PSU/WPSU. These restraints are used when less restrictive forms of treatment (i.e. medication) are not sufficient or not an option.
- D. Four-point restraints shall be used only in PSU/WPSU under the supervision and direction of the psychiatrist and/or PSU/WPSU health staff. Registered nurses may make the decision to place an inmate in four-point restraints. Registered nurses shall obtain a psychiatrist's order within one hour after placement.
- E. The restraint chair shall not be used in PSU/WPSU.

- F. When the inmate is restrained, sworn staff shall assist the nurse in range of motion and other mandatory actions.

IX. SUICIDE ATTEMPTS

- A. In the event of any suicide attempt or self-harm incident, the PSU/WPSU control deputy and health staff shall be notified immediately.
- B. The decision to isolate, segregate or otherwise protect an inmate that has attempted suicide or self-harm shall be made by the PSU/WPSU health staff.

X. CLOSE OBSERVATION/SUICIDE PRECAUTIONS

Due to the behavior of some PSU/WPSU inmates, it may be necessary to move an inmate to another cell for closer observation and/or remove certain items from them.

If the inmate has been determined by PSU/WPSU health staff to require closer observation or placed on suicide precaution and/or 1:1 observation, their cell will be inspected by sworn staff at least once per shift for contraband. The results of the inspection will be logged in the Jail Information Management System (JIMS) using the event type "CELL CHECK CONDUCTED".

A. Close Observation (CO)

1. If PSU/WPSU health staff or a psychiatrist determines an inmate requires closer observation but does not have suicidal or homicidal ideations, the inmate will be placed in a CO cell (facility green sheets shall identify which cells in PSU/WPSU are utilized for CO). The inmate can keep their clothes and property. A JIMS Incident Report shall be written by sworn staff documenting the need for close observation.
2. Safety checks shall be conducted at random intervals in accordance with section III of this policy.
3. The inmate can be cleared from CO by PSU/WPSU health staff.

B. Suicide Precaution (SP)

If an inmate has voiced suicidal or homicidal ideations, an assessment of the inmate will be conducted by PSU/WPSU health staff. If the inmate has been admitted on an involuntary status, they will be placed in a CO cell under SP. If the inmate is admitted voluntarily, and waives their rights, they will be placed in a CO cell under SP. Voluntary admits who do not agree to the treatment plan will be discharged and placed into the Inmate Safety Program (safety cell or Enhanced Observation Housing). A JIMS Incident Report utilizing the event type "PSU SP" (psychiatric stabilization unit suicide precaution) shall be written articulating the reasons for placement on SP.

1. An inmate placed on SP shall have all their clothing, wristband and property removed. Property shall be stored in a secure location until the inmate is cleared from SP. For security purposes, deputies will remain with the inmate during the

process to ensure all items listed above are removed.

2. All inmates placed on SP will be issued a safety mattress, safety garment, shower shoes, and two safety blankets. The above-mentioned items may be removed if they are used for any other purpose than intended. Documentation in a JIMS Incident Report is required if any of the items are removed.
3. Showers, dayroom, recreation and social phone calls will be offered in accordance with PSU/WPSU health staff recommendations, Title 15 guidelines and LPS regulations.
4. Hygiene items will be provided as needed by PSU/WPSU staff and immediately returned after use.
5. Inmates on SP will be offered meals in accordance with Title 15 guidelines. All food and water shall be served in soft, disposable containers. The deputy providing the meal must ensure there are no items that the inmate may use to inflict injury such as plastic utensils, plastic coverings, or plastic bags. Disposable cardboard utensils are the only utensil authorized. Deputies shall collect all trash from meals on the subsequent safety check.
6. Deputies will closely monitor and directly observe inmates on SP at random intervals not to exceed 15 minutes between checks. The welfare check will be documented in JIMS utilizing the event type "SP WELFARE CHECK". The description field of the entry shall include the name(s) and/or ARJIS(s) of the sworn staff conducting the check and the accurate disposition. In the event a SP WELFARE CHECK requirement cannot be met; the deputy shall provide a documented explanation in the notes field of the SP WELFARE CHECK entry and must immediately notify the housing unit supervisor. Upon review of the JIMS Area Activity Log, the supervisor shall make a notation in the notes field utilizing the event type "SUPERVISOR'S LOG REVIEW".
7. The inmate can be cleared from SP by PSU/WPSU health staff.

XI. COURT ORDERED PSYCHIATRIC EVALUATIONS

PSU/WPSU health staff shall process California Penal Code 4011.6 court orders for psychiatric evaluation as soon as possible after the court order is received.

XII. RELEASE OF INMATES TO THE COMMUNITY

If an inmate is being released from custody and continues to exhibit behaviors potentially dangerous to self/others or reflect grave disability secondary to a mental disorder, sworn and health staff shall complete the following:

A. PSU/WPSU inmate on an involuntary hold:

1. The PSU/WPSU charge nurse shall notify the watch commander of the need

to transport the inmate to the EPU for further assessment and disposition. The PSU/WPSU charge nurse will advise EPU of the impending inmate transfer.

2. The watch commander shall notify the on-duty detention processing supervisor (DPS) of the impending release.
 3. The original copy of the involuntary hold must accompany the inmate to EPU. The PSU/WPSU charge nurse is responsible for ensuring all necessary documents accompany the inmate.
- B. PSU/WPSU inmate does not have an involuntary hold and still presents a potential danger to self/others or is gravely disabled:
1. A Request for 72 Hour Detention (MH-302) form and a NetRMS incident report shall be completed by sworn staff prior to the inmate's transfer to EPU.
 2. Health staff shall notify EPU of the impending transfer of the inmate.
 3. The watch commander shall notify the on-duty DPS of the impending release.
 4. Sworn staff will transport the inmate to EPU and provide the required documents to the EPU psychiatrist. The deputy will remain with the released inmate until a safe and orderly transfer of services is completed and the EPU psychiatrist on duty releases the deputy from further standby duties.