MISSION
SHERIFF'S PREFACE

To all employees of the Tehama County Sheriff's Office,

This policy manual represents the next step in our commitment to modernize and professionalize the way we as an office provide guidance and additional resources to our deputies, corrections deputies , and support staff. A great deal of effort and expense has gone into the creation of ths document, and it shows how seriously we take this issue.

It is our firm expectation that every employee of the Sheriff's Office reads and understands this manual. We will do all that we can to keep this document current, provide you the most modern guidance regarding changing statutes and regulations, case law, and best practices. We are also committed to listening to your recommendations, suggestions, and concerns regarding, not only this version, but other policy manuals.

Thank you to all those who have made this manual a reality, and thank you to all of those who will expend the time and effort to read, understand, and make improvements to it.

Sincerely,

Dave Hencratt

Sheriff-Coroner

Sheriff-Coroner

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CODE OF ETHICS

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

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

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

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

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

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

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Chapter 1 - Role and Authority

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Organizational Structure and Responsibility

100.1 PURPOSE AND SCOPE

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

100.2 DIVISIONAL RESPONSIBILITY

The Sheriff is responsible for administering and managing the Office. There are three divisions in the Office:

- Administration Division
- Custody Division
- Operations Division

100.2.1 ADMINISTRATION DIVISION

The Administration Division is commanded by a Lieutenant, whose primary responsibility is to provide general management direction and control for the Administration Division. The Administration Division consists of the following units; Civil, OES, Training, Crime Prevention, Volunteer Services, STARS, TCSAR, Explorers, Chaplains, Reserve Deputy Program, Explorer Post Program, Evidence, Records, Internal Affairs, Pre-employment testing, backgrounds, and Administrative Services.

100.2.2 CUSTODY DIVISION

The Custody Division is commanded by a Jail Commander, whose primary responsibility is to function as the Jail Commander to provide general management direction and control for the jail. The Custody Division consists of Custody Divsion, Court Services Division, Inmate Transporation, Court Security, Court Bailiff, Building Maintenance, Participation in the Day Reporting Center (AB109), and Food Services.

100.2.3 OPERATIONS DIVISION

The Operations Division is commanded by a Captain, whose primary responsibility is to provide general management direction and control for Uniformed Patrol, and Special Operations, which includes Patrol, Communications Center (Dispatch), Investigations, Coroner's Officer, SWAT Team, Boating Unit, and Animal Regulations.

100.3 CHAIN OF COMMAND

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

To maintain continuity, order and effectiveness in the Office, a chain of command has been established and should be respected. All staff members should adhere to the chain of command in all official actions. However, nothing shall prohibit a staff member from initiating immediate

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action outside of the chain of command if it is necessitated by a complaint of discrimination, sexual harassment, gross malfeasance or a violation of the law.

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Authority and Legal Assistance

101.1 PURPOSE AND SCOPE

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

101.2 POLICY

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

101.3 LEGAL FOUNDATION

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

101.4 LEGAL ASSISTANCE

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

(a) Analyze and alert the jail executive and jail management team to jail-related case law.

(b) Serve as a legal consultant in the construction and review of new jail policies and procedures.

(c) Serve as a legal consultant on issues related, but not limited to:

1. Use of force
2. Faith-based requests
3. Complaints and grievances
4. Allegations of abuse by staff

(d) Serve as legal counsel in legal matters brought against this office and the Sheriff.

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101.4.1 LEGAL LIAISON

The Sheriff will designate one or more staff to act as a liaison between the Office and the County Counsel’s office. The legal liaison officer will provide an orientation of the facility and detention facility policies to representatives of the County Counsel’s office as needed.

The liaison officer will arrange for regularly scheduled meetings in order to provide an ongoing status report of facility issues to the legal counsel. The liaison officer will maintain an open relationship with legal counsel in order to move quickly on emerging facility issues that could have significant legal implications for the Office.

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Annual Review and Performance-Based Goals and Objectives

102.1 PURPOSE AND SCOPE

The Tehama County Sheriff's Office is dedicated to the concept of continuous improvement in the services provided on behalf of the public and in accordance with applicable laws, regulations and best practices in the operation of this facility. This policy establishes minimum review criteria to measure and evaluate the success of achieving established goals and objectives.

102.2 POLICY

The Tehama County Sheriff's Office shall strive to continually improve the operation of its facilities to ensure they are safe, humane, and protect inmates' constitutional and statutory rights. To this end, the Office shall conduct an annual review to evaluate its progress in meeting stated goals and objectives.

102.3 ANNUAL REVIEW

The custody management team will conduct an annual management review of minimally the following:

(a) Statutory, regulatory and other requirements applicable to the operation of the facility.

(b) Lawsuits and/or court orders/consent decrees.

(c) Office policies, procedures, directives and post orders that guide the operation of the facility.

(d) Fiscal operations and accounting procedures.

(e) Personnel issues/actions that include, but are not limited to, on-the-job injuries, internal affairs investigations, employee grievances, employee discipline, selection and recruitment.

(f) Compliance with internal/external inspections of the facility.

(g) Condition of the physical plant, infrastructure and maintenance efforts.

(h) Cleanliness of the facility.

(i) Inmate profiles and trends that measure:

1. Inmate population (Average Daily Population)
2. Inmate population by gender
3. Highest one-day count
4. Bookings/releases
5. Percentage of male inmates

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6. Percentage of female inmates
7. Felony inmates in custody
8. Misdemeanor inmates in custody
9. Pretrial population
10. Sentenced population
11. Medical beds
12. Mental health beds
13. Meal counts (regular, medical, court meals)
14. Early releases
15. Alternative-to-incarceration participants
16. Special needs inmates
17. Classification issues
18. Inmate grievances (founded/denied)
19. Demographics (age, race, gang affiliation)
20. Court movement

(j) Security issues that include:

1. Inmate-on-inmate assaults
2. Inmate-on-staff assaults
3. Major disturbances
4. Deaths in custody (natural/suicide/homicide/accidents)
5. Suicide attempts

(k) Inmate programs including:

1. Education
2. Commissary
3. Drug and alcohol programs
4. Faith-based services

102.4 CRITERIA TO MEASURE PERFORMANCE

The following items will be used to measure and evaluate the level of success in achieving the office's stated goals:

(a) Fiscal year budget surpluses or successful operations even with budget reduction

(b) Findings from independent financial audits

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(c) Inmate grievances

(d) Documentation that office investigators have completed the required specialized training in conducting sexual abuse investigations (28 CFR 115.34)

(e) Documented training hours received by staff

(f) Completed audits of the policy and procedures manuals

102.5 MANAGEMENT REVIEW PROCESS

The management team may employ several methods to assess performance, including the following:

(a) **Performance analysis** - Performance analysis attempts to discover discrepancies between the expected and actual levels of performance. This analysis should focus on whether the practices in this facility are meeting the mission of the Office and whether office policies and procedures are in alignment with statutes, regulations and court orders.

(b) **One-to-one interviews** - Scheduled interviews with custody staff, held in private to encourage candid responses, to help identify issues or conditions that should be targeted for review or correction.

(c) **Questionnaires** - Questionnaires should be used as a group method to solicit suggestions and information about what operations are in need of adjustment or where program resources should be directed.

(d) **Staff debriefing** - Staff should be periodically debriefed, especially after an emergency operation or incident, to identify aspects of facility operations that may need to be addressed by the Jail Commander and supervisors.

(e) **Inspection findings** - The Office is subject to a variety of administrative inspections (standard-setting authorities, command staff, grand jury, jail advocates). These annual inspections should be used to identify ongoing issues in the operation of this facility.

102.6 MANAGEMENT REVIEW RESULTS

To the extent practicable, the individuals responsible for the development of a management review should follow the guidelines established in the Administrative Communications Policy and Annual Facility Inspection Policy to document and support the findings. A complete report of the review results should be submitted to the appropriate level in the chain of command for final approval.

The results of management reviews should be used in the ongoing process of continuous improvement. They should be used to direct changes in the operation of this facility or to identify successful operations that might be replicated in other areas of the facility. They should not, however, include specific identifying information of incidents or involved individuals.

The results of management reviews also may be used in full or in part to respond to inquiries from interested groups, such as the local legislative body, courts, grand jury or others, to provide

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information on issues concerning the operation of this facility, including action planning whenever appropriate.

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Custody Manual

103.1 PURPOSE AND SCOPE

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

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

103.2 POLICY

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

103.2.1 DISCLAIMER

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

103.3 RESPONSIBILITIES

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

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

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103.3.1 COMMAND STAFF

The command staff should consist of the following:

- Sheriff
- Assistant Sheriff
- Captain
- Jail Commander/Jail Lieutenant
-

103.3.2 OTHER PERSONNEL

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

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

103.3.3 INTERNAL AND EXTERNAL SECURITY MEASURE REVIEW

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

103.4 DEFINITIONS

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

Adult - Any person 18 years of age or older.

Office - The Tehama County Sheriff's Office.

Custody Manual - The Office Custody Manual.

Employee - Any person employed by the Office.

Juvenile - Any person under the age of 18.

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

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

- Full- and part-time employees.
- Sworn Correctional Deputies, Deputies.
- Reserve Deputies.
- Non-sworn employees.

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- Volunteers.

Correctional Deputies - All persons, regardless of rank, who are employees and who are selected and trained in accordance with state law as Correctional Deputies of the Tehama County Sheriff's Office.

On-duty employee - Status during the period when he/she is actually engaged in the performance of his/her assigned duties.

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

Rank - The job classification title held by a correctional officer.

Shall or will - Indicates a mandatory action.

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

103.5 DISTRIBUTION OF MANUAL

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

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

103.6 MANUAL ACCEPTANCE

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

103.7 REVISIONS TO POLICIES

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

Each supervisor will ensure that members under his/her command are familiar with and understand all revisions.

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Administrative Communications

104.1 PURPOSE AND SCOPE

Effective communications within the Office are critical to the accomplishment of the mission of the Office and the effective operation of the jail. Administrative communications of this office are governed by the following policy (15 CCR 1029(a)(1)).

104.2 PERSONNEL ORDERS

Personnel orders may be issued periodically by the Sheriff to announce and document all promotions, transfers, hiring of new personnel, separations, personnel and group commendations or other changes in status.

104.3 CORRESPONDENCE

All office correspondence is to be written in a clear, concise manner, consistent with the report formats and guidelines prescribed in this policy and reflecting the highest possible quality in organization, grammar, punctuation and spelling.

All external correspondence shall be on Office letterhead. All office letterhead, including all digital facsimiles of the letterhead, shall bear the signature element of the Sheriff or the authorized designee. Personnel should use office letterhead only for official business and with the approval of their supervisors.

104.4 SURVEYS

All surveys made in the name of the Office shall be authorized in advance by the Sheriff or the Jail Commander.

104.5 COMPLETED STAFF WORK

All staff reports (i.e., reports assigned to a specific person for the purpose of responding to a problem or issue) shall incorporate the principle of completed staff work which requires the person to whom a task has been delegated to complete and document the delegated work to such an extent that the only thing left for the decision-maker to do is to approve or decline the recommendation. Staff reports that only point out weaknesses or merely suggest needed actions are not completed staff work and are not acceptable.

The writer of the staff report should document the efforts made to have the report reviewed by or acted upon by those individuals representing work units or other entities likely to be affected by any proposed changes.

104.6 INTRODUCTORY SUMMARY MEMORANDUMS

Any memorandum that exceeds one page in length should contain a brief introductory summary section synopsizing the subject matter.

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104.7 ADMINISTRATIVE REPORT FORMAT

All staff reports submitted via the chain of command to superior officers for further action should be written in accordance with the following format, when applicable.

Executive Summary Section - The staff report should begin with a brief statement of the problem or issue and what could be done about it. This summary should restate the main points of the report in general, nontechnical language, leaving out details. The length of the executive summary section should range from one paragraph to one page.

Problem/Issue Identification Section - This section of a staff report is critical to the success of the reader's ability to grasp the issues involved and to arrive at an informed decision. It should strive to identify the true nature and scope of the problem by identifying the known facts and background of the situation, including who has the problem, how long it has existed and the known or likely consequences of the problem.

Forecast Future Impacts - This section of the report should clearly define the problem and be accompanied by an analysis of relevant factors, supported by specific examples, details or testimony, clarifying what the problem is and why it exists. Generally, the reader should be able to leave this section of the report clearly understanding the issues involved and the consequences of taking no action.

Alternatives Analysis Section - Whenever the seriousness or complexity of a problem warrants the development of alternative solutions, a staff report should include a section containing a discussion of different courses of action and their consequences, taking into account the comments and positions of other staff members or entities affected by the response to the problem.

104.8 POLICY

The Tehama County Sheriff's Office will appropriately communicate significant events within the organization to its members. Both electronic and non-electronic administrative communications will be professional in appearance and comply with the established letterhead, signature and disclaimer guidelines, as applicable.

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Departmental Directives

105.1 PURPOSE AND SCOPE

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

105.2 DEPARTMENTAL DIRECTIVE PROTOCOL

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

Any Departmental Directive issued after publication of the manual should be numbered consecutively, starting with the last two digits of the year, followed by the number “01” as in yy-01.

105.3 RESPONSIBILITIES

105.3.1 AGENCYHEAD

The Sheriff, with the assistance of office staff, shall issue and be responsible for all Departmental Directives, including their publication and dissemination throughout the Office.

105.3.2 MANAGERS AND SUPERVISORS

Managers and supervisors are responsible for ensuring that staff under their command receive training on all new Departmental Directives.

Training documentation shall be placed into the supervisor’s file or the employee’s training file.

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Special Assignments and Promotions

106.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for promotions and for making special assignments within the Tehama County Sheriff's Office.

106.2 GENERAL REQUIREMENTS

The following conditions should be used in evaluating employees for specialized assignment, promotion and transfer:

(a) Presents a professional, neat appearance.

(b) Maintains a physical condition which aids in job performance.

(c) Meets the minimum positional requirements of the job description.

(d) Demonstrates the following traits:

1. Emotional stability and maturity
2. Stress tolerance
3. Sound judgment and decision-making
4. Personal integrity and ethical conduct
5. Leadership
6. Initiative
7. Adaptability and flexibility
8. Ability to conform to organizational goals and objectives in a positive manner

106.2.1 DISQUALIFICATION

The Tehama County Sheriff's Office shall not promote, assign or transfer any member to a position that may allow contact with inmates if the member has (28 CFR 115.17):

(a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 USC § 1997.

(b) Been convicted of engaging in or attempting to engage in sexual activity that was facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was unable to consent or refuse.

(c) Been civilly or administratively adjudicated to have engaged in the activity described in paragraph (b) of this section.

The Office shall either conduct criminal background records checks at least every five years on members or contractors who may have contact with inmates or have in place a system for otherwise capturing such information.

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Employees who may have contact with inmates shall disclose any conduct described above in written applications or interviews for promotion or specialized assignment.

106.3 CORRECTIONAL OFFICER SPECIALIZED ASSIGNMENTS

Placement into or removal from the following assignments shall not be considered a promotion or a demotion:

(a) Corrections special enforcement team member
    1. Correctional Emergency Response Team (CERT or SERT)
    2. Special Weapons and Tactics Team (SWAT)
    3. Negotiation Team (hostage or other)
    4. Search Team

(b) Investigators
    1. Risk Management Investigator (accident investigator)
    2. Internal Affairs Investigator
    3. Background Investigator

(c) Jail Intelligence
    1. Gang Intelligence
    2. General Intelligence

(d) Classification Officers

(e) Training Officer
    1. Training Manager
    2. Training Specialist
    3. Jail Training Officer
    4. Defensive Tactics Instructor
    5. Rangemaster/Firearms/Control Devices Instructor

(f) Court Officer

(g) Administrative Services
    1. Day Reporting Center (DRC)
    2. Transportation
    3. Inmate Programs Specialist
    4. Grievance Officer
    5. Inmate Disciplinary Hearing Officer
    6. Public Information Officer (PIO)
    7. Accreditation/audit/inspection manager

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106.3.1 DESIRABLE QUALIFICATIONS
Qualifications that will be considered for a specialized assignment include:

(a) Required experience for the specialized assignment.

(b) Completed probation.

(c) Has shown an interest in the specialized assignment.

(d) Education, training and demonstrated abilities in related areas, such as law, gang suppression, medical/mental health issues in the jail, report writing, public relations.

(e) Completion of any training required by the government or a professional organization.

106.4 SPECIALIZED ASSIGNMENT SELECTION PROCESS

The following criteria apply to specialized assignments:

(a) Administrative evaluation, as determined by the Sheriff, will be conducted. This should include a review of supervisor recommendations and the employee's performance evaluation history. Each supervisor who has supervised or otherwise been involved with the candidate will submit these recommendations.

(b) The supervisor recommendations will be submitted to the Jail Commander for whom the candidate will work.

(c) Based on supervisor recommendations and those of the Jail Commander, the Jail Commander will submit his/her recommendation to the Sheriff.

(d) Appointments will be made by the Sheriff.

The policy and procedures for all positions may be waived for temporary assignments or emergency situations. This policy may also be waived to allow selected candidates to attend requisite training programs.

106.5 PROMOTIONAL SPECIFICATIONS

Specifications for promotional opportunities are on file with the Office Personnel Department.

106.6 POLICY

The Tehama County Sheriff's Office determines assignments and promotions in a nondiscriminatory manner based upon job-related factors and candidate skills and qualifications. Assignments and promotions are made by the Sheriff.

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Standards of Conduct

107.1 PURPOSE AND SCOPE

This policy establishes standards of conduct that are consistent with the values and mission of the Tehama County Sheriff's Office and are expected of all office members. The standards contained in this policy are not intended to be an exhaustive list of requirements and prohibitions, but they do identify many of the important matters concerning conduct. In addition to the provisions of this policy, members are subject to all other provisions contained in this manual, as well as any additional guidance on conduct that may be disseminated by this office or a member's supervisors.

107.2 POLICY

The continued employment or appointment of every member of this office shall be based on conduct that reasonably conforms to the guidelines set forth herein. Failure to meet the guidelines set forth in this policy, whether on- or off-duty, may be cause for disciplinary action.

107.3 DIRECTIVES AND ORDERS

Members shall comply with lawful directives and orders from any office supervisor or person in a position of authority, absent a reasonable and bona fide justification.

107.3.1 UNLAWFUL OR CONFLICTING ORDERS

Supervisors shall not knowingly issue orders or directives that, if carried out, would result in a violation of any law or office policy. Supervisors should not issue orders that conflict with any previous order without making reasonable clarification that the new order is intended to countermand the earlier order.

No member is required to obey any order that appears to be in direct conflict with any federal law, state law or local ordinance. Following a known unlawful order is not a defense and does not relieve the member from criminal or civil prosecution or administrative discipline. If the legality of an order is in doubt, the affected member shall ask the issuing supervisor to clarify the order or shall confer with a higher authority. The responsibility for refusal to obey rests with the member, who shall subsequently be required to justify the refusal.

Unless it would jeopardize the safety of any individual, members who are presented with a lawful order that is in conflict with a previous lawful order, office policy or other directive shall respectfully inform the issuing supervisor of the conflict. The issuing supervisor is responsible for either resolving the conflict or clarifying that the lawful order is intended to countermand the previous lawful order or directive, in which case the member is obliged to comply. Members who are compelled to follow a conflicting lawful order after having given the issuing supervisor the opportunity to correct the conflict will not be held accountable for disobedience of the lawful order or directive that was initially issued.

The person countermanding the original order shall notify, in writing, the person issuing the original order, indicating the action taken and the reason.

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107.3.2 SUPERVISOR RESPONSIBILITIES

Supervisors and managers are required to follow all policies and procedures and may be subject to discipline for:

(a) Failure to be reasonably aware of the performance of their subordinates or to provide appropriate guidance and control.

(b) Failure to promptly and fully report any known misconduct of a member to his/her immediate supervisor or to document such misconduct appropriately or as required by policy.

(c) Directing a subordinate to violate a policy or directive, acquiescing to such a violation or exhibiting indifference to such a violation.

(d) Exercising unequal or disparate authority toward any member for malicious or other improper purpose.

107.3.3 DISCRIMINATION

Discrimination against any person because of age, race, color, creed, religion, gender, sexual orientation, national origin, ancestry, marital status, physical or mental disability or medical condition will not be tolerated.

107.3.4 INTOXICANTS

(a) Reporting for work or being at work following the use of intoxicants where such use may impair the employee’s ability to perform assigned duties or where there is an immediate suspicion of ineffectiveness during public contact resulting from the use of intoxicants.

(b) Unauthorized possession or use of, or attempting to bring intoxicants to the work site.

(c) Reporting for work or being at work following the use of a controlled substance or any drug (whether legally prescribed or otherwise) where such use may impair the employee’s ability to perform assigned duties without prior authorization from a supervisor.

(d) Unauthorized possession or use of a controlled substance or other illegal drug.

107.3.5 PERFORMANCE

(a) Sleeping during on-duty time or assignments.

(b) Careless workmanship resulting in spoilage or waste of materials or work of an unacceptable nature as applicable to the nature of the work assigned.

(c) Unsatisfactory work performance including, but not limited to, failure, incompetence, inefficiency or delay in performing and/or carrying out proper orders, work assignments or instructions of supervisors without a reasonable and bona fide excuse.

(d) Concealing, attempting to conceal, removing or destroying defective or incompetent work.

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(e) Disobedience or insubordination to constituted authorities, including refusal or deliberate failure to carry out or follow lawful directives and orders from any supervisor or person in a position of authority.

(f) The wrongful or unlawful exercise of authority on the part of any employee for malicious purpose, personal gain, willful deceit or any other improper purpose.

(g) Disparaging remarks or conduct concerning duly constituted authority to the extent that such conduct disrupts the efficiency of the Office or subverts the good order, efficiency and discipline of the Office or that would tend to discredit any member thereof.

(h) Knowingly making false, misleading or malicious statements that are reasonably calculated to harm or destroy the reputation, authority or official standing of the Office or members thereof.

(i) The falsification of any work-related records, the making of misleading entries or statements with the intent to deceive, or the willful and unauthorized destruction and/or mutilation of any office record, book, paper or document.

(j) Wrongfully loaning, selling, giving away or appropriating any office property for the personal use of the employee or any unauthorized person.

(k) The unauthorized use of any badge, uniform, identification card or other office equipment or property for personal gain or any other improper purpose.

(l) The receipt or acceptance of a reward, fee or gift from any person for service incident to the performance of the employee's duties (lawful subpoena fees and authorized work permits excepted).

(m) Any knowing or negligent violation of the provisions of the office manual, operating procedures or other written directive of an authorized supervisor that the Office has made available to the employees.

(n) Dishonesty, including attempted or actual theft of office property, services or the property of others, or the unauthorized removal or possession of office property or the property of another person.

(o) Criminal, dishonest, infamous or disgraceful conduct adversely affecting the employee/employer relationship, whether on-duty or off-duty.

(p) Failure to disclose or misrepresenting material facts, or the making of any false or misleading statement on any application, examination form or other official document, report or form, or during the course of any work-related investigation.

(q) Failure to take reasonable action while on-duty and when required by law, statute, resolution or approved office practices or procedures.

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(r) Substantiated, active, continuing association with or membership in organized crime or criminal syndicates or a criminal gang with knowledge thereof, except as specifically directed and authorized by the Office.

(s) Offer or acceptance of a bribe or gratuity.

(t) Misappropriation or misuse of public funds.

(u) Exceeding lawful peace officer powers by unreasonable, unlawful or excessive conduct.

(v) Unlawful gambling or unlawful betting on office premises or at any work site.

(w) Substantiated, active, continuing association on a personal rather than official basis with a person or persons who engage in or are continuing to engage in serious violations of state or federal laws, where the employee has or reasonably should have knowledge of such criminal activities, except where specifically directed and authorized by the Office.

(x) Solicitations, speeches or distribution of campaign literature for or against any political candidate or position while on-duty, on office property or while in any way representing him/herself as a member of this office, without the express authorization of the Sheriff.

(y) Engaging in political activities during assigned working hours without the express authorization of the Sheriff.

(z) Violating any misdemeanor or felony statute.

(aa) Any other on-duty or off-duty conduct which any employee knows or reasonably should know is unbecoming a member of the Office or which is contrary to good order, efficiency or morale, or which tends to reflect unfavorably upon the Office or its members.

(ab) Any failure or refusal of an employee to properly perform the function and duties of an assigned position.

(ac) Failure to maintain required and current licenses (e.g., driver license) and certifications (e.g., first aid).

(ad) Giving false or misleading statements, or misrepresenting or omitting material information to a supervisor or other person in a position of authority, in connection with any investigation or in the reporting of any office-related business.

107.3.6 SAFETY

(a) Failure to observe posted rules, signs and written or oral safety instructions while on-duty and/or within office facilities or to use required protective clothing or equipment.

(b) Knowingly failing to report any on-the-job or work-related accident or injury within 24 hours.

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(c) Substantiated employee record of unsafe or improper driving habits or actions in the course of employment.

(d) Failure to maintain good physical condition sufficient to adequately and safely perform law enforcement duties.

(e) Any personal action contributing to involvement in a preventable traffic collision, or other unsafe or improper driving habits or actions in the course of employment.

(f) Violating office safety standards or safe working practices.

107.3.7 SECURITY

(a) Unauthorized, intentional release of designated confidential information, materials, data, forms or reports.

107.3.8 SUPERVISION RESPONSIBILITY

(a) Failure of a supervisor to take appropriate action to ensure that employees adhere to the policies and procedures of this office and the actions of all personnel comply with all laws.

(b) Failure of a supervisor to report in a timely manner any known misconduct of an employee to his/her immediate supervisor or to document such misconduct appropriately or as required by policy.

(c) The unequal or disparate exercise of authority on the part of a supervisor toward any employee for malicious or other improper purpose.

107.4 GENERAL STANDARDS

Members shall conduct themselves, whether on- or off-duty, in accordance with the United States and California constitutions and all applicable laws, ordinances and rules enacted or established pursuant to legal authority.

Members shall familiarize themselves with policies and procedures and are responsible for compliance with each. Members should seek clarification and guidance from supervisors in the event of any perceived ambiguity or uncertainty.

Discipline may be initiated for any good cause. It is not mandatory that a specific policy or rule violation be cited to sustain discipline. This policy is not intended to cover every possible type of misconduct.

107.4.1 PRISON RAPE ELIMINATION ACT DISCLOSURE

Members have a continuing affirmative duty to notify the Jail Commander in writing if they have (28 CFR 115.17):

(a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 USC § 1997.

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(b) Been convicted for an offense involving engaging in or attempting to engage in sexual activity facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was unable to consent or refuse.

(c) Been the subject of any civil or administrative adjudication finding that the member engaged in sexual activity facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was unable to consent or refuse.

107.5 CAUSES FOR DISCIPLINE

The following are illustrative of causes for disciplinary action. This list is not intended to cover every possible type of misconduct and does not preclude the recommendation of disciplinary action for violation of other rules, standards, ethics and specific action or inaction that is detrimental to efficient office service.

107.5.1 LAWS, RULES AND ORDERS

(a) Violation of, or ordering or instructing a subordinate to violate, any policy, procedure, rule, order, directive or requirement, or failure to follow instructions contained in office or county manuals.

(b) Disobedience of any legal directive or order issued by any office member of a higher rank.

(c) Violation of federal, state, local or administrative laws, rules or regulations.

107.5.2 ETHICS

(a) Using or disclosing one’s status as a member of the Tehama County Sheriff's Office in any way that could reasonably be perceived as an attempt to gain influence or authority for non-office business or activity.

(b) The wrongful or unlawful exercise of authority on the part of any member for malicious purpose, personal gain, willful deceit or any other improper purpose.

(c) The receipt or acceptance of a reward, fee or gift from any person for service incident to the performance of the member's duties (lawful subpoena fees and authorized work permits excepted).

(d) Acceptance of fees, gifts or money contrary to the rules of this office and/or laws of the state.

(e) Offer or acceptance of a bribe or gratuity.

(f) Misappropriation or misuse of public funds, property, personnel or services.

(g) Any other failure to abide by the standards of ethical conduct.

107.5.3 INTOXICANTS

(a) Reporting for work or being at work while intoxicated or when the member’s ability to perform assigned duties is impaired due to the use of alcohol, medication or drugs, whether legal, prescribed or illegal.

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(b) Possession or use of alcohol at any work site or while on-duty, except as authorized in the performance of an official assignment. A member who is authorized to consume alcohol is not permitted to do so to such a degree that it may impair on-duty performance.

(c) Unauthorized possession, use of, or attempting to bring a controlled substance, illegal drug or non-prescribed medication to any work site.

107.5.4 SAFETY

(a) Failure to observe or violating office safety standards or safe working practices.

(b) Failure to maintain current licenses or certifications required for the assignment or position (e.g., driver license, first aid).

(c) Failure to maintain good physical condition sufficient to adequately and safely perform law enforcement duties.

(d) Unsafe firearm or other dangerous weapon handling, including loading or unloading firearms in an unsafe manner, either on- or off-duty.

(e) Carrying, while on the premises of the work site, any firearm or other lethal weapon that is not authorized by the member’s appointing authority.

(f) Unsafe or improper driving habits or actions in the course of employment or appointment.

(g) Any personal action contributing to a preventable traffic collision.

(h) Concealing or knowingly failing to report any on-the-job or work-related accident or injury as soon as practicable but within 24 hours.

107.5.5 CONDUCT

(a) Failure of any member to promptly and fully report activities on his/her part or the part of any other member where such activities resulted in contact with any other law enforcement agency or that may result in criminal prosecution or discipline under this policy.

(b) Unreasonable and unwarranted force to a person encountered or a person under arrest.

(c) Exceeding lawful peace officer powers by unreasonable, unlawful or excessive conduct.

(d) Unauthorized or unlawful fighting, threatening or attempting to inflict unlawful bodily harm on another.

(e) Engaging in horseplay that reasonably could result in injury or property damage.

(f) Discourteous, disrespectful or discriminatory treatment of any member of the public or any member of this office or the county.

(g) Use of obscene, indecent, profane or derogatory language while on-duty or in uniform.

(h) Criminal, dishonest or disgraceful conduct, whether on- or off-duty, that adversely affects the member’s relationship with this office.

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(i) Unauthorized possession of, loss of, or damage to office property or the property of others, or endangering it through carelessness or maliciousness.

(j) Attempted or actual theft of office property; misappropriation or misuse of public funds, property, personnel or the services or property of others; unauthorized removal or possession of office property or the property of another person.

(k) Activity that is incompatible with a member's conditions of employment or appointment as established by law or that violates a provision of any memorandum of understanding or contract including fraud in securing the appointment or hire.

(l) Initiating any civil action for recovery of any damages or injuries incurred in the course and scope of employment or appointment without first notifying the Sheriff of such action.

(m) Allowing contraband articles including, but not limited to, weapons, cellular telephones or other wireless devices, clothing, food, illegal drugs or tobacco in any jail facility.

(n) Receiving from an inmate any articles to deliver outside the facility.

(o) Any other on- or off-duty conduct which any member knows or reasonably should know is unbecoming a member of this office, is contrary to good order, efficiency or morale, or tends to reflect unfavorably upon this office or its members.

107.5.6 PERFORMANCE

(a) Failure to disclose or misrepresenting material facts, or making any false or misleading statement on any application, examination form, or other official document, report or form, or during the course of any work-related investigation.

(b) The falsification of any work-related records, making misleading entries or statements with the intent to deceive, or the willful and unauthorized removal, alteration, destruction and/or mutilation of any office record, public record, book, paper or document.

(c) Failure to participate in investigations, or giving false or misleading statements, or misrepresenting or omitting material information to a supervisor or other person in a position of authority, in connection with any investigation or in the reporting of any office-related business.

(d) Being untruthful or knowingly making false, misleading or malicious statements that are reasonably calculated to harm the reputation, authority or official standing of this office or its members.

(e) Disparaging remarks or conduct concerning duly constituted authority to the extent that such conduct disrupts the efficiency of this office or subverts the good order, efficiency and discipline of this office or that would tend to discredit any of its members.

(f) Unlawful gambling or unlawful betting at any time or any place. Legal gambling or betting under any of the following conditions:

1. While on office premises.

2. At any work site, while on-duty or while in uniform, or while using any office equipment or system.

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3. Gambling activity undertaken as part of a correctional officer's official duties and with the express knowledge and permission of a direct supervisor is exempt from this prohibition.

(g) Improper political activity including:

1. Unauthorized attendance while on-duty at official legislative or political sessions.

2. Solicitations, speeches or distribution of campaign literature for or against any political candidate or position while on-duty or on office property, except as expressly authorized by county policy, the memorandum of understanding or contract or the Sheriff.

(h) Engaging in political activities during assigned working hours except as expressly authorized by county policy, the memorandum of understanding or contract or the Sheriff.

(i) Any act on- or off-duty that brings discredit to this office.

107.5.7 RELATIONSHIPS

(a) Unwelcome solicitation of a personal or sexual relationship while on-duty or through the use of one’s official capacity.

(b) Engaging in on-duty sexual activity including, but not limited to, sexual intercourse, excessive displays of public affection or other sexual contact with other members, volunteers, contractors or inmates.

(c) Establishing or maintaining an inappropriate personal or financial relationship, as a result of an investigation, with an inmate or with a known victim, witness, suspect or defendant while a case is being investigated or prosecuted, or as a direct result of any official contact.

(d) Associating with or joining a criminal gang, organized crime and/or criminal syndicate when the member knows or reasonably should know of the criminal nature of the organization. This includes any organization involved in a definable criminal activity or enterprise, except as specifically directed and authorized by this office.

(e) Associating on a personal, rather than official, basis with persons who demonstrate recurring involvement in serious violations of state or federal laws after the member knows, or reasonably should know, of such criminal activities, except as specifically directed and authorized by this office.

107.5.8 ATTENDANCE

(a) Leaving the job to which the member is assigned during duty hours without reasonable excuse and proper permission and approval.

(b) Unexcused or unauthorized absence or tardiness.

(c) Excessive absenteeism or abuse of leave privileges.

(d) Failure to report to work or to the place of assignment at the time specified and fully prepared to perform duties without a reasonable excuse.

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107.5.9 UNAUTHORIZED ACCESS, DISCLOSURE OR USE

(a) Unauthorized and inappropriate intentional release of confidential or protected information, materials, data, forms or reports obtained as a result of the member's position with this office.

(b) Disclosing to any unauthorized person any active investigation, inmate or critical incident information.

(c) The use of any information, photograph, video or other recording obtained or accessed as a result of employment or appointment to this office for personal or financial gain or without the express authorization of the Sheriff or the authorized designee.

(d) Loaning, selling, allowing unauthorized use, giving away or appropriating office property for personal use, personal gain or any other improper or unauthorized use or purpose.

(e) Using office resources in association with any portion of an independent civil action. These resources include, but are not limited to, personnel, vehicles, equipment and non-subpoenaed records.

107.5.10 EFFICIENCY

(a) Neglect of duty.

(b) Unsatisfactory work performance including, but not limited to, failure, incompetence, inefficiency or delay in performing and/or carrying out proper orders, work assignments or the instructions of supervisors without a reasonable and bona fide excuse.

(c) Concealing, attempting to conceal, removing or destroying defective or incompetent work.

(d) Unauthorized sleeping during on-duty time or assignments.

(e) Failure to notify the Office within 24 hours of any change in residence address or contact numbers.

(f) Failure to notify the Personnel Department of changes in relevant personal information (e.g., information associated with benefits determination) in a timely fashion.

107.5.11 DISCRIMINATION, OPPRESSION OR FAVORITISM

Unless required by law or policy, discriminating against, oppressing or providing favoritism to any person because of actual or perceived characteristics such as race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, economic status, cultural group, veteran status, marital status, or any other classification or status protected by law, or intentionally denying or impeding another in the exercise or enjoyment of any right, privilege, power or immunity, knowing the conduct is unlawful.

107.6 EMPLOYEE RESPONSE

The pre-discipline process is intended to provide the accused employee with an opportunity to present a written or oral response to the Sheriff after having had an opportunity to review the

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supporting materials and prior to imposition of any recommended discipline. The employee shall consider the following:

(a) This response is not intended to be an adversarial or formal hearing.

(b) Although the employee may be represented by an uninvolved representative or legal counsel, the response is not designed to accommodate the presentation of testimony or witnesses.

(c) The employee may suggest that further investigation could be conducted or the employee may offer any additional information or mitigating factors for the Sheriff to consider.

(d) In the event that the Sheriff elects to cause further investigation to be conducted, the employee shall be provided with the results of such subsequent investigation prior to the imposition of any discipline.

(e) The employee may thereafter have the opportunity to further respond orally or in writing to the Sheriff on the limited issues of information raised in any subsequent materials.

(f) Once the employee has completed his/her response or, if the employee has elected to waive any such response, the Sheriff shall consider all information received in regard to the recommended discipline. The Sheriff shall thereafter render a timely written decision to the employee imposing, modifying or rejecting the recommended discipline. In the event of a termination, the final notice of discipline shall also inform the employee of the reason for termination and the process to receive all remaining fringe and retirement benefits.

(g) Once the Sheriff has issued a written decision, the discipline shall become effective.

107.7 RESIGNATIONS/RETIREMENTS PRIOR TO DISCIPLINE

In the event that an employee tenders a written retirement or resignation prior to the imposition of discipline, it shall be noted in the file.

The tender of a retirement or resignation by itself shall not serve as grounds for the termination of pending discipline.

107.8 POST-RESPONSE PROCEDURE

In situations resulting in the imposition of a suspension, punitive transfer, demotion or termination of a non-probationary employee, the employee shall have the right to an evidentiary appeal of the Sheriff’s imposition of discipline pursuant to the operative collective bargaining agreement and personnel rules.

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Discriminatory Harassment

108.1 PURPOSE AND SCOPE

The purpose of this policy is to prevent office members from being subjected to discriminatory harassment, including sexual harassment and retaliation (Government Code § 12940(k); 2 CCR 11023). Nothing in this policy is intended to create a legal or employment right or duty that is not created by law.

108.2 POLICY

The Tehama County Sheriff's Office is an equal opportunity employer and is committed to creating and maintaining a work environment that is free of all forms of discriminatory harassment, including sexual harassment and retaliation. The Office will not tolerate discrimination against a member in hiring, promotion, discharge, compensation, fringe benefits, and other privileges of employment. The Office will take preventive and corrective action to address any behavior that violates this policy or the rights and privileges it is designed to protect.

The nondiscrimination policies of the Office may be more comprehensive than state or federal law. Conduct that violates this policy may not violate state or federal law but still could subject a member to discipline.

108.3 DEFINITIONS

Definitions related to this policy include:

108.3.1 DISCRIMINATION

The Office prohibits all forms of discrimination, including any employment-related action by a member that adversely affects an applicant or member and is based on actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, and any other classification or status protected by law.

Discriminatory harassment, including sexual harassment, is verbal or physical conduct that demeans or shows hostility or aversion toward an individual based upon that individual’s protected class. It has the effect of interfering with an individual’s work performance or creating a hostile or abusive work environment.

Conduct that may, under certain circumstances, constitute discriminatory harassment can include making derogatory comments; making crude and offensive statements or remarks; making slurs or off-color jokes; stereotyping; engaging in threatening acts; making indecent gestures, pictures, cartoons, posters, or material; making inappropriate physical contact; or using written material or office equipment and/or systems to transmit or receive offensive material, statements, or pictures. Such conduct is contrary to office policy and to a work environment that is free of discrimination.

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108.3.2 RETALIATION

Retaliation is treating a person differently or engaging in acts of reprisal or intimidation against the person because he/she has engaged in protected activity, filed a charge of discrimination, participated in an investigation or opposed a discriminatory practice.

Retaliation will not be tolerated.

108.3.3 SEXUAL HARASSMENT

The Office prohibits all forms of discrimination and discriminatory harassment, including sexual harassment. It is unlawful to harass an applicant or a member because of that person’s sex.

Sexual harassment includes but is not limited to unwelcome sexual advances, requests for sexual favors, or other verbal, visual, or physical conduct of a sexual nature when:

(a) Submission to such conduct is made either explicitly or implicitly as a term or condition of employment, position, or compensation.

(b) Submission to, or rejection of, such conduct is used as the basis for any employment decisions affecting the member.

(c) Such conduct has the purpose or effect of substantially interfering with a member's work performance or creating an intimidating, hostile, or offensive work environment.

108.3.4 ADDITIONAL CONSIDERATIONS

Discrimination and discriminatory harassment do not include actions that are in accordance with established rules, principles, or standards, including:

(a) Acts or omission of acts based solely upon bona fide occupational qualifications under the Equal Employment Opportunity Commission and the California Fair Employment and Housing Council guidelines.

(b) Bona fide requests or demands by a supervisor that a member improve his/her work quality or output, that the member report to the job site on time, that the member comply with county or office rules or regulations, or any other appropriate work-related communication between supervisor and member.

108.4 RESPONSIBILITIES

This policy applies to all office members who shall follow the intent of these guidelines in a manner that reflects office policy, professional custodial standards, and the best interest of the Office and its mission.

Members are encouraged to promptly report any discriminatory, retaliatory, or harassing conduct or known violations of this policy to a supervisor. Any member who is not comfortable with reporting violations of this policy to his/her immediate supervisor may bypass the chain of command and make the report to a higher-ranking supervisor or manager. Complaints may also be filed with the Sheriff, the Personnel Director, or the County Administrator.

Any member who believes, in good faith, that he/she has been discriminated against, harassed, or subjected to retaliation, or who has observed harassment, discrimination, or retaliation, is

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encouraged to promptly report such conduct in accordance with the procedures set forth in this policy.

Supervisors and managers receiving information regarding alleged violations of this policy shall determine if there is any basis for the allegation and shall proceed with a resolution as stated below.

108.4.1 QUESTIONS OR CLARIFICATION

Members with questions regarding what constitutes discrimination, sexual harassment, or retaliation are encouraged to contact a supervisor, a manager, the Sheriff, the Personnel Director, the County Administrator, or the California Department of Fair Employment and Housing (DFEH) for further information, direction, or clarification (Government Code § 12950).

108.4.2 SUPERVISOR RESPONSIBILITIES

The responsibilities of each supervisor and manager shall include but are not limited to:

(a) Continually monitoring the work environment and striving to ensure that it is free from all types of unlawful discrimination, including harassment or retaliation.

(b) Taking prompt, appropriate action within their work units to avoid and minimize the incidence of any form of discrimination, harassment, or retaliation.

(c) Ensuring that their subordinates understand their responsibilities under this policy.

(d) Ensuring that members who make complaints or who oppose any unlawful employment practices are protected from retaliation and that such matters are kept confidential to the extent possible.

(e) Making a timely determination regarding the substance of any allegation based upon all available facts.

(f) Notifing the Sheriff or Personnel Director in writing of the circumstances surrounding any reported allegations or observed acts of discrimination, harassment or retaliation no later than the next business day.

108.4.3 SUPERVISOR’S ROLE

Supervisors and managers shall be aware of the following:

(a) Behavior of supervisors and managers should represent the values of the Office and professional custodial standards.

(b) False or mistaken accusations of discrimination, harassment, or retaliation can have negative effects on the careers of innocent members.

Nothing in this section shall be construed to prevent supervisors or managers from discharging supervisory or management responsibilities, such as determining duty assignments, evaluating or counseling members, or issuing discipline in a manner that is consistent with established procedures.

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108.5 INVESTIGATION OF COMPLAINTS

Various methods of resolution exist. During the pendency of any such investigation, the supervisor of the involved member should take prompt and reasonable steps to mitigate or eliminate any continuing abusive or hostile work environment. It is the policy of the Office that all complaints of discrimination, retaliation, or harassment shall be fully documented and promptly and thoroughly investigated.

108.5.1 SUPERVISORY RESOLUTION

Members who believe they are experiencing discrimination, harassment or retaliation should be encouraged to inform the individual that his/her behavior is unwelcome, offensive, unprofessional or inappropriate. However, if the member feels uncomfortable or threatened or has difficulty expressing his/her concern, or if this does not resolve the concern, assistance should be sought from a supervisor or manager who is a rank higher than the alleged transgressor.

108.5.2 FORMAL INVESTIGATION

If the complaint cannot be satisfactorily resolved through the supervisory resolution process, a formal investigation will be conducted.

The person assigned to investigate the complaint will have full authority to investigate all aspects of the complaint. Investigative authority includes access to records and the cooperation of any members involved. No influence will be used to suppress any complaint and no member will be subject to retaliation or reprisal for filing a complaint, encouraging others to file a complaint, or for offering testimony or evidence in any investigation.

Formal investigation of the complaint will be confidential to the extent possible and will include but is not limited to details of the specific incident, frequency and dates of occurrences, and names of any witnesses. Witnesses will be advised regarding the prohibition against retaliation, and that a disciplinary process, up to and including termination, may result if retaliation occurs.

Members who believe they have been discriminated against, harassed, or retaliated against because of their protected status are encouraged to follow the chain of command but may also file a complaint directly with the Sheriff, Personnel Director, or the County Administrator.

108.5.3 ALTERNATIVE COMPLAINT PROCESS

No provision of this policy shall be construed to prevent any member from seeking legal redress outside the Office. Members who believe that they have been harassed, discriminated against or retaliated against are entitled to bring complaints of employment discrimination to federal, state and/or local agencies responsible for investigating such allegations. Specific time limitations apply to the filing of such charges. Members are advised that proceeding with complaints under the provisions of this policy does not in any way affect those filing requirements.

108.6 DOCUMENTATION OF COMPLAINTS

All complaints or allegations shall be thoroughly documented on the appropriate forms and in a manner designated by the Sheriff. The outcome of all reports shall be:

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(a) Approved by the Sheriff, the County Administrator, or the Personnel Director, depending on the ranks of the involved parties.

(b) Maintained in accordance with the established records retention schedule.

108.6.1 NOTIFICATION OF DISPOSITION

The complainant and/or victim will be notified in writing of the disposition of the investigation and the actions taken to remedy or address the circumstances giving rise to the complaint.

108.7 TRAINING

All new members shall be provided with a copy of this policy as part of their orientation. The policy shall be reviewed with each new member. The member shall certify by signing the prescribed form that he/she has been advised of this policy, is aware of and understands its contents and agrees to abide by its provisions during his/her term with the Office.

All members shall receive annual training on the requirements of this policy and shall certify by signing the prescribed form that they have reviewed the policy, understand its contents and agree that they will continue to abide by its provisions.

108.7.1 STATE-REQUIRED TRAINING

The Training Manager should ensure that employees receive the required state training and education regarding sexual harassment, prevention of abusive conduct, and harassment based on gender identity, gender expression, and sexual orientation as follows (Government Code § 12950.1; 2 CCR 11024):

(a) Supervisory employees shall receive two hours of classroom or other effective interactive training and education within six months of assuming a supervisory position.

(b) All other employees shall receive one hour of classroom or other effective interactive training and education within six months of their employment or sooner for seasonal or temporary employees as described in Government Code § 12950.1.

(c) All employees shall receive refresher training every two years thereafter.

If the required training is to be provided by DFEH online training courses, the Training Manager should ensure that employees are provided the link or website address to the training course (Government Code § 12950).

108.7.2 TRAINING RECORDS

The Training Manager shall be responsible for maintaining records of all discriminatory harassment training provided to members. Records shall be retained in accordance with established records retention schedules and for a minimum of two years (2 CCR 11024).

108.8 REQUIRED POSTERS

The Office shall display the required posters regarding discrimination, harassment, and transgender rights in a prominent and accessible location for members (Government Code § 12950).

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108.9 WORKING CONDITIONS

The Administration Captain or the authorized designee should be responsible for reviewing facility design and working conditions for discriminatory practices. This person should collaborate with other [City/County] employees who are similarly tasked (2 CCR 11034).

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Grievances

109.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for receiving and resolving grievances. This policy applies to all sworn and non-sworn staff, volunteers and supervisors.

109.1.1 GRIEVANCE DEFINED

A grievance is any difference of opinion concerning terms or conditions of employment, or a dispute involving the interpretation or application of any of the following documents by the persons affected:

- The employee bargaining agreement
- This Custody Manual
- Office rules and regulations covering personnel practices or working conditions

109.2 POLICY

It is the policy of this office to promote a process where employees feel free to bring forth grievances without fear of discrimination or retaliation. All grievances will be accepted and handled promptly and fairly. Equal consideration should be given to all grievances, regardless of whether there is a perceived basis for the grievance. It is the goal of the Office to promote open communication between members and supervisors.

At no time will punitive or retaliatory action be taken against a member for exercising his/her rights during, after or in relation to the grievance procedure.

109.3 EXCEPTIONS TO THE POLICY

Specifically outside the category of grievance are complaints related to alleged acts of sexual, racial, ethnic or other forms of unlawful harassment. Complaints related to these kinds of allegations of discrimination are subject to the complaint options set forth in the Discriminatory Harassment Policy.

Any grievance that involves a complaint of misconduct or improper job performance against any employee, volunteer or contractor that, if true, would constitute a violation of office policy or federal, state or local law will be forwarded to the Jail Commander for review, and whenever appropriate, handled as a personnel complaint in accordance with the Personnel Complaint Policy.

109.4 PROCEDURE

Grievances may be brought by an individual member or by a group representative.

Except as otherwise required under a collective bargaining agreement, if a member believes that he/she has a grievance as defined above, that member shall observe the following procedure:

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(a) A reasonable attempt should be made to resolve grievances at the lowest possible level. A good faith attempt should be made to resolve the issue through informal discussion with the immediate supervisor.

(b) If after a reasonable amount of time, generally seven days, the grievance cannot be settled by the immediate supervisor, the member may request an interview with the Jail Commander.

(c) If a successful resolution is not found with the Jail Commander, the member may request a meeting with the Sheriff.

(d) If the member and the Sheriff are unable to arrive at a solution, the member should proceed as follows:

1. Submit a written statement of the grievance and deliver one copy to the Sheriff and another copy to the immediate supervisor. Include the following information:
    (a) The basis for the grievance (i.e., the facts of the case)
    (b) Allegation of the specific wrongful act and the harm done
    (c) The specific policies, rules or regulations that were violated
    (d) The remedy or goal sought by the grievance
    (e) The member shall receive a copy of the acknowledgment signed by the supervisor, including the date and time of receipt. The supervisor will forward a copy of the grievance to the Jail Commander.

(e) The Sheriff will receive the grievance in writing.

(f) The Sheriff and the County Administrator will review and analyze the facts or allegations and will respond to the member within 14 calendar days. The response will be in writing and will affirm or deny the allegations. The response shall include any remedies, if appropriate. The decision of the County Administrator is considered final.

109.5 MEMBER REPRESENTATION

Members may have representation during the grievance process. The member may select any bargaining unit representative or office member as his/her representative.

109.6 GRIEVANCE RECORDS

At the conclusion of the grievance process, all documents pertaining to the process shall be forwarded to the Administration Division for inclusion into a secure file containing all written grievances. A second copy of the written grievance will be maintained by the County Administrator’s office to monitor the grievance process.

109.7 GRIEVANCE AUDITS

The Training Manager shall perform an annual audit of all grievances filed the previous calendar year to evaluate whether any policy or procedure changes or training may be appropriate. The

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Training Manager shall record these findings in a confidential memorandum to the Jail Commander without including any identifying information from any individual grievance. If the audit identifies any recommended changes or content that may warrant a critical revision to the Custody Manual, the Jail Commander should promptly notify the Sheriff.

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Post Orders

110.1 PURPOSE AND SCOPE

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

110.2 POLICY

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

110.3 DEVELOPMENT

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

110.4 REVIEW AND UPDATE

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

110.5 TRAINING

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

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Personnel Complaints

111.1 PURPOSE AND SCOPE

This policy provides guidelines for the reporting, investigation and disposition of complaints regarding the conduct of members of the Tehama County Sheriff's Office. This policy shall not apply to any questioning, counseling, instruction, informal verbal admonishment or other routine or unplanned contact of a member in the normal course of duty, by a supervisor or any other member, nor shall this policy apply to a criminal investigation.

111.2 POLICY

The Tehama County Sheriff's Office takes seriously all complaints regarding the service provided by the Office and the conduct of its members.

The Office will accept and address all complaints of misconduct in accordance with this policy and applicable federal, state and local laws; municipal and county rules; and the requirements of any collective bargaining agreements.

It is also the policy of this office to ensure that the community can report misconduct without concern for reprisal or retaliation.

111.3 PERSONNEL COMPLAINTS

Personnel complaints include any allegation of misconduct or improper job performance that, if true, would constitute a violation of office policy or federal, state or local law, policy or rule. Personnel complaints may be generated internally or by the public.

Inquiries about conduct or performance that, if true, would not violate office policy or federal, state or local law, policy or rule may be handled informally by a supervisor and shall not be considered a personnel complaint. Such inquiries generally include clarification regarding policy, procedures or the response to specific incidents by the Office.

111.3.1 COMPLAINT CLASSIFICATIONS

Personnel complaints shall be classified in one of the following categories:

Informal - A matter in which the Shift Supervisor is satisfied that appropriate action has been taken by a supervisor of rank greater than the accused member.

Formal - A matter in which a supervisor determines that further action is warranted. Such complaints may be investigated by a supervisor of rank greater than the accused member or referred to the Internal Affairs Unit, depending on the seriousness and complexity of the investigation.

Incomplete - A matter in which the complaining party either refuses to cooperate or becomes unavailable after diligent follow-up investigation. At the discretion of the assigned supervisor or

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the Internal Affairs Unit, such matters may be further investigated depending on the seriousness of the complaint and the availability of sufficient information.

111.3.2 SOURCES OF COMPLAINTS

The following applies to the source of complaints:

(a) Individuals from the public may make complaints in any form, including in writing, by email, in person or by telephone.

(b) Any office member becoming aware of alleged misconduct shall immediately notify a supervisor.

(c) Supervisors shall initiate a complaint based upon observed misconduct or receipt from any source alleging misconduct that, if true, could result in disciplinary action.

(d) Anonymous and third-party complaints should be accepted and investigated to the extent that sufficient information is provided.

(e) Tort claims and lawsuits may generate a personnel complaint.

111.4 AVAILABILITY AND ACCEPTANCE OF COMPLAINTS

111.4.1 COMPLAINT FORMS

Personnel complaint forms will be maintained in a clearly visible location in the public area of the office facility and be accessible through the office website. Forms may also be available at other county facilities.

Personnel complaint forms in languages other than English may also be provided, as determined necessary or practicable.

111.4.2 ACCEPTANCE

All complaints will be courteously accepted by any office member and promptly given to the appropriate supervisor. Although written complaints are preferred, a complaint may also be filed orally, either in person or by telephone. Such complaints will be directed to a supervisor. If a supervisor is not immediately available to take an oral complaint, the receiving member shall obtain contact information sufficient for the supervisor to contact the complainant. The supervisor, upon contact with the complainant, shall complete and submit a complaint form as appropriate.

Although not required, complainants should be encouraged to file complaints in person so that proper identification, signatures, photographs or physical evidence may be obtained as necessary.

A complainant shall be provided with a copy of his/her statement at the time it is filed with the Office (Penal Code § 832.7).

111.4.3 AVAILABILITY OF WRITTEN PROCEDURES

The Office shall make available to the public a written description of the investigation procedures for complaints (Penal Code § 832.5).

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111.5 DOCUMENTATION

Supervisors shall ensure that all formal and informal complaints are documented on a complaint form. The supervisor shall ensure that the nature of the complaint is defined as clearly as possible.

All complaints and inquiries should also be documented in a log that records and tracks complaints. The log shall include the nature of the complaint and the actions taken to address the complaint. On an annual basis, the Jail Commander should audit the log and send an audit report to the Sheriff or the authorized designee.

111.6 ADMINISTRATIVE INVESTIGATIONS

Allegations of misconduct will be administratively investigated as follows.

111.6.1 SUPERVISOR RESPONSIBILITIES

In general, the primary responsibility for the investigation of a personnel complaint shall rest with the member's immediate supervisor, unless the supervisor is the complainant, or the supervisor is the ultimate decision-maker regarding disciplinary action or has any personal involvement regarding the alleged misconduct. The Sheriff or the authorized designee may direct that another supervisor investigate any complaint.

A supervisor who becomes aware of alleged misconduct shall take reasonable steps to prevent aggravation of the situation.

The responsibilities of supervisors include, but are not limited to:

(a) Ensuring that upon receiving or initiating any formal complaint, a complaint form is completed.

    1. The original complaint form will be directed to the Shift Supervisor of the accused member, via the chain of command, who will take appropriate action and/or determine who will have responsibility for the investigation.

    2. In circumstances where the integrity of the investigation could be jeopardized by reducing the complaint to writing or where the confidentiality of a complainant is at issue, a supervisor shall orally report the matter to the member's Jail Commander or the Sheriff, who will initiate appropriate action.

(b) Responding to all complainants in a courteous and professional manner.

(c) Resolving those personnel complaints that can be resolved immediately.

    1. Follow-up contact with the complainant should be made within 24 hours of the Office receiving the complaint.

    2. If the matter is resolved and no further action is required, the supervisor will note the resolution on a complaint form and forward the form to the Shift Supervisor.

(d) Ensuring that upon receipt of a complaint involving allegations of a potentially serious nature, the Shift Supervisor and the Sheriff are notified via the chain of command as soon as practicable.

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(e) Promptly contacting the Personnel Department and the Shift Supervisor for direction regarding the supervisor's role in addressing a complaint that relates to sexual, racial, ethnic or other forms of prohibited harassment or discrimination.

(f) Forwarding unresolved personnel complaints to the Shift Supervisor, who will determine whether to contact the complainant or assign the complaint for investigation.

(g) Informing the complainant of the investigator’s name and the complaint number within three days after assignment.

(h) Investigating a complaint as follows:

1. Making reasonable efforts to obtain names, addresses and telephone numbers of witnesses.
2. When appropriate, ensuring immediate medical attention is provided and photographs of alleged injuries and accessible uninjured areas are taken.

(i) Ensuring that the procedural rights of the accused member are followed (Government Code § 3303 et seq.).

(j) Ensuring interviews of the complainant are generally conducted during reasonable hours.

111.6.2 ADMINISTRATIVE INVESTIGATION PROCEDURES

Whether conducted by a supervisor or a member of the Internal Affairs Unit, the following applies to members covered by the Public Safety Officers Procedural Bill of Rights (POBR) (Government Code § 3303):

(a) Interviews of an accused member shall be conducted during reasonable hours and preferably when the member is on-duty. If the member is off-duty, he/she shall be compensated.

(b) Unless waived by the member, interviews of an accused member shall be at the Tehama County Sheriff's Office or other reasonable and appropriate place.

(c) No more than two interviewers should ask questions of an accused member.

(d) Prior to any interview, a member shall be informed of the nature of the investigation, the name, rank and command of the correctional officer in charge of the investigation, the interviewing officers and all other persons to be present during the interview.

(e) All interviews should be for a reasonable period and the member's personal needs should be accommodated.

(f) No member should be subjected to offensive or threatening language, nor shall any promises, rewards or other inducements be used to obtain answers.

(g) Any member refusing to answer questions directly related to the investigation may be ordered to answer questions administratively and may be subject to discipline for failing to do so.

1. A member should be given an order to answer questions in an administrative investigation that might incriminate the member in a criminal matter only after the member has been given a *Lybarger* advisement. Administrative investigators

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should consider the impact that compelling a statement from the member may have on any related criminal investigation and should take reasonable steps to avoid creating any foreseeable conflicts between the two related investigations. This may include conferring with the person in charge of the criminal investigation (e.g., discussion of processes, timing, implications).

2. No information or evidence administratively coerced from a member may be provided to anyone involved in conducting the criminal investigation or to any prosecutor.

(h) The interviewer should record all interviews of members and witnesses. The member may also record the interview. If the member has been previously interviewed, a copy of that recorded interview shall be provided to the member prior to any subsequent interview.

(i) All members subjected to interviews that could result in discipline have the right to have an uninvolved representative present during the interview. However, in order to maintain the integrity of each individual's statement, involved members shall not consult or meet with a representative or attorney collectively or in groups prior to being interviewed.

(j) All members shall provide complete and truthful responses to questions posed during interviews.

(k) No member may be compelled to submit to a polygraph examination, nor shall any refusal to submit to such examination be mentioned in any investigation (Government Code § 3307).

No investigation shall be undertaken against any correctional officer solely because the correctional officer has been placed on a prosecutor's *Brady* list or the name of the correctional officer may otherwise be subject to disclosure pursuant to *Brady v. Maryland*. However, an investigation may be based on the underlying acts or omissions for which the correctional officer has been placed on a *Brady* list or may otherwise be subject to disclosure pursuant to *Brady v. Maryland* (Government Code § 3305.5).

111.6.3 ADMINISTRATIVE INVESTIGATION FORMAT

Formal investigations of personnel complaints shall be thorough, complete and essentially follow this format:

Introduction - Include the identity of the members, the identity of the assigned investigators, the initial date and source of the complaint.

Synopsis - Provide a brief summary of the facts giving rise to the investigation.

Summary - List the allegations separately, including applicable policy sections, with a brief summary of the evidence relevant to each allegation. A separate recommended finding should be provided for each allegation.

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Evidence - Each allegation should be set forth with the details of the evidence applicable to each allegation provided, including comprehensive summaries of member and witness statements. Other evidence related to each allegation should also be detailed in this section.

Conclusion - A recommendation regarding further action or disposition should be provided.

Exhibits - A separate list of exhibits (e.g., recordings, photos, documents) should be attached to the report.

111.6.4 DISPOSITIONS

Each personnel complaint shall be classified with one of the following dispositions:

Unfounded - When the investigation discloses that the alleged acts did not occur or did not involve office members. Complaints that are determined to be frivolous will fall within the classification of unfounded (Penal Code § 832.8).

Exonerated - When the investigation discloses that the alleged act occurred but that the act was justified, lawful and/or proper.

Not sustained - When the investigation discloses that there is insufficient evidence to sustain the complaint or fully exonerate the member.

Sustained - A final determination by an investigating agency, commission, board, hearing officer, or arbitrator, as applicable, following an investigation and opportunity for an administrative appeal pursuant to Government Code § 3304 and Government Code § 3304.5 that the actions of a correctional officer were found to violate law or office policy (Penal Code § 832.8).

If an investigation discloses misconduct or improper job performance that was not alleged in the original complaint, the investigator shall take appropriate action with regard to any additional allegations.

111.6.5 COMPLETION OF INVESTIGATIONS

Every investigator or supervisor assigned to investigate a personnel complaint or other alleged misconduct shall proceed with due diligence in an effort to complete the investigation within one year from the date of discovery by an individual authorized to initiate an investigation (Government Code § 3304).

In the event that an investigation cannot be completed within one year of discovery, the assigned investigator or supervisor shall ensure that an extension or delay is warranted within the exceptions set forth in Government Code § 3304(d) or Government Code § 3508.1.

111.6.6 NOTICE TO COMPLAINANT OF INVESTIGATION STATUS

The member conducting the investigation should provide the complainant with periodic updates on the status of the investigation, as appropriate.

111.7 ADMINISTRATIVE SEARCHES

Assigned lockers, storage spaces and other areas, including desks, offices and vehicles, may be searched as part of an administrative investigation upon a reasonable suspicion of misconduct.

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Such areas may also be searched any time by a supervisor for non-investigative purposes, such as obtaining a needed report, radio or other document or equipment.

Lockers and storage spaces may only be administratively searched in the member's presence, with the member's consent, with a valid search warrant or where the member has been given reasonable notice that the search will take place (Government Code § 3309).

111.7.1 DISCLOSURE OF FINANCIAL INFORMATION
An employee may be compelled to disclose personal financial information under the following circumstances (Government Code § 3308):

(a) Pursuant to a state law or proper legal process

(b) Information exists that tends to indicate a conflict of interest with official duties

(c) If the employee is assigned to or being considered for a special assignment with a potential for bribes or other improper inducements

111.8 ADMINISTRATIVE LEAVE

When a complaint of misconduct is of a serious nature, or when circumstances indicate that allowing the accused to continue to work would adversely affect the mission of the Office, the Sheriff or the authorized designee may temporarily assign an accused employee to administrative leave. Any employee placed on administrative leave:

(a) May be required to relinquish any office badge, identification, assigned weapons and any other office equipment.

(b) Shall be required to continue to comply with all policies and lawful orders of a supervisor.

(c) May be temporarily reassigned to a different shift, generally a normal business-hours shift, during the investigation. The employee may be required to remain available for contact at all times during such shift and will report as ordered.

111.9 CRIMINAL INVESTIGATION

Where a member is accused of potential criminal conduct, a separate supervisor or investigator shall be assigned to investigate the criminal allegations apart from any administrative investigation. Any separate administrative investigation may parallel a criminal investigation.

The Sheriff shall be notified as soon as practicable when a member is accused of criminal conduct. The Sheriff may request a criminal investigation by an outside law enforcement agency.

A member accused of criminal conduct shall be advised of his/her constitutional rights (Government Code § 3303(h)). The member should not be administratively ordered to provide any information in the criminal investigation.

The Tehama County Sheriff's Office may release information concerning the arrest or detention of any member, including a correctional officer, that has not led to a conviction. No disciplinary action should be taken until an independent administrative investigation is conducted.

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111.10 POST-ADMINISTRATIVE INVESTIGATION PROCEDURES

Upon completion of a formal investigation, an investigation report should be forwarded to the Sheriff through the chain of command. Each level of command should review the report and include his/her comments in writing before forwarding the report. The Sheriff may accept or modify any classification or recommendation for disciplinary action.

111.10.1 JAIL COMMANDER RESPONSIBILITIES

Upon receipt of any completed personnel investigation, the Jail Commander of the involved member shall review the entire investigative file, the member's personnel file and any other relevant materials.

The Jail Commander may make recommendations regarding the disposition of any allegations and the amount of discipline, if any, to be imposed.

Prior to forwarding recommendations to the Sheriff, the Jail Commander may return the entire investigation to the assigned investigator or supervisor for further investigation or action.

When forwarding any written recommendation to the Sheriff, the Jail Commander shall include all relevant materials supporting the recommendation. Actual copies of a member's existing personnel file need not be provided and may be incorporated by reference.

111.10.2 SHERIFF RESPONSIBILITIES

Upon receipt of any written recommendation for disciplinary action, the Sheriff shall review the recommendation and all accompanying materials. The Sheriff may modify any recommendation and/or may return the file to the Jail Commander for further investigation or action.

Once the Sheriff is satisfied that no further investigation or action is required by staff, the Sheriff shall determine the amount of discipline, if any, that should be imposed. In the event disciplinary action is proposed, the Sheriff shall provide the member with a pre-disciplinary procedural due process hearing *(Skelly)* by providing written notice of the charges, proposed action and reasons for the proposed action. Written notice shall be provided within one year from the date of discovery of the misconduct (Government Code § 3304(d)). The Sheriff shall also provide the member with:

(a) Access to all of the materials considered by the Sheriff in recommending the proposed discipline.

(b) An opportunity to respond orally or in writing to the Sheriff within five days of receiving the notice.

    1. Upon a showing of good cause by the member, the Sheriff may grant a reasonable extension of time for the member to respond.

    2. If the member elects to respond orally, the presentation shall be recorded by the Office. Upon request, the member shall be provided with a copy of the recording.

Once the member has completed his/her response, or if the member has elected to waive any such response, the Sheriff shall consider all information received in regard to the recommended discipline. The Sheriff shall render a timely written decision to the member and specify the grounds

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and reasons for discipline and the effective date of the discipline. Once the Sheriff has issued a written decision, the discipline shall become effective.

111.10.3 NOTICE OF FINAL DISPOSITION TO THE COMPLAINANT
The Sheriff or the authorized designee shall ensure that the complainant is notified of the disposition (i.e., sustained, not sustained, exonerated, unfounded) of the complaint (Penal Code § 832.7(f)).

111.10.4 NOTICE REQUIREMENTS
The disposition of any civilian's complaint shall be released to the complaining party within 30 days of the final disposition. This release shall not include what discipline, if any was imposed (Penal Code § 832.7(f)).

111.11 PRE-DISCIPLINE EMPLOYEE RESPONSE

The pre-discipline process is intended to provide the accused employee with an opportunity to present a written or oral response to the Sheriff after having had an opportunity to review the supporting materials and prior to imposition of any recommended discipline. The employee shall consider the following:

(a) The response is not intended to be an adversarial or formal hearing.

(b) Although the employee may be represented by an uninvolved representative or legal counsel, the response is not designed to accommodate the presentation of testimony or witnesses.

(c) The employee may suggest that further investigation could be conducted or the employee may offer any additional information or mitigating factors for the Sheriff to consider.

(d) In the event that the Sheriff elects to cause further investigation to be conducted, the employee shall be provided with the results prior to the imposition of any discipline.

(e) The employee may thereafter have the opportunity to further respond orally or in writing to the Sheriff on the limited issues of information raised in any subsequent materials.

111.12 RESIGNATIONS/RETIREMENTS PRIOR TO DISCIPLINE

In the event that a member tenders a written resignation or notice of retirement prior to the imposition of discipline, it shall be noted in the file. The tender of a resignation or retirement by itself shall not serve as grounds for the termination of any pending investigation or discipline.

111.13 POST-DISCIPLINE APPEAL RIGHTS

Non-probationary employees have the right to appeal a suspension without pay, punitive transfer, demotion, reduction in pay or step, or termination from employment. The employee has the right to appeal using the procedures established by any collective bargaining agreement, Memorandum of Understanding and/or personnel rules.

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In the event of punitive action against an employee covered by the POBR, the appeal process shall be in compliance with Government Code § 3304 and Government Code § 3304.5.

During any administrative appeal, evidence that a correctional officer has been placed on a *Brady* list or is otherwise subject to *Brady* restrictions may not be introduced unless the underlying allegations of misconduct have been independently established. Thereafter, such *Brady* evidence shall be limited to determining the appropriateness of the penalty (Government Code § 3305.5).

111.14 PROBATIONARY EMPLOYEES AND OTHER MEMBERS

At-will and probationary employees and members other than non-probationary employees may be disciplined and/or released from employment for non-disciplinary reasons (e.g., failure to meet standards) without adherence to any of the procedures set forth in this policy or any right to appeal. However, any probationary correctional officer subjected to an investigation into allegations of misconduct shall be entitled to those procedural rights, as applicable, set forth in the POBR (Government Code § 3303; Government Code § 3304).

At-will, probationary employees and those other than non-probationary employees subjected to discipline or termination as a result of allegations of misconduct shall not be deemed to have acquired a property interest in their position, but shall be given the opportunity to appear before the Sheriff or authorized designee for a non-evidentiary hearing for the sole purpose of attempting to clear their name or liberty interest. There shall be no further opportunity for appeal beyond the liberty interest hearing and the decision of the Sheriff shall be final.

111.15 RETENTION OF PERSONNEL INVESTIGATION FILES

All personnel complaints shall be maintained in accordance with the established records retention schedule and as described in the Personnel Records Policy.

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Anti-Retaliation

112.1 PURPOSE AND SCOPE

This policy prohibits retaliation against members who identify workplace issues, such as fraud, waste, abuse of authority, gross mismanagement, or any inappropriate conduct or practices, including violations that may pose a threat to the health, safety, or well-being of members.

This policy does not prohibit actions taken for nondiscriminatory or non-retaliatory reasons, such as discipline for cause.

These guidelines are intended to supplement and not limit members' access to other applicable remedies. Nothing in this policy shall diminish the rights or remedies of a member pursuant to any applicable federal law, provision of the U.S. Constitution, state and local law, ordinance, or memorandum of understanding.

112.2 POLICY

The Tehama County Sheriff's Office has a zero tolerance for retaliation and is committed to taking reasonable steps to protect from retaliation members who, in good faith, engage in permitted behavior or who report or participate in the reporting or investigation of workplace issues. All complaints of retaliation will be taken seriously and will be promptly and appropriately investigated.

112.3 RETALIATION PROHIBITIED

No member may retaliate against any person for engaging in lawful or otherwise permitted behavior; for opposing a practice believed to be unlawful, unethical, discriminatory, or retaliatory; for reporting or making a complaint under this policy; or for participating in any investigation related to a complaint under this or any other policy.

Retaliation includes any adverse action or conduct, including but not limited to:

(a) Refusing to hire or denying a promotion.

(b) Extending the probationary period.

(c) Unjustified reassignment of duties or change of work schedule.

(d) Real or implied threats or other forms of intimidation to dissuade the reporting of wrongdoing or filing of a complaint, or as a consequence of having reported or participated in protected activity.

(e) Taking unwarranted disciplinary action.

(f) Spreading rumors about the person filing the complaint or about the alleged wrongdoing.

(g) Shunning or unreasonably avoiding a person because he/she has engaged in protected activity.

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112.4 COMPLAINTS OF RETALIATION

Any member who feels he/she has been retaliated against in violation of this policy should promptly report the matter to any supervisor, any command staff member, the Sheriff, or the county Personnel Director.

Members shall act in good faith, not engage in unwarranted reporting of trivial or minor deviations or transgressions, and make reasonable efforts to verify facts before making any complaint in order to avoid baseless allegations. Members shall not report or state an intention to report information or an allegation knowing it to be false or with willful or reckless disregard for the truth or falsity of the information, or otherwise act in bad faith.

Investigations are generally more effective when the identity of the reporting member is known, thereby allowing investigators to obtain additional information from the reporting member. However, complaints may be made anonymously. All reasonable efforts shall be made to protect the reporting member's identity. However, confidential information may be disclosed to the extent required by law or to the degree necessary to conduct an adequate investigation and make a determination regarding a complaint. In some situations, the investigative process may not be complete unless the source of the information and a statement by the member are part of the investigative process.

112.5 SUPERVISOR RESPONSIBILITIES

Supervisors are expected to remain familiar with this policy and ensure that members under their command are aware of its provisions.

The responsibilities of supervisors include but are not limited to:

(a) Ensuring complaints of retaliation are investigated as provided in the Personnel Complaints Policy.

(b) Receiving all complaints in a fair and impartial manner.

(c) Documenting the complaint and any steps taken to resolve the problem.

(d) Acknowledging receipt of the complaint, notifying the Sheriff via the chain of command, and explaining to the member how the complaint will be handled.

(e) Taking appropriate and reasonable steps to mitigate any further violations of this policy.

(f) Monitoring the work environment to ensure that any member making a complaint is not subjected to further retaliation.

(g) Periodic follow-up with the complainant to ensure that retaliation is not continuing.

(h) Not interfering with or denying the right of a member to make any complaint.

(i) Taking reasonable steps to accommodate requests for assignment or schedule changes made by a member who may be the target of retaliation if it would likely mitigate the potential for further violations of this policy.

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112.6 COMMAND STAFF RESPONSIBILITIES

The Sheriff should communicate to all supervisors the prohibition against retaliation.

Command staff shall treat all complaints as serious matters and shall ensure that prompt actions take place, including but not limited to:

(a) Communicating to all members the prohibition against retaliation.

(b) The timely review of complaint investigations.

(c) Remediation of any inappropriate conduct or condition and instituting measures to eliminate or minimize the likelihood of recurrence.

(d) The timely communication of the outcome to the complainant.

112.7 WHISTLE-BLOWING

California law protects members who (Labor Code § 1102.5; Government Code § 53296 et seq.):

(a) Report a violation of a state or federal statute or regulation to a government or law enforcement agency, including the member's supervisor or any other member with the authority to investigate the reported violation.

(b) Provide information or testify before a public body if the member has reasonable cause to believe a violation of law occurred.

(c) Refuse to participate in an activity that would result in a violation of a state or federal statute or regulation.

(d) File a complaint with a local agency about gross mismanagement or a significant waste of funds, abuse of authority, or a substantial and specific danger to public health or safety. Members shall exhaust all available administrative remedies prior to filing a formal complaint.

(e) Are family members of a person who has engaged in any protected acts described above.

Members are encouraged to report any legal violations through the chain of command (Labor Code § 1102.5).

Members who believe they have been the subject of retaliation for engaging in such protected behaviors should promptly report it to a supervisor. Supervisors should refer the complaint to the Internal Affairs Unit for investigation pursuant to the Personnel Complaints Policy

112.7.1 DISPLAY OF WHISTLE-BLOWER LAWS

The Office shall display a notice to members regarding their rights and responsibilities under the whistle-blower laws, including the whistle-blower hotline maintained by the Office of the Attorney General (Labor Code § 1102.8).

112.8 RECORDS RETENTION AND RELEASE

The Records Supervisor shall ensure that documentation of investigations is maintained in accordance with the established records retention schedules.

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112.9 TRAINING

This policy should be reviewed with each new member.

All members should receive periodic refresher training on the requirements of this policy.

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Chapter 2 - Organization and Administration

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Drug- and Alcohol-Free Workplace

200.1 PURPOSE AND SCOPE

The purpose of this policy is to establish clear and uniform guidelines regarding drugs and alcohol in the workplace.

200.2 POLICY

It is the policy of this office to provide a drug- and alcohol-free workplace for all members.

200.3 GENERAL GUIDELINES

Alcohol and drug use in the workplace or on office time can endanger the health and safety of office members and the public. Such use shall not be tolerated (41 USC § 8103).

Members who have consumed an amount of an alcoholic beverage or taken any medication, or combination thereof, that would tend to adversely affect their mental or physical abilities shall not report for duty. Affected members shall notify the Shift Supervisor or appropriate supervisor as soon as the member is aware that he/she will not be able to report to work. If the member is unable to make the notification, every effort should be made to have a representative contact the supervisor in a timely manner. If the member is adversely affected while on-duty, he/she shall be immediately removed and released from work (see Work Restrictions in this policy).

200.3.1 USE OF MEDICATIONS

Members should avoid taking any medications that will impair their ability to safely and completely perform their duties. Any member who is medically required or has a need to take any such medication shall report that need to his/her immediate supervisor prior to commencing any on-duty status.

No member shall be permitted to work or drive a vehicle owned or leased by the Office while taking any medication that has the potential to impair his/her abilities, without a written release from his/her physician.

Possession of medical marijuana or being under the influence of marijuana on- or off-duty is prohibited and may lead to disciplinary action.

200.4 MEMBER RESPONSIBILITIES

Members shall report for work in an appropriate mental and physical condition. Members are prohibited from purchasing, manufacturing, distributing, dispensing, possessing or using controlled substances or alcohol on office premises or on office time (41 USC § 8103). The lawful possession or use of prescribed medications or over-the-counter remedies is excluded from this prohibition.

Members who are authorized to consume alcohol as part of a special assignment shall not do so to the extent of impairing on-duty performance.

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Members shall notify a supervisor immediately if they observe behavior or other evidence that they believe demonstrates that a fellow member poses a risk to the health and safety of the member or others due to drug or alcohol use.

Members are required to notify their immediate supervisors of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction (41 USC § 8103).

200.5 EMPLOYEE ASSISTANCE PROGRAM

There may be available a voluntary employee assistance program to assist those who wish to seek help for alcohol and drug problems (41 USC § 8103). Insurance coverage that provides treatment for drug and alcohol abuse also may be available. Employees should contact the Personnel Department, their insurance providers, or the employee assistance program for additional information. It is the responsibility of each employee to seek assistance before alcohol or drug problems lead to performance problems.

200.6 WORK RESTRICTIONS

If a member informs a supervisor that he/she has consumed any alcohol, drug or medication that could interfere with a safe and efficient job performance, the member may be required to obtain clearance from his/her physician before continuing to work.

If the supervisor reasonably believes, based on objective facts, that a member is impaired by the consumption of alcohol or other drugs, the supervisor shall prevent the member from continuing work and shall ensure that he/she is safely transported away from the Office.

200.7 REQUESTING SCREENING TESTS

The supervisor may request an employee to submit to a screening test under the following circumstances:

(a) The supervisor reasonably believes, based upon objective facts, that the employee is under the influence of alcohol or drugs that are impairing his/her ability to perform duties safely and efficiently.

(b) The employee discharges a firearm, other than by accident, in the performance of his/her duties.

(c) During the performance of his/her duties, the employee drives a motor vehicle and becomes involved in an incident that results in bodily injury to him/herself or another person or substantial damage to property.

200.7.1 SUPERVISOR RESPONSIBILITY

The supervisor shall prepare a written record documenting the specific facts that led to the decision to request the test, and shall inform the employee in writing of the following:

(a) The test will be given to detect either alcohol or drugs, or both.

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(b) The result of the test is not admissible in any criminal proceeding against the employee.

(c) The employee may refuse the test, but refusal may result in dismissal or other disciplinary action.

200.7.2 SCREENING TEST REFUSAL

An employee may be subject to disciplinary action if he/she:

(a) Fails or refuses to submit to a screening test as requested.

(b) After taking a screening test that indicates the presence of a controlled substance, fails to provide proof, within 72 hours after being requested, that he/she took the controlled substance as directed, pursuant to a current and lawful prescription issued in his/her name.

(c) Violates any provisions of this policy.

200.8 COMPLIANCE WITH THE DRUG-FREE WORKPLACE ACT

No later than 30 days following notice of any drug statute conviction for a violation occurring in the workplace involving a member, the Office will take appropriate disciplinary action, up to and including dismissal, and/or requiring the member to satisfactorily participate in a drug abuse assistance or rehabilitation program (41 USC § 8104).

200.9 CONFIDENTIALITY

The Office recognizes the confidentiality and privacy due to its members. Disclosure of any information relating to substance abuse treatment, except on a need-to-know basis, shall only be with the express written consent of the member involved or pursuant to lawful process.

The written results of any screening tests and all documents generated by the employee assistance program are considered confidential medical records and shall be maintained separately from the employee's other personnel files.

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Financial Practices

201.1 PURPOSE AND SCOPE

The Sheriff shall prepare and present an annual budget request that ensures an adequate allocation of resources for facility operations and programming. Budget requests shall be prepared in the manner and detail prescribed by the Office. Service goals and objectives should be delineated in the budget plan.

201.2 POLICY

The Office's responsibilities include the development of a budget plan, submitting the plan to the County Administrator, and monitoring the facility's progress toward meeting its budget objectives throughout the fiscal year.

A fiscal system has been established that accounts for all income and expenditures on an ongoing basis. Methods for collecting, safeguarding and disbursing monies shall comply with established accounting procedures.

201.3 BUDGET PLAN

The Jail Commander will establish a system of quarterly projections of expenditures for personnel, operating expenses, equipment and capital projects. A record of a historical pattern of expenditures along with a justification for new expenditures should be used as the supporting documentation in the development of the budget plan.

Once completed, the budget plan will be submitted to the Finance Department for review and approval and/or returned to the Office for additional development. Once the budget plan has been approved by the County Administrator or the authorized designee, the Office may initiate expenditures in accordance with the plan.

201.4 FISCAL ACCOUNTING AND MANAGEMENT OF APPROVED BUDGET

The Finance Department is responsible for monitoring the facility's progress toward meeting its budget objectives throughout the fiscal year. Data on key performance indicators should be collected and evaluated at regular intervals and reviewed by the Sheriff and the Jail Commander's budget officials and other policy-makers. Reports should contain at a minimum the following information:

- The budget amount
- The amount expended for the month
- The year-to-date amount expended
- Any outstanding encumbrances
- The cumulative total year-to-date expenditures plus outstanding encumbrances

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When the Jail Commander receives the monthly budget report, he/she should review all of the expenditure accounts for risk indicators, such as:

- Significant variations in expenditures in an account used consistently, where the amounts charged are expected to vary little, if any, from month to month.
- Expenditures that are significantly beyond the forecasted amounts or whether the year-to-date percentages expended are significantly higher than the percentage of time elapsed.
- Large balances of/or long-term outstanding encumbrances.

Fiscal data collected during the year should be used to formulate a budget for the following year.

201.5 TRANSFERRING FUNDS AMONG BUDGET CATEGORIES

Unless otherwise specified, the transfer of funds among budget categories may require the approval of the County Administrator.

201.6 FINANCIAL AUDITS

The Sheriff should ensure that a financial audit of the facility is conducted annually. The audit shall conform to generally accepted auditing standards.

201.6.1 FINANCIAL AUDITS OF THE INMATE WELFARE FUND

An annual financial audit of the Inmate Welfare Fund shall be conducted and shall include the Office’s budget and any monies placed into the Inmate Welfare Fund. The methods used for collecting, safeguarding and disbursing monies, including inmates' personal funds held by the facility, shall comply with accepted accounting procedures.

201.6.2 POSITION CONTROL

Position control is the process used by the Office to exercise control over the size and cost of its workforce. It ensures that any new, regular employee added to an agency’s payroll basis is filling a position that has been approved and budgeted, and that the rate of pay for the position is within the salary range for the job classification in which the position resides.

This facility is one of the most labor-intensive functions and therefore control of payroll expenditures is a crucial part of managing the facility budget. In order to exercise control of payroll expenditures, the Office will utilize a system of position control as part of its ongoing budget process.

201.7 STAFFING PLAN

The Jail Commander should maintain an up-to-date staffing plan for the purpose of exercising position control. The staffing plan should include a comprehensive list of all positions in this facility. Each position has a descriptive job title that is associated with a description of the position's duties and responsibilities. Each position will have a written job description for all position classifications and post assignments that define responsibilities, duties and qualifications.

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The Jail Commander should adhere to the following strategies for the management of position control and personnel costs:

(a) Ensure that this facility is staffed with the appropriate number and type of staff. The proper allocation and deployment of staff across shifts and functional units is essential. In addition, the availability of the right classification of staff (e.g., custody staff supervising inmates, maintenance staff performing maintenance, food service staff preparing meals) with the appropriate job skills and training enhances efficiency.

(b) Strategically time the filling of newly authorized positions or vacancies in current positions. Strategic timing is important throughout the budget year to create vacancy savings that can be used to address current budget year shortfalls.

(c) Manage the use of overtime carefully. The historical use of overtime should be tracked to make the case for additional staff and/or to provide sufficient funding in an overtime line item. The use of overtime should also be monitored at regular intervals to verify that it is being used within projected levels.

(d) Manage the use of part-time staff. The number of hours worked by part-time staff should be monitored to ensure that part-time employees are not working in excess of what has been authorized (e.g., a part-time employee should be working no more than an average of 20 hours per week).

(e) Establish and maintain procedures to ensure the accuracy and integrity of payroll documentation. Time cards, time sheets and related documentation should reflect actual hours worked.

(f) Consider the impact of position upgrades on the entire job classification. An upgrade for one position may set the stage for upgrades of similar positions within the same job classification.

201.7.1 INSURANCE REQUIREMENTS

The Office shall ensure, by way of office risk managers, the procurement of adequate liability coverage of the jail operations. Coverage shall include, at minimum, workers' compensation, civil liability and the public employee blanket bond.

201.7.2 PERFORMANCE MONITORING

Performance monitoring necessitates the establishment of benchmarks and performance targets. The Finance Department shall develop budget benchmarks so that actual performance output can be compared with these targets to determine whether this facility is meeting the goals and objectives articulated in the budget.

A quarterly monitoring report assessing the effectiveness, efficiency and quality of custody operations will be provided to the Sheriff for the purpose of developing the budget for the following year.

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Supervision of Inmates - Minimum Requirements

202.1 PURPOSE AND SCOPE

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

202.2 POLICY

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

202.3 SUPERVISION OF INMATES

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

When both male and female inmates are held at this facility, a minimum of one male and one female correctional officer should be on-duty in the jail at all times.

Staff members shall not be placed in positions of responsibility for the supervision and welfare of inmates of the opposite sex in circumstances that can be described as an invasion of privacy or that may be degrading or humiliating to the inmates. Staff used as program resource personnel with inmates should be of the same sex as the inmates when reasonably available. However, at least one staff member of the same sex as the inmates should be on-duty and available to the inmates during all such activities.

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

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

202.4 SEPARATION OF DUTIES

Maintenance personnel are employed to perform preventive, routine and emergency maintenance functions. Custody staff will not be given physical plant maintenance duties that distract from their primary responsibility of supervising inmates.

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Prohibition on Inmate Control

203.1 PURPOSE AND SCOPE

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

203.2 POLICY

All staff, including support staff, contractors and volunteers should exercise control and supervision of all inmates under their control. It is the policy of this office to prohibit any staff member to implicitly allow, or by dereliction of duty allow, any inmate or group of inmates to exert authority over any other inmate (Penal Code § 4019.5; 15 CCR 1083(c)).

203.3 EDUCATION, DRUG OR ALCOHOL PROGRAM ASSISTANTS

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

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Equipment Inventory and Supplies

204.1 PURPOSE AND SCOPE

This facility must have the materials, supplies and equipment that are necessary to maintain effective and efficient operations. This policy establishes responsibilities and requirements for purchasing, storing and inventory of those items.

204.2 POLICY

The Jail Commander shall ensure that all jail property and fixed assets are inventoried annually and that all supplies purchased are reconciled with the invoice prior to payment.

The Tehama County Sheriff's Office maintains a secure storage area for the purpose of storing supplies and equipment. The Jail Commander shall maintain oversight of the area.

With the exception of medical supplies, which are ordered by the medical staff, the Finance Department is responsible for the purchasing and acquisition of materials and equipment for this facility. Supplies and equipment that are not needed for immediate use should be stored in a secure storage area.

Requisition forms bearing the signature of the Office Finance Officer should be completed and received by the Finance Department before any supplies or equipment are purchased and distributed to the facility. Any encumbrance to this facility’s budget requires review and approval by the Jail Commander and the Finance Officer.

The Office Finance Department, in conformance with established policies, is responsible for negotiating all other purchases.

204.3 PURCHASING

The Jail Commander, along with the Finance Officer, is responsible for managing the purchasing process to ensure that amounts and types of purchases fall within budget parameters. The Jail Commander must also ensure that this facility's purchasing process complies with applicable laws, regulations and office policies.

With approval of the Jail Commander and the Finance Officer, small purchases of under $100 that are a critical need may be procured by way of The Sheriff's Revolving Fund.

Personnel with spending authority should adhere to the following strategies:

(a) Be knowledgeable about the county’s requirements and procedures for purchasing goods and services.

(b) Establish a working relationship with this facility’s purchasing agent.

(c) Provide the purchasing agent with information describing the types of goods and services required to operate the facility.

(d) Ensure that staff with spending authority follow procedures that outline the process for submission and approval of purchase requisitions.

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(e) Review purchase requisitions to verify the need, urgency and priority.

(f) Monitor service contracts to ensure that this facility is receiving the scope and quality of services specified in the contract.

(g) Regularly monitor expenditures to make certain the purchase of goods and services is charged to the appropriate accounts and within budget limits.

(h) Keep purchase records to maintain the integrity and availability of purchasing documents, including requisitions, purchase orders, receiving reports and invoices.

(i) Maintain inventory records of disposal in accordance with county requirements and procedures.

204.4 EQUIPMENT INVENTORY

The Jail Commander or authorized designee will conduct an audit on all supplies and equipment annually. All losses will be reported by the Sheriff to the County Administrator. The Finance Department may also conduct an interim audit on all fixed assets in order to maintain a complete and accurate accounting of equipment and its location.

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Tool and Culinary Equipment

205.1 PURPOSE AND SCOPE

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

205.2 POLICY

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

205.2.1 CUSTODY TOOLS

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

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

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

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

An inventory of all tools used and stored within the secure perimeter of the facility shall be developed and maintained by the Jail Commander. Tools will be inventoried by an assigned staff member at least once every 24 hours. The loss of any tool will be immediately reported to the on-duty supervisor, who shall initiate immediate action to locate or account for the missing tool, including:

(a) Detaining and searching any inmate who had access to the tool.

(b) Conducting a thorough search of the immediate area for the missing item.

(c) Initiating a facility-wide search.

The staff member responsible for the supervision of the use of the missing tool will prepare and submit a report to the Shift Supervisor documenting the specific tool that is missing and the circumstances of the disappearance. The report will be forwarded to the Jail Commander. All staff

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members involved in the search will submit a report to the on-duty supervisor documenting their findings.

205.2.2 MAINTENANCE OR CONSTRUCTION TOOLS

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

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

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

205.2.3 EXTERIOR-USE TOOLS

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

- Handheld tools
- Power tools
- Landscape maintenance tools
- Farm equipment

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

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

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

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

205.2.4 KITCHEN EQUIPMENT

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

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

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

Each tool issued will be assigned to an individual inmate and logged. The inmate's name and the tool type will be documented. When an inmate worker is finished with a tool, the tool shall be checked in with the correctional officer and documented. Inmate workers shall not be permitted to pass tools between each other except under the direct supervision of a correctional officer.

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

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

205.2.5 SERVING AND INDIVIDUAL EATING TOOLS

Serving tools and individual eating tools are those culinary tools located outside of the kitchen. Only inmate workers who are assigned to serve food shall be in control of serving tools. These tools shall be assigned to each inmate worker by the kitchen Staff prior to leaving the kitchen. The tool type shall be documented. Upon returning to the kitchen from serving meals, the inmate workers shall individually check their tools in with the kitchen Staff, who shall document each one.

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

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

205.3 CUSTODY TOOLS

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

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

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

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

An inventory of all tools used and stored within the secure perimeter of the facility shall be developed and maintained by the Jail Commander. Tools will be inventoried by an assigned staff member at least once every 24 hours. The loss of any tool will be immediately reported to the on-duty supervisor, who shall initiate immediate action to locate or account for the missing tool, including:

(a) Detaining and searching any inmate who had access to the tool.

(b) Conducting a thorough search of the immediate area for the missing item.

(c) Initiating a facility-wide search.

The staff member responsible for the supervision of the use of the missing tool will prepare and submit a report to the Shift Supervisor documenting the specific tool that is missing and the circumstances of the disappearance. The report will be forwarded to the Jail Commander. A report identifying all members involved in the search should be submitted to the on-duty supervisor documenting their findings.

205.4 MAINTENANCE OR CONSTRUCTION TOOLS

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

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

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

205.5 EXTERIOR-USE TOOLS

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

- Handheld tools
- Power tools
- Landscape maintenance tools
- Farm equipment

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

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

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

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

205.6 KITCHEN EQUIPMENT

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

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

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

Each tool issued will be assigned to an individual inmate and logged. The inmate's name and the tool type will be documented. When an inmate worker is finished with a tool, the tool shall be checked in with the correctional officer and documented. Inmate workers shall not be permitted to pass tools between each other except under the direct supervision of a correctional officer.

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

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

205.7 SERVING AND INDIVIDUAL EATING TOOLS

Serving tools and individual eating tools are those culinary tools located outside of the kitchen. Only inmate workers who are assigned to serve food shall be in control of serving tools. These tools shall be assigned to each inmate worker by the kitchen correctional officer prior to leaving the kitchen. The tool type shall be documented. Upon returning to the kitchen from serving meals, the inmate workers shall individually check their tools in with the kitchen correctional officer, who shall document each one.

In the event that a serving tool is missing, the kitchen correctional officer shall notify a supervisor and a search for the tool shall be initiated.

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

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Disposition of Evidence

206.1 PURPOSE AND SCOPE

The purpose of this policy is to provide direction regarding the proper handling and disposition of contraband and evidence to ensure that the chain of custody is maintained so that evidence is admissible in a court of law or disciplinary hearing.

206.2 POLICY

It is the policy of the Tehama County Sheriff's Office to seize evidence and contraband in accordance with current constitutional and search-and-seizure law. Members of this office shall properly handle all contraband and evidence in order to maintain its admissibility. All contraband and evidence shall be handled in a safe manner and in a way that will maintain the chain of custody.

206.3 INITIAL SEIZURE OF EVIDENCE

Any staff member who first comes into possession of any evidence should retain such evidence in his/her possession until it is properly tagged and booked. When handling evidence and contraband, staff should observe the following safety precautions:

(a) Unload any firearm located in the approved loading/unloading area outside of the facility. If it is a revolver, the cylinder should be left open. If it is a semi-automatic pistol, the magazine shall be removed and the slide locked back in an open position. The cartridges and/or magazine will be packaged separately and booked with the firearm.

(b) Sheath any knife or other stabbing instrument in its holster (if any), or attach (tape) stiff cardboard to completely cover the blade.

(c) Place needles, such as syringes, into a hard plastic container that cannot be punctured by the needle.

(d) If the contraband is a suspected "home brew" alcoholic beverage, the handling correctional officer shall place a sample of the liquid in a plastic container that can be safely sealed. The remainder of the liquid will be treated as a biohazard and carefully disposed of as recommended by the environmental health official.

206.4 PROPERTY BOOKING PROCEDURE

All property shall be booked prior to the employee going off-duty unless otherwise approved by a supervisor. Employees booking property shall observe the following guidelines:

(a) Complete the property form describing each item of property separately, listing all serial numbers, owner’s name, finder’s name and other identifying information or markings.

(b) Mark each item of evidence with the booking employee’s initials and the date booked using the appropriate method to prevent defacing or damaging the value of the property.

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(c) Complete an evidence/property tag and attach it to each package or envelope in which the property is stored.

(d) Place the case number in the upper right corner of the bag or in the appropriate field of the evidence/property tag.

(e) The original property form shall be submitted with the case report. A copy shall be placed with the property in the temporary property locker or with the property if it is stored somewhere other than a property locker.

(f) When the property is too large to be placed in a locker, the item may be retained in the secure supply room or another area that can be secured from unauthorized entry. Place the completed property form into a numbered locker indicating the location of the property.

206.4.1 NARCOTICS AND DANGEROUS DRUGS

All narcotics and dangerous drugs shall be booked separately using a separate property form. Paraphernalia shall also be booked separately. All narcotics and dangerous drugs shall be properly weighed by the booking staff member. The weight of all narcotics and dangerous drugs shall be documented on the booking form. A copy of the booking form shall be placed with the evidence in the designated locker and shall also be distributed in accordance with current evidence booking procedures.

206.4.2 EXCEPTIONAL HANDLING

Certain property items require a separate process. Bodily fluids, such as blood or semen stains, shall be air-dried prior to booking.

206.4.3 RECORDING OF PROPERTY

The evidence technician receiving custody of evidence or property shall record on the property control card his/her signature, the date and time the property was received and where the property will be stored.

A property number shall be obtained for each item or group of items. This number shall be recorded on the property tag and the property control card.

Any changes in the location of property held by the Office shall be noted in the property log book.

206.4.4 PROPERTY CONTROL

Every time property is released or received, an appropriate entry on the evidence package and property control card shall be completed to maintain the chain of custody. No property or evidence is to be released without first receiving written authorization from a supervisor or the employee who is managing the case.

Correctional officers desiring property for court shall contact the evidence technician at least one day prior to the court day.

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Request for analysis for items other than narcotics and dangerous drugs shall be completed on the appropriate forms and submitted to the evidence technician. This request may be filled out any time after booking the property or evidence.

206.4.5 TRANSFER OF EVIDENCE TO CRIME LABORATORY

The transporting employee will check the evidence out of property, indicating the date and time on the property control card, and complete a request for laboratory analysis.

The evidence technician releasing the evidence must complete the required information on the property control card. The lab forms will be transported with the property to the examining laboratory. Upon delivering the item, the correctional officer will record the delivery time on both copies and indicate the locker in which the item was placed or the employee to whom it was delivered. The original copy of the lab form will remain with the evidence and the copy will be returned to the Records Division for filing with the case.

206.4.6 STATUS OF PROPERTY

Each person receiving property will make the appropriate entry to document the chain of custody. Temporary release of property to a law enforcement authority for investigative purposes or for court shall be noted on the property control card, stating the date, time and to whom it was released.

The evidence technician shall obtain the signature of the person to whom the property was released and the reason for release. Any employee receiving property shall be responsible for such property until it is returned to property or released to another authorized person or entity.

The return of the property should be recorded on the property control card, indicating date, time and the name of the person who returned the property.

206.5 RELEASE OR DISPOSITION OF UNCLAIMED FUNDS AND PROPERTY

The employee managing the case or a supervisor shall authorize the disposition or release of all evidence and property coming into the care and custody of the Office.

All reasonable attempts should be made to return unclaimed property, found property or evidence not needed for an investigation.

Release of property shall be made upon receipt of an authorized release form. The release authorization shall be signed by the approving staff member and must match the items listed on the property form or must specify the items to be released. A signature of the person receiving the property shall be recorded on the original property form. Upon release, the proper entry shall be documented on the property control card log and related forms.

The Property supervisor shall ensure that all cash not needed as evidence or funds that are left unclaimed by an inmate, are transferred as soon as practical to the Finance Department. A record of the transfer shall be kept in the appropriate inmate file.

The Property supervisor or the authorized designee shall submit a report of presumed abandoned property or funds once a year to the Sheriff and the Finance Department, or more frequently as

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directed. The Property supervisor may dispose of property in compliance with existing laws upon receipt of proper authorization from the Sheriff.

Found property and property held for safekeeping shall be held for a minimum of 90 days during which time the evidence technician shall attempt to contact the rightful owner if sufficient identifying information is available. If no person appears to prove rightful ownership of the property during this period, the Office shall publish notice of its possession of any property valued at $250 or more at least once in a newspaper of general circulation. If, after seven days following the publication, a person does not appear to claim ownership, the property shall be sold at public auction. Property valued at less than $250 shall be sold at public auction if no person appears to prove rightful ownership within 90 days (Civil Code § 2080.3).

If such property is not sold at auction or otherwise lawfully claimed, it may thereafter be destroyed in accordance with applicable law. The final disposition of all such property shall be fully documented in related reports.

The evidence technician shall release the property upon proper identification presented by the person receiving the property for which an authorized release has been received. A signature of the person receiving the property shall be recorded on the original property form. Upon release, the proper entry shall be documented in the property log.

After release of all property listed on the property control card, the card shall be forwarded to the Records Division for filing with the case. If some items have not been released, the property card will remain in the property section.

206.6 DISPOSITION OF PROPERTY

All property not held for evidence in a pending criminal investigation or proceeding, and held for three months or longer because the owner has not been located or has failed to claim the property, may be disposed of in compliance with existing laws, upon receipt of proper authorization for disposal.

Property personnel shall make reasonable efforts to attempt to contact the owner when known. Property not held for any other purpose and not claimed within 90 days after notification (or receipt, if notification is not feasible) may be auctioned to the highest bidder at a properly published public auction. If such property is not sold at auction or otherwise lawfully claimed, it may thereafter be destroyed (Civil Code § 2080.6). The final disposition of all such property shall be fully documented on the property control card and in any related reports (Civil Code § 2080.6).

206.7 UNCLAIMED MONEY

Except as otherwise provided by law, money, excluding restitution to victims, that is in the custody of this office and is no longer needed as evidence, and that remains unclaimed after three years, will be transferred to the general fund after proper notice has been given. Before transferring the money to the general fund, the Office shall publish a notice each week for a period of two consecutive weeks in a local newspaper of general circulation, in accordance with all laws,

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ordinances and regulations (Government Code § 50050 et seq.). Such notice shall state the amount of money, the fund in which it is held and that the money will become the property of the office on a designated date, between 45 days and 60 days after the first publication of the notice (Government Code § 50051).

If the money remains unclaimed as of the date designated in the published notice, the money will become the property of this office to fund official custody facility operations. Money representing restitution collected on behalf of victims shall either be deposited into a restitution fund or used for purposes of victim services.

Any individual item with a value of less than $15, or any amount of money if the depositor/owner’s name is unknown, that remains unclaimed for a year or by order of the court, may be transferred to the general fund without the necessity of public notice in accordance with applicable laws, ordinances and regulations (Government Code § 50055).

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Records and Data Practices

207.1 PURPOSE AND SCOPE

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

207.2 ACCESS TO CRIMINAL RECORDS

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

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

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

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

207.3 STAFF TRAINING

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

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Research Involving Inmates

208.1 PURPOSE AND SCOPE

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

208.2 POLICY

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

208.3 AUTHORIZATION REQUIREMENTS

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

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

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

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

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

Inmates are not precluded from individual treatment based on the need for a specific medical procedure that is not generally available. An inmate’s treatment with a new medical procedure

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by the inmate's own physician shall be undertaken only after the inmate has received a full explanation of the positive and negative features of the treatment, and only with the inmate's informed consent.

208.4 LEGAL CONSIDERATIONS

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

208.4.1 BIOMEDICAL RESEARCH

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

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

208.5 INMATES IN COMMUNITY-BASED RESEARCH

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

(a) The intake nurse shall collect all relevant data including name and contact information of the treating physician, and all available detail about the treatment regimen and the condition being treated.

(b) The responsible physician shall be contacted prior to the initiation of treatment.

(c) Consultation with community researchers shall be made by the responsible physician to determine the intent of the study and any necessary parameters to measure as the treatment period progresses.

(d) Necessary information shall be obtained so that withdrawal from the research protocol is done without harming the health of the inmate.

208.6 HUMAN RESEARCH STUDIES

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

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Inmate Records

209.1 PURPOSE AND SCOPE

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

209.2 POLICY

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

209.2.1 RECORD MAINTENANCE

It shall be the responsibility of the Records Division to maintain the following records on all persons who have been committed or assigned to this facility, including, but not limited to, the following (15 CCR 1041):

- Information gathered during the admission process as provided in the Inmate Reception Policy
- Photographs and fingerprints cross referenced to the booking number
- Duration of confinement
- Court-generated background information
- Cash and property receipts
- Classification records, including inmate classification levels and housing restrictions
- Housing history records
- Reports of disciplinary events and dispositions
- Grievances and dispositions
- Reports of incidents or crimes committed during confinement
- Request forms
- Special visit forms
- Court appearances, documents and the disposition of hearings
- Work assignments
- Program participation
- Visitation records
- Telephone records

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- Medical, dental, mental health, drug and alcohol screenings, assessments, treatments, medications

The inmate records shall be identified and separated according to a format developed and approved by the Jail Commander or the authorized designee.

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

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

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

209.3 RECORD MAINTENANCE
It shall be the responsibility of the Records Division to maintain records on all persons who have been committed or assigned to this facility, including but not limited to the following (15 CCR 1041):

- Information gathered during the admission process as provided in the Inmate Reception Policy
- Photographs and fingerprints cross-referenced to the booking number
- Duration of confinement
- Cash and property inventory and receipts
- Classification records, including inmate classification levels and housing restrictions
- Housing history records
- Reports of disciplinary events and dispositions
- Grievances and dispositions
- Reports of incidents or crimes committed during confinement
- Request forms
- Special visit forms

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- Court appearances, documents, and the disposition of hearings
- Work documentation
- Program documentation
- Visitation records
- Telephone records
- Medical, dental, mental health, drug and alcohol screenings, assessments, treatments, and medications
- Non-medical information regarding disabilities and other limitations

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

209.3.1 COURT ORDERS OF NAME OR GENDER CHANGE

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

209.4 RELEASE OF INMATE RECORDS

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

209.5 ELECTRONIC RECORD MAINTENANCE

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

209.6 RECORDS RETENTION

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

209.7 INFORMATION SHARING REGARDING IMMIGRATION STATUS

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

(a) Sending information to, or requesting or receiving such information from federal immigration officials

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(b) Maintaining such information in office records

(c) Exchanging such information with any other federal, state or local government entity

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

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Report Preparation

210.1 PURPOSE AND SCOPE

Report preparation is a major part of each correctional officer's job. The purpose of reports is to refresh the correctional officer's memory and to provide sufficient information for a follow-up investigation and successful prosecution or a disciplinary proceeding. Report writing is the subject of substantial formal and on-the-job training.

210.2 REPORT PREPARATION

Employees should ensure that reports are sufficiently detailed for their purpose and free from errors prior to submission. Reports shall be prepared by the staff assigned to investigate or document an incident, approved by a supervisor and submitted to the Jail Commander or the authorized designee in a timely manner (15 CCR 1044). Any incident resulting in death, injury or endangerment to staff or a visitor, serious injury to an inmate, escape, a major disturbance, a facility emergency or an unsafe condition at the facility shall be submitted to the Jail Commander as soon as practicable but within 24 hours of the incident. It is the responsibility of the assigned employee to ensure that all the above listed reports meet this requirement or that supervisory approval has been obtained to delay the report. The supervisor must determine whether the report will be available in time for appropriate action to be taken, such as administrative notifications or resolution, investigative leads or an inmate disciplinary proceeding.

Handwritten reports must be prepared legibly. If the report is not prepared legibly, the employee shall be required by the reviewing supervisor to promptly correct the report. Employees who dictate reports by any means shall use appropriate grammar, as content is not the responsibility of the typist. Employees who generate reports on computers are subject to all requirements of this policy.

All reports shall accurately reflect the identity of the persons involved, all pertinent information seen, heard or assimilated by any other sense, and any actions taken. Employees shall not suppress, conceal or distort the facts of any reported incident, nor shall any employee make a false report orally or in writing. Generally, the reporting employee's opinions should not be included in reports unless specifically identified as such.

210.3 REQUIRED REPORTING

Written reports are required in all of the following situations on the appropriate office-approved form unless otherwise approved by a supervisor (15 CCR 1044).

210.3.1 CRIMINAL ACTIVITY REPORTING

When an employee responds to an incident, or as a result of self-initiated activity, and becomes aware of any activity where a crime has occurred, the employee is required to document the activity. The fact that a victim is not desirous of prosecution is not an exception to documentation.

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210.3.2 INCIDENT REPORTING

Incident reports generally serve as an in-house notation of occurrences in the facility and to initiate, document and support the inmate disciplinary process. The Office shall establish a filing system that differentiates between incident reports, crime reports and disciplinary actions. This policy does not require the duplication of information on two different forms. Where both exist, cross-referencing facilitates retrieval of one or both.

Incidents that shall be documented using the appropriate approved report include (15 CCR 1044):

(a) Non-criminal incidents of rule violations by inmates.

(b) Attempted suicide or suicidal ideation on the part of an inmate, if known.

(c) Non-criminal breaches of security or evidence of an escape attempt.

(d) Non-criminal security threats, including intelligence related to jail activities.

(e) Significant incidents related to medical issues, health or safety in the jail.

(f) Discovery of contraband in the possession of inmates or their housing areas.

(g) Detaining or handcuffing any visitor at the facility.

(h) Traffic collisions involving office vehicles.

(i) Risk management incidents to include injuries to inmates and lost or damaged property.

(j) Accidental injuries of staff, inmates or the general public.

210.3.3 DEATHS

All deaths shall be investigated and a report completed by a qualified investigating officer to determine the manner of death and to gather information, including statements of inmates and staff who were in the area at the time the death occurred.

Reporting of deaths will be handled in accordance with the Reporting Inmate Deaths Policy.

210.3.4 INJURY OR DAMAGE BY OFFICE PERSONNEL

Reports shall be taken if an injury occurs that is a result of an act of an employee. Reports shall be taken involving damage to property or equipment.

210.3.5 USE OF FORCE

Reports related to the use of force shall be made in accordance with the Use of Force Policy.

210.4 GENERAL POLICY OF EXPEDITIOUS REPORTING

In general, all employees and supervisors shall act with promptness and efficiency in the preparation and processing of all reports. An incomplete report, unorganized reports or reports delayed without supervisory approval are not acceptable. Reports shall be processed according to established priorities or according to special priority necessary under exceptional circumstances.

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210.4.1 GENERAL POLICY OF HANDWRITTEN REPORTS
Some incidents and report forms lend themselves to block print rather than typing. In general, the narrative portion of those reports in which there is a long narrative should be typed or dictated.

Supervisors may require, with the foregoing general policy in mind, block printing or typing of reports of any nature for office consistency.

210.4.2 GENERAL USE OF OTHER HANDWRITTEN FORMS
County, state and federal agency forms may be block printed as appropriate. In general, the form itself may make the requirement for typing apparent.

210.5 REPORT CORRECTIONS

Supervisors shall review reports for content and accuracy. If a correction is necessary, the reviewing supervisor should return it to the reporting employee for correction as soon as practicable. It shall be the responsibility of the originating employee to ensure that any report returned for correction is processed in a timely manner. It shall be the responsibility of the supervisor rejecting the report to follow up on any report corrections not received in a timely manner.

210.6 REPORT CHANGES OR ALTERATIONS

Reports that have been approved by a supervisor and submitted to the Records Division for filing and distribution shall not be modified or altered except by way of a supplemental report. Reviewed reports that have not yet been submitted to the Records Division may be corrected or modified by the authoring employee only with the knowledge and authorization of the reviewing supervisor. Reviewing supervisors should not alter reports. When modifications are required, these should be the responsibility of the authoring employee.

210.7 ELECTRONIC SIGNATURES

The Tehama Jail has established an electronic signature procedure for use by all employees of the Tehama Jail. The Jail Commander or the authorized designee shall be responsible for maintaining the electronic signature system and ensuring that each employee creates a unique, confidential password for his/her electronic signature. The system use and design shall follow the requirements of Civil Code § 1633 et seq. when applicable.

(a) Employees may only use their electronic signature for official reports or other official communications.

(b) Each employee shall be responsible for the security and use of his/her electronic signature and shall promptly notify a supervisor if the electronic signature has or may have been compromised or misused.

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Key and Electronic Access Device Control

211.1 PURPOSE AND SCOPE

The control and accountability of facility keys and electronic access devices are vital factors in maintaining a safe and secure environment for inmates, staff, volunteers, contractors and the public (15 CCR 1029(a)(6)). This policy outlines the methods that the Office will use in maintaining strict security of its keys and electronic access devices. For ease of reference, the term “key” as used in this policy includes all physical means of access to or exit from the secure areas of the facility.

211.2 POLICY

It is the policy of this office that all keys used to access secure areas of the facility or to exit the secure areas of the facility are strictly controlled. Employees and supervisors will be held accountable for the security and safety of the facility. All key control activities shall be accurately documented on a daily basis (15 CCR 1029(a)(6)).

211.2.1 KEY IDENTIFICATION

All keys that open any doors within the facility shall be marked with unique identification codes that will allow for quick inventory. Keys that are bundled together as a set shall be numbered or coded with a tag to identify that set and the number of keys on the ring. The identifying numbers or code on keys shall not correspond to numbers/codes on locks.

A separate secure document identifying all keys will be maintained by the central control supervisor.

211.2.2 KEYSET CONTENTS

Keysets issued to staff for use within the secure perimeter of the facility shall not contain any key that would permit access to areas outside the secure perimeter. The armory key shall not be permitted inside the secure perimeter. Exterior door keys shall not be permitted inside the facility except during an emergency requiring access to the exterior doors.

211.2.3 KEY CONTROL

All facility keys shall be maintained in a locked key box within the Booking room. This room shall have controlled access for staff only. Each person assigned to the facility shall be issued key tags bearing his/her employee number. Keysets will be exchanged for key tags to maintain a record of which employee has which set. At the end of a shift, employees shall exchange all keys for their key tags.

Under no circumstances shall an employee pass a key or keyset to another employee. All keys must be checked out through the control process. Employees shall not possess any key for which they have not been authorized.

Employees shall not duplicate, mark, alter or manufacture any key without written authorization from the Jail Commander or the authorized designee.

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Supervisors shall, at the beginning and end of their respective shifts, inventory the key box and its contents. All keys must be accounted for before the supervisor may end his/her shift.

Under no circumstances will security keys be made available to inmates regardless of their status.

211.2.4 LOCK POLICY

All security perimeter entrances, Booking doors and cell doors shall be kept locked, except when used for admission or exit of employees, inmates or visitors, and in an emergency. Operators of sallyports shall ensure that only one of the doors of a sallyport is opened at any time for entry or exit purposes, except where the entry or exit of emergency personnel requires the operator to override the doors and allow for rapid entry or exit. Each time the override function is engaged, the officer must submit a written report to the on-duty supervisor prior to the end of his/her shift.

211.2.5 TESTING

Locks to security doors or gates shall be tested for proper function at least weekly to ensure proper operation. This testing shall be documented and a weekly report forwarded to the facility administrator.

211.2.6 EXTERIOR DOOR AND ARMORY KEYS

Keys for exterior doors to the facility and the armory shall be kept in a locked cabinet in a secure location, outside of the facility’s secure perimeter. Supervisors shall, at the beginning and end of their respective shifts, inventory and account for these keys.

211.2.7 MISSING KEYS

Any staff member who discovers that a key or keyset is missing shall immediately make a verbal report to a supervisor and shall prepare a written incident report as directed by the supervisor. The supervisor shall immediately initiate a search for the missing key. If a reasonable effort to locate the key fails, the supervisor shall order a lockdown of the facility. All inmates shall be locked in their cells/housing units. Inmates shall not be allowed to pass into or out of the facility without being thoroughly searched for the missing key. The supervisor shall, as soon as practicable, notify the Jail Commander regarding the loss of the key, when it was discovered and the circumstances involved.

A methodical and thorough search of the entire facility will be made by the on-duty staff.

Additional staff may be called to assist with the search. If, after a thorough search, the key or keyset is not located, the Jail Commander will determine whether to re-key any locks that may have been compromised, and whether this should be done immediately.

The Jail Commander shall initiate an investigation into the disappearance of the keys to reexamine the procedures for key control, and shall notify the Sheriff of his/her findings. Based upon the findings of the investigation and any recommendations, the procedures governing this policy may be amended.

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211.2.8 DAMAGED KEYS OR LOCK

Damaged keys or locks shall be promptly reported to a supervisor. No part of a broken key shall be left in the lock. All portions of the damaged key must be turned in to the Shift Supervisor, who will ensure duplicate keys are provided as needed. Damaged locks shall be replaced or repaired as soon as practicable. Appropriate security measures shall be taken until such time as the lock is properly restored. No lock to a security door or gate shall be permitted to be inoperable or left in an unsuitable condition. No inmate shall be secured in a cell, detention room or area that has inoperable locks.

211.3 KEY CONTROL RECORDS

A shift roster will be maintained for the accounting and security of all keysets. Each shift is responsible for reporting any key malfunctions or missing keysets. Key control measures shall be documented by the control room staff on logs and forms, and the records retained in accordance with established records retention schedules.

211.4 ELECTRONIC ACCESS DEVICES

Proximity cards, fobs or other devices may be issued to staff to allow access to restricted or controlled areas of the facility. In the event of a lost or stolen device, an employee shall notify his/her supervisor as soon as it is known the device is missing. The device shall be immediately deactivated to prevent unauthorized use.

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Daily Activity Logs and Shift Reports

212.1 PURPOSE AND SCOPE

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

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

212.2 POLICY

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

212.3 PROCEDURES

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

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

(a) Blue ink pen shall be used, unless entries are logged into an electronic record.

(b) Entries should be legible and provide sufficient detail to ensure that the log entry or report properly reflects the events of the day.

(c) Entries shall include the name and badge number of the individual making the entry.

(d) Entries shall reflect the date and time of the event logged.

(e) Entries created and stored electronically shall not be modified. If corrections or changes become necessary, they shall be done by way of a supplemental entry, leaving the original entry unaltered and retrievable.

(f) Handwritten log entries requiring modification shall be crossed out with one line and a new entry made, noting that it is a correction.

212.4 SHIFT ACTIVITY LOG/ LOG BOOK

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

- Personnel on-duty
- Well-being checks, security checks and inspections and routine activities
- All searches/shakedowns
- Inmate movement within the facility and inmates for unusual occurrences or to meet needs of this facility

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- Professional visits to the housing units, specifically maintenance work and tours or anything deemed noteworthy/ significant by supervisor
- Alarms and security equipment tests
- Inmate complaint of illness or injury and the action taken
- Disciplinary actions
- Unusual inmate behavior
- Discovered contraband
- Unusual occurrences
- Sanitation inspections
- Use of emergency equipment
- Any use of force
- Key counts

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

212.5 SHIFT ACTIVITY LOG/ SHIFT REPORT/ SUPERVISORS DAILY

Each member assigned to a security post, as well as the supervisor, shall prepare a shift report for the oncoming staff. This report shall include the following:

(a) The formal inmate count at the beginning and end of each shift

(b) Key count and exchange

(c) Supervisor rounds to the housing area and/or to specific inmates

(d) Any or all occurrences listed in 212.4 that the supervisors deems needs to be passed onto other supervisory staff

(e) Information that would assist the oncoming staff

(f) Unusual occurrences

The shift report will be retained in accordance with established records retention schedules.

212.6 SUPERVISOR RESPONSIBILITIES

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

Whenever a major event in the facility requires a coordinated command response, the Incident Commander (IC) should designate someone to keep a running log that identifies, at a minimum, the following:

- Date and time the incident began
- Specific location of the incident

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- Times of significant response measures taken during the incident
- Name, identification number and time of arrival of personnel on-scene
- Orders issued by the IC
- Significant events that occurred as a result of the incident

The above information should remain available to the IC throughout the event to assist with ongoing response planning.

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Personnel Records

213.1 PURPOSE AND SCOPE

This policy governs the maintenance, retention and access to the personnel files of employees in accordance with established law. The personnel records of all employees contain confidential information and shall not be released or information disclosed from them except as prescribed below. This policy applies to personnel files of applicants and past and current employees.

213.1.1 PERSONNEL FILES DEFINED

Personnel records - Any file maintained under an individual's name by his/her employing agency and containing records relating to any of the following:

(a) Personal data, including marital status, family members, educational and employment history, home address or similar information

(b) Medical or psychological history

(c) Election of employee benefits or affiliations

(d) Employee advancement, appraisal, discipline, training or employee performance reports

(e) Complaints or investigation of complaints against the employee alleging misconduct or performance deficiencies, whether filed by a citizen, another agency or department. Any dispositions of such complaints

(f) Any dispositions of such complaints

(g) Any other information, the disclosure of which would constitute an unwarranted invasion of personal privacy

213.2 PERSONNEL RECORD LOCATIONS

Employee records will generally be maintained in any of the following:

Office file - That file which is maintained in the office of the Sheriff as a permanent record of an employee’s service with this office.

Division file - Any file that is separately maintained internally by an employee’s supervisor for the purpose of completing timely performance evaluations.

Supervisor log entries - Any written comment, excluding actual performance evaluations, made by a supervisor concerning the conduct of an employee of this office.

Training file - Any file that documents the training records of an employee.

Internal affairs files - Those files that contain complaints of employee misconduct and all materials relating to an investigation into such allegations, regardless of disposition.

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Medical file - A file that contains only medical information relating to an employee's ability to perform the essential functions of his/her job or other health-related matters. This file is maintained separately from any other files.

213.3 REQUESTS FOR DISCLOSURE OF PERSONNEL FILES

Only written requests for the disclosure of any information contained in any personnel record will be considered. Since the format of such requests may be strictly governed by law with specific responses required, all such requests shall be promptly brought to the attention of the Shift Supervisor, the custodian of records or other person charged with the maintenance of such records.

The responsible person shall further ensure that an appropriate response to the request is made in a timely manner, in accordance with applicable law. In many cases, this will require assistance of legal counsel, as the disclosure of personnel, medical and similar files can constitute an unwarranted invasion of personal privacy or be subject to other protections.

All requests for disclosure that result in access to an employee's personnel file shall be logged in the corresponding file.

213.3.1 SUBPOENAS

Personnel files may be subpoenaed by a third party. If employment records are subpoenaed under state authority, the employee may be notified and has the right to object to production of the records under certain circumstances.

Any subpoena duces tecum should be promptly provided to a supervisor for review and processing. While a subpoena duces tecum may ultimately be subject to compliance, it is not an order from the court that will automatically require the release of the requested information.

All questions regarding compliance with any subpoena or subpoena duces tecum should be promptly referred to legal counsel for the Office so that a timely response can be prepared.

213.3.2 RELEASE OF PERSONNEL INFORMATION

Except as provided by this policy or pursuant to lawful process, information contained in any personnel file shall not be disclosed to any unauthorized person without the prior written consent of the involved employee, written authorization of the Sheriff or the authorized designee, or unless otherwise required by law.

Any person who willfully, maliciously, and with the intent to obstruct justice or the due administration of the laws, publishes, disseminates, or otherwise discloses confidential personnel information without legal authority may be subject to prosecution and disciplinary action.

213.3.3 REQUESTS FOR DISCLOSURE OF FORMER EMPLOYEE FILES

Members receiving requests for information from another agency regarding allegations of sexual abuse or sexual harassment involving a former employee should work with counsel to ensure compliance with Prison Rape Elimination Act (PREA) requirements (28 CFR 115.17).

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213.4 EMPLOYEE ACCESS TO OWN FILE

Any employee may request access to his/her own personnel file during normal business hours. The request should be directed to the individual responsible for maintaining such files. Any employee seeking the removal of any item from his/her personnel file shall file a written request to the Sheriff through the chain of command. The Office may thereafter remove any such item if appropriate or within 30 days provide the employee with a written explanation as to why the contested item will not be removed. If the contested item is not removed, the employee's request and the office's written response shall be retained with the contested item in the employee's personnel file.

Employees may be restricted from accessing files containing:

(a) Ongoing internal affairs investigations to the extent that it could jeopardize or compromise the investigation pending final disposition or notice to the employee of the intent to discipline.

(b) Confidential portions of internal affairs files that have not been sustained against the employee.

(c) Records relating to an active criminal investigation.

(d) Letters of reference.

(e) Ratings, reports or records that were obtained prior to the employee's employment.

(f) Ratings, reports or records that were prepared by identifiable examination committee members, or were obtained in connection with a promotional exam; this includes test questions, scoring keys and other examination data used for employment.

Employees, former employees and job applicants, upon request, may receive a copy of any instrument the person signed that is related to his/her application or employment.

213.5 TYPES OF PERSONNEL FILES

Employee personnel files can be located in any of the following places.

213.5.1 OFFICE FILE

The Office file should contain, but is not limited to, the following:

(a) Performance evaluation reports regularly completed by the appropriate supervisors and signed by the affected employee shall be permanently maintained.

(b) Records of all training (original or photocopies of available certificates, transcripts, diplomas and other documentation) and education:

1. It shall be the responsibility of the involved employee to provide the Training Manager or immediate supervisor with evidence of completed training/education in a timely manner.

2. The Training Manager or supervisor shall ensure that copies of such training records are placed in the employee's office file.

(c) Disciplinary action:

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1. Disciplinary action resulting from sustained internally initiated complaints or observation of misconduct shall be maintained in the individual employee's office file at least two years.
2. Investigations of complaints that result in a finding of not-sustained, unfounded or exonerated shall not be placed in the employee's office file, but will be separately maintained for the appropriate retention period in the internal affairs file.

(d) Adverse comments, such as supervisor log entries, may be retained in the office file or division file, after the employee has had the opportunity to read and initial the comment, for a period up to two years.

1. Any such employee response shall be attached to and retained with the original adverse comment.
2. If an employee refuses to initial or sign an adverse comment, at least one supervisor should note the date and time of such refusal on the original comment. Such a refusal, however, shall not be deemed insubordination nor shall it prohibit the entry of the adverse comment into the employee's file.

(e) Commendations shall be retained in the employee's office file, with a copy provided to the employee.

(f) Personnel action reports reflecting assignments, promotions and other changes in the employee's employment status.

213.5.2 DIVISION FILE

The Division File should contain, but is not limited to:

(a) Supervisor log entries, notices to correct and other materials intended to serve as a foundation for the completion of timely performance evaluations.

1. All materials intended for this interim file shall be provided to the employee prior to being placed in the file.
2. Duplicate copies of items that will also be included in the employee's office file may be placed in this interim file in anticipation of completing any upcoming performance evaluation.
3. Once the permanent performance evaluation form has been finalized, the underlying foundation material and/or duplicate copies may be purged in accordance with this policy.

(b) All rules of confidentiality and disclosure shall apply equally to the division file.

213.5.3 INTERNAL AFFAIRS UNIT FILE

Internal affairs files shall be maintained under the exclusive control of the Internal Affairs Unit in conjunction with the office of the Sheriff. Access to these files may only be approved by the Sheriff or the supervisor of the Internal Affairs Unit. These files shall contain:

(a) The complete investigation of all formal complaints of employee misconduct, regardless of disposition (Penal Code § 832.12).

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1. Each investigation file shall be sequentially numbered within a calendar year (e.g., yy-001, yy-002).
2. Investigation files arising from a complaint regarding any employee shall be maintained no less than two years.

(b) Investigations that result in other than a sustained finding shall be maintained for the minimum statutory period but may not be used by the Office to adversely affect an employee's career.

213.5.4 TRAINING FILES

An individual training file shall be maintained by the Training Unit for each employee. Training files will contain records of all training (original or photocopies of available certificates, transcripts, diplomas and other documentation) and education.

(a) It shall be the responsibility of the involved employee to provide the Training Manager or immediate supervisor with evidence of completed training/education in a timely manner.

(b) The Training Manager or supervisor shall ensure that copies of such training records are placed in the employee's training file.

213.5.5 MEDICAL FILE

A medical file shall be maintained separately from all other files and shall contain all documents relating to the employee's medical condition and history, including but not limited to:

(a) Materials relating to medical leaves of absence.

(b) Documents relating to workers' compensation claims or receipt of short- or long-term disability benefits.

(c) Fitness-for-duty examinations, psychological and physical examinations, follow-up inquiries and related documents.

(d) Medical release forms, doctor's slips and attendance records that reveal an employee's medical condition.

(e) Any other documents or material that reveals the employee's medical history or medical condition, including past, present or potential psychological or physical limitations.

213.6 PURGING OF FILES

All disciplinary files and investigations of complaints not pending litigation or other ongoing legal proceedings may be purged no sooner than two years from the underlying complaint date.

(a) Each supervisor responsible for completing the employee's performance evaluation shall also determine whether any prior sustained disciplinary file should be retained beyond the statutory period for reasons other than pending litigation or other ongoing legal proceedings.

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(b) If a supervisor determines that records of prior discipline should be retained beyond the applicable statutory period, approval for such retention shall be obtained through the chain of command from the Sheriff.

(c) During the preparation of each employee's performance evaluation, all complaints and discipline should be reviewed to determine the relevancy, if any, to progressive discipline, training and career development. If, in the opinion of the Sheriff, a complaint or disciplinary action beyond the statutory retention period is no longer relevant, all records of such matter may be destroyed pursuant to resolution.

213.7 BRADY MATERIAL IN PERSONNEL FILES

The purpose of this section is to establish a procedure for releasing potentially exculpatory information (*Brady* material) contained within personnel files.

If an employee is a material witness in a criminal case, a person or persons designated by the Sheriff may examine the subject correctional officer's personnel file to determine whether it contains *Brady* material.

Brady material includes all material evidence and facts that are reasonably believed to be exculpatory to any individual in a case (to impeach a witness, for example). Evidence or facts are considered material if there is a reasonable probability that they may affect the result of any criminal proceeding, including sentencing. If potential *Brady* material is located, the prosecuting attorney shall be notified.

Because a determination of what is or is not *Brady* material will often require legal or even judicial review, any questions should be resolved by the prosecuting attorney.

Prior to the release of any materials pursuant to this process, the custodian of records should request a protective order from the court limiting the use of such materials to the involved case and requiring the return of all copies upon completion of the case.

213.8 RELEASE OF PERSONNEL RECORDS AND RECORDS RELATED TO CERTAIN INCIDENTS, COMPLAINTS, AND INVESTIGATIONS OF OFFICERS/DEPUTIES

Personnel records and records related to certain incidents, complaints, and investigations of correctional officers shall be released pursuant to a proper request under the Public Records Act and subject to redaction and delayed release as provided by law.

The custodian of records should work as appropriate with the Sheriff or the Internal Affairs Unit supervisor in determining what records may qualify for disclosure when a request for records is received and if the requested record is subject to redaction or delay from disclosure.

For purposes of this section, a record includes (Penal Code § 832.7(b)(2)):

- All investigation reports.
- Photographic, audio, and video evidence.
- Transcripts or recordings of interviews.
- Autopsy reports.

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- All materials compiled and presented for review to the District Attorney or to any person or body charged with determining whether to file criminal charges against a correctional officer in connection with an incident, or whether the correctional officer's action was consistent with law and office policy for purposes of discipline or administrative action, or what discipline to impose or corrective action to take.
- Documents setting forth findings or recommending findings.
- Copies of disciplinary records relating to the incident, including any letters of intent to impose discipline, any documents reflecting modifications of discipline due to the *Skelly* or grievance process, and letters indicating final imposition of discipline or other documentation reflecting implementation of corrective action.

Unless a record or information is confidential or qualifies for delayed disclosure as provided by Penal Code § 832.7(b)(7) or other law, the following records shall be made available for public inspection upon request (Penal Code § 832.7):

(a) Records relating to the report, investigation, or findings:

1. The discharge of a firearm at another person by a correctional officer.
2. The use of force against a person resulting in death or in great bodily injury (as defined by Penal Code § 243(f)(4)) by a correctional officer.

(b) Records relating to an incident where a sustained finding (see the Personnel Complaints Policy) was made by the Office or oversight agency regarding:

1. A correctional officer engaged in sexual assault of a member of the public (as defined by Penal Code § 832.7(b)).
2. Dishonesty of a correctional officer relating to the reporting, investigation, or prosecution of a crime, or directly relating to the reporting of, or investigation of misconduct by, another correctional officer, including but not limited to any sustained finding of perjury, false statements, filing false reports, destruction, falsifying, or concealing of evidence.

A record from a separate and prior investigation or assessment of a separate incident shall not be released unless it is independently subject to disclosure (Penal Code § 832.7(b)(3)).

When an investigation involves multiple correctional officers, the Office shall not release information about allegations of misconduct or the analysis or disposition of an investigation of a correctional officerunless it relates to a sustained finding of a qualified allegation as provided by Penal Code § 832.7(b)(4) against the correctional officer. However, factual information about the action of the correctional officer during an incident or the statements of a correctional officer shall be released if the statements are relevant to a sustained finding of a qualified allegation against another correctional officer that is subject to release (Penal Code § 832.7(b)(4)).

A record of a civilian complaint, or the investigations, findings, or dispositions of that complaint, shall not be released if the complaint is frivolous or if the complaint is unfounded (Penal Code § 832.7(b)(8)).

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213.8.1 REDACTION

The custodian of records, in consultation with the Sheriff or the authorized designee, shall redact the following portions of records made available for release (Penal Code § 832.7(b)(5)):

(a) Personal data or information (e.g., home address, telephone number, identities of family members) other than the names and work-related information of correctional officers

(b) Information that would compromise the anonymity of complainants and witnesses

(c) Confidential medical, financial, or other information where disclosure is prohibited by federal law or would cause an unwarranted invasion of personal privacy that clearly outweighs the strong public interest in records about misconduct and serious use of force

(d) Where there is a specific, articulable, and particularized reason to believe that disclosure of the record would pose a significant danger to the physical safety of the correctional officer or another person

Additionally, a record may be redacted, including redacting personal identifying information, where, on the facts of the particular case, the public interest served by not disclosing the information clearly outweighs the public interest served by disclosing it (Penal Code § 832.7(b)(6)).

213.8.2 DELAY OF RELEASE

Unless otherwise directed by the Sheriff, the custodian of records should consult with a supervisor familiar with the underlying investigation to determine whether to delay disclosure of records relating to the discharge of a firearm or use of force resulting in death or in great bodily injury due to any of the following conditions (Penal Code § 832.7):

(a) Active criminal investigations

1. Disclosure may be delayed 60 days from the date the use of force occurred or until the District Attorney determines whether to file criminal charges, whichever occurs sooner.

2. After the initial 60 days, delay of disclosure may be continued if the disclosure could reasonably be expected to interfere with a criminal enforcement proceeding against a correctional officer or against someone other than a correctional officer who used the force.

(b) Filed criminal charges

1. When charges are filed related to an incident where force was used, disclosure may be delayed until a verdict on those charges is returned at trial or, if a plea of guilty or no contest is entered, the time to withdraw the plea has passed.

(c) Administrative Investigations

1. Disclosure may be delayed until whichever occurs later:

(a) There is a determination from the investigation whether the use of force violated law or office policy, but no longer than 180 days after the date of the office’s discovery of the use of force or allegation of use of force

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(b) Thirty days after the close of any criminal investigation related to the correctional officer's use of force.

213.8.3 NOTICE OF DELAY OF RECORDS

When there is justification for delay of disclosure of records relating to the discharge of a firearm or use of force resulting in death or in great bodily injury during an active criminal investigation, the custodian of records shall provide written notice of the reason for any delay to a requester as follows (Penal Code § 832.7):

(a) Provide the specific basis for the determination that the interest in delaying disclosure clearly outweighs the public interest in disclosure. The notice shall also include the estimated date for the disclosure of the withheld information.

(b) When delay is continued beyond the initial 60 days because of criminal enforcement proceedings against anyone at 180-day intervals provide, the specific basis that disclosure could reasonably be expected to interfere with a criminal enforcement proceeding and the estimated date for disclosure.

1. Information withheld shall be disclosed when the specific basis for withholding the information is resolved, the investigation or proceeding is no longer active, or no later than 18 months after the date of the incident, whichever occurs sooner, unless:

(a) When the criminal proceeding is against someone other than a correctional officer and there are extraordinary circumstances to warrant a continued delay due to the ongoing criminal investigation or proceeding, then the Office must show by clear and convincing evidence that the interest in preventing prejudice to the active and ongoing criminal investigation or proceeding outweighs the public interest for prompt disclosure of records about use of serious force by correctional officers.

In cases where an action to compel disclosure is brought pursuant to Government Code § 6258, the Office may justify delay by filing an application to seal the basis for withholding if disclosure of the written basis itself would impact a privilege or compromise a pending investigation (Penal Code § 832.7(b)(7)).

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Employee Compensation

214.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for reviewing compensation and benefit levels for all facility personnel when a labor organization process, Memorandum of Understanding (MOU) or other methodology does not exist. The goal of a compensation and benefit package should be to establish competitive salary and benefits to ensure the ability to recruit, hire and retain qualified staff.

214.2 POLICY

It shall be the policy of this office to strive for parity of compensation and benefits with similar occupational groups in the state or region, whenever fiscal conditions permit, to ensure the ability to recruit, hire and retain qualified staff. Compensation and benefits for correctional officers should be equal to those for law enforcement officers working in the same organization or at the same level of government.

All compensation actions shall be in accordance with civil service rules, labor codes and MOUs for pay and benefits, and subject to fiscal conditions.

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Administrative and Supervisory Inspections

215.1 PURPOSE AND SCOPE

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

215.2 POLICY

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

215.3 INSPECTIONS

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

(a) The general conditions and overall climate of the facility.

(b) The living and working conditions of inmates.

(c) Communication between administrators, managers, supervisors, staff, inmates and the visiting public.

(d) Compliance with policies.

(e) Safety, security and sanitation concerns.

(f) Inmate concerns.

(g) Meal services.

215.3.1 AREAS TO BE INSPECTED

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

- Inmate housing areas
- Booking and receiving areas, including holding cells
- Exercise yard and recreation areas
- Visiting and program areas
- Medical and dental service areas
- Vocational work areas, e.g., the kitchen, janitorial closets

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- Sallyports and transportation staging areas

215.4 INSPECTIONS OF SECURITY EQUIPMENT

The Jail Commander shall be responsible for designating a qualified person to conduct weekly inspections of all security devices, identifying those in need of repair or maintenance and providing a written report of the results of the inspection. The Jail Commander shall document all action taken to correct identified deficiencies, including maintenance records, and shall retain those records in accordance with established records retention schedules.

215.5 DOCUMENTATION AND REPORTING

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

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

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Perimeter Security

216.1 PURPOSE AND SCOPE

The purpose of this policy is to establish this facility's perimeters, to ensure that incarcerated inmates remain inside the perimeters, and that visitors, vendors, volunteers and employee access is granted only with proper authorization and through designated safety vestibules and sallyports. The secure perimeter of this facility will provide protection from the escape of persons being processed, held or housed, and will act as a defense against the entry of unauthorized persons. It shall be maintained to prevent contraband from entering the secure areas of the facility (15 CCR 1029(a)(6)).

216.2 POLICY

All entry points to the secure perimeter of the facility shall be monitored and controlled continuously by Booking staff. The entire perimeter shall be inspected, maintained, monitored and continuously assessed to ensure its physical integrity and prevent unauthorized entry, inmate escape and contraband from entering the facility.

216.2.1 VISITORS

This facility shall be maintained as a secure area and no person shall enter any portion of the inner perimeter without specific authorization from the Jail Commander or the authorized designee. All visitors shall be required to provide satisfactory identification, such as a valid driver's license, valid passport or military identification. Visitors shall be required to sign in on the visitor log and state the reason for the visit. Visitors must wear a visitor's badge at all times and shall be escorted by one or more staff members at all times while they are in the secure areas of the facility.

216.3 PROCEDURE

The secure perimeter shall be maintained by assigned staff as well as a contracted law enforcement agency. The Jail Commander or the authorized designee shall ensure that a staffing plan is in place to monitor the secure perimeter of this facility. Suspicious activity at or near the perimeter shall immediately be reported to the Shift Supervisor and the Booking. The Booking staff shall initiate an appropriate law enforcement response.

Individuals suspected to be in violation of any law may be subject to detention or arrest. Warrant checks should be conducted on all individuals who are on the property without proper authorization. Individuals found to be loitering on or around the perimeter of the facility will be stopped and questioned to determine the circumstances of their presence. They may be denied entrance into the facility.

The Booking staff shall identify all persons seeking to gain access to the secure perimeter of the facility. Persons delivering goods or services shall identify themselves to the Booking staff prior to being allowed access to the delivery area.

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Perimeter Security

Materials delivered to or transported from the facility's secure perimeter shall be inspected for contraband. Vendors making deliveries into the secure area of the facility will do so under the supervision of custody staff.

Keys to the secure perimeter shall be easily identifiable and issued only in emergency situations or with the authorization of the Jail Commander.

Weapons lockers are provided outside all secure perimeter entrances. All weapons must be secured prior to an individual being allowed to enter the facility.

The sallyport and the secure garage are to be used for the transfer of inmates.

Operation of the sallyport doors will be done in such a manner as to effectively control movement into and out of the secure inner perimeter of this facility. Booking staff are responsible for ensuring all perimeter surveillance equipment is in good working order and shall immediately report malfunctions or failures to the on-duty supervisor.

Outer perimeter security may be accomplished by using fencing or another type of barrier. These barriers should be designed to route vehicular and pedestrian traffic away from non-public areas. Outer perimeter lighting should be designed to illuminate all areas of the exterior to allow visual inspection by video monitor or perimeter patrols.

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Accessibility - Facility and Equipment

217.1 PURPOSE AND SCOPE

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

217.1.1 DISABILITY DEFINED

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

217.2 POLICY

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

217.2.1 ACCOMMODATIONS

As part of the compliance with the ADA and the commitment to provide access to persons with disabilities, the Office will provide reasonable accommodations in areas that include, but are not limited to:

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

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217.2.2 ADA COORDINATOR

The Jail Commander should appoint a staff member to serve as the ADA Coordinator, whose primary responsibilities include, but are not limited to, coordinating compliance with ADA requirements. The ADA Coordinator should be knowledgeable and experienced in a variety of areas, including:

(a) The office structure, activities and employees, including special issues relating to the requirements of the jail.

(b) The ADA and other laws that address the rights of people with disabilities, such as Section 504 of the Rehabilitation Act, 29 USC § 794.

(c) The accommodation needs of people with a broad range of disabilities.

(d) Alternative formats and technologies that enable staff, inmates and the public with disabilities to communicate, participate and perform tasks related to jail activities.

(e) Construction and remodeling requirements with respect to ADA design standards.

(f) Working cooperatively with staff, inmates and the public with disabilities.

(g) Local disability advocacy groups or other disability groups.

(h) Negotiation and mediation.

217.2.3 TRAINING

The ADA Coordinator should work with the Training Manager as appropriate, developing training regarding issues specifically related, but not limited to:

(a) The requirements of Section 504 of the Rehabilitation Act, 29 USC § 794.

(b) Office policies and procedures relating to ADA requirements.

217.3 ACCOMMODATIONS

As part of the compliance with the ADA and the commitment to provide access to persons with disabilities, the Office will provide reasonable accommodations that include, but are not limited to:

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

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

217.3.1 MEMBER RESPONSIBILITIES

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

Members becoming aware of any potential ADA violation should document the issue in a memorandum and forward the memorandum to the Jail Commander with a copy to the ADA coordinator.

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

217.4 ADA COORDINATOR

The Jail Commander should appoint a staff member to serve as the ADA coordinator, whose primary responsibilities include, but are not limited to, coordinating compliance with ADA requirements. The ADA coordinator should be knowledgeable and experienced in a variety of areas, including:

(a) The office's structure, activities and employees, including special issues relating to the requirements of the jail.

(b) The ADA and other laws that address the rights of people with disabilities, such as Section 504 of the Rehabilitation Act (29 USC § 794).

(c) The accommodation needs of people with a broad range of disabilities.

(d) Alternative formats and technologies that enable staff, inmates and the public with disabilities to communicate, participate and perform tasks related to jail activities.

(e) Construction and remodeling requirements with respect to ADA design standards.

(f) Working cooperatively with staff, inmates and the public with disabilities, as well as with local disability advocacy groups or other disability groups.

(g) Negotiation and mediation.

217.4.1 DISSEMINATION OF INFORMATION

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

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

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217.5 TRAINING

The ADA coordinator should work with the Training Manager as appropriate, developing training regarding issues specifically related, but not limited to:

(a) The requirements of Section 504 of the Rehabilitation Act (29 USC § 794).

(b) Office policies and procedures relating to ADA requirements.

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News Media Relations

218.1 PURPOSE AND SCOPE

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

218.2 POLICY

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

218.2.1 MEDIA REQUEST

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

(a) At no time shall any employee of this office make any comment or release any official information to the media without prior approval from a supervisor or the designated Public Information Officer.

(b) In any situation involving a law enforcement agency, reasonable efforts shall be made to coordinate media releases with the authorized representative of each involved agency prior to the release of any information by this office.

(c) Under no circumstance should any member of this office make any comment to the media regarding any law enforcement or corrections-related incident that does not involve this office without prior approval of the Sheriff or the authorized designee.

218.3 MEDIA ACCESS

Authorized members of the media shall be provided access to scenes of disasters, investigations, emergencies and other law enforcement activities related to this facility, subject to the following conditions:

(a) The media representative shall produce valid press credentials that shall be prominently displayed at all times.

(b) Media representatives may be prevented from interfering with emergency operations and investigations.

1. In situations where media access would reasonably appear to interfere with the facility's security, emergency operations and/or an investigation, every reasonable effort should be made to provide media representatives with information regarding the incident in such a manner that does not compromise

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the safety and security of the inmates, staff or the facility itself. All data released to the media should be coordinated through the office Public Information Officer or other designated spokesperson.

(c) No member of this office shall be subjected to media visits or interviews without the consent of the involved employee.

(d) Media interviews with individuals who are in custody shall not be permitted without the approval of the Sheriff and the express consent of the person in custody. The supervisor shall obtain a signed waiver from the inmate prior to being interviewed, photographed or videotaped.

218.3.1 PROVIDING ADVANCE INFORMATION

To protect the safety and rights of personnel working in this facility, advance information about planned actions by custody personnel, such as movement of persons in custody or the execution of a mass arrest in which field booking is arranged, should not be disclosed to the news media nor should media representatives be invited to be present at such actions except with the prior approval of the Sheriff.

Any exceptions to the above should only be considered for the furtherance of this facility's legitimate purposes. Prior to approving any exception, the Sheriff will consider, at minimum, whether the release of information or the presence of the media would unreasonably endanger any individual, prejudice the rights of any person or is otherwise prohibited by law.

218.4 SCOPE OF INFORMATION SUBJECT TO RELEASE

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

(a) The full name and occupation of the inmate

(b) The inmate's physical description, including date of birth

(c) Date and time of arrest

(d) Date and time of booking

(e) Location of arrest

(f) The factual circumstances surrounding the inmate's arrest

(g) All charges the inmate is being held on, including outstanding warrants, probation/ parole holds

(h) Amount of bail

(i) The time and manner of the inmate's release or the location where the inmate is currently being held

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(j) Court appearance dates

(k) Arresting agency

Information on this facility's policies and procedures regarding non-security related matters, (i.e., programs, facility rules and regulations, visitation, health care, religious services) can be released to the general public by any custody staff member. A copy of the applicable portions of this facility's policy and procedures manual can be made available for public review with the approval of the Sheriff.

Any information related to the applicable portions shall be redacted before being provided to the general public. Applicable regulations for the operation of a custody facility can be made available for review by the public and inmates. Inmates can request a copy through the inmate programs staff.

Information related to escapes, suicides or crimes occurring in this facility shall only be released with the approval of the Jail Commander or the authorized designee.

Identifying information pertaining to a juvenile detainee shall not be publicly released without prior approval of a competent court, except as otherwise authorized by law. Information concerning incidents involving certain sex crimes and other offenses set forth in all applicable laws shall be restricted.

Identifying information concerning deceased individuals shall not be released to the media until notification of next of kin or until otherwise cleared by the coroner's/medical examiner's office or otherwise required by law.

218.4.1 RESTRICTED INFORMATION

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

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

(a) Confidential personnel information concerning staff and volunteers of the Office.

1. The identities of custody personnel involved in major incidents may only be released to the media pursuant to consent of the involved personnel or upon a request processed in accordance with the Public Records Act.

(b) Criminal history information.

(c) Information that would tend to endanger the safety of any individual or jeopardize the successful completion of any ongoing investigation.

(d) Information pertaining to pending litigation involving this office.

(e) Information obtained in confidence.

(f) Any information that is otherwise privileged or restricted under state or federal law.

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News Media Relations

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Community Relations and Public Information Plan

219.1 PURPOSE AND SCOPE

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

219.2 POLICY

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

219.3 RESPONSIBILITIES

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

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

(b) Facility rules and procedures affecting inmates as specified in 15 CCR sections:

1. 1045, Public Information Plan
2. 1061, Inmate Education Plan
3. 1062, Visiting
4. 1063, Correspondence
5. 1064, Library Service
6. 1065, Exercise and Recreation
7. 1066, Books, Newspapers, Periodicals and Writings
8. 1067, Access to Telephone
9. 1068, Access to Courts and Counsel
10. 1069, Inmate Orientation
11. 1070, Individual/Family Service Programs
12. 1071, Voting
13. 1072, Religious Observance
14. 1073, Inmate Grievance Procedure
15. 1080, Rules and Disciplinary Penalties

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16. 1081, Plan for Inmate Discipline
17. 1082, Forms of Discipline
18. 1083, Limitations on Discipline
19. 1200, Responsibility for Health Care Services

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

219.4 PROHIBITED MATERIALS

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

219.5 TOURS OF THE CUSTODY FACILITY

Tours of this facility may be arranged through the Jail Commander. Authorized tours are subject to facility rules and restrictions:

(a) Persons who tour this facility must be of an appropriate age as determined by the Sheriff.

(b) A short application form must be completed and a background check for warrants will be conducted before an applicant is approved to participate in a tour.

(c) No hostage form signed

A record of all facility tours should be maintained in accordance with applicable retention requirements.

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Victim Notification of Inmate Release

220.1 PURPOSE AND SCOPE

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

220.2 POLICY

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

220.3 PROCEDURE

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

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

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

220.4 NOTIFICATION

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

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

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

220.4.1 REQUIRED NOTIFICATIONS

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

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

(b) Notice to any person a court identifies as a victim of the offense, a family member of the victim, or a witness upon escape and capture of any person convicted of violating

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Penal Code § 646.9 or convicted of a felony offense involving domestic violence (Penal Code § 646.92(d)).

(c) Notice to any victim or other affected person who has requested notification that an inmate convicted of the offenses listed in Penal Code § 679.02(a)(13) has been ordered placed on probation and the proposed date of release (Penal Code § 679.02(a)(14)).

(d) If the crime was a homicide, notice to any victim or the next of kin of the victim within 60 days of an inmate's placement in a reentry or work furlough program, or of the inmate's escape (Penal Code § 679.02(a)(6)).

(e) Notice of the release of any inmate to victims of crime who have requested to be notified

(f) Notice to law enforcement agencies known to be involved with the case upon any escape and capture of an inmate.

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

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

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Community Service Program

221.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for developing community service programs that are intended to provide work opportunities for inmates and needed services to the community.

221.2 POLICY

It is the policy of the Tehama County Sheriff's Office to promote community service programs that provide work opportunities for inmates and will support public works projects, such as maintenance to county roadways or parks. Activities that benefit individuals, businesses or other private entities that are not considered a public works project are prohibited.

221.3 PROGRAM GUIDELINES

Any community service program is subject to the approval of the Jail Commander or the authorized designee.

Any such program shall be subject to the following guidelines:

(a) The program complies with all statutes, ordinances, regulations, labor agreements, permissions or restrictions relating to inmates whenever they are assigned to public works and community service projects.

(b) There is an availability of inmates who, as a matter of classification, are deemed to be eligible for participation in the community service program.

(c) The number of work opportunities available in the community will determine the availability of opportunities to participate in the community service program.

(d) Staff assigned to manage the program should strive to develop work assignments that give inmates an opportunity to develop good work habits and attitudes that can be applied to jobs obtained after release.

(e) Victim and community input should be solicited and considered when developing community service programs.

(f) There shall be sufficient staff assigned to supervise inmate work crews.

(g) Inmates shall receive appropriate training for the work assignment and the use of any related tools or equipment.

(h) The inmate workday should approximate the typical workday in the community for the type of work being performed. The normal work hours should not exceed eight hours per shift and must include adequate break and meal time.

(i) Inmate performance while in the program should be regularly evaluated and recorded. Poor performance in the work program or violation of rules may render the inmate ineligible to participate in the work program. Any violation of work rules may result in disciplinary action that may include the loss of credits previously awarded for good behavior and work time. Inmates who do not comply with program rules, or for any

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reason cannot work, will be reclassified in accordance with the policies and procedures of the Tehama County Sheriff's Office.

(j) The working conditions for any inmate must comply with all applicable federal, state or local work safety laws and regulations.

221.4 SELECTION PROCESS

Participation in any community service program is strictly voluntary. A classification process that clearly describes the criteria for program participation will be developed by the supervisor in charge of the program.

Any inmate desiring to participate in a community service program is subject to the following:

(a) The inmate must submit to a screening process, including a criminal history check, to ensure that his/her criminal history is compatible with work in non-secure areas.

(b) The inmate must agree in writing to participate in a community service program.

(c) Inmates may be charged a fee for participation in the program in order to offset the cost of administration and staffing.

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Vehicle Safety

222.1 PURPOSE AND SCOPE

It is the policy of this office to maintain and operate the vehicles assigned to this facility in a lawful and safe manner. The Office utilizes office-owned motor vehicles for a variety of applications. To maintain a system of accountability and ensure that office-owned vehicles are used appropriately, regulations relating to the use of these vehicles have been established. The term “office-owned” as used in this section also refers to any vehicle leased or rented by the Office.

222.2 USE AND SECURITY OF OFFICE VEHICLES

All staff members who operate office-owned or leased vehicles must comply with all applicable state laws and must possess a valid driver’s license endorsed for the type of vehicle operated.

A list of individuals who are authorized to drive office vehicles shall be maintained by the Jail Commander. The list shall be updated monthly to ensure that only qualified personnel who are in possession of a current and appropriately endorsed operator’s license are on the list.

222.2.1 USE OF SEAT BELTS

The use of seat belts and other safety restraints significantly reduces the chance of death or injury in case of a traffic collision. This policy establishes guidelines for seat belt use to promote maximum operator and passenger safety, thus reducing the possibility of death or injury as the result of a motor vehicle crash. This policy will apply to all members operating or riding in office vehicles.

All members shall wear properly adjusted safety restraints when operating or riding in a seat equipped with restraints, in any vehicle owned, leased or rented by this office, while on- or off-duty, or in any privately owned vehicle while on-duty. The member driving such a vehicle shall ensure that all other occupants, including non-members, are also properly restrained.

Exceptions to the requirement to wear safety restraints may be made only in exceptional situations where, due to unusual circumstances, wearing a seat belt would endanger the member or the public. Members must be prepared to justify any deviation from this requirement.

Whenever possible, inmates should be secured in a prisoner restraint system or, when a prisoner restraint system is not available, by seat belts. The inmate should be in the seating position for which seat belts have been provided by the vehicle manufacturer. The prisoner restraint system is not intended to be a substitute for handcuffs or other appendage restraints.

No person shall operate any office vehicle in which the seat belt in the driver’s position is inoperable. No person shall be transported in a seated position in which the seat belt is inoperable.

No person shall modify, remove, deactivate or otherwise tamper with the vehicle safety belts, except for vehicle maintenance and repair staff, who shall do so only with the express authorization of the Sheriff.

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Members who discover an inoperable restraint system shall report the defect to the appropriate supervisor. Prompt action will be taken to replace or repair the system.

222.2.2 VEHICLE SECURITY

Office vehicles will be locked and the keys will be secured when not in use. The staff will make every effort to ensure that the vehicles are parked in a secure location.

Under no circumstances will inmates be allowed to operate a vehicle or have possession of any vehicle keys. Inmate workers who are assigned to clean vehicles must be closely supervised by staff.

The loss of any vehicle key shall be promptly reported, in writing, to the on-duty supervisor.

222.3 VEHICLE INSPECTIONS

All office-owned vehicles are subject to inspection and or search at any time by a supervisor. No member assigned to or operating such vehicle shall be entitled to any expectation of privacy with respect to the vehicle or any of its contents, regardless of who owns the contents.

222.4 VEHICLE SAFETY REPAIRS

Anyone authorized to drive office vehicles is responsible for assisting in maintaining the vehicles so that they are properly equipped, maintained and refueled and present a clean appearance.

Anyone authorized to drive office vehicles is responsible for inspecting the interior and exterior of any assigned vehicle before placing the vehicle into service and again at the conclusion of his/her shift. Any previously unreported damage, mechanical problems, unauthorized contents or other problems with the vehicle shall be promptly reported to a supervisor and documented as appropriate.

Vehicles that are deemed as unsafe shall not be used until necessary repairs are made. The written request for repairs shall be submitted before the operator checks out a replacement vehicle. The Jail Commander or the authorized designee shall monitor the maintenance requests and ensure that the necessary repairs are made before the vehicle is placed back into service.

Annual vehicle safety inspections will be conducted on all vehicles that are owned, leased or used by the Office. The inspection will be conducted by a qualified individual designated by the Jail Commander. Inspection reports will be forwarded to and maintained by the Jail Commander.

222.5 USE OF PERSONAL VEHICLES

The use of personal vehicles for official business must be approved by the Jail Commander. The Jail Commander or the authorized designee shall verify that the personal vehicle meets the state's insurance requirements. A copy of the insurance card shall be retained in facility files. All policies and procedures applicable to facility vehicles shall apply to the personal vehicle while it is being used for official business.

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222.6 COLLISION DAMAGE, ABUSE AND MISUSE

When any office-owned or leased vehicle is involved in a traffic collision, the involved member shall promptly notify a supervisor. A traffic collision report shall be filed with the agency having jurisdiction. The member shall complete the office's vehicle collision form.

When a collision involves any office vehicle or when a member of this office is an involved driver in a collision that occurs in this jurisdiction, and the collision results in serious injury or death or potentially involves any criminal charge, an outside agency should be summoned to handle the investigation. If the member is incapable of completing the office's vehicle collision form, a supervisor shall complete the form.

Any damage to a vehicle that was not caused by a traffic collision shall be immediately reported during the shift in which the damage was discovered. It shall be documented in memorandum format and forwarded to the Shift Supervisor. An administrative investigation will be conducted to determine if there is any vehicle abuse or misuse. If it is determined that misuse or abuse was a result of negligent conduct or operation, appropriate disciplinary action may result.

222.7 TOLL ROAD USE

Law enforcement vehicles are not routinely exempt from incurring toll road charges. Pursuant to the non-revenue policy of the toll roads, law enforcement agencies responding to an emergency or incident on the toll roads while on-duty are exempt from paying the toll.

Commuting or returning to the Office after an emergency does not qualify for this exemption; personnel using office-owned vehicles are subject to the toll charge.

To avoid unnecessary toll road violation charges, all members operating a office-owned vehicle on a toll road shall adhere to the following:

(a) Members operating office-owned vehicles for any reason other than an initial response to an emergency shall stop and pay the appropriate toll charge.

(b) Members may submit for reimbursement from the Office for any toll fees.

(c) Members driving office-owned vehicles through a toll plaza or booth during a response to an emergency shall draft a memo to his/her supervisor within five working days, explaining the circumstances.

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Fitness for Duty

223.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that all correctional officers of this office are fit for duty and able to perform their job functions upon hire, and remain fit for duty throughout their employment.

223.2 POLICY

This policy requires all correctional officers to be free from any physical, emotional or mental condition that might adversely affect their ability to effectively perform their duties throughout their employment.

(a) It shall be the responsibility of each employee of this office to maintain physical, emotional and mental conditions sufficient to safely and properly perform the essential duties of his/her job classification.

(b) Each employee of this office shall perform his/her respective duties without physical, emotional and/or mental constraints.

(c) During working hours, all employees are required to be alert, attentive and capable of performing the assigned responsibilities.

(d) Any employee who feels unable to perform his/her duties shall promptly notify a supervisor. In the event that an employee believes another employee is unable to perform his/her duties, such observations and/or belief shall be promptly reported to a supervisor.

223.3 SUPERVISOR RESPONSIBILITIES

(a) A supervisor observing an employee or receiving a report of a employee who is perceived as being unable to safely perform his/her duties due to a physical, emotional or mental condition, shall take prompt and appropriate action to resolve the situation.

(b) Whenever reasonably feasible, the supervisor shall attempt to ascertain the reason or source of the problem. In all cases a preliminary evaluation should be made to determine the employee’s level of inability to perform his/her duties.

(c) In the event the employee appears to be in need of immediate medical or mental health treatment, all reasonable efforts should be made to provide such care.

(d) The employee’s Shift Supervisor or the Jail Commander should determine whether the employee should be temporarily relieved of duty.

(e) The Jail Commander shall be promptly notified in the event that any employee is relieved of duty.

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223.4 NON-WORK RELATED CONDITIONS

Any employee suffering from a non-work related condition that warrants a temporary relief from duty may be required to use sick leave or other paid time off in order to obtain medical treatment or other reasonable relief from symptoms. If the condition is a serious health condition of the employee or a qualified family member, the employee's supervisor should facilitate the employee's contact with the appropriate person to initiate the leave process under the Family and Medical Leave Act.

223.5 WORK-RELATED CONDITIONS

Any employee suffering from a work-related condition that warrants temporary relief from duty shall comply with personnel rules and guidelines for processing such claims.

Upon the recommendation of the Shift Supervisor or supervisor, and with the concurrence of the Jail Commander, any employee whose actions or use of force result in death or serious injury to another may be temporarily removed from regularly assigned duties and/or placed on paid administrative leave for the well-being of the employee, and until such time as the following may be completed:

(a) A preliminary determination indicates that the employee's conduct appears to be in compliance with policy and appropriate for the circumstances.

(b) The employee has had the opportunity to receive necessary counseling and any necessary or required psychological or medical clearance to return to full duty.

223.6 PHYSICAL AND PSYCHOLOGICAL EXAMINATIONS

(a) Whenever circumstances reasonably indicate that the employee may be unfit for duty, the Jail Commander or the authorized designee may serve that employee with a written order to undergo a physical and/or psychological examination in cooperation with office personnel to determine the level of the employee's fitness for duty. The order shall indicate the date, time and place for the examination.

(b) The examining physician or therapist will provide the Office with a report indicating whether the employee is fit for duty. If the employee is not fit for duty, the report should list any functional limitations that restrict his/her ability to perform the job duties. If the employee places his/her condition at issue in any subsequent or related administrative action/grievance, the examining physician or therapist may be required to disclose any information that is relevant to such proceedings.

(c) In order to facilitate the examination of any employee, the Office will provide all appropriate documents and available information to assist in the evaluation and/or treatment.

(d) All reports and evaluations submitted by the treating physician or therapist shall be part of the employee's confidential personnel file.

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(e) Any employee ordered to receive a fitness-for-duty examination shall comply with the terms of the order and cooperate fully with the examining physician or therapist regarding any clinical interview, tests administered or other procedures. Any failure to comply with such an order and any failure to cooperate with the examining physician or therapist, including signing of releases, may be deemed insubordination and shall be subject to discipline, up to and including termination.

(f) Once an employee has been deemed fit for duty by the examining physician or therapist, the employee will be notified to resume his/her duties.

223.7 APPEALS

An employee whose salary is reduced or withheld due to a fitness-for-duty exam shall be entitled to an administrative appeal.

223.8 MEDICAL RECORDS

All employee medical information and records shall be treated as confidential and stored in the employee's separate medical file.

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Staffing Plan

224.1 PURPOSE AND SCOPE

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

224.2 POLICY

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

224.3 STAFFING PLAN REQUIREMENTS

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

At minimum, the staffing plan will include the following:

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

224.4 STAFFING ANALYSIS

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

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

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

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

(a) Operational change

(b) Equipment requirement

(c) Additional training

(d) Supervisory intervention

(e) Additional personnel

224.4.1 DATA COLLECTION FOR ANALYSIS

The following data should be collected and included in the annual staffing analysis:

- All categories of leave usage for each staff member working in the jail
- Date of hire or assignment to a jail position for each member
- Date of transfer from the jail to another non-custody position for each member
- Annual hours of authorized overtime expended during the previous year
- Number of part-time or extra personnel hired during the previous year
- Details of any unusual occurrence or significant medical issues in the jail that were related to staffing during the previous year
- Details of claims or litigation, if any, that were related to staffing levels and were initiated against the facility in the previous year
- Labor contracts/collective bargaining agreements relating to corrections and medical personnel
- Annual training requirements that affected staffing levels in the jail
- Concerns expressed by members of the public
- Any investigations or reports by the grand jury or other government agency, jail monitor or ombudsman
- Other data that may influence the number of personnel available to occupy posted positions

224.5 REPORTING

The Sheriff will cause a report of the findings of the staff analysis to be submitted to the officials responsible for funding the jail operation.

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Employee Speech, Expression and Social Networking

225.1 PURPOSE AND SCOPE

This policy is intended to address issues associated with employee use of social networking sites and to provide guidelines for the regulation and balancing of employee speech and expression with the legitimate needs of the Office.

Nothing in this policy is intended to prohibit or infringe upon any communication, speech or expression that is protected or privileged under law. This includes speech and expression protected under state or federal constitutions as well as labor or other applicable laws. For example, this policy does not limit an employee from speaking as a private citizen, including acting as an authorized member of a recognized bargaining unit, about matters of public concern, such as misconduct or corruption.

Employees are encouraged to consult with their supervisor regarding any questions arising from the application or potential application of this policy.

225.1.1 APPLICABILITY

This policy applies to all forms of communication including, but not limited to, film, video, print media, public or private speech, use of all Internet services, including the World Wide Web, e-mail, file transfer, remote computer access, news services, social networking, social media, instant messaging, blogs, forums, video and other file-sharing sites.

225.2 POLICY

Public employees occupy a trusted position in the community, and thus, their statements have the potential to contravene the policies and performance of this office. Due to the nature of the work and influence associated with the law enforcement profession, it is necessary that employees of this office be subject to certain reasonable limitations on their speech and expression. To achieve its mission and efficiently provide service to the public, the Tehama County Sheriff's Office will carefully balance the individual employee’s rights against the Office’s needs and interests when exercising a reasonable degree of control over its employees’ speech and expression.

225.3 SAFETY

Employees should consider carefully the implications of their speech or any other form of expression when using the Internet. Speech and expression that may negatively affect the safety of the Tehama County Sheriff's Office employees, such as posting personal information in a public forum, can result in compromising an employee’s home address or family ties. Employees should therefore not disseminate or post any information on any forum or medium that could reasonably be anticipated to compromise the safety of any employee, an employee’s family or associates. Examples of the type of information that could reasonably be expected to compromise safety include:

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- Disclosing a photograph and name or address of a correctional officer who is working undercover.
- Disclosing the address of a fellow correctional officer.
- Otherwise disclosing where another correctional officer can be located off-duty.

225.4 PROHIBITED SPEECH, EXPRESSION AND CONDUCT

To meet the office's safety, performance and public-trust needs, the following are prohibited unless the speech is otherwise protected (for example, an employee speaking as a private citizen, including acting as an authorized member of a recognized bargaining unit, on a matter of public concern):

(a) Speech or expression made pursuant to an official duty that tends to compromise or damage the mission, function, reputation or professionalism of the Office or its employees.

(b) Speech or expression that, while not made pursuant to an official duty, is significantly linked to, or related to, the Office and tends to compromise or damage the mission, function, reputation or professionalism of the Office or its employees. Examples may include:

1. Statements that indicate disregard for the law or the state or U.S. Constitution.
2. Expression that demonstrates support for criminal activity.
3. Participating in sexually explicit photographs or videos for compensation or distribution.

(c) Speech or expression that could reasonably be foreseen as having a negative impact on the credibility of the employee as a witness. For example, posting statements or expressions to a website that glorify or endorse dishonesty, unlawful discrimination or illegal behavior.

(d) Speech or expression of any form that could reasonably be foreseen as having a negative impact on the safety of the employees of the jail. For example, a statement on a blog that provides specific details as to how and when prisoner transportations are made could reasonably be foreseen as potentially jeopardizing employees by informing criminals of details that could facilitate an escape or attempted escape.

(e) Speech or expression that is contrary to this office's Code of Ethics.

(f) Use or disclosure, through whatever means, of any information, photograph, video or other recording obtained or accessible as a result of employment with the jail for financial or personal gain, or any disclosure of such materials without the express authorization of the Sheriff or the authorized designee.

(g) Posting, transmitting or disseminating any photographs, video or audio recordings, likenesses or images of office logos, emblems, uniforms, badges, patches, marked

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vehicles, equipment or other material that specifically identifies the Office on any personal or social networking or other website or web page, without the express authorization of the Sheriff.

(h) Accessing websites for non-authorized purposes, or use of any personal communication device, game device or media device, whether personally or office-owned, for personal purposes while on-duty, except in the following circumstances:

1. When brief personal communication may be warranted by the circumstances (e.g., inform family of extended hours).
2. During authorized breaks such usage should be limited as much as practicable to areas out of sight and sound of the public and shall not be disruptive to the work environment.

Employees must take reasonable and prompt action to remove any content, including content posted by others, that is in violation of this policy from any web page or website maintained by the employee (e.g., social or personal website).

225.4.1 UNAUTHORIZED ENDORSEMENTS AND ADVERTISEMENTS

While employees are not restricted from engaging in the following activities as private citizens or as authorized members of a recognized bargaining unit, employees may not represent the Office or identify themselves in any way that could be reasonably perceived as representing the Office in order to do any of the following, unless specifically authorized by the Sheriff (Government Code § 3206; Government Code § 3302):

(a) Endorse, support, oppose or contradict any political campaign or initiative.

(b) Endorse, support, oppose or contradict any social issue, cause or religion.

(c) Endorse, support or oppose any product, service, company or other commercial entity.

(d) Appear in any commercial, social or nonprofit publication or any motion picture, film, video, public broadcast or on any website.

Additionally, when it can reasonably be construed that an employee, acting in his/her individual capacity or through an outside group or organization (e.g., bargaining group), is affiliated with this office, the employee shall give a specific disclaiming statement that any such speech or expression is not representative of the Office.

Employees retain their right to vote as they choose, to support candidates of their choice and to express their opinions as private citizens, including as authorized members of a recognized bargaining unit, on political subjects and candidates at all times while off-duty. However, employees may not use their official authority or influence to interfere with or affect the result of an election or a nomination for office. Employees are also prohibited from directly or indirectly using their official authority to coerce, command or advise another employee to pay, lend or contribute anything of value to a party, committee, organization, agency or person for political purposes (5 USC § 1502).

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225.5 PRIVACY EXPECTATION

Employees forfeit any expectation of privacy with regard to anything published or maintained through file-sharing software or any Internet site open to public view (e.g., Facebook, MySpace).

The Office also reserves the right to access, audit and disclose for whatever reason all messages, including attachments, and any information transmitted over any technology that is issued or maintained by the Office, including the office e-mail system, computer network or any information placed into storage on any office system or device.

All messages, pictures and attachments transmitted, accessed or received over office networks are considered office records and, therefore, are the property of the Office. The Office reserves the right to access, audit and disclose for whatever reason all messages, including attachments, that have been transmitted, accessed or received through any office system or device, or any such information placed into any office storage area or device. This includes records of all key strokes or web-browsing history made at any office computer or over any office network. The fact that access to a database, service or website requires a user name or password will not create an expectation of privacy if it is accessed through office computers or networks.

225.6 CONSIDERATIONS

In determining whether to grant authorization of any speech or conduct that is prohibited under this policy, the factors that the Sheriff or authorized designee should consider include:

(a) Whether the speech or conduct would negatively affect the efficiency of delivering public services.

(b) Whether the speech or conduct would be contrary to the good order of the Office or the efficiency or morale of its members.

(c) Whether the speech or conduct would reflect unfavorably upon the Office.

(d) Whether the speech or conduct would negatively affect the member’s appearance of impartiality in the performance of his/her duties.

(e) Whether similar speech or conduct has been previously authorized.

(f) Whether the speech or conduct may be protected and outweighs any interest of the Office.

225.7 TRAINING

Subject to available resources, the Office should provide training regarding employee speech and the use of social networking to all members of the office.

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Information Technology Use

226.1 PURPOSE AND SCOPE

This purpose of this policy is to provide guidelines for the proper use of office information technology resources, including computers, electronic devices, hardware, software and systems.

226.1.1 DEFINITIONS

Definitions related to this policy include:

Computer system - All computers (on-site and portable), electronic devices, hardware, software, and resources owned, leased, rented or licensed by the Tehama County Sheriff's Office that are provided for official use by its members. This includes all access to, and use of, Internet Service Providers (ISP) or other service providers provided by or through the Office or office funding.

Hardware - Includes, but is not limited to, computers, computer terminals, network equipment, electronic devices, telephones including cellular and satellite, pagers, modems or any other tangible computer device generally understood to comprise hardware.

Software - Includes, but is not limited to, all computer programs, systems and applications including "shareware." This does not include files created by the individual user.

Temporary file, permanent file or file - Any electronic document, information or data residing or located, in whole or in part, on the system including, but not limited to, spreadsheets, calendar entries, appointments, tasks, notes, letters, reports, messages, photographs or videos.

226.2 POLICY

Tehama County Sheriff's Office members shall use information technology resources, including computers, software and systems, that are issued or maintained by the Office in a professional manner and in accordance with this policy.

226.3 PRIVACY EXPECTATION

Members forfeit any expectation of privacy with regard to emails, texts or anything published, shared, transmitted or maintained through file-sharing software or any Internet site that is accessed, transmitted, received or reviewed on any office technology system.

The Office reserves the right to access, audit and disclose, for whatever reason, any message, including attachments, and any information accessed, transmitted, received or reviewed over any technology that is issued or maintained by the Office, including the office e-mail system, computer network or any information placed into storage on any office system or device. This includes records of all key strokes or web-browsing history made at any office computer or over any office network. The fact that access to a database, service or website requires a user name or password will not create an expectation of privacy if it is accessed through office computers, electronic devices or networks.

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226.4 RESTRICTED USE

Members shall not access computers, devices, software or systems for which they have not received prior authorization or the required training. Members shall immediately report unauthorized access or use of computers, devices, software or systems by another member to the Shift Supervisor.

Members shall not use another person’s access passwords, logon information and other individual security data, protocols and procedures unless directed to do so by the Shift Supervisor.

226.4.1 SOFTWARE

Members shall not copy or duplicate any copyrighted or licensed software except for a single copy for backup purposes, in accordance with the software company’s copyright and license agreement.

To reduce the risk of a computer virus or malicious software infection, members shall not install any unlicensed or unauthorized software on any office computer. Members shall not install personal copies of any software on any office computer. Any files or software that a member finds necessary to install on office computers or networks shall be installed only with the approval of office information systems technology (IT) staff and only after being properly scanned for malicious attachments.

When related to criminal investigations, software program files may be downloaded only with the approval of IT staff and with the authorization of the Sheriff or the authorized designee.

No member shall knowingly make, acquire or use unauthorized copies of computer software that is not licensed to the Office while on office premises, computer system or electronic device. Such unauthorized use of software exposes the Office and involved members to severe civil and criminal penalties.

Introduction of software by members should only occur as a part of the automated maintenance or update process of office- or county-approved or installed programs by the original manufacturer, producer or developer of the software. Any other introduction of software requires prior authorization from IT staff.

226.4.2 HARDWARE

Access to technology resources provided by or through the Office shall be strictly limited to office-related activities. Data stored on or available through office computer systems shall only be accessed by authorized members who are engaged in an active investigation, assisting in an active investigation, or who otherwise have a legitimate law enforcement or office-related purpose to access such data. Any exceptions to this policy must be approved by the Shift Supervisor.

226.4.3 INTERNET USE

Internet access provided by or through the Office shall be strictly limited to office-related activities. Internet sites containing information that is not appropriate or applicable to office use and which shall not be intentionally accessed include, but are not limited to, adult forums, pornography,

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gambling, chat rooms, and similar or related Internet sites. Certain exceptions may be permitted with the express approval of the Shift Supervisor as a function of a member's assignment.

Downloaded information from the Internet shall be limited to messages, mail and data files.

226.4.4 OFF-DUTY USE

Members shall only use technological resources related to their job while on-duty or in conjunction with specific on-call assignments unless specifically authorized by the Shift Supervisor. This includes the use of telephones, cell phones, texting, e-mail or any other "off-the-clock" work-related activities.

226.5 PROTECTIONS OF SYSTEMS AND FILES

All members have a duty to protect the computer system and related systems and devices from physical and environmental damage and are responsible for the correct use, operation, care and maintenance of the computer system.

Members shall ensure office computers and access terminals are not viewable by persons who are not authorized users. Computers and terminals should be secured, users logged off and password protections enabled whenever the user is not present. Access passwords, logon information and other individual security data, protocols and procedures are confidential information and are not to be shared. Password length, format, structure and content shall meet the prescribed standards required by the computer system or as directed by the Shift Supervisor and shall be changed at intervals as directed by IT staff or the Shift Supervisor.

It is prohibited for a member to allow an unauthorized user to access the computer system at any time or for any reason. Members shall promptly report any unauthorized access to the computer system or suspected intrusion from outside sources (including the Internet) to the Shift Supervisor.

226.6 INSPECTION OR REVIEW

The Shift Supervisor or the authorized designee has the express authority to inspect or review the computer system, all temporary or permanent files, related electronic systems or devices, and any contents thereof, whether such inspection or review is in the ordinary course of his/her duties or based on cause.

Reasons for inspection or review may include, but are not limited to, computer system malfunctions, problems or general computer system failure, a lawsuit against the Office involving one of its members or a member's duties, an alleged or suspected violation of any office policy, request for disclosure of data, or a need to perform or provide a service.

The IT staff may extract, download, or otherwise obtain any and all temporary or permanent files residing or located in or on the office computer system when requested by the Shift Supervisor or during the course of regular duties that require such information.

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Payroll Records

227.1 PURPOSE AND SCOPE

This policy provides the guidelines for completing and submitting payroll records of office members who are eligible for the payment of wages.

227.2 POLICY

The Tehama County Sheriff's Office maintains timely and accurate payroll records.

227.3 RESPONSIBILITIES

Members are responsible for the accurate completion and timely submission of their payroll records for the payment of wages.

Supervisors are responsible for approving the payroll records for those under their commands.

227.4 TIME REQUIREMENTS

Members who are eligible for the payment of wages are paid on a scheduled, periodic basis, generally on the same day or date each period, with certain exceptions, such as holidays. Payroll records shall be completed and submitted to Administration as established by the county payroll procedures.

227.5 RECORDS

The Captain shall ensure that accurate and timely payroll records are maintained as required by 29 CFR 516.2 for a minimum of three years (29 CFR 516.5).

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Temporary Modified-Duty Assignments

228.1 PURPOSE AND SCOPE

This policy establishes procedures for providing temporary modified-duty assignments. This policy is not intended to affect the rights or benefits of employees under federal or state law, county rules, and current memorandums of understanding or collective bargaining agreements. For example, nothing in this policy affects the obligation of the Office to engage in a good faith, interactive process to consider reasonable accommodations for any employee with a temporary or permanent disability that is protected under federal or state law.

228.2 POLICY

Subject to operational considerations, the Tehama County Sheriff's Office may identify temporary modified-duty assignments for employees who have an injury or medical condition resulting in temporary work limitations or restrictions. A temporary assignment allows the employee to work, while providing the Office with a productive employee during the temporary period.

228.3 GENERAL CONSIDERATIONS

Priority consideration for temporary modified-duty assignments will be given to employees with work-related injuries or illnesses that are temporary in nature. Employees having disabilities covered under the Americans with Disabilities Act (ADA) or the California Fair Employment and Housing Act (Government Code § 12940 et seq.) shall be treated equally, without regard to any preference for a work-related injury.

No position in the Tehama County Sheriff's Office shall be created or maintained as a temporary modified-duty assignment.

Temporary modified-duty assignments are a management prerogative and not an employee right. The availability of temporary modified-duty assignments will be determined on a case-by-case basis, consistent with the operational needs of the Office. Temporary modified-duty assignments are subject to continuous reassessment, with consideration given to operational needs and the employee’s ability to perform in a modified-duty assignment.

The Sheriff or the authorized designee may restrict employees working in temporary modified-duty assignments from wearing a uniform, displaying a badge, carrying a firearm, operating an office-owned vehicle, or engaging in outside employment, or may otherwise limit them in employing their peace officer powers.

Temporary modified-duty assignments shall generally not exceed a cumulative total of 1,040 hours in any one-year period.

228.4 PROCEDURE

Employees may request a temporary modified-duty assignment for short-term injuries or illnesses.

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Employees seeking a temporary modified-duty assignment should submit a written request to the Captain or the authorized designee. The request should, as applicable, include a certification from the treating medical professional containing:

(a) An assessment of the nature and probable duration of the illness or injury.

(b) The prognosis for recovery.

(c) The nature and scope of limitations and/or work restrictions.

(d) A statement regarding any required workplace accommodations, mobility aids, or medical devices.

(e) A statement that the employee can safely perform the duties of the temporary modified-duty assignment.

The Captain will make a recommendation through the chain of command to the Sheriff regarding temporary modified-duty assignments that may be available based on the needs of the Office and the limitations of the employee. The Sheriff or the authorized designee shall confer with the Personnel Department or the County Counsel as appropriate.

Requests for a temporary modified-duty assignment of 20 hours or less per week may be approved and facilitated by the Captain or the Captain, with notice to the Sheriff.

228.5 ACCOUNTABILITY

Written notification of assignments, work schedules, and any restrictions should be provided to employees assigned to temporary modified-duty assignments and their supervisors. Those assignments and schedules may be adjusted to accommodate office operations and the employee's medical appointments, as mutually agreed upon with the Captain.

228.5.1 EMPLOYEE RESPONSIBILITIES

The responsibilities of employees assigned to temporary modified duty shall include but are not limited to:

(a) Communicating and coordinating any required medical and physical therapy appointments in advance with their supervisors.

(b) Promptly notifying their supervisors of any change in restrictions or limitations after each appointment with their treating medical professionals.

(c) Communicating a status update to their supervisors no less than once every 30 days while assigned to temporary modified duty.

(d) Submitting a written status report to the Captain that contains a status update and anticipated date of return to full duty when a temporary modified-duty assignment extends beyond 60 days.

228.5.2 SUPERVISOR RESPONSIBILITIES

The employee's immediate supervisor shall monitor and manage the work schedule of those assigned to temporary modified duty.

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The responsibilities of supervisors shall include but are not limited to:

(a) Periodically apprising the Captain of the status and performance of employees assigned to temporary modified duty.

(b) Notifying the Captain and ensuring that the required documentation facilitating a return to full duty is received from the employee.

(c) Ensuring that employees returning to full duty have completed any required training and certification.

228.6 MEDICAL EXAMINATIONS

Prior to returning to full-duty status, employees shall be required to provide certification from their treating medical professionals stating that they are medically cleared to perform the essential functions of their jobs without restrictions or limitations.

The Office may require a fitness-for-duty examination prior to returning an employee to full-duty status, in accordance with the Fitness for Duty Policy.

228.7 PREGNANCY

If an employee is temporarily unable to perform regular duties due to a pregnancy, childbirth, or a related medical condition, the employee will be treated the same as any other temporarily disabled employee (42 USC § 2000e(k)). A pregnant employee shall not be involuntarily transferred to a temporary modified-duty assignment. Nothing in this policy limits a pregnant employee's right to a temporary modified-duty assignment if required under Government Code § 12945.

228.7.1 NOTIFICATION

Pregnant employees should notify their immediate supervisors as soon as practicable and provide a statement from their medical providers identifying any pregnancy-related job restrictions or limitations. If at any point during the pregnancy it becomes necessary for the employee to take a leave of absence, such leave shall be granted in accordance with the county's personnel rules and regulations regarding family and medical care leave.

228.8 PROBATIONARY EMPLOYEES

Probationary employees who are assigned to a temporary modified-duty assignment shall have their probation extended by a period of time equal to their assignment to temporary modified duty.

228.9 MAINTENANCE OF CERTIFICATION AND TRAINING

Employees assigned to temporary modified duty shall maintain all certification, training, and qualifications appropriate to both their regular and temporary duties, provided that the certification, training, or qualifications are not in conflict with any medical limitations or restrictions. Employees who are assigned to temporary modified duty shall inform their supervisors of any inability to maintain any certification, training, or qualifications.

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Illness and Injury Prevention

229.1 PURPOSE AND SCOPE

The purpose of this policy is to establish an ongoing and effective plan to reduce the incidence of illness and injury for members of the Tehama County Sheriff's Office, in accordance with the requirements of 8 CCR 3203.

This policy specifically applies to illness and injury that results in lost time or that requires medical treatment beyond first aid. Although this policy provides the essential guidelines for a plan that reduces illness and injury, it may be supplemented by procedures outside the Custody Manual.

This policy does not supersede, but supplements any related county-wide safety efforts.

229.2 POLICY

The Tehama County Sheriff's Office is committed to providing a safe environment for its members and visitors and to minimizing the incidence of work-related illness and injuries. The Office will establish and maintain an Illness and Injury Prevention program and will provide tools, training, and safeguards designed to reduce the potential for accidents, illness, and injuries. It is the intent of the Office to comply with all laws and regulations related to occupational safety.

229.3 ILLNESS AND INJURY PREVENTION PLAN

The Administration Captain is responsible for developing an illness and injury prevention plan that shall include:

(a) Workplace safety and health training programs.

(b) Regularly scheduled safety meetings.

(c) Posted or distributed safety information.

(d) A system for members to anonymously inform management about workplace hazards.

(e) Establishment of a safety and health committee that will:

1. Meet regularly.
2. Prepare a written record of safety and health committee meetings.
3. Review the results of periodic scheduled inspections.
4. Review investigations of accidents and exposures.
5. Make suggestions to command staff for the prevention of future incidents.
6. Review investigations of alleged hazardous conditions.
7. Submit recommendations to assist in the evaluation of member safety suggestions.
8. Assess the effectiveness of efforts made by the Office to meet relevant standards.

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(f) Establishment of a process to ensure serious illnesses or injuries and death are reported as required by the Division of Occupational Safety and Health Administration (Cal/OSHA) (8 CCR 342).

229.4 DIVISIONADMIN DIVISIONCOMMANDER RESPONSIBILITIES

The responsibilities of the Administration Captain include but are not limited to:

(a) Managing and implementing a plan to reduce the incidence of member illness and injury.

(b) Ensuring that a system of communication is in place that facilitates a continuous flow of safety and health information between supervisors and members. This system shall include:

1. New member orientation that includes a discussion of safety and health policies and procedures.
2. Regular member review of the illness and injury prevention plan.

(c) Ensuring that all safety and health policies and procedures are clearly communicated and understood by all members.

(d) Taking reasonable steps to ensure that all members comply with safety rules in order to maintain a safe work environment. This includes but is not limited to:

1. Informing members of the illness and injury prevention guidelines.
2. Recognizing members who perform safe work practices.
3. Ensuring that the member evaluation process includes member safety performance.
4. Ensuring office compliance to meet standards regarding the following:
    (a) Respiratory protection (8 CCR 5144)
    (b) Bloodborne pathogens (8 CCR 5193)
    (c) Aerosol transmissible diseases (8 CCR 5199)
    (d) Heat illness (8 CCR 3395)
    (e) Emergency Action Plan (8 CCR 3220). See the Fire Safety and Evacuation policies.
    (f) Fire Prevention Plan (8 CCR 3221)
    (g) Hazards associated with wildfire smoke (8 CCR 5141.1)

(e) Making available the Identified Hazards and Correction Record form to document inspections, unsafe conditions, or unsafe work practices, and actions taken to correct unsafe conditions and work practices.

(f) Making available the Investigation/Corrective Action Report to document individual incidents or accidents.

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(g) Making available a form to document the safety and health training of each member. This form will include the member's name or other identifier, training dates, type of training, and training providers.

(h) Conducting and documenting a regular review of the illness and injury prevention plan.

229.5 SUPERVISOR RESPONSIBILITIES

Supervisor responsibilities include but are not limited to:

(a) Ensuring member compliance with illness and injury prevention guidelines and answering questions from members about this policy.

(b) Training, counseling, instructing, or making informal verbal admonishments any time safety performance is deficient. Supervisors may also initiate discipline when it is reasonable and appropriate under the Standards of Conduct Policy.

(c) Establishing and maintaining communication with members on health and safety issues. This is essential for an injury-free, productive workplace.

(d) Completing required forms and reports relating to illness and injury prevention; such forms and reports shall be submitted to the Captain.

(e) Notifying the Captain when:

1. New substances, processes, procedures, or equipment that present potential new hazards are introduced into the work environment.
2. New, previously unidentified hazards are recognized.
3. Occupational illnesses and injuries occur.
4. New and/or permanent or intermittent members are hired or reassigned to processes, operations, or tasks for which a hazard evaluation has not been previously conducted.
5. Workplace conditions warrant an inspection.

229.6 HAZARDS

All members should report and/or take reasonable steps to correct unsafe or unhealthy work conditions, practices, or procedures in a timely manner. Members should make their reports to a supervisor (as a general rule, their own supervisors).

Supervisors should make reasonable efforts to correct unsafe or unhealthy work conditions in a timely manner, based on the severity of the hazard. These hazards should be corrected when observed or discovered, when it is reasonable to do so. When a hazard exists that cannot be immediately abated without endangering members or property, supervisors should protect or remove all exposed members from the area or item, except those necessary to correct the existing condition.

Members who are necessary to correct the hazardous condition shall be provided with the necessary protection.

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All significant actions taken and dates they are completed shall be documented on an Identified Hazards and Correction Record form. This form should be forwarded to the Captain via the chain of command.

The Captain will take appropriate action to ensure the illness and injury prevention plan addresses potential hazards upon such notification.

229.7 INSPECTIONS

Safety inspections are crucial to a safe work environment. These inspections identify and evaluate workplace hazards and permit mitigation of those hazards. A hazard assessment checklist should be used for documentation and to ensure a thorough assessment of the work environment.

The Administration Captain shall ensure that the appropriate documentation is completed for each inspection.

229.7.1 EQUIPMENT

Members are charged with daily inspections of their assigned areas and of their PPE as described in the Sanitation Inspections and Daily Activity Logs and Shift Reports policies. Members shall complete the Identified Hazards and Correction Record form if an unsafe condition cannot be immediately corrected. Members should forward this form to their supervisors.

229.8 INESTIGATIONS

Any member sustaining any work-related illness or injury, as well as any member who is involved in any accident or hazardous substance exposure while on-duty, shall report such event as soon as practicable to a supervisor. Members observing or learning of a potentially hazardous condition are to promptly report the condition to their immediate supervisors.

A supervisor receiving such a report should personally investigate the incident or ensure that an investigation is conducted. Investigative procedures for workplace accidents and hazardous substance exposures should include:

(a) A visit to the accident scene as soon as possible.

(b) An interview of the injured member and witnesses.

(c) An examination of the workplace for factors associated with the accident/exposure.

(d) Determination of the cause of the accident/exposure.

(e) Corrective action to prevent the accident/exposure from reoccurring.

(f) Documentation of the findings and corrective actions taken.

(g) Completion of an Investigation/Corrective Action Report form.

(h) Completion of an Identified Hazards and Correction Record form.

Additionally, the supervisor should proceed with the steps to report an on-duty injury, as required under the Occupational Disease and Work-Related Illness and Injury Reporting Policy, in conjunction with this investigation to avoid duplication and ensure timely reporting.

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229.9 TRAINING

The Captain should work with the Training Manager to provide all members, including supervisors, with training on general and job-specific workplace safety and health practices. Training shall be provided:

(a) To supervisors to familiarize them with the safety and health hazards to which members under their immediate direction and control may be exposed.

(b) To all members with respect to hazards specific to each member's job assignment.

(c) To all members given new job assignments for which training has not previously been provided.

(d) Whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard.

(e) Whenever the Office is made aware of a new or previously unrecognized hazard.

229.9.1 TRAINING TOPICS

The Training Manager shall ensure that training includes:

(a) Reporting unsafe conditions, work practices, and injuries, and informing a supervisor when additional instruction is needed.

(b) Use of appropriate clothing, including gloves and footwear.

(c) Use of respiratory equipment.

(d) Availability of toilet, hand-washing, and drinking-water facilities.

(e) Provisions for medical services and first aid.

(f) Handling of bloodborne pathogens and other biological hazards.

(g) Prevention of heat and cold stress.

(h) Identification and handling of hazardous materials, including chemical hazards to which members could be exposed, and review of resources for identifying and mitigating hazards (e.g., hazard labels, Safety Data Sheets (SDS)).

(i) Mitigation of physical hazards, such as heat and cold stress, noise, and ionizing and non-ionizing radiation.

(j) Identification and mitigation of ergonomic hazards, including working on ladders or in a stooped posture for prolonged periods.

(k) Back exercises/stretches and proper lifting techniques.

(l) Avoidance of slips and falls.

(m) Good housekeeping and fire prevention.

(n) Other job-specific safety concerns.

229.10 RECORDS

Records and training documentation relating to illness and injury prevention will be maintained in accordance with the established records retention schedule.

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Occupational Disease and Work-Related Injury Reporting

230.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidance regarding the timely reporting of occupational diseases, mental health issues, and work-related injuries.

230.1.1 DEFINITIONS

Definitions related to this policy include:

Occupational disease or work-related injury - An injury, disease, or mental health issue arising out of employment (Labor Code § 3208; Labor Code § 3208.3; Labor Code § 3212 et seq.).

230.2 POLICY

The Tehama County Sheriff's Office will address occupational diseases and work-related injuries appropriately, and will comply with applicable state workers' compensation requirements (Labor Code § 3200 et seq.).

230.3 RESPONSIBILITIES

230.3.1 MEMBER RESPONSIBILITIES

Any member sustaining any occupational disease or work-related injury shall report such event as soon as practicable, but within 24 hours, to a supervisor, and shall seek medical care when appropriate (8 CCR 14300.35).

230.3.2 SUPERVISOR RESPONSIBILITIES

A supervisor learning of any occupational disease or work-related injury should ensure the member receives medical care as appropriate.

Supervisors shall ensure that required documents regarding workers' compensation are completed and forwarded promptly. Any related countywide disease- or injury- reporting protocol shall also be followed.

Supervisors shall determine whether the Illness and Injury Prevention Policy applies and take additional action as required.

230.3.3 FACILITYMANAGER RESPONSIBILITIES

The [FacilityManager] who receives a report of an occupational disease or work-related injury should review the report for accuracy and determine what additional action should be taken. The report shall then be forwarded to the Sheriff, the county's risk management entity, and the Administration Captain to ensure any required Division of Occupational Health and Safety Administration (Cal/OSHA) reporting is made as required in the illness and injury prevention plan identified in the Illness and Injury Prevention Policy.

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230.3.4 AGENCYHEAD RESPONSIBILITIES
The Sheriff shall review and forward copies of the report to the Personnel Department. Copies of the report and related documents retained by the Office shall be filed in the member’s confidential medical file.

230.4 OTHER DISEASE OR INJURY
Diseases and injuries caused or occurring on-duty that do not qualify for workers’ compensation reporting shall be documented on the designated report of injury form, which shall be signed by a supervisor. A copy of the completed form shall be forwarded to the appropriate Captain through the chain of command and a copy sent to the Administration Captain.

Unless the injury is extremely minor, this report shall be signed by the affected member, indicating that he/she desired no medical attention at the time of the report. By signing, the member does not preclude his/her ability to later seek medical attention.

230.5 SETTLEMENT OFFERS
When a member sustains an occupational disease or work-related injury that is caused by another person and is subsequently contacted by that person, his/her agent, insurance company, or attorney and offered a settlement, the member shall take no action other than to submit a written report of this contact to his/her supervisor as soon as possible.

230.5.1 NO SETTLEMENT WITHOUT PRIOR APPROVAL
No less than 10 days prior to accepting and finalizing the settlement of any third-party claim arising out of or related to an occupational disease or work-related injury, the member shall provide the Sheriff with written notice of the proposed terms of such settlement. In no case shall the member accept a settlement without first providing written notice to the Sheriff. The purpose of such notice is to permit the county to determine whether the offered settlement will affect any claim the county may have regarding payment for damage to equipment or reimbursement for wages against the person who caused the disease or injury, and to protect the county's right of subrogation, while ensuring that the member's right to receive compensation is not affected.

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Evaluation of Employees

231.1 PURPOSE AND SCOPE

The Office's employee performance evaluation system is designed to record work performance for both the Office and the employee, providing recognition for good work and developing a guide for improvement.

231.2 POLICY

The Tehama County Sheriff's Office utilizes a performance evaluation report to measure performance and to use as a factor in making personnel decisions that relate to merit increases, promotion, reassignment, discipline, demotion, and termination. The evaluation report is intended to serve as a guide for work planning and review by the supervisor and employee. It gives supervisors a way to create an objective history of work performance based on job standards.

The Office evaluates employees in a nondiscriminatory manner based upon job-related factors specific to the employee's position, without regard to actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, or other protected class or status.

231.3 EVALUATION PROCESS

Evaluation reports will cover a specific period of time and should be based on documented performance during that period. Evaluation reports will be completed by each employee's immediate supervisor. Other supervisors directly familiar with the employee's performance during the rating period should be consulted by the immediate supervisor for their input.

All sworn and Non-sworn supervisory personnel shall attend an approved supervisory course that includes training on the completion of performance evaluations within one year of the supervisory appointment.

Each supervisor should discuss the tasks of the position, standards of performance expected and the evaluation criteria with each employee at the beginning of the rating period. Supervisors should document this discussion in the prescribed manner.

Assessment of an employee's job performance is an ongoing process. Continued coaching and feedback provides supervisors and employees with opportunities to correct performance issues as they arise.

Non-probationary employees demonstrating substandard performance shall be notified in writing as soon as possible in order to have an opportunity to remediate the issues. Such notification should occur at the earliest opportunity, with the goal being a minimum of 90 days' written notice prior to the end of the evaluation period.

Employees who disagree with their evaluation and who desire to provide a formal response or a rebuttal may do so in writing in the prescribed format and time period.

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231.4 FULL-TIME PROBATIONARY PERSONNEL

Non-sworn personnel are on probation for [12 months] before being eligible for certification as permanent employees. An evaluation is completed monthly for all full-time Non-sworn personnel during the probationary period.

Sworn personnel are on probation for [12 months] before being eligible for certification as permanent employees. Probationary correctional officers are evaluated daily, weekly, and monthly during the probationary period.

231.5 FULL-TIME PERMANENT STATUS PERSONNEL

Permanent employees are subject to three types of performance evaluations:

Regular - An Employee Performance Evaluation shall be completed once each year by the employee's immediate supervisor on the anniversary of the employee's date of hire except for employees who have been promoted in which case an Employee Performance Evaluation shall be completed on the anniversary of the employee's date of last promotion.

Transfer - If an employee is transferred from one assignment to another in the middle of an evaluation period and less than six months have transpired since the transfer, then an evaluation shall be completed by the current supervisor with input from the previous supervisor.

Special - A special evaluation may be completed any time the rater and the rater's supervisor feel one is necessary due to employee performance that is deemed less than standard. Generally, the special evaluation will be the tool used to demonstrate those areas of performance deemed less than standard when follow-up action is planned (action plan, remedial training, retraining). The evaluation form and the attached documentation shall be submitted as one package.

231.5.1 RATINGS

When completing the Employee Performance Evaluation, the rater will place a check mark in the column that best describes the employee's performance. The definition of each rating category is as follows:

Outstanding - Is actual performance well beyond that required for the position. It is exceptional performance, definitely superior or extraordinary.

Exceeds standards - Represents performance that is better than expected of a fully competent employee. It is superior to what is expected, but is not of such rare nature to warrant outstanding.

Meets standards - Is the performance of a fully competent employee. It means satisfactory performance that meets the standards required of the position.

Needs improvement - Is the level of performance less than that expected of a fully competent employee and less than standards required of the position. A needs improvement rating shall be thoroughly discussed with the employee.

Unsatisfactory - Performance is inferior to the standards required of the position. It is inadequate or undesirable performance that cannot be tolerated.

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Space for written comments is provided at the end of the evaluation in the rater comments section. This section allows the rater to document the employee's strengths, weaknesses, and suggestions for improvement. Any rating under any job dimension marked unsatisfactory or outstanding shall be substantiated in the rater comments section.

231.6 EVALUATION INTERVIEW

When the supervisor has completed the preliminary evaluation, arrangements shall be made for a private discussion of the evaluation with the employee. The supervisor should discuss the results of the just completed rating period and clarify any questions the employee may have. If the employee has valid and reasonable protests of any of the ratings, the supervisor may make appropriate changes to the evaluation. Areas needing improvement and goals for reaching the expected level of performance should be identified and discussed. The supervisor should provide relevant counseling regarding advancement, specialty positions, and training opportunities. The supervisor and employee will sign and date the evaluation. Permanent employees may also write comments in the Employee Comments section of the performance evaluation report.

231.6.1 DISCRIMINATORY HARASSMENT FORM

At the time of each employee’s annual evaluation, the reviewing supervisor shall require the employee to read the county and Tehama County Sheriff's Office harassment and discrimination policies. Following such policy review, the supervisor shall provide the employee a form to be completed and returned by the employee certifying the following:

(a) That the employee understands the harassment and discrimination policies.

(b) Whether any questions the employee has have been sufficiently addressed.

(c) That the employee knows how and where to report harassment policy violations.

(d) Whether the employee has been the subject of, or witness to, any conduct that violates the discrimination or harassment policy which has not been previously reported.

The completed form should be returned to the supervisor (or other authorized individual if the employee is uncomfortable returning the form to the presenting supervisor) within one week.

The employee’s completed answers shall be attached to the evaluation. If the employee has expressed any questions or concerns, the receiving supervisor or other authorized individual shall ensure that appropriate follow-up action is taken.

231.7 EVALUATION REVIEW

After the supervisor finishes the discussion with the employee, the signed performance evaluation is forwarded to the rater's supervisor (Captain). The Captain shall review the evaluation for fairness, impartiality, uniformity, and consistency. The [Facility Manager] shall evaluate the supervisor on the quality of ratings given.

231.8 EVALUATION DISTRIBUTION

The original performance evaluation shall be maintained in the employee's personnel file in the office of the Office for the tenure of the employee's employment.

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Evaluation of Employees

A copy will be given to the employee and a copy will be forwarded to county Personnel Department.

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Chapter 3 - Recruitment Selection and Planning

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Qualifications of the Sheriff

300.1

300.2

300.3

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Employee Orientation

301.1 PURPOSE AND SCOPE

The purpose of this policy is to define the parameters for new employee orientation. The purpose of the orientation is to provide new employees with basic information about the facility and the environment in which they will be working. Orientation is not meant to supplant other basic training required by law, ordinance or regulations.

301.2 NEW EMPLOYEE ORIENTATION

Each new facility employee shall receive an orientation prior to assuming his/her duties. At a minimum, the orientation shall include:

- Working conditions
- Code of ethics
- Personnel policy manual
- Employee rights and responsibilities
- Overview of the criminal justice system
- Tour of the facility
- Facility goals and objectives
- Facility organization
- Staff rules and regulations
- Program overview

301.3 EMPLOYEE ACKNOWLEDGEMENTS

Office personnel assigned to provide the new employee orientation will ensure that each new employee is given copies of work rules and regulations, office ethics, and any other office documents, for which the employee will be held accountable.

A staff member will collect a signature page from the employee, acknowledging receipt, review and understanding of the documents. A copy of the signature page shall be retained in the employee's personnel file in accordance with established records retention schedules.

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Continuing Professional Education

302.1 PURPOSE AND SCOPE

This policy is designed to support the ongoing professional education of office personnel at all levels. Continuing professional education provides a broad view of the world and by extension enhances the understanding of the correctional mission as it applies to the Office and the community.

302.1.1 PHILOSOPHY

The Office seeks to encourage continuing education whenever practical. All continuing education programs will be within the framework of negotiated employee agreements and the availability of funds to provide ongoing efforts for self improvement. The Office encourages all personnel to participate in formal education on a continuing basis.

302.2 OBJECTIVES

Training involves activities whereby correctional officers, professional staff, support and contractor personnel learn and demonstrate an understanding of the specific job skills required for each position.

Individuals who engage in furthering their education in conjunction with skills-based training make for well-rounded employees who can better serve the mission of the Office and the community.

Supervisors should accommodate, to the extent feasible and schedules permitting, requests by personnel for shift adjustments and available leave time to assist personnel with their continuing education efforts.

302.3 REQUIRED TRAINING

With the exception of the year that the staff member is enrolled in a core training module, all staff members shall complete the annual required training specified in Section 184 of Title 15 CCR (15 CCR 1025).

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Training for Managers and Supervisors

303.1 PURPOSE AND SCOPE

This policy establishes training requirements and guidelines for supervisory and management staff, and encourages all personnel to participate in basic and continuing professional training.

303.2 POLICY

It is the policy of this office to administer a training program that provides for the professional growth and continued development of its personnel in accordance with all laws, ordinances and regulations. All training is provided with the intent to improve the competency of staff within the confines of funding, the requirements of a given assignment, staffing levels and legal mandates (15 CCR 1021; 15 CCR 1023).

303.3 TRAINING OBJECTIVES

The objectives of the training program are to accomplish the following:

(a) Improve the competency of staff at all levels.

(b) Ensure that staff can carry out the mission of the Office through a thoroughly demonstrated knowledge of office policies and procedures.

(c) Increase the technical expertise and overall effectiveness of personnel.

(d) Provide for continued professional development of office personnel.

303.4 TRAINING FOR NEW MANAGERS AND SUPERVISORS

All Captains and supervisors (full- or part-time) are required to have 80 hours of management and supervision training as specified by the Commission on Peace Officer Standards and Training (POST) or the Standards and Training for Corrections Program (STC) within the first year of their appointment. Supervisors and managers shall thereafter receive a minimum of 24 hours of refresher training annually related to facility management and supervision (15 CCR 1021; 15 CCR 1023; 15 CCR 1025).

303.4.1 SUPERVISORY TRAINING

All supervisory personnel shall have completed core training as specified in the Training Policy, prior to assuming supervisory responsibilities (15 CCR 1021).

303.5 TRAINING RECORDS

The Office shall use training courses certified by a competent government or standards-setting organization whenever practicable. All training should include testing to identify and document the employee’s knowledge of the subject matter.

It shall be the responsibility of the Training Manager to ensure that the following is maintained on file for all training provided by the Office:

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- The course outline or lesson plan
- A roster signed and dated by those in attendance
- The name of the person coordinating the training

It shall be the responsibility of the involved employee to provide his/her immediate supervisor or the Training Manager with evidence of completed training or education in a timely manner. The Training Manager shall ensure that copies of such training records are placed in the employee's training file and retained in accordance with established records retention schedules.

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Jail Training Officer Program

304.1 PURPOSE AND SCOPE

The jail training officer program is intended to provide a standardized program to facilitate the correctional officer's transition from the academic setting to the actual performance of general corrections duties.

It is the policy of this office to assign all new correctional officers to a structured jail training officer program that is designed to prepare the new correctional officer to perform in a custody assignment, and to provide training on all skills needed to operate in a safe, productive and professional manner.

304.2 TRAINING OFFICER

The Jail Training Officer (JTO) is an experienced correctional officer trained in the art and science of supervising, training and evaluating entry-level correctional officers in the application of their previously acquired knowledge and skills.

304.2.1 SELECTION PROCESS

Training officers will be selected based on certain requirements, including:

(a) A desire to perform the training mission.

(b) A minimum of three years as a correctional officer.

(c) A demonstrated ability to be a positive role model.

(d) Evaluation by supervisors and current TOs.

(e) A certificate from the state's law enforcement certifying agency, where applicable.

304.2.2 TRAINING

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

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

304.3 TRAINING OFFICER RESPONSIBILITIES

(a) TOs shall complete and submit a written evaluation on the performance of their assigned trainee to the TO's immediate supervisor on a daily basis.

(b) TOs shall review the performance evaluations with the trainee each day.

(c) A detailed end-of-phase performance evaluation on the assigned trainee shall be completed by the TO at the end of each phase of training.

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

304.4 TRAINING OFFICER PROGRAM SUPERVISOR

The supervisor will be selected from the rank of sergeant or above by the Jail Commander or the authorized designee and shall possess supervisory credentials from the state's law enforcement certifying agency, where applicable. The supervisor's responsibilities include the following:

(a) Assignment of trainees to TOs.

(b) Conduct TO meetings.

(c) Maintain and ensure TO/trainee performance evaluations are completed in a timely manner.

(d) Maintain, update and issue the training manual to each trainee.

(e) Monitor individual TO performance.

(f) Monitor the overall TO program.

(g) Develop ongoing training for TOs.

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Recruitment and Selection

305.1 PURPOSE AND SCOPE

This policy provides a framework for employee recruiting efforts and identifying job-related standards for the selection process. This policy supplements the rules that govern employment practices for the Tehama County Sheriff's Office and that are promulgated and maintained by the Personnel Department.

305.2 APPLICANT QUALIFICATIONS

In addition to being at least 18 years of age, applicants must be either a United States citizen or naturalized citizen prior to appointment and meet all standards that have been adopted for employment in a custody facility.

Applicants for job openings will be selected based on merit, ability, competence and experience. All correctional officer applicants must meet the minimum standards described in applicable laws, ordinances and regulations, in addition to the employment standards established by this office.

305.3 DISQUALIFICATION GUIDELINES

As a general rule, performance indicators, candidate information and records shall be evaluated by considering the candidate as a whole, and taking into consideration the following:

- Age at the time the behavior occurred
- Passage of time
- Patterns of past behavior
- Severity of behavior
- Probable consequences if past behavior is repeated or made public
- Likelihood of recurrence
- Relevance of past behavior to public safety employment
- Aggravating and mitigating factors
- Other relevant considerations

A candidate’s qualifications will be assessed on a case-by-case basis, using a totality-of-the-circumstances framework.

305.3.1 MANDATORY DISQUALIFICATION

No members or contractors shall be hired who have (28 CFR 115.17):

(a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 USC § 1997).

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(b) Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent, or was unable to consent or refuse.

(c) Been civilly or administratively adjudicated to have engaged in the activity described in paragraph (b) of this section.

The Office shall ask all candidates who may have contact with inmates to disclose any conduct described above in written applications or interviews. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

The Office shall make reasonable efforts to contact prior institutions that the candidate has been employed by to inquire about sexual abuse allegations in accordance with 28 CFR 115.17.

305.4 POLICY

In accordance with applicable federal, state, and local law, the Tehama County Sheriff's Office provides equal opportunities for applicants and employees, regardless of actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, or any other protected class or status. The Office does not show partiality or grant any special status to any applicant, employee, or group of employees unless otherwise required by law.

The Office will recruit and hire only those individuals who demonstrate a commitment to service and who possess the traits and characteristics that reflect personal integrity and high ethical standards.

305.5 RECRUITMENT

The Administration Captainshould employ a comprehensive recruitment and selection strategy to recruit and select employees from a qualified and diverse pool of candidates. The strategy should include:

(a) Identification of racially and culturally diverse target markets.

(b) Use of marketing strategies to target diverse applicant pools.

(c) Expanded use of technology and maintenance of a strong internet presence. This may include an interactive office website and the use of officemanaged social networking sites, if resources permit.

(d) Expanded outreach through partnerships with media, community groups, citizen academies, local colleges, universities, and the military.

(e) Employee referral and recruitment incentive programs.

(f) Consideration of shared or collaborative regional testing processes.

The Administration Captain shall avoid advertising, recruiting, and screening practices that tend to stereotype, focus on homogeneous applicant pools, or screen applicants in a discriminatory manner.

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The Administration Captain should strive to facilitate and expedite the screening and testing process, and should periodically inform each candidate of his/her status in the recruiting process.

305.6 SELECTION PROCESS

The Office shall actively strive to identify a diverse group of candidates who have in some manner distinguished themselves as being outstanding prospects. Minimally, the Office should employ a comprehensive screening, background investigation, and selection process that assesses cognitive and physical abilities and includes review and verification of the following:

(a) A comprehensive application for employment (including previous employment, references, current and prior addresses, education, military record)

(b) Driving record

(c) Reference checks

(d) Employment eligibility, including U.S. Citizenship and Immigration Services (USCIS) Employment Eligibility Verification Form I-9 and acceptable identity and employment authorization documents consistent with Labor Code § 1019.1. This required documentation should not be requested until a candidate is hired. This does not prohibit obtaining documents required for other purposes.

(e) Information obtained from public internet sites

(f) Financial history consistent with the Fair Credit Reporting Act (FCRA) (15 USC § 1681 et seq.)

(g) Local, state, and federal criminal history record checks

(h) Lie detector test (when legally permissible) (Labor Code § 432.2)

(i) Medical and psychological examination (may only be given after a conditional offer of employment)

(j) Review board or selection committee assessment

305.6.1 VETERAN'S PREFERENCE

Qualifying veterans of the United States Armed Forces who receive a passing score on an entrance examination shall be ranked in the top rank of any resulting eligibility list. The veteran’s preference shall also apply to a widow or widower of a veteran or a spouse of a 100 percent disabled veteran (Government Code § 18973.1).

305.7 BACKGROUND INVESTIGATION

Every candidate shall undergo a thorough background investigation to verify his/her personal integrity and high ethical standards, and to identify any past behavior that may be indicative of the candidate’s unsuitability to perform duties relevant to the operation of the Tehama County Sheriff's Office (11 CCR 1953).

The narrative report and any other relevant background information shall be shared with the psychological evaluator. Information shall also be shared with others involved in the hiring process if it is relevant to their respective evaluations (11 CCR 1953).

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305.7.1 BACKGROUND INVESTIGATION UPDATE

A background investigation update may, at the discretion of the Sheriff, be conducted in lieu of a complete new background investigation on a peace officer candidate who is reappointed within 180 days of voluntary separation from the Tehama County Sheriff's Office (11 CCR 1953(f)).

305.7.2 NOTICES

Background investigators shall ensure that investigations are conducted and notices provided in accordance with the requirements of the FCRA and the California Investigative Consumer Reporting Agencies Act (15 USC § 1681d; Civil Code § 1786.16).

305.7.3 STATE NOTICES

If information disclosed in a candidate’s criminal offender record information (CORI) is the basis for an adverse employment decision, a copy of the CORI shall be provided to the applicant (Penal Code § 11105).

305.7.4 REVIEW OF SOCIAL MEDIA SITES

Due to the potential for accessing unsubstantiated, private, or protected information, the Office shall not require candidates to provide passwords, account information, or access to password-protected social media accounts (Labor Code § 980).

The Administration Captainshould consider utilizing the services of an appropriately trained and experienced third party to conduct open-source, internet-based searches and/or review information from social media sites to ensure that:

(a) The legal rights of candidates are protected.

(b) Material and information to be considered are verified, accurate, and validated.

(c) The Office fully complies with applicable privacy protections and local, state, and federal law.

Regardless of whether a third party is used, the Office should ensure that potentially impermissible information is not available to any person involved in the candidate selection process.

305.7.5 RECORDS RETENTION

The background report and all supporting documentation shall be maintained for a minimum of two years and in accordance with the established records retention schedule (Government Code § 12946; 11 CCR 1953).

305.7.6 DOCUMENTING AND REPORTING

The background investigator shall summarize the results of the background investigation in a narrative report that includes sufficient information to allow the reviewing authority to decide whether to extend a conditional offer of employment. The report shall not include any information that is prohibited from use, including that from social media sites, in making employment decisions. The report and all supporting documentation shall be included in the candidate’s background investigation file (11 CCR 1953).

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305.8 EMPLOYMENT STANDARDS

All candidates shall meet the minimum standards required by state law (Government Code § 1029; Government Code § 1031; 11 CCR 1950 et seq.). Candidates will be evaluated based on merit, ability, competence, and experience, in accordance with the high standards of integrity and ethics valued by the Office and the community. The California Commission on Peace Officer Standards and Training (POST) developed a Job Dimensions list, which is used as a professional standard in background investigations.

Validated, job-related, and nondiscriminatory employment standards shall be established for each job classification and shall minimally identify the training, abilities, knowledge, and skills required to perform the position's essential duties in a satisfactory manner. Each standard should include performance indicators for candidate evaluation. The Personnel Department should maintain validated standards for all positions.

305.8.1 STANDARDS FOR OFFICERS_DEPUTIES

Candidates shall meet the minimum standards established by POST (Government Code § 1029; Government Code § 1031; 11 CCR 1950 et seq.):

(a) Free of any felony convictions

(b) Citizen of the United States, or permanent resident alien eligible for and has applied for citizenship

(c) At least 18 years of age

(d) Fingerprinted for local, state, and national fingerprint check

(e) Good moral character as determined by a thorough background investigation (11 CCR 1953)

(f) High school graduate, passed the GED or other high school equivalency test or obtained a two-year, four-year or advanced degree from an accredited or approved institution

(g) Free from any physical, emotional, or mental condition which might adversely affect the exercise of police powers (11 CCR 1954; 11 CCR 1955)

(h) Candidates must also satisfy the POST selection requirements, including (11 CCR 1950 et seq.):

1. Reading and writing ability assessment (11 CCR 1951)
2. Oral interview to determine suitability for law enforcement service (11 CCR 1952)

In addition to the above minimum POST required standards, candidates may be subjected to additional standards established by the Office (Penal Code § 13510(d)).

305.9 PROBATIONARY PERIODS

The Administration Captain should coordinate with the Tehama Personnel Department to identify positions subject to probationary periods and procedures for:

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(a) Appraising performance during probation.

(b) Assessing the level of performance required to complete probation.

(c) Extending probation.

(d) Documenting successful or unsuccessful completion of probation.

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Training

306.1 PURPOSE AND SCOPE

It is the policy of this office to assign all new correctional officers to a structured jail training program designed to prepare the new correctional officer to perform in a correctional assignment with the skills needed to operate in a safe, productive and professional manner.

306.2 MINIMUM TRAINING REQUIREMENTS

All correctional officers, full- or part-time, shall successfully complete the Corrections Officer Core Course as described in 15 CCR 179, within one year from the date of assignment.

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

Individuals assigned to work in the facility prior to completing the required training may do so only when under the direct supervision of a fully trained correctional officer (15 CCR 1020(a)).

306.3 JAIL TRAINING PROGRAM PHASES

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

306.3.1 FIRST PHASE - FACILITY ORIENTATION

The trainee will be assigned to a jail Training Officer (TO) to whom the trainee is assigned. The TO will, at a minimum:

(a) Brief the trainee on the purpose, scope and responsibilities expected during the training program.

(b) Explain the evaluation system and acquaint the trainee with the rating forms that will be used.

(c) Provide the trainee with any required equipment or materials.

(d) Tour the entire facility and support services with the trainee.

(e) Introduce the trainee to the Jail Commander and key supervisory, administrative and support personnel.

306.3.2 SECOND PHASE - SHADOWING

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

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

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

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

306.3.3 THIRD PHASE - HANDS-ON WITH CLOSE SUPERVISION

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

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

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

306.3.4 FOURTH PHASE - SOLO WITH MONITORING

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

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

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

306.3.5 FIFTH PHASE - WORKING INDEPENDENTLY WITH SUPERVISION

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

The supervisor, in consultation with the TO and the Jail Commander, will make a recommendation to pass the trainee on to his/her assignment, to continue training or will recommend termination.

306.4 PROBATIONARY PERIOD EVALUATION

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

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Specialized Training

307.1 PURPOSE AND SCOPE

Correctional officers who are assigned to specialized response units will receive training commensurate with the complexity of their specialty and must be able to demonstrate proficiency in the specific skills related to their specialized function.

307.2 QUALIFICATIONS

To be eligible for assignment to a specialized emergency unit, correctional officers are required to be off probation and to have at least three years of experience as a correctional officer.

307.3 TRAINING

The Training Manager is responsible for ensuring that all personnel who are assigned to a specialized emergency unit will receive not less than 16 hours of specialized training as specified above or as a part of their annual training requirement.

The Office will use courses certified by a competent government or standards-setting organization whenever practicable. All training should include testing to identify and document the employee's knowledge in the subject matter presented.

It shall be the responsibility of the employee to provide the Training Manager or immediate supervisor with evidence of completed training and education in a timely manner. The Training Manager or supervisor shall ensure that copies of training records are placed in the employee's training file.

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Firearms Training

308.1 PURPOSE AND SCOPE

This policy is intended to ensure that all personnel legally assigned a firearm will develop proficiency in the use, care and safety of firearms through a regular training schedule in accordance with all laws and regulations.

308.2 FIREARMS TRAINING

All personnel authorized to use firearms shall receive training in accordance with state law before being assigned to a post involving the possible use of such weapons.

Notwithstanding any statutory and regulatory requirements, at a minimum, firearms training will cover the laws, use, safety and care of firearms and the constraints on their use.

Whenever possible, the Office will use courses certified by a competent government or standards-setting organization. Whenever training is provided by the Office, the Training Manager should ensure that a course outline and/or lesson plan, a roster signed and dated by those in attendance and the name of the person coordinating the event are on file.

Personnel who are authorized to carry a firearm in the performance of their duties are required to maintain proficiency with firearms used in the course of their assignment. All custody personnel who carry firearms are required to qualify quarterly with their duty weapon on an approved range course.

The Rangemaster shall keep accurate records of quarterly qualifications, repairs, maintenance and training records as directed by the Training Manager. In addition to regular qualification schedules, the Rangemaster shall be responsible for providing all affected personnel with annual practical training that is designed to simulate situations that may occur in a custody facility setting. At least annually, all personnel carrying a firearm will receive training on the Use of Force Policy and demonstrate their knowledge and understanding by passing either a performance or written test.

308.3 FIREARMS NON-QUALIFICATION

If any staff member is unable to qualify for any reason, including injury, illness, duty status or scheduling conflict, that staff member shall submit a memorandum to his/her immediate supervisor prior to the end of the required shooting period.

Members who repeatedly fail to qualify will be relieved from the assignment that authorized a firearm; appropriate disciplinary action may follow.

Personnel who fail to qualify on their first shooting attempt shall be provided remedial training until proficiency is demonstrated and will be subject to the following requirements:

(a) Additional range assignments may be required until consistent weapon proficiency is demonstrated.

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(b) Members shall be given credit for a range qualification after remedial training and a qualifying score is obtained.

(c) No range credit will be given for the following:

1. Unauthorized range makeup
2. Failure to qualify after remedial training

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Chemical Agents

309.1 PURPOSE AND SCOPE

This policy establishes the required training for members to be authorized to carry and use chemical agents.

309.2 POLICY

The Office authorizes the use of selected chemical agents. Chemical agents are weapons used to minimize the potential for injury to members, inmates and others. Chemical agents should only be used in situations where such force reasonably appears justified and necessary.

309.3 CHEMICAL AGENT TRAINING

Only members trained and having shown adequate proficiency in the use of any chemical agent and the Use of Force Policy are authorized to carry the device.

(a) The Training Manager shall ensure that appropriate training for all chemical agents occurs annually at a minimum.

(b) All initial and proficiency training for chemical agents will be documented in the member's training file.

(c) Members failing to demonstrate continuing proficiency with chemical agents or knowledge of the Use of Force Policy will lose their authorization to carry or use the devices and will be provided remedial training. If, after two remedial training sessions, a member fails to demonstrate proficiency with chemical agents or knowledge of the Use of Force Policy, the member may be subject to discipline.

(d) The Training Manager shall be responsible for ensuring that all personnel who are authorized to use chemical agents have also been trained in the proper medical treatment of persons who have been affected by the use of chemical agents. Training should include the initial treatment (e.g., providing the proper solution to cleanse the affected area) and knowing when to summon medical personnel for more severe effects.

309.4 PROFICIENCY TESTING

The Training Manager shall ensure that all training delivered to staff should also test proficiency in order to document that the member understands the subject matter, and that proficiency training is monitored and documented by a certified weapons or tactical instructor.

309.5 TRAINING RECORDS

It shall be the responsibility of the Training Manager to ensure that the following is maintained on file for all training provided by the Office:

- A course outline or lesson plan
- A roster signed and dated by those in attendance

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- The name of the person coordinating the training

The Training Manager shall ensure that copies of such training records are placed in the member's training file and retained in accordance with established records retention schedules.

309.6 REVIEW, INSPECTION AND APPROVAL

Every chemical agent delivery device will be periodically inspected by the Rangemaster or the designated instructor for a particular device.

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Prison Rape Elimination Act Training

310.1 PURPOSE AND SCOPE

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

310.2 POLICY

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

310.3 MEMBER TRAINING

All staff, volunteers and contractors who may have contact with inmates shall receive office-approved training on the prevention and detection of sexual abuse and sexual harassment within this facility. The Training Manager shall ensure that the staff receives training and testing in prevention and intervention techniques, that they have sufficient knowledge to answer any questions the arrestees and inmates may have regarding sexual assault or abuse, and that they are familiar enough with the reporting process to take an initial report of a sexual assault or abuse. The Training Manager shall be responsible for developing and administering this training, covering at minimum (28 CFR 115.31; 28 CFR 115.32):

(a) The zero-tolerance policy for sexual abuse and sexual harassment and how to report such incidents.

(b) The dynamics of sexual abuse and sexual harassment in confinement.

(c) The common reactions of sexual abuse and sexual harassment victims.

(d) Prevention and intervention techniques to avoid sexual abuse and sexual harassment in the jail.

(e) Procedures for the investigation of a report of sexual abuse and/or sexual harassment.

(f) Individual responsibilities under sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures.

(g) An individual’s right to be free from sexual abuse and sexual harassment.

(h) The right of inmates to be free from retaliation for reporting sexual abuse and sexual harassment.

(i) How to detect and respond to signs of threatened and actual sexual abuse.

(j) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or gender non-conforming inmates.

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(k) How to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment to outside authorities.

(l) How to avoid inappropriate relationships with inmates.

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

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

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

310.4 SPECIALIZED MEDICAL TRAINING

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

(a) Detecting and assessing signs of sexual abuse and sexual harassment.

(b) Preserving physical evidence of sexual abuse.

(c) Responding effectively and professionally to victims of sexual abuse and sexual harassment.

(d) Reporting allegations or suspicions of sexual abuse and sexual harassment.

If the qualified health care and mental health professionals employed by this facility conduct forensic examinations, they shall receive the appropriate training to conduct such examinations.

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

310.5 SPECIALIZED INVESTIGATIVE TRAINING

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

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Health Care Staff Orientation

311.1 PURPOSE AND SCOPE

The purpose of this policy is to establish an orientation period for all new health care staff working in the facility, in cooperation with the health authority. The goal is to improve the competency of the health care staff and the effectiveness of the care delivered, as well as to maintain the safety and security of the custody environment and to comply with all applicable laws, regulations and national health care standards observed by the Office.

311.2 NEW HEALTH CARE STAFF ORIENTATION

All new health care staff shall complete an orientation program before independently working in their assignments. At a minimum, the orientation program will cover the following:

(a) The purpose, goals, policies and procedures for the Tehama County Sheriff's Office

(b) Security and contraband regulations

(c) Access control to include use of keys

(d) Appropriate conduct with inmates

(e) Responsibilities and rights of facility employees and contractors

(f) Universal and standard precautions

(g) Occupational exposure

(h) Personal protective equipment (PPE)

(i) Biohazardous waste disposal

(j) An overview of the correctional field as it relates to custody functions

(k) Health care delivery protocols

311.3 HEALTH CARE STAFF REFRESHER TRAINING

All health care staff shall meet refresher-training requirements as established by the local public health entity or their minimum licensing requirements as established by the state licensing body.

311.4 FACILITY-SPECIFIC TRAINING

The Training Manager should include these staff members in training and training exercises relative to facility safety and security including, but not limited to, the following:

- Emergency medical triage in the facility
- Emergency evacuation routes and procedures
- Communication systems during facility emergencies
- Security during facility emergencies

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- Qualified health care professional response during “officer down” incidents
- Responding to critical facility emergencies
- Facility hostage policy and medical response tactics
- Medical emergency transportation procedures
- Media relations

311.5 TESTING

All training delivered to qualified health care professionals should include a testing component to document that the employees understand the subject material.

311.6 TRAINING RECORDS

The Training Manager, in coordination with the Responsible Physician, shall be responsible for developing and maintaining training records in accordance with established records retention schedules. The Training Manager shall also maintain a file of professional licensure and certifications for each member of the health care staff.

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Volunteer Program

312.1 PURPOSE AND SCOPE

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

312.1.1 DEFINITION OF VOLUNTEER

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

312.2 VOLUNTEER PROGRAM MANAGEMENT

312.2.1 PROGRAM COORDINATOR

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

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

(a) Developing and maintaining a volunteer recruiting plan.

(b) Developing and maintaining a handbook that minimally identifies expectations and the lines of authority, responsibility and accountability for the various volunteer assignments.

(c) Recruiting, selecting and training qualified volunteers for various positions.

(d) Facilitating the implementation of new volunteer activities and assignments.

(e) Maintaining records for each volunteer.

(f) Tracking and evaluating the contribution of volunteers.

(g) Maintaining a record of volunteer schedules and work hours.

(h) Completion and dissemination as appropriate of all necessary paperwork and information.

(i) Planning periodic recognition events.

(j) Administering discipline when warranted.

(k) Maintaining liaison with other community programs that use volunteers and assisting in community efforts to recognize and promote volunteering.

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312.2.2 RECRUITMENT

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

Requests for volunteers should be submitted in writing by interested staff to the program coordinator through the requester's immediate supervisor. A complete position description, including when the volunteer would be needed, should be included in the request. All parties should understand that the recruitment of volunteers is enhanced by creative and interesting assignments. The program coordinator may withhold assignment of any volunteer until such time as the requesting unit is prepared to make effective use of volunteer resources.

312.2.3 SCREENING

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

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

(a) Traffic and criminal background check; fingerprints shall be obtained from applicants and processed through the Criminal Information Index (CII).

(b) Employment

(c) References

(d) Credit check

A polygraph exam may be required of each applicant depending on the type of assignment.

312.2.4 SELECTION AND PLACEMENT

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

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

312.2.5 TRAINING

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

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

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

(a) Office policies and procedures

(b) Rules related to contraband in the facility

(c) Prohibition on carrying weapons in the facility

(d) Volunteer/offender relationship and general rules of conduct

(e) Safety and emergency information

(f) An overview and history of the Office

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

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

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

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

312.2.6 FITNESS FOR DUTY

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

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

(a) Driver's license status, if driving is part of the duties of the assignment

(b) Any medical condition that might impair the volunteer’s ability to perform the duties of the position

(c) Arrests

(d) Criminal investigations

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

312.2.7 DRESS CODE

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

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

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

312.3 SUPERVISION OF VOLUNTEERS

Each volunteer who is accepted to a position with the Office and assigned to the jail must have a clearly identified supervisor who is responsible for direct management of that volunteer. This supervisor will be responsible for day-to-day management and guidance of the work of the volunteer and should be available to the volunteer for consultation and assistance.

A volunteer may be assigned and act as a supervisor of other volunteers, provided that the supervising volunteer is under the direct supervision of a paid staff member.

Functional supervision of volunteers is the responsibility of the supervisor in charge of the unit where the volunteer is assigned. The following are some considerations to keep in mind while supervising volunteers:

(a) Take the time to introduce volunteers to employees on all levels.

(b) Ensure volunteers have work space and necessary office supplies.

(c) Make sure the work is challenging. Do not hesitate to give them an assignment or task that will tap these valuable resources.

312.4 HEALTH CARE VOLUNTEERS

The program coordinator will coordinate volunteer activities with the qualified health care professionals. Health care volunteers will be subject to all of the volunteer, recruitment, selection and training requirements of the Office. The qualified health care professionals may have additional requirements and training for health care volunteers.

The program coordinator shall ensure that any volunteer performing health care duties possesses the appropriate credentials and training, in coordination with the qualified health care professionals, and shall ensure that signed agreement forms pertaining to the security and confidentiality of information are on file with the Office.

The program coordinator shall also ensure that volunteers performing health care duties have received specific training in topics that including fire, safety, security, contraband and inmate culture.

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312.5 CONFIDENTIALITY

With appropriate security clearance, volunteers may have access to confidential information, such as criminal histories or investigative files. Unless otherwise directed by a supervisor or office policy, all information shall be considered confidential. Only that information specifically identified and approved by authorized personnel shall be released. Confidential information shall be given only to persons who have a need and a right to know, as determined by office policy and supervisory personnel.

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

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

312.6 PROPERTY AND EQUIPMENT

Volunteers will be issued an identification card that must be worn at all times while on-duty.

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

312.6.1 VEHICLE USE

Volunteers assigned to duties that require the use of a vehicle must first complete:

(a) A safety briefing and office-approved driver-safety course.

(b) Verification that the volunteer possesses a valid driver’s license.

(c) Verification that the volunteer carries current vehicle insurance.

The program coordinator should ensure that all volunteers receive safety briefing updates, and should verify their license and insurance at least once a year.

When operating any office vehicle, volunteers shall obey all rules of the road, including seat belt requirements. Smoking is prohibited in all office vehicles.

312.6.2 TELECOMMUNICATION SYSTEMS USAGE

Volunteers with access to law enforcement telecommunication systems shall successfully complete all mandated access training and radio procedures training prior to using any such equipment. Volunteers shall comply with all policies and procedures related to the use of such equipment. The program coordinator should ensure that appropriate training is provided for volunteers whenever necessary.

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312.7 DISCIPLINARY PROCEDURES/TERMINATION

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

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

312.7.1 EXIT INTERVIEWS

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

312.8 EVALUATION

An evaluation of the overall volunteer program will be conducted on an annual basis by the program coordinator. Regular evaluations should be conducted with volunteers to ensure the best use of human resources, to ensure personnel problems can be identified and dealt with promptly and fairly, and to ensure optimum satisfaction on the part of volunteers.

312.9 VOLUNTEER REGISTRATION

All volunteers shall be registered with the Office for insurance purposes, and each volunteer shall be issued an identification card. The facility shall maintain an identification record for each volunteer that includes a photograph, home address, current telephone numbers, background certification, training/orientation certifications, and list of special skills, languages spoken or volunteer specialty.

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Briefing Training

313.1 PURPOSE AND SCOPE

Briefing training is generally conducted at the beginning of the correctional officer’s assigned shift. Briefing training provides an opportunity for an important exchange of information between employees and supervisors.

313.2 POLICY

Briefing training covers a wide range of topics selected by the management/supervisory and training staff.

The supervisor conducting briefing training is responsible for the preparation of the materials necessary for constructive training. Supervisors may delegate this responsibility to a subordinate correctional officer in their absence or for training purposes. The briefing training will be based upon a structured program to provide topics related to, but not limited to, the following:

- Custody facility policies and procedures
- Office Departmental Directives not yet established into policy
- Reviewing recent incidents for training purposes
- In preparation or response to an unusual occurrence
- Statutory requirements or court orders
- Operation of new equipment, including computer software
- Notifying the staff of changes in schedules and assignments
- Any other topic as determined by the Sheriff or Jail Commander

313.3 COMPUTER-BASED TRAINING OPTIONS

The Lexipol Daily Training Bulletins (DTBs) is a web-based system that provides training on the Tehama County Sheriff's Office Custody Manual and other important topics. Generally, one training bulletin is available for each day of the month. However, the number of DTBs may be adjusted by the Training Manager.

Personnel assigned to participate in DTBs should only use the password and login name assigned to them by the Training Manager. Personnel should not share their password with others and should frequently change their password to protect the security of the system. After each session, employees should logoff the system to prevent unauthorized access. The content of the DTBs is copyrighted material and shall not be shared with others outside of the Office.

Employees who are assigned to participate in the DTB program should complete each DTB at the beginning of their shift or as otherwise directed by their supervisor. Employees should not allow uncompleted DTBs to build up over time. Personnel may be required to complete DTBs missed

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during extended absences (e.g., vacation, medical leave) upon returning to duty. Although the DTB system can be accessed from any Internet-active computer, employees shall only take DTBs as part of their on-duty assignment as there will be no authorization for taking or viewing DTBs while off-duty.

Supervisors will be responsible for monitoring the progress of personnel under their command to ensure compliance with this policy.

313.4 TRAINING RECORDS

The Training Manager will assist the Shift Supervisors with identifying relevant topics for delivery during briefing training and will be responsible for maintaining all briefing training records.

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Training Plan

314.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a training plan that will provide for the professional growth and continued development of facility personnel and to forecast annual funding needs for future training. By doing so, the Office will ensure its personnel possess the knowledge and skills necessary to professionally manage the inmate population.

314.2 POLICY

The Training Manager shall conduct an annual training needs assessment to determine the training needs of all employees based upon state laws, regulations, certification requirements and continued professional training requirements.

A training plan shall be based on the assessment. It is the responsibility of the Training Manager to develop, maintain, review and update the training plan on an annual basis.

The annual training plan should be presented to the management staff for review. The approved training plan should include the annual funding requirements forecast by the Training Manager. The Training Manager shall coordinate with the budgeting office to develop a funding source for all mandatory training.

The Sheriff or the authorized designee shall have final approval of the training plan and the budget to ensure that the training to be delivered is fiscally responsible and meets the mission of the Office.

The Training Manager will execute the training plan on behalf of the Sheriff.

314.3 TRAINING MANAGER

A qualified individual shall be appointed by the Sheriff or the authorized designee to serve as the Training Manager, who shall report to the Sheriff or the authorized designee.

Full-time employees who are assigned to be trainers shall receive specialized instruction, which at a minimum shall include a 40-hour train-the-trainers course.

The Training Manager is responsible for developing an annual training plan. The plan should ensure that employees meet all state law and certification requirements, any specialty training required for specialty assignments, and all continued professional training requirements. The plan should include a process to review course content and quality, typically by way of attendee feedback and/or a course audit by the training staff.

314.4 TRAINING RECORDS

An individual training file shall be maintained by the Training Manager or the authorized designee for each employee. Training files shall contain records of all training and education (original or photocopies of available certificates, transcripts, diplomas and other documentation) for all employees.

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The maintenance of the training records shall be in sufficient detail as to comply with any outside audit requirements (28 CFR 115.34).

Whenever an employee obtains training that is not provided by this office, it shall be the responsibility of the employee to provide his/her immediate supervisor or the Training Manager evidence of completed training or education in a timely manner.

The Training Manager or supervisor shall ensure that copies of such training records are placed in the employee's training file.

Training records shall contain the following information:

- Name of the employee
- Date of hire
- Education and training background (education and training received prior to hire)
- Type of training received
- Date the training was received and successfully completed
- Title of the training and name of the provider
- Test scores or training benchmarks

The Training Manager shall also be responsible for documenting the waivers of the training requirements based upon equivalent training received before employment or demonstrated competency through proficiency testing.

314.5 COURSE CERTIFICATION/QUALITY ASSURANCE

Training courses should be subject to a quality assurance process that, at minimum, provides:

- A complete description of the course, including the number of certified training hours achieved.
- A curriculum including job-related topics, and content and performance objectives.

Training should not be comprised only of the minimum number of hours required annually but also of instruction specific to tasks performed by employees in the facility. Courses should include a testing component that shows a measurable transfer of knowledge and a mastery of topics.

314.6 TRAINING COMMITTEE

The Training Manager shall establish a training committee, which will serve to assist with identifying training needs for the Office. The training committee shall be comprised of at least three members, with the senior ranking member of the committee acting as the chairperson. Members should be selected based on their abilities at post-incident evaluation and at assessing related training needs.

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The Training Manager may remove or replace members of the committee at his/her discretion. The training committee should review certain incidents, as detailed below, to determine whether training would likely improve future outcomes or would reduce or prevent the recurrence of an incident. Specific incidents the training committee should review include, but are not limited to:

(a) Any incident involving the death or serious injury of an employee.

(b) Incidents involving a high-risk of death, serious injury or civil liability.

(c) Incidents identified by a supervisor as appropriate to review to identify possible training needs.

The training committee should convene on a regular basis, as determined by the Training Manager, to review the identified incidents. The committee shall determine by consensus whether a training need exists and then submit a written recommendation to the Training Manager. The recommendation should not identify specific facts of any incident, such as identities of employees involved or the date, time and location of the incident, but should focus on the type of training being recommended.

The Training Manager will consider the recommendation of the committee and determine what training should be addressed, taking into consideration the mission of the Office and available resources.

314.7 TRAINING PROCEDURES

(a) All employees assigned to attend training shall attend as scheduled, unless previously excused by their immediate supervisor or the Training Manager. Excused absences from mandatory training should be limited to the following:

1. Court appearances
2. Authorized vacation
3. Sick leave
4. Physical limitations preventing the employee's participation
5. Emergency situations

(b) When an employee is unable to attend mandatory training, that employee shall:

1. Notify his/her supervisor as soon as possible but no later than one hour prior to the start of training.
2. Document his/her absence in a memorandum to the supervisor.
3. Make arrangements through the supervisor and the Training Manager to attend the required training on an alternate date.

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Support Personnel Training

315.1 PURPOSE AND SCOPE

The Office has developed a training program for professional support and contractor personnel, whether full- or part-time, to increase competency in their assigned tasks and to help ensure that all support personnel understand the issues that are unique to their position as it relates to this facility. This policy establishes minimum training guidelines for those employees and contractors.

315.2 TRAINING MANAGER RESPONSIBILITIES

The Training Manager is responsible for coordinating training and will ensure that the training and orientation given to each general service or contract employee is properly documented and placed in the worker's training file. At a minimum the record should contain the name of the individual, the assignment, the date the orientation was presented, the orientation outline indicating the subject material and the name of the instructor. To the extent applicable, copies of tests and passing scores should also be included as a part of the record.

315.3 PART-TIME PERSONNEL

General service personnel working part-time shall receive formal orientation and training commensurate with the scope of their work assignments, as determined by the Jail Commander, before assignment to duties within the facility. At a minimum the orientation should cover institutional rules, security and operational issues. General service and contract personnel who fail to successfully complete all required training shall not be permitted to work in the secure portions of the facility.

315.4 PERSONNEL WITH MINIMAL INMATE CONTACT

New professional support and contractor personnel who have minimal inmate contact will receive a minimum of 16 hours of training during the first year of employment.

Minimal inmate contact is defined as tasks that do not involve the supervision of inmates, inmate discipline or specific tasks that involve custody and control of inmates. Training topics shall include, but not be limited to:

- Custody policies and procedures
- Emergency response procedures
- Job specific training

315.5 PERSONNEL WITH REGULAR INMATE CONTACT

All new professional and support employees, including contractors, who have regular or daily inmate contact, shall receive a minimum of 40 hours of training during the first year of employment prior to being independently assigned to a particular job function.

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Inmate contact is defined as tasks that involve the direct provision of services to inmates (e.g. custody assistants, vocational supervisors, teachers, food service, commissary, chaplain) but that do not involve the custodial supervision of inmates involving custody, discipline and control. Training topics shall include, but not be limited to:

- Security procedures and regulations
- Planning
- Development and implementation of treatment and recreation programs
- Supervision of inmates
- Signs of suicide risk
- Suicide precautions
- Use of force regulations and tactics
- Report writing
- Inmate rules and regulations
- Key control
- Rights and responsibilities of inmates
- Safety procedures
- All emergency plans and procedures
- Interpersonal relations
- Social/cultural lifestyles of the inmate population
- Cultural diversity for understanding staff and inmates
- Communication skills
- Cardiopulmonary resuscitation (CPR/first aid)
- Universal precautions for the prevention of disease
- Counseling techniques
- Interaction of the elements of the criminal justice system
- Sexual harassment/sexual misconduct awareness

315.6 TESTING

All training delivered to support personnel should include testing to document that the employee understands the subject material presented.

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Chapter 4 - Emergency Planning

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Facility Emergencies

400.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a plan to appropriately respond to emergencies within the facility and to ensure all affected personnel receive timely training regarding emergency response. This policy is intended to protect the community, employees, visitors, inmates, and all others who enter the jail, while allowing the facility to fulfill its primary purpose.

Facility emergencies related to fire will be addressed in the Fire Safety Policy.

400.2 POLICY

It is the policy of this office to have emergency response plans in place to quickly and effectively respond to and minimize the severity of any emergency within the facility.

400.3 PROCEDURE

The Jail Commander should develop, publish and review emergency response plans that address the following (15 CCR 1029(a)):

(a) Fires

(b) Escapes

(c) Disturbances/Riots

(d) Taking of hostages

(e) Civil disturbances

(f) Natural disasters

(g) Periodic testing of emergency equipment

(h) Storage, issues, and use of weapons, ammunition, chemical agents, and related security devices

(i) Other emergencies as needs are identified

The facility emergency response plans are intended to provide the staff with current methods, guidelines and training for minimizing the number and severity of emergency events that may threaten the security of the facility or compromise the safety of staff, inmates or the community.

The emergency response plans are intended to provide information on specific assignments and tasks for personnel. Where appropriate, the emergency response plans will include persons and emergency departments to be notified.

The emergency response plans should include procedures for continuing to house inmates in the facility; the identification of alternative facilities outside the boundaries of the disaster or threat and the potential capacity of those facilities; inmate transportation options; and contact information for allied agencies.

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The emergency response plans shall be made available to the staff, volunteers and contractors working in the facility as needed.

400.4 LOCKDOWN

Upon detecting any significant incident that threatens the security of the facility, such as a riot or hostage situation, staff shall immediately notify Booking and the Shift Supervisor. The Shift Supervisor, or in his/her absence Booking, may determine whether to order a partial or full lockdown of the facility and shall notify the Jail Commander as soon as practicable.

If a lockdown is ordered, all inmates will be directed back to their housing units/cells. All inmates in transit within the facility will either be escorted back to their housing units/cells or to another secure location (holding cell). The Shift Supervisor should instruct any staff not directly involved in the lockdown to escort any visitors and non-essential contractors out of the facility.

A headcount shall be immediately conducted for all inmates, visitors, contractors and staff. The Shift Supervisor shall be immediately notified of the status of the headcount. If any person is unaccounted for the Shift Supervisor shall direct an immediate search of the facility and notify the Jail Commander of the situation as soon as practicable.

Lockdown is not to be used as a form of punishment. It may only be used to ensure order.

400.5 HUNGER STRIKE

Upon being made aware that one or more inmates is engaging in a hunger strike, the staff will notify the Shift Supervisor, who will notify the Jail Commander. The Jail Commander should evaluate the basis for the strike and seek an appropriate resolution.

Should the Jail Commander be unable to resolve the grievance leading to the strike, the Jail Commander will notify the Sheriff and provide updates on the status of the hunger strike.

400.5.1 NOTIFICATION OF QUALIFIED HEALTH CARE PROFESSIONALS

The Jail Commander or the authorized designee should notify the Responsible Physician to review, coordinate and document any medical actions taken, based upon protocols and/or at the direction of qualified health care professionals, in response to a hunger strike.

Qualified health care professionals should monitor the health of inmates involved in the hunger strike and make recommendations to the Jail Commander or the supervisory staff responsible for oversight of the incident.

If an inmate is engaging in a hunger strike due to a mental condition, the appropriate medical protocols for mental illness will be followed.

400.5.2 RESPONSE TO HUNGER STRIKES

Beginning at the line staff level, a resolution to grievances should be sought at the lowest level. The Inmate Grievances Policy shall guide staff on resolving inmate grievances.

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If the hunger strike remains unresolved, the Jail Commander may direct the appropriate staff to examine the inmate commissary purchases made in advance of the hunger strike, and to monitor commissary purchases made during the hunger strike. Additional staff should be directed to observe the cell area, including trash containers, of the inmates involved for evidence of food items purchased from the commissary and of food hoarding.

400.5.3 LEGAL GUIDANCE

If all attempts to resolve the grievance are unsuccessful or not reasonably possible, the Sheriff should consider consulting with legal resources or the health authority, as appropriate, to develop other steps to resolve the issues.

400.6 RESPONSE TO DISTURBANCES

The staff should attempt to minimize the disruption to normal facility operations caused by a disturbance by attempting to isolate the disturbance to the extent possible. The staff should immediately notify the Shift Supervisor or the Jail Commander of the incident. The Shift Supervisor or Jail Commander may direct additional staff as needed to resolve the disturbance (15 CCR 1029(a)(7)(B)).

400.6.1 NOTIFICATIONS

The Shift Supervisor should notify the Jail Commander of the disturbance as soon as practicable. Based on the seriousness of the event, the Jail Commander should notify the Sheriff.

400.6.2 NOTIFICATION OF QUALIFIED HEALTH CARE PROFESSIONALS

The Jail Commander or the authorized designee should notify the appropriate qualified health care professionals in order to review, coordinate and document medical actions based upon protocols and/or at the direction of the Responsible Physician.

400.6.3 REPORTING

The Shift Supervisor or Jail Commander should direct that an incident report to be completed containing the details of the disturbance no later than the end of the shift. If appropriate, a crime report shall be initiated and prosecution sought.

400.7 RIOTS

Riots occur when an unruly inmate or inmates forcibly and/or violently take control or attempt to take control of any area within the confines of the jail.

Staff should make reasonable attempts to prevent inmate-on-inmate violence but should take measures to avoid being engulfed in the problem, thereby exacerbating the situation.

400.7.1 RESPONSE TO RIOTS

Once the area of the disturbance is secured and isolated from other areas of the facility, time is generally on the side of staff. If possible, the process of quelling the disturbance should slow down in order for staff to develop response plans, to ensure there are adequate facility personnel

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to effectively take the required actions, and to ensure that responding staff are appropriately equipped with protective gear.

Staff should evaluate their response given the totality of circumstances in any situation, but generally should not enter the space where a riot is occurring until sufficient staff members are present to safely suppress the riot. Nothing in this policy shall prohibit any staff member from assisting staff members who are being assaulted.

All inmates who have participated in a riot shall be separated and secured as soon as practicable. If necessary, injured inmates shall receive a medical evaluation and treatment. If the injured inmate is medically cleared to remain in the jail, he/she will be reclassified and moved to appropriate housing.

Other housing units must be secured, with sufficient staff remaining at their posts to continue to supervise the unaffected units. When the riot has been suppressed, all involved staff must immediately return to their assigned posts.

400.7.2 QUALIFIED HEALTH CARE PROFESSIONALS RESPONSE

A supervisor or the authorized designee should notify the appropriate qualified health care professionals and identify a staging area for medical emergency responders and for medical triage should it appear to be necessary.

The Responsible Physician or the authorized designee should be included in developing the response plan as it relates to the potential for a medical response, medical triage and treatment activities, and the safety and security of medical personnel during the incident.

400.7.3 NOTIFICATIONS

As soon as practicable, the Shift Supervisor or a responsible staff member shall notify the Jail Commander, who in turn, shall notify the Sheriff.

400.7.4 REPORTING

The Jail Commander or Shift Supervisor shall direct that a report be written detailing the incident by the end of the shift. If appropriate, a crime report will also be prepared by the responsible law enforcement agency.

400.7.5 DEBRIEFING

All responding staff, including medical responders, shall be debriefed on the incident as soon as practicable after the conclusion of the emergency incident. The staff shall examine the incident from the perspective of what worked, what actions were less than optimal and how the response to a future incident might be improved.

If appropriate, the details of the incident will be used to develop a training course for responding to facility disturbances. The goal of any debriefing process is continuous improvement. The debriefing should be focused on the incident and an improved response. A moderator should be used to ensure that no individual or group involved in the response is publicly ridiculed.

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400.8 HOSTAGES

The Office does not recognize the taking of hostages as a reason to relinquish control of the jail environment. All staff, inmates, visitors, volunteers, and contractors shall be informed of the “no hostage” policy prior to entering the facility for the first time and shall sign an acknowledgment, which the facility shall retain.

It is the policy of the Tehama County Sheriff's Office to use all available resources necessary to bring about a successful end to a hostage situation (15 CCR 1029(a)(7)(B)).

400.8.1 RESPONSE TO HOSTAGE INCIDENT

Booking should immediately be notified at the earliest sign of a hostage incident. Booking shall notify the Shift Supervisor and Jail Commander. The Jail Commander will notify the Sheriff as soon as practicable.

The Shift Supervisor or Jail Commander shall make every effort to ensure that the hostage incident remains confined to the smallest area possible. All door controls accessible to the inmate shall be disabled. Emergency exits that lead outside the secure perimeter shall be guarded.

400.8.2 NOTIFICATION OF QUALIFIED HEALTH CARE PROFESSIONALS

At the direction of the Shift Supervisor or the authorized designee, the qualified health care professionals should be notified in order to identify a location and form a logistical plan for medical triage. The location also shall serve as a medical staging area for other medical emergency responders.

400.8.3 HOSTAGE RESCUE

Communications with the hostage-taker should be established as soon as practicable. Hostage-taker demands for the staff to open doors will not be met. A hostage rescue team should be immediately summoned and the established protocols for resolving the situation shall be implemented. The Jail Commander and Sheriff should be consulted regarding decisions faced by the hostage rescue team.

400.8.4 REPORTING AND DEBRIEFING

Following the conclusion of a hostage incident, the Jail Commander should direct that an incident report be completed by the end of the shift. All aspects of the incident should be reviewed, focusing on the incident and the outcome, with the intent of using the incident as an opportunity for continuous improvement and to identify additional training or systemic changes that may be required.

400.9 ESCAPES

Upon being made aware that an escape may have occurred, or did in fact occur, the staff member should immediately notify Booking. Booking should notify the Shift Supervisor or Jail Commander. As soon as practicable, the Jail Commander should notify the Sheriff.

Once the escape is verified and immediate actions taken inside the facility (lockdown, etc.), the Shift Supervisor should notify all local law enforcement agencies.

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400.9.1 INMATE COUNTS

As soon as the facility is fully locked down, a full inmate/wristband count should be taken.

All inmates who are outside of the secure perimeter of the facility (e.g., court, work details) should be located and identified. Any missing inmate should have his/her identity disclosed and his/her facility record should be accessed by the Jail Commander (15 CCR 1029(6)).

400.9.2 SEARCH

Concurrent with the lockdown, the area surrounding the facility should be searched for the escapee. Areas where an inmate may be hiding or may have discarded jail clothing should be searched first. Any witnesses should be interviewed.

Booking officers will develop a flyer with the inmate's name, description, the inmate's latest picture, classification status and charges, and supply it to the custody staff and local law enforcement. Local law enforcement should also be given the inmate's last known address and a list of his/her associates.

400.9.3 REPORTING

The Shift Supervisor or a designated staff member should submit an incident report to the Jail Commander. A crime report should also be written regarding the escape. The incident report should focus on events and physical plant weaknesses that contributed to the escape. The Jail Commander should review the reports, interview involved parties and develop action plans to minimize the risk of future occurrences.

400.10 CIVIL DISTURBANCES OUTSIDE OF THE JAIL

Upon being notified that jail space will be needed in response to a civil disturbance involving mass arrests, the Shift Supervisor should notify the Jail Commander. The Jail Commander should make the determination regarding the magnitude of the event and whether it warrants notification of the Sheriff.

The size of the event may also require a lockdown, suspension of any programs that are not critical to jail operations, and/or implementation of alternate staffing plans. To accommodate the influx of inmates, the Shift Supervisor shall develop a housing plan that will not adversely affect the safety and security of the facility. Program spaces, such as exercise yards, classrooms and dayrooms, may be used to temporarily house a limited number of additional inmates.

In the event that the jail can no longer accept additional inmates without compromising the safety and security of the facility, mutual aid may be requested from allied counties. Title 15 CCR standards may be temporarily suspended. The Jail Commander shall notify the California Board of State and Community Corrections (BSCC) in writing in the event that such a suspension lasts longer than three days. Suspensions lasting for more than 15 days require approval of the chairperson of the BSCC (15 CCR 1012).

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400.11 REVIEW OF EMERGENCY PROCEDURES

The Jail Commander shall ensure that there is a review of emergency response plans at least annually. This review should be documented with reports submitted to the Jail Commander or the authorized designee within 10 days of the review for approval. This review should also include the signatures or initials of the facility staff responsible for the review. At a minimum, the review shall include:

(a) Assignments of persons to specific tasks in emergency situations.

(b) Instructions in the use of the alarm systems and signals.

(c) Systems for the notification of appropriate persons outside of the facility.

(d) Information on the location and use of emergency equipment in the facility.

(e) Specification of evacuation routes and procedures.

400.12 TRAINING

The staff shall be trained annually on this policy. This facility will provide emergency preparedness training as part of orientation training for all personnel assigned to the facility and for those who may be required to respond to the facility in an emergency. The staff shall also receive refresher training at least annually in the emergency response plans. The Training Manager is responsible for developing and delivering appropriate initial training and annual refresher training.

Emergency planning training should occur in the form of classroom instruction (or roll call training), mock practical exercises and drills. Each type of emergency covered in the emergency response plan must be included in the training.

A lesson plan, staff training sign-up sheet with the dates and the times training should be provided, and proof of competency (testing) for each participant should be maintained by the Training Manager.

The Training Manager shall forward an annual report to the Sheriff and Jail Commander on the status of emergency response plan training. Any training deficiencies identified in this report should be rectified within 90 days of the report.

The facility emergency plans and all training shall be documented by the Training Manager and retained in accordance with established records retention schedules.

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Emergency Staffing

401.1 PURPOSE AND SCOPE

The facility must operate at all times as a safe and secure environment, regardless of staffing levels. Consequently, contingency plans must be made in advance for any staffing emergency or planned job action, regardless of the length of the staffing deficit.

The purpose of this policy is to establish roles and responsibilities for creating and implementing emergency staffing plans, providing appropriate emergency staffing training to supervisory and management personnel, and identifying an update schedule and distribution list for the plan, as identified by the Sheriff or the authorized designee.

401.2 POLICY

It is the policy of this office to be prepared to operate a safe and secure facility in the event of a work staffing emergency. Staffing emergencies that could negatively affect the good order the facility may include, but are not limited to, an outbreak of infectious disease, a work stoppage or strike by the staff, a natural disaster or other disruption. The Sheriff or the authorized designee shall be responsible for ensuring that an appropriate emergency staffing plan exists.

401.2.1 EMERGENCY STAFFING

In the event the Jail Commander becomes aware that a staffing emergency exists or may occur, staff members who are present may be ordered to remain at their posts. The Jail Commander will notify the Sheriff. Plans should include measures to achieve minimum staffing for the facility within four hours of a staffing emergency and may include the following operational adjustments:

- The facility may go to a lockdown. Minimum activities, including visiting, exercise and other programs will be suspended only if necessary. Meals, cleaning, medical services, court transportation and attorney visits will continue. Other activities will be assessed by the Jail Commander on a case-by-case basis.
- Supervisory and management personnel may have time-off cancelled or rescheduled for the duration of the staffing emergency.
- Staff from other areas of the office who have custody experience may be used to fill vacancies in the facility.
- Assistance from allied agencies may be requested to help management and supervisors in safely staffing the facility.
- Contracting with surrounding facilities may be necessary if adequate staffing cannot be obtained to safely operate the facility.
- In the event of a health-related staffing emergency, the office Exposure Control Officer and medical staff shall be notified in accordance with the Communicable Diseases Policy.

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401.2.2 LEGAL ASSISTANCE

In cases where the Jail Commander becomes aware that a work stoppage is planned or has occurred, legal counsel should be consulted for assistance in preparing the necessary legal action to either prevent the work stoppage or to cause it to cease. Immediate contact with the employees' representatives may also be necessary to prevent or conclude the job action.

401.2.3 TRAINING

The Jail Commander or the authorized designee should be responsible for:

(a) Establishing a distribution list for the contingency plan.

(b) Establishing a periodic review and update of the plan.

(c) Ensuring that all supervisors and managers are periodically trained on the plan.

(d) Ensuring that all supervisors and managers are provided a copy of the plan and/or a means to access it in the event of an emergency.

(e) Documenting all training.

(f) Maintaining training records for each supervisor and manager and ensuring that those personnel periodically receive appropriate update training on the plan.

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Fire Safety

402.1 PURPOSE AND SCOPE

The threat of fire and toxic smoke in the facility represents a significant risk to the safety and security of the community, the staff, inmates, volunteers, contractors and visitors. The purpose of this policy is to clearly identify and conform to applicable federal, state and/or local fire safety codes, and to establish a process of creating, disseminating and training all individuals in the facility on the emergency plans for fire safety and evacuation.

402.2 POLICY

It is the policy of this office that fire prevention strategies are a high priority.

The Jail Commander shall ensure that a fire alarm and automatic detection system are installed, maintained and periodically tested. Any variance, exception or equivalency issues must be approved by the fire jurisdiction authorities, and must not constitute a serious life-safety threat to the occupants of the facility (15 CCR 1029(a)(7)(A); 15 CCR 1032 et seq.).

402.2.1 FIRE CODES

The Office shall conform to all federal, state, and local fire safety codes.

402.2.2 FIRE PREVENTION RESPONSIBILITY

All staff, volunteers, and contractors who work in the facility are responsible for the prevention of fires. They should be trained and given the tools to carry out the tasks necessary to reduce the risk of fire.

402.3 FIRE SUPPRESSION PRE-PLANNING

Pursuant to Penal Code § 6031.1, the Jail Commander shall, in cooperation with the local fire department or other qualified entity, develop a plan for responding to a fire. The plan shall include, but is not limited to (15 CCR 1032):

(a) A fire suppression pre-plan developed with the local fire department, to be included as part of this policy.

(b) Fire prevention, safety inspection plans and record retention schedules developed by designated staff or as required by applicable law.

(c) Fire prevention inspections as required by Health and Safety Code § 13146.1(a) and (b), which requires inspections at least once every two years.

(d) Documentation of all fire prevention inspections, all orders to correct and all proofs of correction should be maintained for a minimum of two years or as otherwise required by law.

(e) An evacuation plan (see the Evacuation Plan Policy).

(f) A plan for the emergency housing of inmates in case of fire.

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(g) A plan for the cross-training of responders and facility staff via drills, which should occur at least quarterly, if practicable.

402.4 FIRE PREVENTION EQUIPMENT

All required fire alarms, sprinklers and detection devices shall be in good working order at all times.

Should such a device become inoperative, the Jail Commander or the authorized designee shall be responsible for ensuring that emergency repairs are undertaken as soon as possible and that staff is provided with an alternative emergency fire safety and evacuation plan.

Any time any fire prevention system is inoperative and poses a serious life-safety risk, that portion of the facility shall not be inhabited by inmates or staff.

402.5 FIREFIGHTING EQUIPMENT

The Jail Commander shall ensure that the facility is equipped with the necessary firefighting equipment (e.g., fire hoses, extinguishers) in an amount and in a location as recommended by the local fire authority or other qualified entity. The locations of firefighting equipment will be shown on the facility fire plan (schematic).

While the staff is not trained as fully qualified firefighters, the Jail Commander or the authorized designee will ensure that the staff is trained to initially respond to a fire with the purpose of facilitating the safety of the occupants, including evacuation, if necessary.

402.5.1

402.6 FIRE TRAINING

The Each Shift Supervisor is responsible for ensuring that staff should also be trained in the use of the facility's firefighting equipment sufficient to demonstrate proficiency. The staff should receive refresher training at least annually on the use of firefighting equipment.

Each shift will have at least one designated staff member who is trained to maintain the facility's firefighting equipment.

402.7 INSPECTIONS

The Office shall be inspected by an appointed staff member who is qualified to perform fire and safety inspections on a monthly basis to ensure that fire safety standards are maintained. These inspections will be focused on, but not limited to, fire prevention, staff training and proficiency, firefighting equipment availability and functionality, alarms, fire detectors, fire safety equipment, and staff familiarity with prevention and suppression techniques, suppression pre-planning, emergency response, fire safety equipment use and the evacuation plan.

The Jail Commander or the authorized designee shall ensure that staff conduct weekly fire and safety inspections of the facility and that all fire safety equipment is tested at least quarterly (15 CCR 1029(a)(7)(E)).

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A staff member shall be assigned to coordinate with local or state fire officials for the inspections as required once every two years, pursuant to Health and Safety Code § 13146.1(a); and Health and Safety Code § 13146.1 (b). The result of all fire inspections and fire equipment testing shall be provided to the Jail Commander and the Sheriff, and the records maintained for at least two years (15 CCR 1032(b)).

402.7.1 FURNISHINGS

All furnishings allowed in the facility shall meet fire authority standards for fire performance characteristics. Prior to the introduction of any furnishing into the facility, the staff shall receive clearance from the local fire authority as to its appropriateness.

402.7.2 FLAMMABLE, TOXIC AND CAUSTIC MATERIALS

The Jail Commander, in collaboration with the local environmental health expert, will review the type of materials introduced into the facility to ensure that flammable, toxic and caustic materials are controlled and used safely. All such materials will be safely stored and only used by inmates under the direction of the staff.

402.8 EMERGENCY HOUSING OF INMATES

The Jail Commander or the authorized designee shall develop a plan for the emergency housing of inmates in the event of a fire (15 CCR 1032(e)). The plan should include procedures for continuing to house inmates in the facility, identification of alternate facilities and the potential capacity of those facilities, inmate transportation options and contact information for allied agencies. This plan shall be reviewed annually and revised if necessary.

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Emergency Power and Communications

403.1 PURPOSE AND SCOPE

The Tehama County Sheriff's Office facility must continue to operate as a safe and secure environment regardless of emergencies, including electrical outages. The purpose of this policy is to establish guidelines regarding back-up power and communication systems, and the inspection, preventive maintenance and testing of the systems to ensure a seamless transition in the event of a loss of power.

403.2 POLICY

It is the policy of this office to ensure that power to critical systems and communications continues to operate within the facility in the event of a loss of power.

403.2.1 PREVENTIVE MAINTENANCE

It is the responsibility of the Sheriff and Jail Commander to ensure that there is sufficient emergency power to operate all essential lighting, security equipment, safety equipment and communications systems. The emergency power system should have sufficient fuel to allow the facility to operate continuously for a three-day period, if necessary, without external resources.

The emergency power system should be inspected, tested and maintained as necessary. In the event that the system fails, the Jail Commander or Shift Supervisor should contact the designated maintenance authority or repair company to obtain necessary repairs as soon as practicable. If the emergency power system cannot be repaired within eight hours, portable emergency generators should be secured as a temporary emergency power source until the repair or replacement of the primary system occurs.

403.2.2 SAFETY AND SECURITY

All safety and security equipment will be repaired or replaced in an expedited manner by qualified personnel. In the event that safety and security equipment become inoperable or damaged and it is not safe to operate a secure portion of the facility, that portion of the facility should be vacated and the inmates housed elsewhere. Or, staffing should be increased sufficiently for the area to remain safe and secure until the repair can be completed.

403.2.3 INSPECTION AND TESTING

The Jail Commander or the authorized designee is responsible for scheduled testing of emergency power systems (15 CCR 1029). The power system manufacturer should be contacted for the required testing intervals and load information. The emergency power system should be load-tested in accordance with the manufacturer’s recommendations or at least quarterly.

All emergency equipment and systems should be inspected and tested by a qualified individual at least quarterly.

Power generators should be inspected and tested by a qualified individual at least weekly.

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All testing and inspections shall be documented and the results included in a report to the Jail Commander.

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Evacuation Plan

404.1 PURPOSE AND SCOPE

The purpose of this policy is to promote planning and to establish procedures, responsibilities and training requirements for the staff of the Tehama County Sheriff's Office Jail in case of fire and other emergency evacuations.

404.2 POLICY

The community, staff, volunteers, contractors and inmates should have a well-researched and validated evacuation plan that can be implemented in the event any portion of this facility requires evacuating due to an emergency (e.g. fire, smoke, flood and storm) (15 CCR 1032(d)). All custody staff should be knowledgeable about the evacuation plan, policy and procedures.

404.3 EVACUATION PLAN

The Tehama County Sheriff's Office maintains an evacuation plan to be implemented in the event of a fire, natural disaster or other emergency (15 CCR 1032(d)). At minimum the evacuation plan shall address the following:

- Location of facility floor plans and building plans
- Procedures on how inmates are to be released from locked areas
- Relocation areas to be used for housing inmates in the event of a full or partial evacuation
- Notifications
- Training and drill requirements for staff
- Reporting requirements

The Jail Commander shall ensure that the evacuation plan is maintained and updated as needed and is reviewed for accuracy at least annually by a qualified independent inspector and in coordination with the local fire authority.

A current copy of the evacuation plan shall be maintained in the Administration office and in the command area of each annex facility.

404.3.1 EXITS

All facility exits should be marked with signs that clearly indicate the direction of traffic.

Except for temporary reasons, such as maintenance or repairs, all exits to the facility shall remain free from obstacles at all times regardless of the frequency of use. It is the duty of all staff to remove any obstructions that block, either partially or completely, staff’s ability to observe or use any exit.

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All housing areas and places of assembly that are designed for occupancy of 50 individuals or more shall have two available exits.

404.3.2 EVACUATION PLANS AND ROUTES
Plans for evacuation routes will be posted in all public areas of the facility. All custody staff will be familiar with evacuation routes for inmates.

404.3.3 EMERGENCY HOUSING OF INMATES
The Jail Commander or the authorized designee shall develop a plan on the emergency housing of inmates in the event of a full or partial evacuation of the facility. The plan will address when inmates should be housed in place, identification of alternate facilities and the potential capacity of those facilities, inmate transportation options, and contact information for allied agencies. This plan shall be reviewed at least annually and revised if necessary.

404.4 TRAINING DRILLS

The Jail Commander should ensure that drills of the evacuation plan are conducted at least annually on each shift and for all facility locations. Drills will include staff and volunteers. The local fire agency may be invited to participate in one or more drills annually. Nonviolent and compliant inmates may participate. Violent and/or dangerous inmates or those known to be a flight risk inmates will not be involved in the drills.

Drills should be designed to ensure that all staff members are proficient in their duties during each type of evacuation. Each drill should be documented as to its scope and participants. Upon completion of the drill, each staff member will be required to complete a written test to document knowledge and to show proficiency.

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Chapter 5 - Inmate Management

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Population Management System

500.1 PURPOSE AND SCOPE

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

500.2 POLICY

It is the policy of this facility that an inmate population management system should be established and maintained to account for the admission, processing and release of inmates. The Jail Commander or the authorized designee is responsible for ensuring that detailed daily reports of the facility's inmate population are completed and maintained by the staff. The reports shall reflect the average daily population of sentenced and non-sentenced inmates by categories of adult male, adult female and juvenile male and juvenile female. The Jail Commander should collect and submit the data to the Sheriff in a monthly report within 10 working days of the end of each month. The Sheriff or the authorized designee should maintain the data in an accessible format for historical purposes, trend analysis and to respond to funding opportunities (15 CCR 1040).

500.2.1 DATA COLLECTION

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

(a) Current number of beds in:
    1. Compliance with local or state standards
    2. General housing
    3. Medical/mental health

(b) Average Daily Population (ADP) for:
    1. Minimum security
    2. Maximum security
    3. High security
    4. Administrative segregation

(c) Highest one-day inmate population

(d) Number and/or percentage of:
    1. Bookings
    2. Male inmates
    3. Female inmates
    4. Non-sentenced inmates
    5. Felony inmates

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6. pretrial inmates released
7. Sentenced inmates released early due to lack of space
8. Inmates receiving psychotropic medication

(e) Number of inmates:

1. Enrolled in work release program
2. Assigned to Day Reporting Center (DRC)
3. Assigned to home electronic monitoring program

(f) Number of:

1. Inmate-on-inmate assaults
2. Inmate-on-staff assaults
3. Escapes/attempted escapes

(g) Any other demographic information (e.g., gang activity)

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

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Inmate Counts

501.1 PURPOSE AND SCOPE

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

501.2 POLICY

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

501.3 PROCEDURE

The Jail Commander or the authorized designee shall be responsible for creating and maintaining a written procedure establishing the process and frequency of counts. Inmate counts shall be conducted at least once every twelve hours. Emergency counts may be conducted at the direction of the Shift Supervisor as needed. Electronic counts shall not be substituted for direct staff observation.

All counts shall be documented in the current jail management system. Counts shall include all inmates in custody, and those at hospitals or court. DRC staff members are responsible for documenting those on work assignments, furlough, education release and those who are off-site.

Any discrepancy in the count should immediately be reported to the Jail Commander and resolved prior to the release of the shift personnel responsible for the count. A formal count in which all inmates are personally identified by a correctional officer should be conducted twice a day at a time established by the Jail Commander. The result of the formal count will be used to calculate the average daily population statistics for the facility.

In the event that an escape is discovered during the inmate count, the Shift Supervisor will initiate action to investigate the escape by promptly notifying law enforcement agencies and the Jail Commander, initiating a search, and complying with other procedures as needed in accordance with the Facility Emergencies Policy.

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

All count sheets shall be signed by the Shift Supervisor and forwarded to the Records Division. Count sheets shall be maintained for a period of time prescribed by statute, ordinance or policy.

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Inmate Reception

502.1 PURPOSE AND SCOPE

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

502.2 POLICY

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

502.3 PRE-BOOKING SCREENING

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

(a) Arrest reports

(b) Probable cause declarations

(c) Warrants or court orders

(d) Victim notification information

(e) Special needs related to religious practices, such as diet, clothing and appearance (see the Religious Programs Policy)

(f) Accommodation requests related to disabilities (see the Inmates with Disabilities Policy)

(g) Information regarding suicidal statements or actions

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

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

502.3.1 IMMIGRATION DETAINERS

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

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

(a) Has been arrested and had a judicial probable cause determination for a serious or violent felony identified in Penal Code § 667.5(c) or Penal Code § 1192.7(c)

(b) Has been arrested and had a judicial probable cause determination for a felony punishable by time in a state penitentiary

(c) Has been convicted of an offense as identified in Government Code § 7282.5(a)

(d) Is a current registrant on the California Sex and Arson registry

(e) Is identified by the U.S. Department of Homeland Security's (DHS) Immigration and Customs Enforcement (ICE) as the subject of an outstanding federal felony arrest warrant

502.3.2 NOTICE TO INDIVIDUALS

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

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

502.3.3 ICE INTERVIEWS

Before any interview between ICE personnel and an individual in custody for civil immigration violations, the office shall provide the individual with a written consent form that explains the purpose of the interview, that the interview is voluntary, and that he/she may decline to be interviewed or may choose to be interviewed only with his/her attorney present. The consent form must be available in the languages specified in Government Code § 7283.1.

502.3.4 IMMIGRATION INQUIRIES PROHIBITED

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

502.4 SEARCHES BEFORE ADMISSION

All arrestees and their property shall be searched for contraband by the booking correctional officer before being accepted for booking. All contraband items will be handled according to facility policy. Items of possible evidentiary value may be turned over to the arresting or transporting correctional officer for processing or processed according to the facility's rules for handling evidence. Approved personal property and clothing will be accepted. Items not approved will be returned to the arresting or transporting correctional officer prior to the arrestee being accepted for booking. A description of the items returned to the arresting or transporting correctional officer shall be documented on the arrestee's booking record.

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

502.5 ADMISSION PROCESS

A unique booking number shall be obtained specific to the current admission. Photographs and fingerprints shall be taken.

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

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

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- A record of personal telephone calls made at the time of booking or the time the opportunity was provided to place calls if the calls were not made

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

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

502.5.1 LEGAL BASIS FOR DETENTION

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

502.5.2 ADMISSION OF SEX OFFENDER REGISTRANTS

The Records Division shall inform the California Department of Justice when inmates required to register address changes under Penal Code § 290.013 have been admitted into the jail within 15 days of the admission (Penal Code § 290.13).

502.6 TRANSITION FROM RECEPTION TO GENERAL POPULATION

The Shift Supervisor is responsible to ensure only arrestees who qualify are placed into general population cells or housing. Those who will not be placed into general population include:

(a) Arrestees who are eligible for release following citation.

(b) Arrestees who are intoxicated or under the influence of any chemical substance.

(c) Arrestees who are arranging bail. They shall be permitted a reasonable amount of time, at the discretion of the Shift Supervisor, to make telephone calls before being placed in general population.

502.6.1 MONITORING FOR SIGNS OF INTOXICATION AND WITHDRAWAL

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

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

502.6.2 INMATE SEPARATION

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

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502.7 INMATE PROPERTY CONTROL

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

Excess personal clothing shall be mailed to, picked up by or transported to designated family members or to a person of the inmate's choosing, or stored in containers designed for this purpose.

502.7.1 VERIFICATION OF INMATE'S MONEY

All monies belonging to the inmate and retained by the booking correctional officer shall be verified in front of the inmate. When possible, the inmate should initial the dollar amount on the booking sheet. All money should be placed in a separate envelope and sealed.

Negotiable checks or other instruments and foreign currency should also be sealed in an envelope with the amount indicated but not added to the cash total. Jewelry and other small property should also be sealed in an envelope. All envelopes should clearly indicate the contents on the front. The person sealing it should initial across the sealed flap. Should any money be withdrawn or added to the cash envelope, the person making the change shall enter the new amount below the original entry and initial it. The total amount of money in the envelope should always be computed and written on the outside of the envelope.

502.7.2 PROPERTY STORAGE

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

502.8 INMATE TELEPHONE CALLS

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

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

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

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intoxicated person should be provided the opportunity to make the telephone calls once the person awakes.

502.8.1 TELEPHONE CALL PROCEDURES
The Office will pay the cost of local calls. Long distance calls will be paid by the inmate, using calling cards or by calling collect.

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

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

The public defender’s telephone number shall be located within the KIOSK of each housing unit.

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

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

502.9 SHOWERING AND CLOTHING EXCHANGE

Inmates should be given the opportunity to shower before being dressed in clean jail clothing. Showering should occur before an inmate is transferred from the temporary holding area to general population housing (see the Inmate Hygiene Policy).

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Inmate Handbook and Orientation

503.1 PURPOSE AND SCOPE

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

503.2 POLICY

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

503.2.1 INITIAL ORIENTATION

To assist with the inmate's transition into a custody environment, the orientation will include the following topics, supplemented by a more detailed inmate handbook that will be provided to each inmate (15 CCR 1069):

(a) Facility rules and disciplinary sanctions

(b) Correspondence, visiting and telephone rules

(c) Inmate grievance procedure

(d) Co-pays, fees and charges

(e) Medical, dental and mental health services

(f) Possibilities for pretrial release

(g) Programs and activities, including application procedures

(h) Classification/housing assignments and appeal procedures

(i) Court appearance, where scheduled, if known

(j) Availability of personal care items and opportunities for personal hygiene

(k) Emergency procedures (e.g., fires, evacuations)

(l) Sexual abuse and sexual harassment information including the following (28 CFR 115.33):

1. Facility's zero-tolerance policy
2. Prevention and intervention
3. Instruction on how inmates can avoid being victims of sexual abuse and sexual harassment through self-protection techniques
4. Treatment and counseling for victims of sexual abuse or sexual harassment

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5. Reporting sexual abuse or sexual harassment incidents, including how to report such incidents anonymously
6. Mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies (28 CFR 115.53)
7. Information regarding confidentiality, monitoring and mandatory reporting

(m) Contacting foreign consuls

(n) Requests for religious accommodations

(o) Emergency procedures (e.g., fires, evacuations)

(p) Voting, including registering to vote

(q) Direction for pregnant inmates, including the information required in Penal Code § 3407(e)

(r) The right to be taken before a magistrate in this county if held on an out-of-county warrant (Penal Code § 821; Penal Code § 822)

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

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

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

Inmates are required to acknowledge reading the orientation handbook and this acknowledgement shall be recorded within the inmate KIOSK. (28 CFR 115.33).

503.2.2 ORIENTATION FOR NON-READERS, VISUALLY IMPAIRED AND DEAF OR HARD-OF-HEARING INMATES

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

Inmates who are deaf or hard of hearing shall be provided with interpretation services. Reasonable efforts should be made by the staff to assist the inmate in understanding the information.

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Inmate Safety Checks

504.1 PURPOSE AND SCOPE

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

504.2 POLICY

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

504.3 SAFETY CHECKS

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

(a) Safety checks shall be conducted every 45 minutes but no less than every 60 minutes and are encouraged more often when possible..

(b) Safety checks shall be conducted on an irregular schedule (staggered) so that inmates cannot predict when the checks will occur.

(c) Safety checks shall be done by personal observation of the correctional officer and shall be sufficient to determine whether the inmate is experiencing any stress or trauma.

(d) Cameras and monitors may supplement the required visual observation safety checks but they shall not replace the need for direct visual observation.

(e) Safety checks will be clearly documented on permanent logs in accordance with the office Daily Activity Logs and Shift Reports Policy.

(f) Log entries shall never be made in advance of the actual check. Log entries made in this manner do not represent factual information and are prohibited.

(g) Special management Inmates shall be checked more frequently as detailed in the Special Management Inmates Policy.

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Special Management Inmates

505.1 PURPOSE AND SCOPE

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

505.1.1 DEFINITIONS

Definitions related to this policy include:

Administrative segregation - The physical separation of an inmate who is prone to (15 CCR 1053):

(a) Promote activity or behavior that is criminal in nature or disruptive to facility operations.

(b) Demonstrate influence over other inmates, including influence to promote or direct action or behavior that is criminal in nature or disruptive to the safety and security of other inmates or facility staff, as well as to the safe operation of the facility.

(c) Escape.

(d) Assault staff or other inmates, or participate in a conspiracy to assault or harm them.

(e) Need protection from other inmates.

This is a non-punitive classification process.

Protective custody segregation - A level of custody either requested or required for an inmate’s protection from others.

Special management inmate - An inmate who is either classified as administrative segregation or protective custody segregation. Classification as a special management inmate is a non-punitive classification.

505.2 POLICY

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

505.3 SPECIAL MANAGEMENT INMATES HOUSING CRITERIA

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

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

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

505.4 CIRCUMSTANCES REQUIRING IMMEDIATE SEGREGATION

Inmates will generally be assigned to segregation through the classification process. The Jail Commander or Shift Supervisor has the authority to immediately place any inmate into segregation when it reasonably appears necessary to protect the inmate or others (see the Disciplinary Segregation Policy) (15 CCR 1081(d)).

Reasons that an inmate may be placed into immediate segregation include the following:

(a) The inmate requests protection or is under court-ordered protection, or the staff has determined that the inmate requires protection.

(b) There is reason to believe the inmate poses a danger to him/herself or others.

(c) The inmate poses an escape risk.

(d) The inmate requires immediate mental health evaluation and medical housing is not reasonably available.

(e) The inmate is charged with a disciplinary infraction and is awaiting a disciplinary hearing. In the judgment of the staff, the inmate may become disruptive or dangerous if left in general population.

(f) The inmate is in the process of being transferred to a higher security classification.

(g) Other circumstances where, in the judgment of the staff, the inmate may pose a threat to him/herself, others or the security of the facility.

(h) Med Seg

505.4.1 REVIEW PROCESS

The Captain shall be notified when any inmate is placed into immediate segregation and shall be informed of the circumstances leading to the order to segregate. Within 72 hours of the inmate being placed into segregation, the Captain or the authorized designee must review the

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circumstances surrounding the segregation to determine which of the following actions shall be taken:

(a) The inmate is designated for administrative segregation.

(b) The inmate is designated for protective custody.

(c) The inmate remains segregated pending a disciplinary hearing.

(d) The inmate is returned to general inmate population.

505.5 PROTECTIVE CUSTODY

The correctional officer responsible for assigning classifications to incoming inmates shall clearly document the reason an inmate should be placed into protective custody. Inmates in need of protective custody may be placed in a segregation unit when there is documentation that the protective custody is warranted and segregation is the least restrictive alternative reasonably available.

Inmates who are in protective custody shall receive all services and programs that are available to inmates in general population and that are deemed a privilege. Any deviation from allowing usually authorized items or activities shall be documented on the inmate’s file.

505.6 MAINTENANCE OF PROGRAMS AND SERVICES

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

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

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

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

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505.7 REVIEW OF STATUS

The Classification Sergeant or classification officer shall review the status of all inmates who are housed in segregation units and designated for administrative segregation or protective custody. This review shall occur every seven days for the first two months of segregation and at least once every 30 days thereafter. The review should include information about these inmates to determine whether their status in administrative segregation and protective custody is still warranted.

If other reasonable housing options exist that will provide for the safety of the inmate, the inmate should be moved out of segregation. In reviewing an alternative housing decision, the safety of the inmate shall receive the utmost consideration.

505.8 HEALTH EVALUATION REQUIREMENTS

After notification from staff that an inmate is being placed in segregation, the Shift Supervisor shall ensure that the following occurs:

(a) A qualified health care professional shall assess the inmate's health needs and coordinate the appropriate housing assignment.

(b) If contraindications or special accommodations are noted, the qualified health care professional shall inform the Shift Supervisor and coordinate the appropriate plan for the inmate based on the safety needs of the facility and the medical needs of the inmate.

505.8.1 HEALTH CONSIDERATIONS

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

(a) Unless medical attention is needed more frequently, each inmate in segregation should receive a daily visit by medical staff. A medical assessment should be documented in the inmate's medical file.

(b) A qualified health care professional shall also conduct weekly mental health evaluations.

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

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

505.9 SAFETY CHECKS

A staff member shall conduct a face-to-face safety check of all special management inmates, including those housed in administrative segregation or protective custody, no less than 60 minutes but preferably ever 45 minutes on an irregular schedule. Inmates who are violent, have mental health problems or who demonstrate behavior that is easily identified as out of the ordinary

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or bizarre in nature should be personally observed by the staff every 15 minutes on an irregular schedule.

Inmates who are at risk of suicide shall be under continuous observation until seen by a qualified health care professional. Subsequent supervision routines should be in accordance with orders provided by the qualified health care professional.

Special management inmates shall receive increased monitoring to include, at a minimum:

(a) A daily visit by the Jail Commander or the authorized designee.

(b) Visits by members of the program staff, upon request.

All management, program staff and qualified health care professional visits shall be documented in the appropriate records and logs and retained in accordance with established records retention schedules.

505.10 INCIDENT LOG PROCEDURES

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

- Inmate name
- Inmate identification number
- Housing location
- Classification status
- Date admitted
- Date and time of entry and exit from the cell
- Type of infraction or reason for admission
- Tentative release date
- Any special medical or psychiatric problems or needs
- Counseling for behavior

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

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

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Supervisors should review the incident logs and enter comments as appropriate. At minimum, supervisors should enter the date and time of each review. All incidents will be printed and submitted to the Jail Commander for review.

All safety checks will be documented via electronic scanning and maintained within the current jail management system. Additionally, a log entry will be made in the jail log book and on the supervisor's daily which will include the time the check started, the reason for the watch and when the watch is stopped.

505.10.1 LOG INSPECTION AND ARCHIVAL OF LOGS
The Shift Supervisor shall prepare an electronic supervisor's daily log and pass any significant incidents via the chain of command to the Jail Commander for review.

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

505.11

505.11.1

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Civil Detainees

506.1 PURPOSE AND SCOPE

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

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

506.1.1 DEFINITIONS

Definitions related to this policy include:

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

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

506.2 POLICY

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

506.3 LESS RESTRICTIVE CONDITIONS

The Jail Commander or the authorized designee is responsible for monitoring the accommodations of civil detainees and taking steps to keep those accommodations above the level of non-sentenced, general population inmates. The Jail Commander or the authorized designee should institute alternative and less harsh confinement methods for civil detainees, while still maintaining security and effective management of the facility.

506.4 SCREENING

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

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

506.5 ORIENTATION

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

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506.6 CONDITIONS OF CONFINEMENT IN HOUSING

All civil detainees should be housed separately from other inmates, unless they request to be housed in general population and sign civil commitment waivers of rights release of liability (4001 &4002 PC)

506.6.1 CLOTHING

Civil detainees should be provided a minimum of 50 percent additional clothing exchanges than non-sentenced inmates receive and be provided an extra set of undergarments and socks that they may retain in their housing area.

Civil detainees should be provided an additional storage container for their personal belongings and extra-issued clothing.

506.6.2 USE OF RESTRAINTS AND TRANSPORTATION

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

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

Civil detainees should be transported separately from inmates.

506.6.3 RECREATION

Civil detainees should receive a minimum of 50 percent additional recreation time (indoor and outdoor) than non-sentenced inmates in the general population receive. The recreation may be increased by the Jail Commander as resources allow.

506.6.4 ACCESS TO MAIL AND TELEPHONE

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

(a) Maintaining facility security and safety, such as a book covering improvised weapons or promoting aggression.

(b) Preventing dangerous conduct.

(c) Complying with a court order or court ordered treatment plan.

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

Civil detainees should be provided with a minimum of 50 percent additional telephone access than non-sentenced inmates in the general population receive. Civil detainees should be provided with telephone privacy. A reasonable amount of telephone messages should be taken for a civil detainee.

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506.6.5

506.6.6 VISITING
Civil detainees should be allowed to receive a minimum of 50 percent additional visitation than non-sentenced inmates in the general population receive.

506.6.7 MENTAL HEALTH CARE
Civil detainees who are detained due to issues related to their mental health should be provided with:

(a) An interview with the civil detainee's established mental health care provider and/or a review of the civil detainee's records by the assigned office mental health professional.

(b) A review of the reasonable options available to address the civil detainee's continued mental health care. The office's mental health professional and the Jail Commander or the authorized designee should identify benefits or restrictions that may advance the purpose of the civil detainee's confinement. Examples include:

    1. Restricting or providing special access to books, periodicals or Internet sites as part of the civil detainee's treatment.

    2. Providing special access to mental health care professionals or other visitors.

(c) A conference with the civil detainee's mental health care provider prior to the decision to discipline the civil detainee.

506.7 SEARCHES

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

Absent an enhanced security concern or reasonable suspicion where contraband may be found, there should be no unscheduled cell searches of a civil detainee's personal effects or a cell search when the civil detainee is not present. Non-invasive cell inspections for security purposes may still be conducted.

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Management of Weapons and Control Devices

507.1 PURPOSE AND SCOPE

This policy will address the availability and control of weapons.

507.2 POLICY

It is the policy of the Tehama County Sheriff's Office that the presence and the use of weapons in the jail will be tightly controlled and supervised to reduce the potential for injury. Staff will only carry and use those weapons for which they have been trained in and are qualified to use.

507.3 FIREARMS

With the exception described below, armed personnel shall secure all firearms in gun lockers located at the entry points prior to entering the secure perimeter. Firearms shall not be stored inside the secure perimeter at any time. If it is necessary to load or unload a firearm, personnel shall use the clearing barrels located outside of the facility’s secure perimeter to facilitate the safe loading and unloading of firearms.

Firearms shall only be allowed in the secure perimeter of the facility when it is necessary to protect the safety and security of staff, inmates, contractors, volunteers or the public.

Firearms shall only be allowed inside the secure perimeter with the approval of the Sheriff, Assistant Sheriff or Jail Commander and under the direct supervision of a supervisor.

507.4 OTHER WEAPONS, TOOLS AND CHEMICAL AGENTS

Office-approved weapons, tools and chemical agents, including, but not limited to, pepper projectiles, batons, TASER devices, impact weapons, weapon-fired projectiles, noise/flash distraction devices, sting grenades and similar devices, may be possessed and used only by custody staff members who have received office-authorized training and are qualified to use them.

507.5 STORAGE OF WEAPONS, CHEMICAL AGENTS AND CONTROL DEVICES

The armory shall be located in a secure and readily accessible repository outside of inmate housing and activity areas. It shall be secured at all times. Access to the armory shall be limited to the Jail Commander and the Shift Supervisor or the authorized designee. Only personnel who have received office-approved training in the maintenance of the stored equipment and who have been designated by the Jail Commander are authorized to be inside the armory.

The following equipment shall be stored and secured in the armory:

(a) All office-approved weapons

(b) All office-approved control devices and associated supplies, with the exception of the TASER device

(c) All office-approved chemical agents

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Explosive materials will be stored in a safe approved by the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) and in compliance with 27 CFR 555.201 et seq.

507.5.1 WEAPONS LOCKER

There should be a secure weapons locker located outside of the secure perimeter of the jail.

507.5.2 INVENTORY

The Jail Commander should designate one or more properly trained staff to be responsible for maintaining all weapons, chemical agents and control devices in a safe and secure manner, and to inventory and report the condition and availability of the facility's weapons and control devices on a monthly basis.

To facilitate the inventory, all weapons, chemical agents and control devices shall be stored in assigned locations inside the armory. A log sheet shall be maintained within the armory at all times, detailing the exact location of each item. The removal of any weapon, chemical agent or control device shall be documented on the log sheet, showing who removed the item, the date and time of removal and the reason for removal. An additional log entry shall be made indicating the date and time of the item's return.

The Shift Supervisor and the Jail Commander shall be immediately notified in the event that any weapon, chemical agent or control device is determined to be missing. An immediate and thorough search of the facility shall take place in order to locate the item.

507.5.3 REVIEW, INSPECTION AND APPROVAL

Every control device and chemical agent will be periodically inspected for serviceability and expiration dates by the Rangemaster or the instructor designated to train on the use of a particular control device or chemical agent. The Rangemaster or the designated instructor is responsible to ensure replacement of outdated or unserviceable items.

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Inmate Classification

508.1 PURPOSE AND SCOPE

This policy describes the Tehama County Sheriff's Office's classification process, which is designed to identify security and health issues so that inmates may be held in such a way as to foster a safe and secure facility (15 CCR 1050).

508.1.1 DEFINITIONS

Definitions related to this policy include:

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

508.2 POLICY

It is the policy of this office to process all arrestees and detainees entering this facility to determine whether they will be housed in the facility, cited and released, released on their own recognizance (O.R.) or bail, or released back to the community through an appropriate release mechanism, including alternatives to incarceration programs, such as electronic supervision.

Anyone housed in the facility shall be properly classified according to security and health risks so that appropriate supervision, temporary holding, and housing assignments may be made.

508.3 RELEASE AT OR FOLLOWING CLASSIFICATION

An individual arrested for intoxication only, with no further proceedings anticipated, should be released as soon as custodial staff reasonably determine the person is no longer impaired to the extent that the person cannot care for his/her own safety.

Misdemeanor inmates who meet criterion established by local courts may be cited and released on O.R. by the Sheriff or the authorized designee. Inmates who meet the established criteria will be interviewed by supervisor or classification personnel and a determination will be made whether there is good cause to release the inmate on his/her O.R. (15 CCR 1029(a)(5)).

508.4 CLASSIFICATION PLAN

The Jail Commander or the authorized designee should create and maintain a classification plan to guide staff in the processing of individuals brought into the facility.

The plan should include an initial screening process, as well as a process for determining appropriate housing assignments (28 CFR 115.42). The plan should include use of an objective screening instrument, procedures for making decisions about classification and housing assignments, as well as intake and housing forms and a process to ensure that all classification and housing records are maintained in each inmate's permanent file. The plan should include an evaluation of the following criteria:

- Age
- Sex

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- Current charges
- Behavior during arrest and intake process
- Criminal and incarceration history
- Mental and emotional stability
- Potential risk of safety to others or self
- Special management inmate status
- Special needs assessment for vulnerable inmates
- Behavioral or physical limitations or disabilities
- Medical status
- Level of sobriety at booking
- Suicidal ideation
- Escape history and degree of escape risk
- History of assaultive behavior
- The need to be separated from other classifications of inmates (e.g., juvenile offenders, gang affiliation, confidential informant, former law enforcement, sexual orientation)
- Prior convictions for sex offenses against an adult or child
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming (see Prison Rape Elimination Act Policy for Transgender and intersex definitions)
- Previous sexual victimization
- The inmate’s own perceptions of his/her vulnerability
- Whether the inmate is detained solely for civil immigration purposes
- Whether the inmate is a foreign national and if so from what country (see Foreign Nations and Diplomats Policy)
- Prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, and known to the Office (28 CFR 115.41)
- Any other criteria as deemed appropriate by the Sheriff or the authorized designee

The plan should include a methodology for evaluating the classification process and a periodic review for the purpose of continuous quality improvement.

Information obtained in response to screening questions shall be considered confidential and shall only be made available to those who have a legitimate need to know (28 CFR 115.41).

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508.4.1 INMATE RESPONSE TO SCREENING

Inmates may not be compelled by threat of discipline to provide information or answers regarding (28 CFR 115.41):

(a) Whether the inmate has a mental, physical, or developmental disability.

(b) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.

(c) Whether the inmate has previously experienced sexual victimization.

(d) The inmate's own perception of vulnerability.

508.5 INITIAL CLASSIFICATION

The initial classification process is intended to identify predatory, violent and at-risk inmates. It should occur early in the intake process to allow for appropriate supervision while an inmate is being temporarily held in this facility and until a decision is made to place the individual into a more permanent housing assignment.

Inmates should be interviewed by an intake correctional officer as soon as possible in the booking process. The intake correctional officer shall complete the initial classification form. The initial classification form should include a place for the intake correctional officer to make a housing recommendation. This recommendation should be based on the initial classification form, an assessment of the inmate's condition and the inmate's interview.

The initial classification form shall be placed in the inmate's file and provided to the classification correctional officer, who will, within the limits of available resources, determine the appropriate temporary housing location.

508.6 CLASSIFICATION UPON HOUSING

Once it has been determined that the person arrested will not be released from custody on bail or O.R., a more in-depth classification of the inmate will be conducted as soon as possible but no later than 24 hours after the inmate's arrival at the facility, after which the inmate will be moved to more permanent housing.

508.6.1 INTERVIEW

The comprehensive classification process begins with a review of any initial classification information obtained during the reception and booking process, as well as an interview by the classification correctional officer. The review of initial classification documents and the questions, answers and observations from the inmate's interview will be documented and numerically scored, representing the security level and housing assignment appropriate for each inmate.

Individualized determinations shall be made about how to ensure the safety of each inmate (28 CFR 115.42; 15 CCR 1050).

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508.6.2 OVERRIDE

The classification correctional officer has the authority to override the scores when it appears necessary to more appropriately assign housing. The override capability exists to use the classification correctional officer's training and expertise in those instances when the numerical scores are not reflective of the inmate's potential security or health risk. All overrides will be reviewed by a supervisor and are intended to be an exception, rather than the rule.

508.7 REVIEWS AND APPEALS

Once an inmate is classified and housed, he/she may appeal the decision of the classification correctional officer. The appeal process shall begin at the first-line supervisor level. The decision by the supervisor may be appealed to the Jail Commander or the authorized designee. The decision by the Jail Commander or the authorized designee is final.

508.7.1 PERIODIC CLASSIFICATION REVIEWS

The classification correctional officer shall review the status of all inmates who have been incarcerated in the facility for more than 30 days. Additional reviews should occur each 30 days thereafter. The review should examine changes in the inmate's behavior or circumstances and should either raise, lower or maintain the classification status (28 CFR 115.41).

Housing and program assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats experienced by the inmate (28 CFR 115.42).

Inmate risk levels shall be reassessed when required due to a referral, request, incident of sexual abuse, or receipt of additional information that increases the inmate's risk of sexual victimization or abusiveness (28 CFR 115.41).

508.7.2 STAFF REQUESTED REVIEW

At any point during an inmate's incarceration, a staff member may request a review of the inmate's classification. The reason for the review, the review itself and the outcome of the review shall be documented in the inmate's permanent file. Nothing in this section shall prohibit staff from immediately moving an inmate to another location in the facility based on exigent circumstances. Under such circumstances, the staff member moving the inmate must immediately document the action and notify the classification correctional officer.

508.8 HOUSING ASSIGNMENTS

Inmates should be housed based upon the following criteria:

- Classification level
- Age
- Sex (males and females will be housed in separate units)
- Legal status (e.g., pretrial or sentenced)
- Special problems or needs
- Behavior

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- Any other criteria identified by the Jail Commander

508.8.1 SEPARATION
Male and female inmates shall be housed to ensure visual and physical separation.

Civil detainees shall be housed separately from pretrial and sentenced inmates.

508.9 CLASSIFICATION SPACE ALLOCATION

The classification plan depends on the ability of the facility to physically separate different classes of inmates. To ensure that allocated space meets the current population needs, the Jail Commander or the authorized designee should periodically meet with representatives of the classification correctional officers to discuss the fixed resources (e.g., cells, dorms, dayrooms).

The Jail Commander should report at least quarterly to the Sheriff on the ability of the facility to operate safely and securely and to perform its mission.

508.10 SINGLE-OCCUPANCY CELLS

Single-occupancy cells may be used to house the following categories of inmates:

- Maximum security
- Administrative segregation
- Medical condition or disabilities (upon consultation with medical staff and the availability of medical beds)
- Mental condition (upon consultation with mental health staff and the availability of mental health beds)
- Sexual predators
- Any inmate with an elevated risk of being taken advantage of, being mistreated, or becoming a victim of sexual abuse or harassment
- Any other condition or status for single-occupancy housing

The classification supervisor shall notify the Jail Commander or the authorized designee when single-occupancy cells are not available for housing the above described inmates. In such cases, a risk assessment shall be used to identify inmates in the above categories who may be safely housed together.

508.11 PRISON RAPE ELIMINATION ACT (PREA) CONSIDERATIONS

Housing, bed, work, and program assignments should be made to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive (28 CFR 115.42). Inmates identified as being at high risk for sexually aggressive behavior will be monitored and housed in an area that will minimize the risk to other inmates and staff. All inmates identified as being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety. However, inmates at high risk for sexual victimization shall not be placed in involuntary

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protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers (28 CFR 115.43; 28 CFR 115.68).

Housing and program assignments of a transgender or an intersex inmate shall include individualized consideration for the inmate's health and safety and any related supervisory, management, or facility security concerns (15 CCR 1050). A transgender or an intersex inmate's views with respect to his/her own safety shall be given serious consideration.

Lesbian, gay, bisexual, transgender, or intersex inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is pursuant to a consent decree, legal settlement, or legal judgment (28 CFR 115.42).

508.12 EDUCATION, WORK AND OTHER RELEASE

Unless an inmate is incarcerated for an offense for which release is prohibited by law or otherwise prohibited by court order, an inmate incarcerated in the jail may be released for a period reasonable and necessary for the following reasons at the direction and supervision of DRC:

- To seek or maintain employment
- To attend education classes
- To obtain medical treatment
- Any other reasonable purpose as determined by the Jail Commander or the authorized designee

Education and work-release inmates who leave the secure perimeter of the jail to complete programs should be housed separately from inmates in general population.

There should be no contact between the inmates in general population and those being authorized for education, work or other release. This is to minimize the risk of introducing contraband into the jail and to maintain facility security.

508.13 STAFF TRAINING IN CLASSIFICATION

Classification correctional officers should receive training specific to inmate classification before being assigned primary classification duties. Individuals not specifically trained in inmate classification may work in classification provided that they are under the immediate supervision of a trained and qualified staff member.

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Conducted Energy Device

509.1 PURPOSE AND SCOPE

This policy provides guidelines for the issuance and use of the TASER® device.

509.2 ISSUANCE AND CARRYING TASER DEVICES

The TASER device may only be issued to authorized members who have completed office-approved training for use during their current assignment. Those leaving a particular assignment may be required to return the device to the Office inventory.

Staff shall only use the TASER device and cartridges that have been issued by the Office. The device may be carried as part of a uniformed member's equipment.

(a) Whenever practicable, members should carry two or more TASER device cartridges on their persons at all times when carrying the TASER device.

(b) Members shall be responsible for ensuring that their issued TASER device is properly maintained and in good working order at all times. Members carrying the TASER device should perform a spark test on the unit prior to every shift.

(c) Correctional officers should not hold both a firearm and the TASER device at the same time.

(d) The TASER device should be marked with a distinctive color or marking to distinguish it from firearms or any other device.

509.3 VERBAL AND VISUAL WARNINGS

A verbal warning of the intended use of the TASER device should precede its application, unless it would otherwise endanger the safety of staff or when it is not practicable due to the circumstances. The purpose of the warning is to:

(a) Provide the inmate with a reasonable opportunity to voluntarily comply.

(b) Provide other staff and inmates with a warning that the TASER device may be deployed.

If, after a verbal warning, an inmate is unwilling to voluntarily comply with a member's lawful orders and it appears both reasonable and feasible under the circumstances, the member may, but is not required to, display the electrical arc (provided that a cartridge is loaded into the device) or the laser in a further attempt to gain compliance prior to the application of the TASER device. The aiming laser should never be intentionally directed into the eyes of another as it may permanently impair his/her vision.

The fact that a verbal and/or other warning was given or the reasons it was not given shall be documented by the member deploying the device in the related report.

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509.4 USE OF THE TASER DEVICE

As with any correctional equipment, the TASER device has limitations and restrictions requiring consideration before its use. The TASER device should only be used when its operator can safely approach the subject within the operational range of the device.

Although the TASER device is generally effective in controlling most individuals, members should be aware that the device may not achieve the intended results and be prepared with other options.

509.4.1 APPLICATION OF THE TASER DEVICE

Authorized personnel may use the TASER device when circumstances perceived by the member at the time indicate that such application is reasonably necessary to control an inmate in any of the following circumstances:

(a) The inmate is violent or is physically resisting.

(b) The inmate has demonstrated an intention to be violent or to physically resist and reasonably appears to have the potential to harm staff, him/herself or others.

509.4.2 SPECIAL DEPLOYMENT CONSIDERATIONS

The use of the TASER device should generally be avoided on certain individuals unless the totality of the circumstances indicates that other available options reasonably appear ineffective or would present a greater danger to the member, the subject or others, and the member reasonably believes that the need to control the individual outweighs the risk of using the device. Such individuals include:

(a) Inmates who are known to be pregnant.

(b) Elderly inmates.

(c) Inmates with obviously low body mass.

(d) Inmates who are handcuffed or otherwise restrained.

(e) Inmates who have been recently sprayed with a flammable chemical agent or who are otherwise in proximity to any combustible vapor or flammable material, including alcohol-based oleoresin capsicum (OC) spray.

(f) Inmates whose position or activity may result in collateral injury (e.g., falls from height).

Because the application of the TASER device in the drive-stun mode (i.e., direct contact without probes) relies primarily on pain compliance, the use of the drive-stun mode generally should be limited to supplementing the probe-mode to complete the circuit, or as a distraction technique to gain separation between staff and the subject, thereby giving staff time and distance to consider force options or actions.

The TASER device shall not be used to torture, psychologically torment, elicit statements from or punish any inmate.

509.4.3 TARGETING CONSIDERATIONS

Reasonable efforts should be made to target lower center mass and avoid intentionally targeting the head, neck, chest and groin. If the dynamics of a situation or officer safety do not permit the

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member to limit the application of the TASER device probes to a precise target area, members should monitor the condition of the inmate if one or more probes strikes the head, neck, chest or groin until the inmate is evaluated by qualified medical personnel.

509.4.4 MULTIPLE APPLICATIONS OF THE TASER DEVICE

Members should apply the TASER device for only one standard cycle and then evaluate the situation before applying any subsequent cycles. Multiple applications of the TASER device against a single individual are generally not recommended and should be avoided unless the member reasonably believes that the need to control the individual outweighs the potentially increased risk posed by multiple applications.

If the first application of the TASER device appears to be ineffective in gaining control of an inmate and if circumstances allow, the member should consider certain factors before additional applications of the device, including:

(a) Whether the probes are making proper contact.

(b) Whether the inmate has the ability and has been given a reasonable opportunity to comply.

(c) Whether verbal commands, other options or tactics may be more effective.

Members should generally not intentionally apply more than one TASER device at a time against a single subject.

509.4.5 DOCUMENTATION

All TASER device discharges shall be documented in the related incident report and on the TASER device report form. Notification shall be made to a supervisor in compliance with the office Use of Force Policy. Unintentional discharges, pointing the device at a person, laser activation and arcing of the TASER device will also be documented on the TASER device report form. Any report documenting the discharge of the TASER device will include an explanation of the circumstances surrounding the discharge.

Following the discharge, the onboard TASER device memory will be downloaded through the data port by a supervisor or Rangemaster and saved with the related incident report. Photographs of the probe and contact sites should be taken after the inmate has been seen by qualified medical personnel. Confetti tags should be collected and the expended cartridge along with both probes and wires should be submitted into evidence for future reference by the member collecting the cartridge. The cartridge serial number should be noted and documented on the evidence paperwork. The evidence packaging should be marked “biohazard” if the probes penetrated the inmate’s skin.

At a minimum the following should be documented:

(a) Identification of all personnel firing TASER devices

(b) Cartridge serial number

(c) Identification of all witnesses

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(d) Medical care provided to the inmate

(e) Observations of the inmate's physical and physiological actions

(f) Any known or suspected drug use, intoxication or other medical problems

The Office should periodically analyze the report forms to identify trends, including deterrence and effectiveness. The Training Manager should also conduct audits of data downloads and reconcile TASER device report forms with recorded activations. TASER device information and statistics, with identifying information removed, should periodically be made available to the public.

509.4.6 TASER® CAM™

The TASER is equipped with TASER Cam, which is an audio-video recording device integrated into the power supply. The TASER Cam is activated anytime the safety is in the off position. The safety should not be in the off position unless the member intends to use the device and the guidelines established in this policy are met. Anytime the TASER Cam is activated, the video and audio data should be downloaded in accordance with office evidence procedures and referenced in any related report. All video and audio not booked as evidence will be retained for the period required by established records retention schedules.

509.5 MEDICAL TREATMENT

Absent extenuating circumstances or unavailability, only qualified medical personnel should remove TASER device probes from an inmate's body. Used TASER device probes shall be considered a sharps biohazard, similar to a used hypodermic needle, and handled properly. Universal precautions should be taken accordingly.

All inmates who have been struck by TASER device probes or who have been subjected to the electric discharge of the device shall be medically assessed prior to continued processing or housing. Any inmate who falls under any of the following categories should, as soon as practicable, be examined by qualified medical personnel:

(a) The person is suspected of being under the influence of controlled substances and/or alcohol.

(b) The person may be pregnant.

(c) The person reasonably appears to be in need of medical attention.

(d) The TASER device probes are lodged in a sensitive area (e.g., groin, female breast, head, face and neck).

(e) The person requests medical treatment.

Persons who exhibit extreme agitation, violent irrational behavior accompanied by profuse sweating, extraordinary strength beyond their physical characteristics and imperviousness to pain (sometimes called "excited delirium"), or who require a protracted physical encounter with multiple staff to be brought under control, may be at an increased risk of sudden death and should be examined by qualified medical personnel as soon as practicable. Any individual exhibiting signs of distress after such an encounter shall be medically cleared.

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Any inmate exhibiting signs of distress or who is exposed to multiple or prolonged applications (e.g., more than 15 seconds) shall be promptly examined by qualified medical personnel or medically evaluated.

If any individual refuses medical attention, such a refusal should be witnessed by another member and/or medical personnel and shall be fully documented in related reports.

If an audio recording is made of the contact or an interview with the individual, any refusal should be included, if possible.

509.6 TRAINING

Personnel who are authorized to carry the TASER device shall be permitted to do so only after successfully completing the initial office-approved training. Any personnel who have not carried the TASER device as a part of their assignment for a period of six months or more shall be recertified by the TASER device instructor approved by this office prior to again carrying or using the device.

Proficiency training for personnel who have been issued TASER devices should occur every year. A reassessment of a correctional officer’s knowledge and/or practical skill may be required at any time if deemed appropriate by the Training Manager.

Command staff and supervisors should receive TASER device training as appropriate for the investigations they conduct and review.

Members who do not carry TASER devices should receive training that is sufficient to familiarize them with the device and with working with members who use the device.

The Training Manager is responsible for ensuring that all members who carry TASER devices have received initial and annual proficiency training. Periodic audits should be used for verification.

Application of TASER devices during training could result in injury to personnel and should not be mandatory for certification.

All training and proficiency for TASER devices will be documented in the member’s training file.

The Training Manager should ensure that all training includes:

(a) A review of this policy.

(b) A review of the Use of Force Policy.

(c) Target area considerations, including techniques or options to reduce the unintentional application of probes near the head, neck, chest and groin.

(d) Handcuffing a subject during the application of the TASER device and transitioning to other force options.

(e) Restraint techniques that do not impair respiration following the application of the TASER device.

(f) De-escalation techniques.

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509.6.1 TESTING
All training delivered to the staff should include testing to document that the employee understands the subject matter presented.

509.7 POLICY
It is the policy of the Tehama County Sheriff's Office to use the TASER device to control violent or potentially violent inmates. The appropriate use of such a device should result in fewer serious injuries to staff and inmates.

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Control of Inmate Movement

510.1 PURPOSE AND SCOPE

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

510.2 POLICY

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

510.3 CONTROL OF MOVEMENT

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

(a) Court

(b) Transportation to another facility

(c) Receiving a visit

(d) Law enforcement interview or to participate in a lineup

(e) Reporting to work

(f) Receiving dental or medical care

(g) Attending educational classes or religious services

(h) Release

(i) Facility emergency

(j) Any other reason deemed appropriate by staff

510.4 MOVEMENT OF INMATES

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

510.5 MOVEMENT OF SPECIAL MANAGEMENT INMATES

Inmates should be restrained during movement based upon individual security classification, with higher risk inmates in handcuffs, waist chains, and leg irons. An exception to this procedure

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is when an inmate has a physical disability where restraint devices may cause serious injury. Pregnant inmates shall be moved in accordance with the Use of Restraints Policy.

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

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

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Use of Force

511.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines governing application of force, limitations on the use of force, supervisor's responsibilities, and reporting requirements for incidents involving the application of force (15 CCR 1029(a)(3)).

511.1.1 DEFINITIONS

Definitions related to this policy include:

Deadly force - Any application of force that is reasonably anticipated and intended to create a substantial likelihood of death or very serious injury.

Excessive force - The use of more force than is objectively reasonable under the circumstances to accomplish a lawful purpose.

Use of force - Any application of physical techniques or tactics, chemical agents or weapons to another person. It is not a use of force when the inmate allows him/herself to be searched, escorted, handcuffed or restrained.

Use of force team technique - The use of force team technique ordinarily involves trained staff clothed in protective gear, who enter the inmate's area in tandem, each with a specific task, to achieve immediate control of the inmate.

511.2 POLICY

It is the policy of this office to accomplish the department functions with minimal reliance on the use of force and generally as the last alternative.

511.3 USE OF FORCE

Authorized members may use force as reasonably appears necessary in the performance of their duties, but excessive force shall not be used. Members must use only that amount of force that appears reasonably necessary under the circumstances in order to gain control of the inmate, to protect and ensure the safety of inmates, staff, and others, to prevent serious property damage, prevent escape, obtain compliance with facility rules and staff orders, and to ensure the institution's security and good order or for other lawful purposes.

The Office has provided a number of tools, weapons, and training on techniques to use when responding to resistance and violent encounters. While various degrees of force exist, each member is expected to use only that degree of force that is reasonable under the circumstances to successfully accomplish the legitimate and lawful purpose in accordance with this policy.

It is recognized, however, that circumstances may arise in which staff may reasonably believe it would be impractical or ineffective to use any of the standard tools, weapons, or methods provided by the Office. Staff members may find it more effective or practical to improvise their response to rapidly unfolding conditions they are confronting. In such circumstances, the use of any improvised

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device or method must nonetheless be objectively reasonable and utilized only to the degree reasonably necessary to accomplish a legitimate penological purpose.

In any review of an incident to determine whether a particular use of force conforms to this policy, the Office will evaluate the apparent need for an application of force, the relationship between that need and the amount of force used, the threat reasonably perceived, any efforts made to temper the severity of a forceful response and the extent of any injury to the inmate.

Prior to resorting to the use of force, staff should, when practicable, attempt verbal persuasion, orders or other tactics to avoid or mitigate the need for forceful action.

Force shall never be used as punishment or retaliation.

Medical checks will be performed on all inmates who have been subjected to force as soon as practicable, regardless of apparent injury.

Nothing in this policy is intended to require that force options be used in a particular order. However, the force option used must be objectively reasonable under the circumstances to accomplish a lawful objective.

511.3.1 FACTORS USED TO DETERMINE THE REASONABLENESS OF FORCE

When determining whether to apply force and evaluating whether a member has used reasonable force, a number of factors should be taken into consideration, as time and circumstances permit. These factors include, but are not limited to:

(a) Immediacy and severity of the threat to members or others.

(b) The conduct of the individual being confronted, as reasonably perceived by the member at the time.

(c) Member/inmate factors (age, size, relative strength, skill level, injuries sustained, level of exhaustion or fatigue, the number of members available vs. inmates).

(d) The effects of drugs or alcohol.

(e) Inmate’s mental state or capacity.

(f) Proximity of weapons or dangerous improvised devices.

(g) The degree to which the inmate has been effectively restrained and his/her ability to resist despite being restrained.

(h) The availability of other options and their possible effectiveness.

(i) The seriousness of the suspected offense or reason for contact with the inmate.

(j) Training and experience of the member.

(k) Potential for injury to members, inmates and others.

(l) Whether the inmate appears to be resisting or is attacking the member.

(m) The risk and reasonably foreseeable consequences of escape.

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(n) The apparent need for immediate control of the inmate or a prompt resolution of the situation to maintain or restore order.

(o) Whether the conduct of the inmate being confronted no longer reasonably appears to pose an imminent threat to the member or others.

(p) Awareness of the inmate's propensity for violence.

(q) Any other exigent circumstances.

511.3.2 DUTY TO INTERCEDE

Any member present and observing another staff member using force that is clearly not within this policy is expected, when reasonable to do so, to intercede to prevent the use of such force and in all cases report the use promptly to a supervisor.

511.4 USE OF OTHER WEAPONS, TOOLS AND CHEMICAL AGENTS

511.4.1 NOISE/FLASH DISTRACTION DEVICES

Noise/flash distraction devices, sting grenades, chemical grenades and similar devices shall be used only at the direction of a supervisor and only by staff who have been trained in and are qualified for the use of the devices.

511.4.2 ELECTRONIC CONTROL DEVICES

The use of TASER® devices shall be in accordance with the office Conducted Energy Device Policy.

Other electronic control devices, such as stun cuffs and stun belts, shall only be used when it appears reasonably necessary to control an inmate who poses a serious threat to safety or security, and only with the approval of a supervisor. These devices shall not be used to punish or torment. Only office-trained personnel authorized by the Jail Commander shall deploy and use these devices.

Prior judicial approval should be obtained for any use of stun belts in court holding facilities if the device will be worn in the courtroom or will be visible to a jury.

511.4.3 CHEMICAL AGENTS

Chemical agents shall only be used in the facility as authorized by the Jail Commander or the authorized designee. Oleoresin capsicum (OC) spray should not be used in the medical unit or other designated areas where inmates are assigned to respiratory isolation or on any inmate who is under control with or without restraints.

Office-approved OC spray or foam may be possessed and used only by staff members who have received office-authorized training in its use.

Inmates who have been affected by the use of chemical agents shall be promptly provided with the proper solution to decontaminate the affected areas. Those inmates who complain of severe effects shall be examined by a qualified health care professional.

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If the inmate refuses to decontaminate, such a refusal shall be documented. If an inmate has been exposed in a cell and not removed from the cell where the exposure occurred, in-cell decontamination shall be afforded to the inmate, including:

(a) Health-trained custody staff advising the inmate how to decontaminate in the cell.

(b) Clean clothing if the inmate's clothing was contaminated.

(c) Monitoring of the in-cell inmate at least every 15 minutes, for a period of not less than 45 minutes, by health-trained custody staff.

511.4.4 PROJECTILE CHEMICAL AGENTS

Pepper projectile systems are plastic spheres filled with a derivative of OC powder. A compressed gas launcher delivers the projectiles with enough force to burst the projectiles on impact, releasing the OC powder. Although classified as a non-lethal weapon, the potential exists for the projectiles to inflict injury if they strike the head, neck, spine or groin. Therefore, personnel deploying the pepper projectile system should not intentionally target those areas except when the member reasonably believes the inmate may cause serious bodily injury or death to the member or others. The use of the pepper projectile system is subject to the following requirements:

(a) Office-approved projectile chemical agents may only be used by staff members who have received office-authorized training in their use.

(b) Members encountering a situation that requires the use of the pepper projectile system shall notify a supervisor as soon as practicable. The supervisor shall respond to all such deployments. The supervisor shall ensure that all notifications and reports are completed as required by this policy.

(c) Each deployment of a pepper projectile system shall be documented and, if reasonably practicable, recorded on video. This includes situations where the launcher was directed toward the inmate, regardless of whether the launcher was used. Only non-incident deployments are exempt from the reporting requirement (e.g., training, product demonstrations).

511.4.5 IMPACT WEAPONS

The need to immediately incapacitate the inmate must be weighed against the risk of causing serious injury or death. The head and neck should not be intentionally targeted with an impact weapon, except when the member reasonably believes the inmate may cause serious bodily injury or death to the member or others.

511.4.6 KINETIC ENERGY PROJECTILES

Kinetic energy projectiles, when used properly, are less likely to result in death or serious physical injury and can be used by a trained and qualified member in an attempt to de-escalate a potentially deadly situation.

511.5 IMMEDIATE AND CALCULATED USE OF FORCE

An immediate use of force occurs when force is used to respond without delay to a situation or circumstance that constitutes an imminent threat to security or safety. For example, the immediate

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or unplanned use of force by staff to stop an inmate from inflicting life-threatening injuries to him/herself or to stop an assault on any other person, including other inmates.

The destruction of government property may require the immediate use of force by staff in some circumstances. A verbal warning should be given before an immediate use of force unless the circumstances preclude it.

If there is no need for immediate action, staff should attempt to resolve the situation through voluntary compliance or, if it reasonably appears necessary, the calculated use of force. A calculated use of force is called for when an inmate's presence or conduct poses a threat to safety or security and the inmate is located in an area that can be controlled or isolated, or when time and circumstances permit advance planning, staffing and organization.

The assistance of non-custody staff (e.g., psychologists, counselors) should be considered when attempting to resolve a situation without confrontation.

A supervisor shall be present in any situation involving the calculated use of force. The supervisor shall notify the Shift Supervisor for approval and consultation prior to any calculated use of force action.

511.5.1 CONFRONTATION AVOIDANCE PROCEDURES

Prior to any calculated use of force, the supervisor shall confer with the appropriate persons to gather pertinent information about the inmate and the immediate situation. Based on the supervisor’s assessment of the available information, he/she should direct staff to attempt to obtain the inmate’s voluntary cooperation and consider other available options before determining whether force is necessary.

The supervisor should consider including the following persons and resources in the process:

(a) Mental health specialist

(b) Qualified health care professional

(c) Chaplain

(d) Office Records Division

(e) Any other relevant resources

Regardless of whether discussions with any of the above resources are accomplished by telephone or in person, the purpose is to gather information to assist in developing a plan of action, such as the inmate's medical/mental history (e.g., hypoglycemia, diabetes), any recent incident reports or situations that may be contributing to the inmate's present condition (e.g., pending criminal prosecution or sentencing, recent death of a loved one, divorce). The assessment should include discussions with staff members who are familiar with the inmate's background or present status. This may provide insight into the cause of the inmate's immediate agitation. It also may identify other staff who have a rapport with the inmate and could possibly resolve the incident peacefully, without the use of force.

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If force is determined necessary and other means of gaining control of an inmate are deemed inappropriate or ineffective, then the use of force team technique should be used to control the inmate and to apply restraints, if required.

Consideration should also be given to preventing exposure to communicable diseases in calculated use of force situations and to ensuring that medical services personnel are available.

511.6 REPORTING THE USE OF FORCE

Every staff use of force is an incident that shall be reported on the appropriate report form. Any staff member who uses force and any staff directly observing the incident shall make a verbal report to a supervisor as soon as practicable and shall submit the appropriate documentation prior to going off-duty, unless directed otherwise by a supervisor.

The documentation will reflect the actions and responses of each staff member participating in the incident, as witnessed by the reporting staff member.

The report should include:

(a) A clear, detailed description of the incident, including any application of weapons or restraints.

(b) The identity of all involved in the incident (e.g. inmates, staff and others).

(c) The specific reasons for the application of force.

(d) The threat as perceived by the staff involved.

(e) Efforts were made to temper the severity of a forceful response, and if there were none, the reasons why.

(f) Description of any injuries to anyone involved in the incident, including the result of any medical checks that show the presence or absence of injury.

A video recording is required for all calculated use of force incidents and should include the introduction of all staff participating in the process. The recording and documentation will be part of the investigation package. The supervisor should ensure the recording is properly processed for retention and a copy is forwarded with the report to the Jail Commander within three working days.

The supervisor responsible for gathering the reports may allow a reasonable delay in preparation of a report in consideration of immediate psychological and/or physical condition of the involved member.

511.7 SUPERVISOR RESPONSIBILITY

When a supervisor is able to respond to an incident in which there has been a reported use of force, the supervisor is expected to:

(a) Obtain the basic facts from the involved members. Absent an allegation of misconduct or excessive force, this will be considered a routine contact in the normal course of duties.

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(b) In cases involving the use of deadly force or when serious injury has resulted, obtain an oral statement from the member. The statement should be restricted to concerns of anything that may present an ongoing threat to the security of the facility or public safety.

(c) Take appropriate measures to address public safety concerns, document the essence of the oral statements in writing and submit it to the Shift Supervisor.

(d) Ensure that the appropriate investigation authority is notified, if needed.

(e) Ensure that any parties involved in a use of force situation are examined by medical staff, regardless of whether any injuries are reported or detectable, and afforded medical treatment as appropriate.

(f) Separately obtain a recorded interview with all inmates upon whom force was used. If this interview is conducted without the person having voluntarily waived his/her *Miranda* rights, the supervisor should ensure the following in the event a report is submitted to a prosecuting authority:

1. The fact that a recorded interview was conducted by a supervisor and retained for the use of force review should be clearly documented.
2. The content of the interview should not be summarized or included in any related reports submitted to the prosecuting authority.

(g) The recording of the interview should be distinctly marked for retention until all potential for civil litigation has expired.

(h) Once any initial medical assessment or first aid has been completed, ensure that photographs have been taken of any areas involving visible injury or complaint of pain as well as overall photographs of uninjured areas. These photographs should be retained until all potential civil litigation has expired.

(i) Identify any witnesses not already included in related reports.

(j) Review and approve all related reports.

If the supervisor determines that any application of force was not within policy, he/she should detail those findings in a separate report. If there is an injury or complaint of an injury, the supervisor should also prepare a risk management report and should submit all reports to the Shift Supervisor.

In the event that the supervisor believes the incident may give rise to civil litigation, a separate claim form should be completed and routed to the appropriate channels.

In the event that a supervisor is unable to respond to the scene of an incident involving a reported application of force, the supervisor is still expected to complete as many of the above items as circumstances permit.

If an inmate has made an allegation of an unnecessary or excessive use of force, the interview should be video-recorded and shall be documented on the appropriate report form.

511.8 USE OF DEADLY FORCE

Use of deadly force is justified in the following circumstances:

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(a) A correctional officer may use deadly force to protect him/herself or others from what he/she reasonably believes would be an imminent threat of death or serious bodily injury.

(b) A correctional officer may use deadly force to stop an escaping inmate when the correctional officer has probable cause to believe that the inmate has committed, or intends to commit, a felony involving the infliction or threatened infliction of serious bodily injury or death, and the correctional officer reasonably believes that there is an imminent or future potential risk of serious bodily injury or death to any other person if the inmate is not immediately apprehended. Under such circumstances, a verbal warning should precede the use of deadly force, where feasible.
Imminent does not mean immediate or instantaneous. An imminent danger may exist even if the inmate is not at that very moment pointing a weapon at someone. For example, an imminent danger may exist if a correctional officer reasonably believes any of the following:

1. The inmate has a weapon or is attempting to access one and it is reasonable to believe the inmate intends to use it against the correctional officer or another.
2. The inmate is capable of causing serious bodily injury or death without a weapon and it is reasonable to believe the inmate intends to do so.

511.8.1 USE OF DEADLY FORCE-REPORTING

A member, who intentionally or accidentally uses deadly force, whether on- or off-duty, shall ensure that a supervisor is notified of the incident without delay.

The supervisor shall ensure that the chain of command is notified and all necessary health and safety, medical and security measures are initiated.

The Shift Supervisor shall promptly notify the Jail Commander of any incident involving a staff member employing deadly force, or any incident where a death or serious bodily injury may have been caused by a staff member.

511.9 USE OF FORCE REVIEW

The Shift Supervisor shall review all related reports of use of force incidents occurring on his/her command. The review is to determine whether the use of force was in compliance with policy, procedure and applicable law, and to determine if follow-up action or investigation is necessary. The Shift Supervisor should also ensure that a review packet containing a copy of all pertinent reports and materials is prepared and forwarded to the Use of Force Review Committee.

511.9.1 USE OF FORCE REVIEW COMMITTEE

The review committee shall meet and review all use of force cases within 30 days of the incident. It is the responsibility of the Shift Supervisor to ensure these meetings occur. The committee will be comprised of the following staff:

(a) The Jail Commander

(b) One supervisor assigned on a rotational basis

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(c) The Training Unit

(d) One qualified health care professional

(e) A correctional officer with advanced use of force training

(f) Other staff as selected by the Sheriff

The committee should, render a single finding as to whether the use of force was within policy. Any recommendations for areas identified as needing training, changes in policy or further investigation into incidents that may lead to member discipline shall be addressed in a separate memorandum to the Training Manager and/or the Internal Affairs Unit, as appropriate.

511.10 TRAINING

The Jail Commander shall work with the Training Manager to ensure legal and facility training mandates are met. This training shall include the following:

(a) Self-defense

(b) Use of force to control inmates

(c) Weapons training

(d) Confrontation avoidance procedures:

1. Communication techniques
2. Cultural diversity
3. Dealing with the mentally ill
4. Application of restraints
5. Reporting procedures

(e) Forced cell extraction techniques

(f) Use of force team techniques

(g) General restraint training (soft and hard restraints)

511.10.1 TRAINING FOR CONTROL DEVICES

The Training Manager shall ensure that all personnel who are authorized to carry a control device have been properly trained and certified to carry the specific control device and are retrained or recertified as necessary.

(a) Proficiency training shall be monitored and documented by a certified, control-device weapons or tactics instructor.

(b) All training and proficiency for control devices will be documented in the member's training file.

(c) Members who fail to demonstrate proficiency with the control device or knowledge of this office's Use of Force Policy will be restricted from carrying the control device until demonstrating proficiency. If a member cannot demonstrate proficiency with a control device or knowledge of this office's Use of Force Policy after remedial training, the member may be subject to discipline.

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511.10.2 PERIODIC TRAINING

Supervisors should conduct and document regular periodic briefings concerning this policy and the storage and use of weapons and control devices. Any test sheets or documentation of performance should be forwarded to the Training Manager to be included in the member's training record.

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Use of Restraints

512.1 PURPOSE AND SCOPE

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

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

This policy does not apply to the use of electrical restraints (see the Electronic Restraints Policy).

512.1.1 DEFINITIONS

Definitions related to this policy include:

Clinical restraints - Restraints applied when an inmate's disruptive, assaultive and/or self-injurious behavior is related to a medical or mental illness. Clinical restraints can include leather, rubber or canvas hand and leg restraints with contact points on a specialized bed (four/five-point restraints) or a portable restraint chair.

Custody/ Auxiliary restraints - Includes steel handcuffs and leg restraints, polyurethane or nylon soft restraints, WRAP, waist restraints and chair restraints that are applied to control an inmate who is assaultive, engaging in self-injurious behavior or attempting to damage property.

Therapeutic seclusion - Isolation of an agitated, vulnerable and/or severely anxious inmate with a serious mental illness as part of his/her treatment when clinically indicated for preventive therapeutic purposes.

512.2 POLICY

It is the policy of this office that restraints shall be used only to prevent self-injury, injury to others or property damage. Restraints may also be applied according to inmate classification, such as maximum security, to control the behavior of a high-risk inmate while he/she is being moved outside the cell or housing unit.

Restraints shall never be used for retaliation or as punishment. Restraints shall not be utilized any longer than is reasonably necessary to control the inmate. Restraints are to be applied only when less restrictive methods of controlling the dangerous behavior of an inmate have failed or appear likely to fail (15 CCR 1029(a)(4); 15 CCR 1058). Each incident where restraints are used shall be documented by the handling staff member and placed in the appropriate file prior to the end of the staff member's shift.

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

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512.2.1 AUTHORIZED RESTRAINT

The WRAP Restraint manufactured by Safe Restraints, Park City, Utah and Department issued leg shackles, hobbles, handcuffs or plastic cuffs, waist/belly chains, Department issued leg irons, transportation chains are the only restraints authorized by this department. Deputies shall only use the above restraint devices supplied or approved by the Department. These devises will also be known or referred to as Auxiliary Restraints, which may be used during long term restraint transportation. For long term restraint transports, approval must be authorized prior to the transport by Management personnel with a rank at or above lieutenant. They provide additional security and safety without impeding breathing, while permitting adequate movement, comfort and mobility.

Any person in auxiliary restraints should be monitored as reasonably necessary.

512.3 USE OF RESTRAINTS - CONTROL

Supervisors shall proactively oversee the use of restraints on any inmate. Whenever feasible the use of restraints other than routine use during transfer, shall require the approval of theShift Supervisor prior to application. In instances where prior approval is not feasible, the Shift Supervisor shall be apprised of the use of restraints as soon as practicable.

Restraint devices, such as restraint chairs, shall only be used on an inmate when it reasonably appears necessary to overcome resistance, prevent escape or bring an incident under control, thereby preventing injury to the inmate or others, or eliminating the possibility of property damage. Restraints shall not be applied for more time than is reasonably necessary to achieve the above goals.

Excluding short-term use to gain immediate control, placing an inmate in a restraint chair or other restraints for extended periods requires approval from the Jail Commander or the authorized designee prior to taking action. The medical staff shall be called to observe the application of the restraints, when feasible prior to the application or as soon as practicable after the application, and to check the inmate for adequate circulation.

The use of restraints for purposes other than for the controlled movement or transportation of an inmate shall be documented on appropriate logs to include, at minimum, the type of restraint used, when it was applied, a detailed description of why the restraint was needed and when it was removed (15 CCR 1058).

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

(a) Restraints shall not be used as punishment, placed around a person's neck or applied in a way that is likely to cause undue physical discomfort or restrict blood flow or breathing (e.g., hog-tying).

(b) Restrained inmates shall not be placed face down or in a position that inhibits breathing.

(c) Restraints shall not be used to secure a person to a fixed object except as a temporary emergency measure. A person who is being transported shall not be locked in any

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manner to any part of the transporting vehicle except for items installed for passenger safety, such as seat belts.

(d) Inmates in restraints shall be housed either alone or in an area designated for restrained inmates.

(e) Restraints shall be applied for no longer than is reasonably necessary to protect the inmate or others from harm.

(f) Staff members shall conduct direct face-to-face observation at least twice every 30 minutes on an irregular schedule to check the inmate’s physical well-being and behavior. Restraints shall be checked to verify correct application and to ensure they do not compromise circulation. All checks shall be documented, with the actual time recorded by the person doing the observation, along with a description of the inmate's behavior. Any actions taken should also be noted in the log.

(g) The specific reasons for the continued need for restraints shall be reviewed, documented and approved by the Jail Commander or Shift Supervisor at least every two hours.

(h) As soon as possible, but within four hours of placement in restraints, the inmate shall be medically assessed to determine whether he/she has a serious medical condition that is being masked by the aggressive behavior. The medical assessment shall be a face-to-face evaluation by a qualified health care professional and shall recur once every six hours of continued restraint thereafter.

(i) As soon as possible, but within eight hours of placement in restraints, the inmate must be evaluated by a mental health professional to assess whether the inmate needs immediate and/or long-term mental health treatment.

(j) If the Jail Commander, or the authorized designee, in consultation with responsible health care staff determines that an inmate cannot be safely removed from restraints after eight hours, the inmate shall be taken to a medical facility for further evaluation.

512.3.1 COURT APPROVAL

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

512.4 USE OF RESTRAINTS - CLINICAL

Inmates may be considered for clinically ordered restraints or seclusion when exhibiting dangerous behavior that is believed to be a product of a medical or mental illness and that puts the inmate or others at risk of physical harm, or when medical care is urgently required and the inmate is not considered competent to give or withhold consent.

Clinical restraints and/or therapeutic seclusion shall only be used when an inmate’s safety or the safety of others cannot be protected by less restrictive means, and only upon the direct order of a qualified health care professional and notification of the Jail Commander or the authorized designee prior to taking action. Restraints shall be used no longer than is reasonably necessary to provide for the legitimate safety concerns of the inmate, staff or others.

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The following provisions shall be used any time clinical restraints or therapeutic seclusion is authorized:

(a) Excluding short-term use to gain immediate control of an inmate exhibiting dangerous or destructive behavior, an inmate may be placed in clinical restraints or therapeutic seclusion only on the orders of a qualified health care professional and only after making a determination that less restrictive interventions are ineffective to prevent the inmate from causing property damage or serious injury to him/herself or others.

(b) Clinical restraints or therapeutic seclusion shall never be ordered or otherwise applied as a means of coercion, discipline, punishment, convenience or retaliation.

(c) The qualified health care professional's order may only be in effect for up to 12 hours for adult inmates and up to two hours for inmates age 17 or younger.

(d) Within one hour of the application of restraints or therapeutic seclusion, a face-to-face observation of the inmate to evaluate the need for continued restraint or therapeutic seclusion shall be conducted by a qualified health care professional.

(e) If deemed clinically necessary, the qualified health care professional who gave the initial order for restraints or therapeutic seclusion may renew the original order for an additional four hours for an adult or up to two hours for a person who is age 17 or younger.

(f) Inmates placed in clinical restraints shall be placed in designated cells within the medical unit. The restraints shall be applied in the least restrictive manner possible, based on the qualified health care professional's evaluation and order.

(g) Inmates placed in restraints shall only be placed in a face-up position.

(h) Following the first face-to-face observation, a qualified health care professional shall conduct face-to-face checks every 15 minutes on an irregular schedule to assess the inmate's condition and behavior. The restraints shall be checked for proper application and to ensure that circulation is not compromised. Checks shall be documented in the inmate's medical file.

(i) Except in the event of a medical emergency for the inmate, only a qualified health care professional shall determine when an inmate shall be released from clinical restraints or therapeutic seclusion.

512.5 RANGE OF MOTION

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

512.6 FOOD, HYDRATION, AND SANITATION

Inmates who are confined in restraints shall be given food and fluids. Provisions shall be made to accommodate any toileting needs at least once every two hours. Food shall be provided during

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normal meal periods. Hydration (water or juices) will be provided no less than once every two hours or when requested by the inmate.

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

512.7 AVAILABILITY OF CPR EQUIPMENT

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

512.8 RESTRAINED INMATE HOLDING

Restrained inmates should be protected from abuse by other inmates. Under no circumstances will restrained inmates be housed with inmates who are not in restraints. In most instances, restrained inmates are housed alone or in an area designated for restrained inmates (15 CCR 1058).

512.9 PREGNANT INMATES

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

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

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

512.9.1 INMATES IN LABOR

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

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

(a) There is a substantial flight risk or some other extraordinary medical or security circumstance that dictates restraints be used to ensure the safety and security of the inmate, the staff of this or the medical facility, other inmates, or the public.

(b) A supervisor has made an individualized determination that such restraints are necessary to prevent escape or injury.

(c) There is no objection from the treating medical care provider.

(d) The restraints used are the least restrictive type and are used in the least restrictive manner.

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Use of Restraints

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

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

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Electronic Restraints

513.1 PURPOSE AND SCOPE

This policy establishes guidelines for the application, supervisory oversight and restrictions on the use of electronic restraints on persons incarcerated in this facility, during transportation of inmates and during court appearances.

513.2 POLICY

The Tehama County Sheriff's Office allows the use of office-issued electronic restraints as provided in this policy.

513.3 MEMBER RESPONSIBILITIES

Members shall successfully complete office-approved training prior to using any electronic restraint device. Only office-issued electronic restraint devices shall be used.

Members should perform a function test on the device prior to placing it on an inmate. The Shift Supervisor shall ensure that all electronic restraint devices are properly maintained and in good working order.

When an electronic restraint device is used during a court appearance, the staff member should inform the court that an inmate with an electronic restraint device is present. The member should briefly explain the operation of the device to the judge.

513.4 VERBAL WARNING

A verbal warning of the intended use of the electronic restraint device should precede its application, unless it would otherwise endanger the safety of staff members or when it is not practicable due to the circumstances. The warning is intended to provide the inmate with an opportunity to comply. The fact that a verbal or other warning was given or the reasons it was not given shall be documented by the member deploying the device.

513.5 APPLICATION

Prior to applying the electronic restraint device to an inmate, the member should describe its operation and caution the inmate about behaviors that may result in its activation.

Although the electronic restraint device is generally effective in controlling most inmates, members should be aware that it may not achieve the intended result, and that they should be prepared with other options.

The electronic restraint device may be used in the following circumstances, when the circumstances perceived by the member at the time indicate that such application is reasonably necessary to:

(a) Prevent self-injury, suicide, escape, injury to others or property damage.

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(b) Control the behavior of a high-risk inmate who is being moved outside a cell or housing unit or transported outside the facility.

513.5.1 MULTIPLE APPLICATIONS

Members should activate the electronic restraint device for only one standard cycle and then evaluate the situation before applying any subsequent cycles. Multiple applications of an electronic restraint device or for more time than is necessary to control the inmate are generally not recommended and should be avoided unless the member reasonably believes that the need to control the inmate outweighs the potentially increased risk posed by multiple applications.

If the first application of the electronic restraint device appears to be ineffective in gaining control of an inmate, the member should consider certain factors before additional applications, including whether the inmate has the ability to comply and has been given a reasonable opportunity to comply.

513.5.2 SPECIAL CONSIDERATIONS

Electronic restraint devices should not be used on:

(a) Inmates who are known to be pregnant.

(b) Elderly or infirm inmates.

(c) Inmates with obviously low body mass.

(d) Inmates who have been recently sprayed with a flammable chemical agent or who are otherwise in close proximity to any known combustible vapor or flammable material, including alcohol-based oleoresin capsicum (OC) spray.

(e) Inmates whose position or activity may result in collateral injury (e.g., falls from height, running).

Because the application of the electronic restraint device relies primarily on pain compliance, its use generally should be limited to a distraction technique to gain separation between the member and the inmate, or to disrupt an inmate’s violent or unruly behavior, thereby giving members time and distance to consider other force options or actions.

The electronic restraint device shall not be used to psychologically torment, elicit statements, retaliate against or punish any inmate.

513.6 DOCUMENTATION

Members shall document each incident where electronic restraints are placed on an inmate or are activated. Notification shall also be made to a supervisor in compliance with the Use of Force Policy. Unintentional activations will also be documented.

513.7 MEDICAL TREATMENT

All inmates who have been subjected to the electric discharge of an electronic restraint device should have the contact site medically assessed before further incarceration.

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Additionally, any inmate who falls under any of the following categories should, as soon as practicable, be examined by a qualified health care professional:

(a) The inmate is suspected of being under the influence of controlled substances and/or alcohol.

(b) The inmate may be pregnant.

(c) The inmate reasonably appears to be in need of medical attention.

(d) The inmate requests medical treatment.

If any inmate refuses medical attention, such a refusal should be witnessed by another staff member and/or medical personnel and shall be fully documented. If an audio recording is made of the contact or an interview with the inmate, any refusal should be included, if possible.

Members shall inform any person providing medical care or receiving custody that the inmate has been subjected to the activation of an electronic restraint device.

513.8 SUPERVISOR RESPONSIBILITIES

Supervisor approval is necessary before an electronic restraint device is placed on an inmate. A supervisor should respond to all incidents where an electronic restraint device was activated.

A supervisor should review each incident where an inmate has been exposed to an activation of an electronic restraint device. Any onboard memory should be downloaded by a supervisor and retained with the inmate’s file.

Photographs of contact sites should be taken and witnesses interviewed.

513.9 TRAINING

Training should be consistent with recommendations made by the particular device manufacturer or any state requirements.

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Searches

514.1 PURPOSE AND SCOPE

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

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

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

514.1.1 DEFINITIONS

Definitions related to this policy include:

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

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

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

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

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

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514.2 POLICY

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

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

514.3 PAT-DOWN SEARCHES

Pat-down searches will be performed on all inmates/arrestees upon entering the secure booking area of the facility. Additionally, pat-down searches should occur frequently within the facility. At a minimum, the staff shall conduct pat-down searches in circumstances that include:

(a) When inmates leave their housing units to participate in activities elsewhere in the facility (e.g., exercise yard, medical, program, visiting) and when they return.

(b) During physical searches of entire housing units.

(c) When inmates come into contact with other inmates housed outside of their housing units, such as work details.

(d) Any time the staff believes the inmates may have contraband on their persons.

Except in emergencies, male staff may not pat down female inmates and female staff may not pat down male inmates. Absent the availability of a same sex staff member, it is recommended that a witnessing staff member be present during any pat-down search of an individual of the opposite sex. All cross-gender pat-down searches shall be documented (28 CFR 115.15).

514.4 MODIFIED STRIP SEARCHES, STRIP SEARCHES AND PHYSICAL BODY CAVITY SEARCHES

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

514.4.1 STRIP SEARCHES PRIOR TO PLACEMENT IN A HOUSING UNIT

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

(a) No person held prior to placement in a housing unit shall be subjected to a modified strip search or strip search unless there is reasonable suspicion based upon specific and articulable facts to believe the person has a health condition requiring immediate medical attention or is concealing a weapon or contraband. Factors to be considered in determining reasonable suspicion include, but are not limited to:

1. The detection of an object during a pat-down search that may be a weapon or contraband and cannot be safely retrieved without a modified strip search or strip search.

2. Circumstances of a current arrest that specifically indicate the person may be concealing a weapon or contraband. A felony arrest charge or being under the

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influence of a controlled substance should not suffice as reasonable suspicion absent other facts.

3. Custody history (past possession of contraband while in custody, assaults on staff, escape attempts, etc.).
4. The person’s actions or demeanor.
5. Criminal history (level of experience in a custody setting, etc.).

(b) No modified strip search or strip search of an inmate shall be conducted prior to admittance to a housing unit without prior authorization from the Shift Supervisor.

(c) The staff member conducting the modified strip search or strip search shall:

1. Document the name and sex of the person subjected to the strip search.
2. Document the facts that led to the decision to perform a strip search of the inmate.
3. Document the reasons less intrusive methods of searching were not used or were insufficient.
4. Document the supervisor’s approval.
5. Document the time, date and location of the search.
6. Document the names, sex and roles of any staff present.
7. Itemize in writing all contraband and weapons discovered by the search.
8. Process all contraband and weapons in accordance with the office’s current evidence procedures.
9. If appropriate, complete a crime report and/or disciplinary report.
10. Ensure the documentation is placed in the inmate’s file. A copy of the written authorization shall be retained and made available to the inmate or other authorized representative upon request.

514.4.2 STRIP SEARCHES UPON ENTRY INTO A HOUSING UNIT

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

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

Arrestees who are arranging bail shall be permitted a reasonable period of time, not less than 12 hours, before being placed in a housing unit.

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514.4.3 MODIFIED STRIP SEARCHES AND STRIP SEARCHES OF INMATES IN A HOUSING UNIT

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

(a) Upon return from contact visits

(b) Upon leaving the kitchen, shop, farm, etc.

(c) Upon return to the housing unit from outside the confines of the facility (court, work-release, work detail, medical visits)

Inmates returning from court with release orders shall not be subject to strip searches or modified strip searches unless the reasonable suspicion exists based on specific and articulable facts that the person is concealing a weapon or contraband. The inmate should not be returned to the housing unit, except for retrieving his/her personal property under the direct visual supervision of staff.

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

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

- Document in writing the facts that led to the decision to perform a strip search of the inmate.
- Document the reasons less intrusive methods of searching were not used or were insufficient.
- Document the supervisor’s approval.
- Document the time, date and location of the search.
- Document the names of staff present, their sex and their roles.
- Itemize in writing all contraband and weapons discovered by the search.
- Process all contraband and weapons in accordance with the office’s current evidence procedures.
- If appropriate, complete a crime report and/or disciplinary report.

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- Ensure the completed documentation is placed in the inmate's file. A copy of the written authorization shall be retained and made available to the inmate or other authorized representative upon request.

514.4.4 MODIFIED STRIP SEARCH AND STRIP SEARCH PROCEDURES

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

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

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

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

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

1. Remove his/her clothing one piece at a time. Upon handing the clothing to the Correctional Deputy, the clothing will be searched.
2. Inmate will be instructed to hold their arms out and palms to the ground with their fingers spread apart.
3. Raise his/her arms above the head and turn 360 degrees.
4. Bend forward and run his/her hands through his/her hair.
5. Turn his/her head first to the left and then to the right so the searching correctional officer can inspect the inmate's ear orifices.
6. Open his/her mouth and run a finger over the upper and lower gum areas, then raise the tongue so the correctional officer can inspect the interior of the inmate's mouth. Remove dentures if applicable.
7. If necessary, the inmate will be asked to raise the breasts, stomach or scrotums to allow visual inspection of the skin below these body parts to ensure no contraband/ weapons are present
8. Turn around and raise one foot first, then the other so the correctional officer can check the bottom of each foot.
9. For a visual cavity search, turn around, bend down to a squatting position and cough and spread the buttocks to view the anus.

(b) At the completion of the search, the inmate should be instructed to dress in either his/her street clothes or jail-supplied clothing, as appropriate.

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514.4.5 PHYSICAL BODY CAVITY SEARCH

Physical body cavity searches shall be completed as follows:

(a) No person shall be subjected to a physical body cavity search without the approval of the Jail Commander or the authorized designee and only with the issuance of a search warrant. A copy of any search warrant and the results of the physical body cavity search shall be included with the related reports and made available, upon request, to the inmate or authorized representative (except for those portions of the warrant ordered sealed by a court).

(b) Only a physician may conduct a physical body cavity search. Except in exigent circumstances, only a physician who is not responsible for providing ongoing care to the inmate may conduct the search (15 CCR 1206(o)).

(c) Except for the physician conducting the search, persons present must be of the same sex as the person being searched. Only the necessary staff needed to maintain the safety and security of the medical personnel shall be present (Penal Code § 4030).

(d) Privacy requirements, including restricted touching of body parts and sanitary condition requirements are the same as required for a strip search.

(e) All such searches shall be documented including:

1. The facts that led to the decision to perform a physical body cavity search of the inmate.
2. The reasons less intrusive methods of searching were not used or were insufficient.
3. The Jail Commander’s approval.
4. A copy of the search warrant.
5. The time, date and location of the search.
6. The medical personnel present.
7. The names, sex and roles of any staff present.
8. Any contraband or weapons discovered by the search.

(f) Completed documentation should be placed in the inmate’s file. A copy of the written authorization shall be retained and made available to the inmate or other authorized representative upon request.

(g) All contraband and weapons should be processed in accordance with the office’s current evidence procedures.

(h) If appropriate, the staff member shall complete a crime report and/or disciplinary report.

514.4.6 BODY SCANNER SEARCH

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

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

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(a) Within sight of the visual display of a body scanner depicting the body during a scan shall be of the same sex as the person being scanned, except for physicians or licensed medical personnel.

(b) Should ask female inmates if they are pregnant prior to a body scan and should not knowingly use a body scanner on a woman who is pregnant.

The body scanner should generally be used whenever reasonably practicable in place of a modified strip search, strip search or body cavity search of an inmate in housing unless one of those searches is reasonably necessary after the scan.

514.5 TRANSGENDER SEARCHES

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

514.6 CONTRABAND SEARCHES

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

514.7 HOUSING UNIT SEARCHES

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

(a) All inmates shall vacate their living areas and be searched by staff.

(b) Inmates should be escorted to a separate holding area, such as the recreation yard.

(c) Staff shall search the living areas of the inmates, including bedding, personal storage areas, bunks and other areas with inmate access.

(d) Any weapons or contraband located shall be processed in accordance with the current evidence procedures.

(e) The staff shall attempt to identify the inmate who possessed the contraband and file appropriate inmate discipline and/or crime reports.

(f) Any alcoholic beverage possessed by inmates shall be seized and the appropriate inmate disciplined and/or criminal charges filed.

(g) Any authorized item found in excess of the limited quantity (e.g., food items, newspapers) shall be seized and discarded.

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

514.8 PHYSICAL PLANT SEARCHES

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

(a) Exercise yards shall be searched for contraband prior to and after each inmate group occupies the yard.

(b) Holding cells shall be searched prior to and after each inmate occupies the cell.

(c) Program areas, such as classrooms and multipurpose rooms shall be searched after each use by an inmate or inmate group.

(d) Laundry areas shall be searched before and after each inmate group occupies the area.

(e) Kitchen areas shall be frequently searched for contraband and to account for tools, knives and food items.

(f) Inmate visiting and public areas shall be frequently inspected for contraband.

(g) The facility perimeter shall be searched at least once each shift for contraband.

514.8.1 CANINE-ASSISTED SEARCHES

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

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

514.9 CRIMINAL EVIDENCE SEARCHES

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

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

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514.10 TRAINING

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

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Reporting In-Custody Deaths

515.1 PURPOSE AND SCOPE

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

515.1.1 DEFINITIONS

Definitions related to this policy include:

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

515.2 POLICY

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

515.3 MANDATORY REPORTING

All in-custody deaths shall be reported within 10 days of the death to the state Attorney General's office, in accordance with reporting guidelines and statutory requirements (Government Code § 12525).

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

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

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

515.4 PROCEDURE

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

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

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

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

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

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

515.5 IN-CUSTODY DEATH REVIEW

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

(a) Sheriff and/or the Captain

(b) County Counsel

(c) District Attorney

(d) Investigative staff

(e) Responsible Physician, qualified health care professionals, supervisors, or other staff who are relevant to the incident

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

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Staff and Inmate Contact

516.1 PURPOSE AND SCOPE

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

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

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

516.2 POLICY

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

516.3 GENERAL CONTACT GUIDELINES

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

All members should present a professional and command presence in their contact with inmates. Members shall address inmates in a civil manner. The use of profanity or derogatory comments, including any based on race, sex, age, personal appearance or sexual identity, is strictly prohibited.

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

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

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

516.4 ANTI-FRATERNIZATION

Personal or other interaction not pursuant to official duties between facility staff with current inmates, inmates who have been discharged within the previous year, their family members or

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known associates have the potential to create conflicts of interest and security risks in the work environment.

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

Prohibited interactions include, but are not limited to:

(a) Communications of a sexual or romantic nature.

(b) Salacious exchanges.

(c) Sexual abuse, sexual assault, sexual contact or sexual harassment.

(d) Exchanging letters, phone calls or other similar communications, such as texting.

(e) Exchanging money or other items.

(f) Extending privileges, giving or accepting gifts, gratuities or favors.

(g) Bartering.

(h) Any financial transactions.

(i) Being present at the home of an inmate for reasons other than an official visit without reporting the visit.

(j) Providing an inmate with the staff member's personal contact information, including social media accounts.

516.4.1 EXCEPTIONS

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

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

516.5 REPORTING

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

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

Members shall promptly notify their immediate supervisor in writing if:

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

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Transportation of Inmates Outside the Secure Facility

517.1 PURPOSE AND SCOPE

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

517.2 POLICY

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

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

517.3 PROCEDURES

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

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

(a) Obtaining all necessary paperwork for the inmate being transported (e.g., medical/ dental records, commitment documents).

(b) Submitting a completed transportation plan to the transportation supervisor. Items that should be addressed in the plan include:

1. Type of restraints to be used on the inmates being transported.
2. The routes, including alternate routes, to be taken during the transportation assignment. Routes should be selected with security for the community in mind.
3. Emergency response procedures in the event of a collision, breakdown of a transportation vehicle, or other unforeseen event.

(c) Ensuring that all inmates are thoroughly searched and appropriate restraints are properly applied.

1. Inmates who are known to be pregnant will not be handcuffed behind their backs or placed in leg restraints/irons or waist restraints/chains while being transported (see the Use of Restraints Policy). Pursuant to 3407 PC

(d) Ensuring that all vehicle security devices (e.g., window bars, inside cages, door locks) are in good repair and are operational.

(e) Thoroughly searching the transporting vehicle for contraband before any inmate is placed inside, and again after removing the inmate from the transporting vehicle.

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517.3.1 TRANSPORTATION LOGS

Inmate transportation logs shall be developed by the Jail Commander or the authorized designee and used to log all inmate transportation. The logs shall include:

- Name and identification number of the inmate.
- Date and start/stop time of the transport.
- Location where the inmate was transported.
- Name and identification number of the transporting correctional officer.
- Circumstances of any unusual events associated with the transportation.

The logs shall be retained by the facility in accordance with established records retention schedules.

517.4 TRAINING

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

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

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Safety and Sobering Cells

518.1 PURPOSE AND SCOPE

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

518.1.1 DEFINITIONS

Definitions related to this policy include:

Safety cell - An enhanced protective housing designed to minimize the risk of injury or destruction of property used for inmates who display behavior that reveals intent to cause physical harm to themselves or others or to destroy property, or who are in need of a separate cell for any reason, until suitable housing is available.

Sobering cell - A holding cell designed to minimize the risk of injury by falling or dangerous behavior. It is used as an initial sobering place for arrestees or inmates who are a threat to their own safety or the safety of others as a result of being intoxicated from any substance, and who require a protected environment to prevent injury or victimization by other inmates.

518.2 POLICY

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

A sobering or safety cell shall not be used as punishment or as a substitute for treatment. The Jail Commander or the authorized designee shall review this policy annually with the Responsible Physician.

518.3 SAFETY CELL PROCEDURES

The following guidelines apply when placing any inmate in a safety cell:

(a) Placement of an inmate into a safety cell requires approval of the Shift Supervisor or the Responsible Physician.(15 CCR 1055)

(b) A safety cell log shall be initiated every time an inmate is placed into the safety cell and should be maintained for the entire time the inmate is housed in the cell. Cell logs will be retained in accordance with established office retention schedules.

(c) A safety check consisting of direct visual observation that is sufficient to assess the inmate’s well-being and behavior shall occur twice every 30 minutes.(15 CCR 1055) Each safety check of the inmate shall be documented. Supervisors shall electronically scan every two hours and will be maintained with in the current jail management system.

(d) Inmates should be permitted to remain normally clothed or should be provided a safety suit, except in cases where the inmate has demonstrated that clothing articles may pose a risk to the inmate's safety or the facility. In these cases, the reasons for not providing clothing shall be documented on the safety cell log.

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(e) Inmates in safety cells shall be given the opportunity to have fluids (water, juices) at least hourly. Correctional officers shall provide the fluids in paper cups. The inmates shall be given sufficient time to drink the fluids prior to the cup being removed. Each time an inmate is provided the opportunity to drink fluids will be documented on the safety cell log.

(f) Inmates will be provided meals during each meal period. Meals will be served on paper plates or in other safe containers and the inmates will be monitored while eating the meals. Inmates shall be given ample time to complete their meals prior to the plate or container being removed. All meals provided to inmates in safety cells will be documented on the safety cell log.

(g) The Shift Supervisor shall review the appropriateness for continued retention in the safety cell at least everyfour hours.(15 CCR 1055) The reason for continued retention or removal from the safety cell shall be documented on the safety cell log.

(h) A medical assessment of the inmate in the safety cell shall occur within 12 hours of placement or at the next daily sick call, whichever is earliest. Continued assessment of the inmate in the safety cell shall be conducted by a qualified health care professional and shall occur at least every 24 hours thereafter. Medical assessments shall be documented.

(i) A mental health assessment shall be conducted within 12hours of an inmate's placement in the safety cell(15 CCR 1055). The mental health professional's recommendations shall be documented.

518.4 SOBERING CELL PROCEDURES

The following guidelines apply when placing any inmate in a sobering cell:

(a) A sobering cell log shall be initiated every time an inmate is placed into a sobering cell. The log shall be maintained for the entire time the inmate is housed in the cell. Cell logs will be retained in accordance with established office retention schedules.

(b) A safety check consisting of direct visual observation that is sufficient to assess the inmate's well-being and behavior shall occur twice every 30 minutes on an irregular schedule. Each visual observation of the inmate by staff shall be documented. Supervisors shall check the logs for completeness every two hours and document this action on the sobering cell log.

(c) Qualified health care professionals shall assess the medical condition of the inmate in the sobering cell at least every six hours in accordance with the office Detoxification and Withdrawal Policy(15 CCR 1056). Only inmates who continue to need the protective housing of a sobering cell will continue to be detained in such housing.

(d) Inmates will be removed from the sobering cell when they no longer pose a threat to their own safety and the safety of others and are able to continue the booking process.

(e) Females and males will be detained in separate sobering cells.

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Biological Samples

519.1 PURPOSE AND SCOPE

This policy provides guidelines for the collection of biological samples from those inmates required to provide samples upon conviction and/or arrest for certain offenses. This policy does not apply to biological samples collected at a crime scene or taken from a person in conjunction with a criminal investigation. Nor does it apply to biological samples collected from those required to register, for example, as sex offenders.

519.2 POLICY

The Tehama County Sheriff's Office will assist in the expeditious collection of required biological samples from arrestees and offenders in accordance with the laws of this state and with as little reliance on force as practicable.

519.3 PERSONS SUBJECT TO BIOLOGICAL SAMPLE COLLECTION

The following inmates must submit a biological sample (Penal Code § 296):

(a) A person, including a juvenile, upon conviction or other adjudication of any felony offense

(b) A person, including a juvenile, upon conviction or other adjudication of any offense if the person has a prior felony on record

(c) An adult arrested or charged with any felony

519.4 PROCEDURE

When an inmate is required to provide a biological sample, a trained employee shall attempt to obtain the sample in accordance with this policy.

519.4.1 COLLECTION

The following steps should be taken to collect a sample:

(a) Verify that the inmate is required to provide a sample pursuant to Penal Code § 296 and Penal Code § 296.1.

(b) Verify that a biological sample has not been previously collected from the offender by querying the individual’s criminal history record for a DNA collection flag or, during regular business hours, calling the California Department of Justice (DOJ) designated DNA laboratory. There is no need to obtain a biological sample if one has been previously obtained.

(c) Use the designated collection kit provided by the California DOJ to perform the collection and take steps to avoid cross contamination.

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519.5 CALCULATED USE OF FORCE TO OBTAIN SAMPLES

If an inmate refuses to cooperate with the sample collection process, correctional officers should attempt to identify the reason for refusal and seek voluntary compliance without resorting to using force. Force will not be used in the collection of samples except as authorized by court order or approval of legal counsel and only with the approval of the Shift Supervisor. Methods to consider when seeking voluntary compliance include contacting:

(a) The inmate’s parole or probation officer when applicable.

(b) The prosecuting attorney to seek additional charges against the inmate for failure to comply or to otherwise bring the refusal before a judge.

(c) The judge at the inmate’s next court appearance.

(d) The inmate’s attorney.

(e) A chaplain.

(f) A supervisor who may be able to authorize disciplinary actions to compel compliance, if any are available.

The Shift Supervisor shall review and approve any calculated use of force. The supervisor shall be present to supervise and document the calculated use of force.

519.5.1 VIDEO RECORDING

A video recording should be made any time force is used to obtain a biological sample. The recording should document all staff participating in the process, in addition to the methods and all force used during the collection. The recording should be part of the investigation file, if any, or otherwise retained in accordance with the office’s established records retention schedule (15 CCR 1059).

If the use of force includes a cell extraction, the extraction shall also be video recorded, including audio. The video recording shall be retained by the facility in accordance with established records retention schedules. Notwithstanding the use of the video as evidence in a criminal proceeding, the tape shall be retained by the jail administration (15 CCR 1059).

519.6 LEGAL MANDATES AND RELEVANT LAWS

California law provides for the following:

519.6.1 DOCUMENTATION RELATED TO FORCE

The Shift Supervisor shall prepare prior written authorization for the use of any force (15 CCR 1059).

The written authorization shall include information that the subject was asked to provide the requisite sample and refused, as well as any related court order authorizing the force.

519.6.2 BLOOD SAMPLES

A blood sample should only be obtained under this policy when:

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(a) The California DOJ requests a blood sample and the subject consents, or

(b) A court orders a blood sample following a refusal.

The withdrawal of blood may only be performed in a medically approved manner by health care providers trained and qualified to draw blood. A California DOJ collection kit shall be used for this purpose (Penal Code § 298(a); Penal Code § 298(b)(2)).

519.6.3 LITIGATION

The Sheriff or the authorized designee should notify the California DOJ's DNA Legal Unit in the event this office is named in a lawsuit involving the DNA Data Bank.

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End of Term Release

520.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain procedures governing the end of term release of inmates to ensure that inmates are not released in error.

520.2 POLICY

It will be the policy of the Tehama County Sheriff's Office to provide for the timely, efficient, and legal release of inmates.

520.3 RELEASE PROCEDURE

Inmates who have reached the end of their sentenced term or who are ordered released by the court will be scheduled for release at staggered times on their release date to avoid congestion in the release area. Inmates scheduled for release shall be escorted by the staff to the transfer/ release area to begin the release procedure 30 minutes prior to their scheduled release time.

The Shift Supervisor or release officer shall sign and date the release paperwork on the same day the inmate is to be released.

Inmates shall not be released or moved during inmate count, change of shift or at any time that would pose a potential safety threat or disrupt the orderly operation of the facility.

All inmates must be positively identified by the staff prior to being released from the facility. Inmate identities should be verified using intake records bearing the inmate’s name, photograph and facility identification number or a single digit fingerprint match system, if available.

Before any inmate may be released, the following conditions must be met:

(a) The identity of the inmate has been verified.

(b) All required paperwork for release is present. The staff shall review the active inmate file to verify the validity of the documents authorizing the release. The file should also be reviewed for other release-related or pending matters, including:

1. Verifying calculations and release-date adjustments for good time.
2. Any pending arrangements for follow-up, such as medications needed, appointments or referral to community or social resources.
3. Unresolved grievances, damage claims or lost property.

(c) Releasing staff must complete National Crime Information Center (NCIC) and local warrant checks to ensure that there are no outstanding warrants or detention orders. If any agency has outstanding charges against the inmate, the staff shall notify the agency that the inmate is available for release.

(d) If an inmate has known mental health concerns, the inmate shall be evaluated by a qualified health care professional and medically authorized for release. To the extent reasonably practicable, individuals who have been determined to be severely mentally

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ill should be released during business hours to facilitate their ability to receive services immediately after release.

(e) All personal property shall be returned to the inmate during the release process. The inmate must acknowledge receiving his/her property by signed receipt. Any discrepancies shall be promptly reported to the Shift Supervisor.

(f) All facility property must be returned by the inmate. Any missing or damaged facility property should be documented and promptly reported to the Shift Supervisor. The inmate shall remain in custody until the Shift Supervisor reviews the damage and authorizes the release and/or determines whether additional criminal charges should be filed against the inmate for the damage.

(g) A forwarding address for the inmate should be on file and verified with the inmate.

(h) Inmates on probation or parole should be directed by the staff to report to the probation or parole office immediately upon release. The parole authorities having jurisdiction shall be notified of the inmate's release, if required.

(i) If needed, inmates may be allowed to make a reasonable number of telephone calls to arrange for transportation.

The housing sheet, release log and daily census log shall be updated accordingly after the inmate's release. The Shift Supervisor shall ensure all release documents are complete and properly signed by the inmate and the staff where required.

520.3.1 DISCHARGE OF INMATES WITH MENTAL ILLNESS OR SUBSTANCE ADDICTION

Inmates who are eligible for release and suffer from mental illness or substance addiction may be offered to stay in the facility for up to 16 additional hours or until normal business hours, whichever is shorter, in order for the inmate to be discharged to a treatment center or be discharged during daylight hours. The inmate may revoke his/her consent and be released as soon as possible and practicable (Penal Code § 4024).

520.3.2 DISCHARGE OF INMATES CONVICTED OF FELONIES

Inmates who have been convicted of a felony and meet the conditions in Penal Code § 4852.01 shall be advised of the right to petition for certificate of rehabilitation and pardon prior to release. The Records Division shall inform the inmate in writing of the inmate's right to petition, and of the procedures for filing a petition and obtaining the certificate (Penal Code § 4852.21).

520.3.3 TRANSFERS TO IMMIGRATION AUTHORITIES

Members shall not transfer an individual to immigration authorities unless one of the following circumstances exist (Government Code § 7282.5; Government Code § 7284.6):

(a) Transfer is authorized by a judicial warrant or judicial probable cause determination

(b) The individual has been convicted of an offense as identified in Government Code § 7282.5(a)

(c) The individual is a current registrant on the California Sex and Arson registry

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(d) The individual is identified by the U.S. Department of Homeland Security's Immigration and Customs Enforcement as the subject of an outstanding federal felony arrest warrant

520.3.4 DISCHARGE OF SEX OFFENDER REGISTRANTS

The Records Division shall inform the the California Department of Justice when inmates required to register address changes under Penal Code § 290.013 have been released from the jail within 15 days of release (Penal Code § 290.013).

520.3.5 ARRESTEE RELEASED FROM CUSTODY

Upon request, a detained arrestee released from custody shall be provided with the appropriate Judicial Council forms to petition the court to have the arrest and related records sealed (Penal Code § 851.91).

The jail shall display the required signage that complies with Penal Code § 851.91 advising an arrestee of the right to obtain the Judicial Council forms.

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Over-Detention and Inadvertent Releases

521.1 PURPOSE AND SCOPE

This policy is intended to provide guidance to staff and management in the event of over-detention or inadvertent release.

521.1.1 DEFINITIONS

Definitions related to this policy include:

Inadvertent release - Any instance of an inmate being mistakenly released.

Over-detention - Any instance of an inmate being mistakenly detained beyond his/her scheduled release date.

521.2 POLICY

It is the policy of this office to reasonably ensure that over-detention and inadvertent releases do not occur.

521.3 OVER-DETENTION

Any custody staff member who discovers or receives information of an over-detention, or a complaint from an inmate regarding over-detention (which could be discovered through a grievance), should immediately notify the Shift Supervisor (see the Inmate Grievances Policy).

The Shift Supervisor should direct the jail records unit to immediately conduct an investigation to determine the correct release date of the inmate and to report the findings to the Shift Supervisor.

Inmates who are found to be over-detained shall be processed for immediate release in accordance with the End of Term Release Policy. The Shift Supervisor shall ensure that the Jail Commander is notified, an entry is made to the daily activity log and that a report is completed.

521.3.1 OVER-DETENTION GRIEVANCES

Any custody staff member who receives information or a complaint from an inmate regarding over-detention should assist the inmate with completing a grievance form and forward the form directly to the Shift Supervisor as soon as practicable.

The Shift Supervisor receiving a grievance regarding an over-detention should direct the jail records unit to immediately conduct an investigation to determine the correct release date of the inmate and to report the findings to the Shift Supervisor.

If the Shift Supervisor decides not to release the inmate, the Shift Supervisor should ensure the inmate receives a grievance hearing within 24 hours of the grievance submission. The hearing documentation should reflect efforts made to investigate the allegation (see the Inmate Grievances Policy).

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521.4 INADVERTENT RELEASE

Whenever an inadvertent release is discovered, the custody staff member making the discovery shall immediately notify the Shift Supervisor. The notification shall be documented in the daily activity log.

521.4.1 INADVERTENT RELEASE INVESTIGATION

The Shift Supervisor should direct the jail records unit to immediately conduct an investigation to determine the cause of the inadvertent release.

The Shift Supervisor will coordinate a response based upon the seriousness of the threat the inmate may pose to the community. The threat assessment should be based upon the inmate's criminal history and the reason he/she is currently in custody, among other factors.

In the case of an inadvertent release, the Shift Supervisor should immediately notify the Jail Commander and ensure a report is completed. The Jail Commander should notify the Sheriff.

An appropriate evaluation of the circumstances shall be made to determine whether the inadvertent release should be classified as an escape.

521.4.2 RETURNING THE INMATE TO CUSTODY

When the inmate is located and returned to the facility, the appropriate notifications should be made as soon as possible.

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Chapter 6 - Inmate Due Process

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Inmate Discipline

600.1 PURPOSE AND SCOPE

This policy addresses the fair and equitable application of inmate rules and disciplinary sanctions for those who fail to comply.

600.2 POLICY

It is the policy of this office to maintain written general categories of prohibited inmate behavior that are clear, consistent, and uniformly applied. Written rules and guidelines will be made available to all inmates. They will include a process for resolving minor infractions and a hearing process for a more serious breach of inmate rules. Criminal acts may be referred to the appropriate criminal agency.

600.3 DUE PROCESS

Inmates who are subject to discipline as a result of rule violations shall be afforded the procedural due process by the Sheriff that is established in the policies, procedures and practices relating to inmate discipline. All inmates will be made aware of the rules of conduct related to maintaining facility safety, security and order, as well as clearly defined penalties for rule violations. Staff will not engage in arbitrary actions against inmates. All disciplinary actions will follow clearly established procedures. All disciplinary sanctions will be fairly and consistently applied (15 CCR 1081 et seq.).

The process for an inmate accused of a major rule violation includes:

(a) A fair hearing in which the Jail Commander or the authorized designee presents factual evidence supporting the rule violation and the disciplinary action.

(b) Advance notice to the inmate of the disciplinary hearing, to allow the inmate time to prepare a defense.

(c) An impartial hearing officer.

(d) The limited right to call witnesses and/or present evidence on his/her behalf.

(e) The appointment of an assistant or representative in cases where the inmate may be incapable of self-representation.

(f) A formal written decision that shows the evidence used by the hearing officer, the reasons for any sanctions and an explanation of the appeal process.

(g) Reasonable sanctions for violating rules that relate to the severity of the violation.

(h) The opportunity to appeal the finding.

600.3.1 INMATE RULES AND SANCTIONS

The Jail Commander is responsible for ensuring that inmate rules and sanctions are developed, distributed, reviewed annually and revised as needed.

Inmates cannot be held accountable for rules of which they are unaware. However, it is impossible to define every possible prohibited act or rule violation that might be encountered in a detention

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facility. Therefore, a current list of recognized infractions that are generally prohibited should be available in each housing unit. All inmates, regardless of their housing unit, shall have access to these rules. Inmate rules shall be translated into the languages that are understood by the inmates (see the Inmate Handbook and Orientation Policy).

Disciplinary procedures governing inmate rule violations should address rules, minor and major violations, criminal offenses, disciplinary reports, pre-hearing detention and pre-hearing actions or investigations.

600.3.2 RULE VIOLATION REPORTS

California Penal Code § 4019.5 requires that all disciplinary infractions and punishment administered be documented. This requirement may be satisfied by retaining copies of rule violation reports, including the disposition of each violation (15 CCR 1084). Rule violation reports are required for major rule violations or any other violation that will require investigation or a formal resolution. The staff member who observed or detected the rule violation or who was charged with investigating a rule violation is responsible for completing the rule violation report. The rule violation report shall include, at a minimum:

- The date, time, and location of the incident.
- Specific rules violated.
- A written description of the incident.
- The identity of known participants in the incident.
- Identity of any witnesses to the incident.
- Description and disposition of any physical evidence.
- Action taken by staff, including any use of force.
- Name and signature of the reporting correctional officer.
- Date and time of the report.

The supervisor investigating the violation shall ensure that certain items are documented in the investigation or rule violation report, including:

- Date and time the explanation and the written copy of the complaint and appeal process was provided to the inmate.
- The inmate’s response to the charges.
- Reasons for any sanctions.
- The identity of any staff or witnesses involved, as revealed by the inmate.
- The findings of the hearing officer.
- The inmate’s appeal, if any.
- The appeal findings, if applicable.

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600.3.3 POSTING

The Jail Commander or the authorized designee is responsible for conspicuously posting notices about rules, disciplinary procedures, and penalties in a conspicuous location, as set forth in 15 CCR 1080, and establishing procedures for communicating the rules effectively to inmates with disabilities and those who cannot read English sufficiently.

600.4 RULE VIOLATION PROCEDURES

Minor acts of non-conformance to the rules may be handled informally by any correctional officer(15 CCR 1081(b)).

A violation of rules observed by general service employees, volunteers or contractors will be reported to a correctional officer for further action. Correctional officers are authorized to recommend informal sanctions on minor violations.

Any staff member imp osing informal discipline shall complete the reporting portion of the disciplinary report and provide the form to the supervisor for review prior to the imposition of the sanction.

Disciplinary sanctions that may be imposed for minor rule violations include:

- Counseling the inmate regarding expected conduct.
- Assignment to extra work detail.
- Removal from work detail (without losing work time credits).
- Loss of television, telephone and/or commissary privileges for a period not to exceed 72 hours.
- Lockdown in the inmate’s assigned cell or confinement in the inmate’s bunk area for a period not to exceed 24 hours.

An inmate may request that a supervisor review the imposed sanction. However, this request must be made within one hour of receiving notice of the sanction. The supervisor should respond to the request within a reasonable time (generally within two hours) and shall have final authority as to the imposition of informal discipline.

600.4.1 MULTIPLE MINOR RULE VIOLATIONS

Staff may initiate a major rule violation report if an inmate is charged with three or more minor rule violations in a consecutive 30-day period. Copies of all minor rule violations will be attached to the major rule violation report. A staff member shall conduct a hearing according to the procedures of a major rule violation.

600.4.2 MAJOR RULE VIOLATIONS

Major rule violations are considered a threat to the safety, security, or efficiency of the facility, its staff members, inmates, or visitors. Staff members witnessing or becoming aware of a major rule violation shall take immediate steps to stabilize and manage the situation, including immediate

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notification of a supervisor. The supervisor shall assess the situation and initiate any emergency action, if necessary, and notify the Shift Supervisor.

The staff member who learned of the rule violation shall write and submit a disciplinary report, along with all relevant evidence, to the appropriate supervisor prior to the end of the shift (15 CCR 1081).

600.4.3 ADMINISTRATIVE SEGREGATION HOUSING

Inmates who are accused of a major rule violation may be moved to administrative segregation housing for pre-hearing detention, with the Shift Supervisor's approval, if there is a threat to safety or security (15 CCR 1081). Inmates placed in pre-hearing detention are subject to the property and privilege restrictions commensurate with segregated confinement (15 CCR 1081).

The Captain or the authorized designee shall, within 72 hours including weekends and holidays, review the status of any inmate in pre-hearing detention to determine whether continued pre-hearing segregation housing is appropriate.

600.5 INVESTIGATIONS

Investigations involving major rule violations should be initiated within 24 hours of the initial report and completed in sufficient time for the inmate to have a disciplinary hearing, which is required within 72 hours of the time the inmate was informed, in writing, of the charges. If additional time is needed, the investigating supervisor will request more time in writing from the Shift Supervisor. The inmate will be notified in writing of the delay.

If upon completion of the investigation, the investigating supervisor finds insufficient evidence to support a major rule violation, he/she may discuss alternative sanctions with the Shift Supervisor, including handling the incident as a minor violation or recommending that charges be removed. Such alternatives shall be documented in the inmate's file.

If the investigating supervisor determines that sufficient evidence exists to support a major rule violation, he/she will act as the hearing coordinator and will be responsible for:

- Reviewing all reports for accuracy and completeness.
- Overseeing or conducting any required additional investigation.
- Making a determination as to the final charges.
- Making preliminary decisions about the appointment of a staff member to act as an assistant to the inmate.
- Identifying any witnesses that may be called to the hearing.

600.6 NOTIFICATIONS

An inmate charged with a major rule violation shall be given a written description of the incident and the rules violated at least 24 hours prior to a disciplinary hearing.

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Unless waived in writing by the inmate, hearings may not be held in less than 24 hours from the time of notification (15 CCR 1081).

600.7 HEARING OFFICER

The Jail Commander shall appoint at least one hearing officer to preside and conduct disciplinary hearings of major rule violations. The hearing officer should be a qualified supervisor or suitably trained designee who will have the responsibility and authority to rule on charges of inmate rule violations. The hearing officer shall also have the power to impose sanctions. The hearing officer shall not investigate nor preside over any inmate disciplinary hearing on cases where he/she was a witness or was directly involved in the incident that generated the complaint (15 CCR 1081).

600.8 HEARING PROCEDURE

Inmates charged with major rule violations are entitled to be present at a hearing unless waived in writing or excluded because their behavior poses a threat to facility safety, security and order (15 CCR 1081. Staff shall inform the hearing officer when any inmate is excluded or removed from a scheduled hearing and shall document the reasons for the exclusion or removal. A copy of the report shall be forwarded to the Jail Commander.

Hearings may be postponed or continued for a reasonable period of time for good cause. Reasons for postponement or continuance shall be documented and forwarded to the Jail Commander (15 CCR 1081).

The hearing officer shall disclose to the accused inmate all witnesses who will be participating in the hearing. Inmates have no right to cross-examine witnesses. However, the accused inmate may be permitted to suggest questions that the hearing officer, in his/her discretion, may ask.

600.8.1 EVIDENCE

Accused inmates have the right to make a statement, present evidence, and call witnesses at the hearing (15 CCR 1081). Requests for witnesses shall be submitted in writing by the inmate no later than 12 hours before the scheduled start of the hearing. The written request must include a brief summary of what the witness is expected to say.

The hearing officer may deny the request when it is determined that allowing the witness to testify would be unduly hazardous to institutional safety or correctional goals, when the witness's information would not be relevant or would be unnecessarily duplicative, or is otherwise unnecessary. The reason for denying a witness to testify shall be documented in the hearing report. The reason for denial of any documents requested by the inmate shall also be documented in the hearing record.

A witness's signed written statement may be submitted by the inmate as an alternative to a live appearance. The hearing officer shall review and determine whether the statement is relevant to the charges and shall document the reason for exclusion when any written statement is not given consideration.

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Absent a safety or security concern, all staff reports and evidence, including exculpatory evidence, obtained during the disciplinary investigation shall be made available to the accused inmate prior to the hearing.

600.8.2 CONFIDENTIAL INFORMANTS

If information from any confidential informant is to be presented at the hearing, information establishing the reliability and credibility of the informant shall be provided to the hearing officer prior to the hearing. The hearing officer shall review such information to determine whether the informant is reliable and credible.

600.8.3 STAFF ASSISTANCE

A staff member shall be assigned to assist an inmate who is incapable of representing him/herself at a disciplinary hearing due to literacy, developmental disabilities, language barriers, or mental status (15 CCR 1081). The scope of the duties of the assistant shall be commensurate with the reasons for the appointment. The assistant should be allowed sufficient time to confer with the inmate to fulfill his/her obligations. In these cases, the inmate does not have a right to appoint a person to assist in his/her disciplinary hearing. The final decision regarding the appointment rests with the hearing officer.

Inmate discipline is an administrative and not a judicial process. Inmates do not have a right to an attorney in any disciplinary hearing. Additionally, disciplinary matters may be referred for criminal prosecution and jail disciplinary action concurrently as there is no double jeopardy defense for an administrative process.

600.8.4 DISCIPLINARY DECISIONS

Disciplinary decisions shall be based on the preponderance of evidence presented during the disciplinary hearing.

The disciplinary process shall consider whether an inmate’s mental disabilities or mental illness contributed to the inmate’s behavior when determining what type of discipline, if any, should be imposed (28 CFR 115.78(c)).

600.8.5 REPORT OF FINDINGS

The hearing officer shall write a report regarding the decision and detailing the evidence and the reasons for the disciplinary action. A copy of the report shall be provided to the inmate. The original shall be filed with the record of the proceedings. All documentation related to the disciplinary process shall be retained and a copy should be placed in the inmate’s file (15 CCR 1081).

If it is determined that the inmate’s charge is not sustained at the end of the disciplinary hearing, the documentation shall be removed from the inmate’s file but otherwise maintained in accordance with records retention requirements.

All disciplinary hearing reports and dispositions shall be reviewed by the Jail Commander or the authorized designee soon after the final disposition. Inmates in disciplinary segregation shall

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receive visits from the Jail Commander or the authorized designee at least once every seven days as part of the disciplinary review process (15 CCR 1081).

600.8.6 TIME OF HEARING
Unless declined by the inmate, a hearing shall be provided no sooner than 24 hours and no later than 72 hours after the report has been submitted to the hearing officer and the inmate has been informed of the charges in writing (15 CCR 1081).

600.9 DISCIPLINARY APPEALS

Inmates wishing to appeal the decision of the hearing officer must do so in writing within five days of the decision. All appeals will be forwarded to the Jail Commander or the authorized designee for review(15 CCR 1081).

Only appeals based on the following will be considered:

(a) The disciplinary process or procedures were not followed.

(b) There was insufficient evidence to support the hearing officer’s decision.

(c) The discipline imposed was not proportionate to the violation committed.

A final disposition shall be rendered as soon as possible if the inmate’s appeal is granted or discipline is reduced but no later than 10 days after the appeal. The decision of the review authority shall be final and the result of the appeal shall be provided to the inmate in writing.

600.10 LIMITATIONS ON DISCIPLINARY ACTIONS

The U.S. and State Constitutions expressly prohibit all cruel or unusual punishment. Additionally, there shall be the following limitations (15 CCR 1083(a) through (i):

- In no case shall any inmate or group of inmates be delegated the authority to punish any other inmate or group of inmates (Penal Code § 4019.5, 15 CCR 1083).
- In no case shall a safety cell, as specified in the Juvenile Housing Policy and the Safety and Sobering Cells Policy, be used for disciplinary purpose(15 CCR 1083)s.
- In no case shall any restraint device be used for disciplinary purposes.
- Food shall not be withheld as a disciplinary measure(15 CCR 1083).
- Correspondence privileges shall not be withheld except in cases where the inmate has violated correspondence regulations, in which case correspondence other than legal mail may be suspended for no longer than 72 hours without the review and approval of the Jail Commander(15 CCR 1083.
- In no case shall access to the courts and/or legal counsel be suspended as a disciplinary measure(15 CCR 1083.
- No inmate may be deprived of the implements necessary to maintain an acceptable level of personal hygiene(15 CCR 1083; 15 CCR 1265.

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- Disciplinary segregation in excess of 30 days without review by the Jail Commander is prohibited. The review shall include a consultation with health care staff. Such reviews shall continue at least every 15 days thereafter until the disciplinary status has ended.
- Discipline may be imposed for sexual activity between inmates. However, such activity shall not be considered sexual abuse for purposes of discipline unless the activity was coerced (28 CFR 115.78(g)).
- No discipline may be imposed for sexual contact with staff unless there is a finding that the staff member did not consent to such contact (28 CFR 115.78(e)).
- No inmate may be disciplined for falsely reporting sexual abuse or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, if the report was made in good faith based upon a reasonable belief that the alleged conduct occurred (28 CFR 115.78(f)).
- Disciplinary separation diets may only be applied to major rule violations (15 CCR 1083)

600.11 GUIDELINES FOR DISCIPLINARY SANCTIONS

The sanctions imposed for rule violations can range from counseling, loss of privileges, extra work, loss of good and/or work time, and segregation and a disciplinary separation diet as provided in the Disciplinary Separation Policy (15 CCR 1081). To the extent that there is available therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for sexual abuse, the facility shall consider whether to require an inmate being disciplined for sexual abuse to participate in such interventions as a condition of access to programming or other benefits (28 CFR 115.78(d)).

Discipline shall be commensurate with the nature and circumstances of the offense committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories (28 CFR 115.78(b); 15 CCR 1082).

Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse (28 CFR 115.78(a)).

In all cases, sanctions should be imposed for the purpose of controlling or changing an inmate’s behavior and not for the purpose of punishment (15 CCR 1082).

Acceptable forms of discipline shall consist of but not be limited to the following (15 CCR 1082):

- Loss of privileges
- Extra work detail
- Short-term lockdown for less than 24 hours
- Removal from work details
- Forfeiture of work time credits earned under Penal Code § 4019

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- Forfeiture of good time credits earned under Penal Code § 4019
- Disciplinary detention
- Disciplinary separation diet

The Sheriff or the Captain shall be responsible for developing and implementing a range of disciplinary sanctions for violations.

600.12 TRAINING

The Jail Commander or the authorized designee is responsible for ensuring that a wide range of training and disciplinary tools are available to aid staff and that preprinted forms are available for documenting rule violations in a consistent and thorough manner.

The Training Manager is responsible for developing and delivering, or procuring, training for staff members who participate in the disciplinary hearing process. Training topics should include the legal significance of due process protections and the hearing officer’s role in assuring that those protections are provided.

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Disciplinary Separation

601.1 PURPOSE AND SCOPE

This policy specifically addresses disciplinary separation and guiding principles relating to the conditions attached to that separation. It will provide guidance to the staff on acceptable practices with regard to management of inmates in disciplinary separation or classified as requiring special management needs.

601.1.1 DEFINITIONS

Definitions related to this policy include:

Disciplinary separation - A status assigned to an inmate after a disciplinary hearing in which the inmate was found to be in violation of a jail rule or state or federal law. This status results in separating the inmate from the rest of the inmate population to serve the consequence imposed.

601.2 POLICY

The Tehama County Sheriff's Office will maintain a disciplinary separation unit to house inmates who, after an impartial due process hearing, are being sanctioned for violating one or more jail rules. Restrictions on privileges will be subject to the disciplinary process and in accordance with this policy.

601.3 DISCIPLINARY SEPARATION

Inmates may be placed into disciplinary separation only after an impartial hearing to determine the facts of the rule violation, in accordance with the office Inmate Discipline Policy. The hearing officer shall impose discipline in accordance with the discipline schedule established by the. Maximum discipline sanctions for any one incident, regardless of the number of rules violated, shall not exceed 60 days.

Disciplinary separation in excess of 30 days shall be reviewed by the Jail Commander before the discipline is imposed. The review shall include a consultation with health care staff. Such reviews shall continue at least every 15 days thereafter until the disciplinary status has ended. These reviews shall be documented (15 CCR 1082(g); 15 CCR 1083(a)).

601.4 INMATE ACCESS TO SERVICES

The ability to discipline inmates for conduct violations is not absolute. Absent legitimate government reason, inmates continue to have a right to receive certain services. However, inmates in disciplinary separation, in accordance with the Inmate Discipline Policy, or special management inmates who are disciplined for one or more rule violations, may be subject to loss of privileges or credit for good time and work.

Services to provide for basic human needs must continue to be made available. There are minimum service requirements that must be maintained to ensure the facility continues to operate in a constitutional manner. All custody staff will adhere to the following policy sections to guide

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them in the supervision of inmates held in disciplinary separation or classified as requiring special management needs.

601.4.1 MEDICATION, CLOTHING, AND PERSONAL ITEMS

Inmates placed in disciplinary separation are considered special management inmates and shall not be denied prescribed medication.

Special management inmates will be provided with clothing that identifies their status, but in no case will this clothing be used to intentionally disgrace the inmate.

Absent unusual circumstances, special management inmates will continue to have the same access to personal items in their cell as general population inmates have, including the following:

- Clean laundry
- Barbering and hair care services
- Clothing exchanges
- Bedding and linen exchanges

Inmates in disciplinary separation shall not be deprived of bedding or clothing except in cases where the inmate destroys such articles or uses them to attempt suicide (15 CCR 1083(b)). The decision to continue to deprive the inmate of these articles must be made by the Captain or the authorized designee and reviewed every 24 hours.

601.4.2 SHOWERING AND PERSONAL HYGIENE

Inmates in disciplinary separations should be allowed to shower with the same frequency as the general inmate population, if reasonably practicable, but at a minimum shall be afforded the opportunity to shower at least every other day and shave daily (15 CCR 1083(e)). The opportunities for each inmate to shave and shower will be documented on the disciplinaryseparation unit logs.

Exceptions to this policy can only be made when the restriction is determined to be reasonably necessary for legitimate government purposes. Any exceptions to this basic requirement must be reviewed and approved by the Shift Supervisor. The circumstances necessitating a restriction must be clearly documented on the unit log.

601.4.3 DENIAL OF AUTHORIZED ITEMS OR ACTIVITIES

Personal items may be withheld when it reasonably appears that the items will be destroyed by the inmate or it is reasonably believed that the personal item will be used for a self-inflicted injury or to harm others.

Whenever an inmate in disciplinary separation is denied personal care items or activities that are usually authorized to the general population inmates, except for restrictions imposed as a result of a disciplinary hearing, the correctional officer taking such action shall prepare a report describing the circumstances that necessitated the need to restrict personal items or activities. The report

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shall be submitted to a supervisor for review, who will then forward it to the Jail Commander. A copy of the report shall be placed in the inmate's file.

601.4.4 MAIL AND CORRESPONDENCE

Inmates in disciplinary separation shall have the same privileges to write and receive correspondence as inmates in general population, except in cases where inmates violated correspondence regulations. In such cases, mail privilege may be suspended. The Jail Commander or the authorized designee shall approve all mail privilege suspensions that exceed 72 hours. Legal mail shall not be suspended from delivery to the inmate (15 CCR 1083(h)).

601.4.5 VISITATION

Inmates in disciplinary separations shall have the same opportunities for visitation as general population inmates, except when the visitation privileges are suspended pursuant to a sanction imposed by the disciplinary hearing officer. Disciplinary sanctions that limit or curtail visitation must be clearly documented and approved by a supervisor if not a condition of the original approved discipline

601.4.6 READING AND LEGAL MATERIALS

Inmates in disciplinary separation shall have the same access to reading materials and legal materials as the general population inmates, unless the restriction is directed by a court of law or there is a reasonable basis to believe the materials will be used for illegal purposes or pose a direct threat to the security and safety of the facility. In such cases the basis for the action shall be documented in the inmate's file and unit log. Access to courts and legal counsel shall not be suspended as a disciplinary measure (15 CCR 1083(i)).

601.4.7 EXERCISE

Inmates in disciplinary separation shall be given a minimum of three hours of exercise per week outside of their cell. Exceptions to this may occur if there are legitimate security or safety considerations. The circumstances relating to the limitation of exercise shall be documented in an incident report. The report shall be reviewed and the restriction shall be approved by a supervisor.

601.4.8 LIMITED TELEPHONE PRIVILEGES

Inmates in disciplinary separation may have their telephone privilege restricted or denied. Exceptions include the following:

(a) Making legal calls

(b) Responding to verified family emergencies, when approved by the sergeant or Jail Commander

All telephone access based on the above exceptions shall be documented on the unit log.

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601.4.9 BEDDING AND CLOTHING

Inmates in disciplinary separation shall not be deprived of bedding or clothing except in cases where the inmate destroys such articles or uses them to harm him/herself or others or for something other than the intended purpose. Clothing and bedding shall be returned to the inmate as soon as it is reasonable to believe the behavior that caused the action will not continue. The decision to continue to deprive the inmate of these articles must be made by the Jail Commander or the authorized designee and reviewed at least every eight hours. This review shall be documented and placed into the inmate's file.

601.5 DISCIPLINARY ISOLATION DIET

Under no circumstances will an inmate be denied food as a means of punishment (15 CCR 1083(f)). A disciplinary separation diet may only be used for major violations of jail rules (15 CCR 1083(g)). No inmate receiving a prescribed medical diet is to be placed on a disciplinary separation diet without review and written approval of a physician or pursuant to a written plan approved by the physician. Disciplinary separation diets shall be served twice during each 24-hour period and must meet statutorily prescribed minimum food and nutritional requirements as described in the Disciplinary Separation Diet Policy.

Before any inmate is placed on a disciplinary separation diet, the following shall occur:

(a) The physician shall review the medical condition and history of the inmate and approve the alternative meal service.

(b) The Jail Commander shall review the incident report and medical reports and shall approve the use of a disciplinary separation diet.

(c) Custody and medical staff shall monitor these special circumstances and report their observations to the Jail Commander.

(d) Disciplinary separations diets shall not be served in any case for more than 72 hours without the written approval of the Jail Commander and a physician.

601.6 INITIAL EVALUATION OF INMATES UPON PLACEMENT

After notification from staff that an inmate is being placed in segregation, the Shift Supervisor shall ensure that the following occurs:

(a) A qualified health care professional shall review the inmate’s health record to determine whether existing medical, dental or mental health needs contraindicate the placement or require special accommodations.

(b) If contraindications or special accommodations are noted, the qualified health care professional shall inform the Shift Supervisor and coordinate the appropriate plan for the inmate based on the safety needs of the facility and the medical needs of the inmate.

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601.7 MENTAL HEALTH CONSIDERATIONS

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

(a) A qualified health care professional should visit each inmate a minimum of once a day and more often if needed. A medical assessment should be documented in the inmate's medical file.

(b) Mental health staff or a qualified mental health professional should also conduct weekly rounds.

When an inmate is classified as a special management inmate due to the presence of a serious mental illness and is placed in a separation setting, the mental health progress notes and management plan should reflect the changed environment. When an inmate is expected to remain in separation for more than 30 days (based upon disciplinary decisions, protective needs or other factors) the special management treatment plan should be updated to reflect this.

Where reasonably practicable, a qualified health care professional should provide screening for suicide risk following admission to the separation unit.

601.8 SAFETY CHECKS

A staff member shall conduct a face-to-face safety check of all disciplinary segregation inmates at least every 45 minutes on an irregular schedule. If an inmate is violent, has mental health problems or demonstrates unusual behavior, the face-to-face check by custody should occur every 15 minutes on an irregular schedule.

Inmates who are at risk of suicide shall be under continuous observation until seen by a qualified health care professional. Subsequent supervision routines should be in accordance with orders provided by the qualified health care professional.

Disciplinary segregation inmates shall receive increased monitoring to include at a minimum:

(a) A visit by the Shift Supervisor once a day.

(b) Visits by program staff, upon request.

(c) Visits by a qualified health care professional a minimum of once a day and more often, if needed.

All management, program staff and qualified health care professional visits shall be documented on the appropriate records and logs and retained in accordance with established records retention schedules.

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601.9 LOG PROCEDURES

All management, program staff, and qualified health care professional visits shall be documented on the appropriate records and logs and retained in accordance with established records retention schedules.

Handwritten logs should be completed in ink. Once an entry is made it should not be modified. If corrections or changes are needed they should be done by way of a supplemental entry.

Electronically captured logs will be maintained in a way that prevents entries from being deleted or modified once they are entered. Corrections or changes must be done by way of supplemental entries. At a minimum the log will contain the following:

(a) Inmate name

(b) Inmate booking number

(c) Housing location

(d) Classification status

(e) Date and time placed in separation

(f) Date and time of entry and exit from the cell

(g) Violation and length of discipline

(h) Scheduled date of removal from separation

(i) Medical, psychological, or behavioral considerations

(j) Counseling for behavior

(k) Date and time of removal from separation

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

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

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

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

601.9.1 LOG INSPECTION AND ARCHIVAL OF LOGS

The Shift Supervisor shall review and evaluate the logs and pass any significant incidents via the chain of command to the Jail Commander for review.

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

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Inmates with Disabilities

602.1 PURPOSE AND SCOPE

This policy provides guidelines for addressing the needs and rights of inmates detained by this office, in accordance with the Americans with Disabilities Act (ADA).

602.1.1 DEFINITIONS

Definitions related to this policy include:

Disability - The ADA defines a disability as a physical or mental impairment that limits one or more major life activities. These include, but are not limited to, any disability that would substantially limit the mobility of an individual or an impairment of vision and/or hearing, speaking or performing manual tasks that require some level of dexterity.

602.2 POLICY

This office will take all reasonable steps to accommodate inmates with disabilities while they are in custody and will comply with the ADA and any related state laws. Discrimination on the basis of disability is prohibited.

602.3 JAIL COMMANDER RESPONSIBILITIES

The Jail Commander, in coordination with the Responsible Physician and the ADA Coordinator (see Accessibility - Facility and Equipment Policy), will establish written procedures to assess and reasonably accommodate disabilities of inmates. The procedures will include, but not be limited to:

- Establishing housing areas that are equipped to meet the physical needs of disabled inmates, including areas that allow for personal care and hygiene in a reasonably private setting and for reasonable interaction with inmates.
- Establishing classification criteria to make housing assignments to inmates with disabilities.
- Assigning individuals with adequate training to assist disabled inmates with basic life functions as needed. Inmates should not provide this assistance except as allowed in the Inmate Assistants Policy.
- Establishing transportation procedures for moving inmates with limited mobility.
- Establishing guidelines for services, programs and activities for the disabled and ensuring that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility’s efforts to prevent, detect and respond to sexual abuse and sexual harassment (28 CFR 115.16).
- Enlisting or contracting for trained service personnel who have experience working with disabled people.
- Establishing procedures for the request and review of accommodations.

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- Establishing guidelines for the accommodation of individuals who are deaf or hard of hearing, have common disabilities such as sight and mobility impairments, developmental disabilities and common medical issues, such as epilepsy.
- Identification and evaluation of all developmentally disabled inmates, including contacting the regional center for the developmentally disabled to assist with diagnosis and/or treatment within 24 hours of identification, excluding holidays and weekends (15 CCR 1057).

The Jail Commander is responsible for ensuring the Tehama County Sheriff's Office jail is designed or adapted to reasonably accommodate inmates with disabilities. At a minimum this includes:

- Access to telephones equipped with a telecommunications device for the deaf (TDD) for inmates who are deaf, hard of hearing or speech-impaired.
- If orientation videos are used to explain facility rules to newly admitted inmates, subtitles may be displayed on the video presentation to assist inmates who have impaired hearing.
- Some cells and dormitories should be equipped with wheelchair accessible toilet and shower facilities. Inmates with physical disabilities should be allowed to perform personal care in a reasonably private environment.
- Tables designed for eating should be accessible to those in wheelchairs.

602.4 CORRECTIONAL DEPUTIES RESPONSIBILITIES

Correctional Deputies should work with qualified health care professionals to aid in making accommodations for those with physical disabilities.

Correctional Deputies who work in the classification process should be aware of inmates with disabilities before making housing decisions. For example, persons with mobility issues may require a lower bunk and accessible toilet and shower facilities. When necessary or required, a supervisor of classification correctional officer should consult with the qualified health care professional or the Responsible Physician regarding housing location.

Correctional Deputies should assist an inmate with a disability by accommodating the inmate consistent with any guidelines related to the inmate’s disability. If there are no current guidelines in place, Correctional Deputies receiving an inmate request for accommodation of a disability should direct the inmate to provide the request in writing or assist the inmate in doing so, as needed. The written request should be brought to the on-duty supervisor as soon as practicable but during the correctional officer’s current shift. Generally, requests should be accommodated upon request if the accommodation would not raise a safety concern or affect the orderly function of the jail. The formal written request should still be submitted to the on-duty supervisor.

Requests that are minor and do not reasonably appear related to a significant or ongoing need may be addressed informally, such as providing extra tissue to an inmate with a cold. Such requests need not be made in writing.

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602.5 ACCOMMODATION REQUESTS

Inmates shall be asked to reveal any accommodation requests during the intake classification process. Any such request will be addressed according to the classification process.

Requests for accommodation after initial entry into the facility should be made through the standard facility request process and should be reviewed by a supervisor within 24 hours of the request being made. The reviewing supervisor should evaluate the request and, if approved, notify the Jail Commander, ADA Coordinator (see the Accessibility - Facility and Equipment Policy) and any other staff as necessary to meet the accommodation. The supervisor should make a record of the accommodation in the inmate’s file.

A supervisor who does not grant the accommodation, either in part or in full, should forward the request to the Jail Commander and the ADA Coordinator within 48 hours of the request being made. The Jail Commander, with the assistance of the ADA Coordinator and/or legal counsel, should make a determination regarding the request within five days of the request being made.

602.6 TRAINING

The ADA Coordinator should work with the Training Manager to provide periodic training on such topics as:

(a) Policies, procedures, forms and available resources for disabled inmates.

(b) Working effectively with interpreters, telephone interpretive services and related equipment.

(c) Training for management staff, even if they may not interact regularly with disabled individuals, so that they remain fully aware of and understand this policy and can reinforce its importance and ensure its implementation.

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Inmate Access to Courts and Counsel

603.1 PURPOSE AND SCOPE

The purpose of this policy is to protect the constitutional rights of inmates to access the courts and legal counsel, while holding inmates accountable to the rules and regulations that govern conduct in this facility. The staff at every level is reminded the fundamental constitutional right of access to courts does not end when a person is incarcerated.

603.2 POLICY

It is the policy of this office that all inmates will have access to the courts and the ability to consult with legal counsel (15 CCR 1068).

603.3 INMATE ACCESS

Staff should not unreasonably interfere with inmates' attempts to seek counsel and where appropriate should assist inmates with making confidential contact with attorneys and authorized representatives.

Access to courts and legal counsel may occur through court-appointed counsel, attorney or legal assistant visits, telephone conversations or written communication. To facilitate access, this facility will minimally provide:

- Confidential attorney visiting areas that include the means by which the attorney and the inmate can share legal documents.
- Telephones that enable confidential attorney-client calls.
- Reasonable access to legal materials.
- A means of providing assistance through the court process by individuals trained in the law. This assistance will be available to illiterate inmates and those who cannot speak or read English or who have disabilities that would impair their ability to access.
- Writing materials, envelopes and postage for indigent inmates for legal communications and correspondence.

The Jail Commander shall be responsible for ensuring that information regarding access to courts and legal counsel and requesting legal materials or legal assistance is included in the inmate handbook, that is provided during inmate orientation.

603.4 CONFIDENTIALITY

All communication between inmates and their attorneys is confidential, including telephone conversations, written communication and video conferencing. The content of written attorney-client communication will not be reviewed or censored but the documents may be inspected for contraband.

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Outgoing and incoming legal correspondence shall be routed through the staff, who have received special training in inspecting confidential documents and who are accountable for maintaining confidentiality. Incoming legal correspondence shall be opened and inspected for contraband in the presence of the recipient inmate.

Inmates may seek the assistance of other inmates in writing writs and other legal correspondence to the courts, when needed subject to the security and safety needs of the inmates, staff and the facility.

603.5 INMATE REQUEST FOR ASSISTANCE

Written materials addressing how an inmate can access local attorneys and key legal documents shall be available in each housing unit. Staff shall provide these materials to any inmate upon request. However, staff shall not provide legal advice or assist any inmate in the completion of any legal document.

Habeas corpus forms shall be made available to any inmate by the staff upon request.

Legal forms filled out by the inmate shall be forwarded to court administration directly or via an appointed legal assistant.

603.6 VISITATION RELATED TO LEGAL DEFENSE

Visits with inmates that are related to legal defense, including attorneys, paralegals and investigators, will be permitted only in the areas designated for legal visitation or by way of video visitation to assure confidentiality (15 CCR 1068(b)). Contact visits may be approved by the Jail Commander for special circumstances.

(a) Visits shall be of a reasonable length of time to discourage any allegation the defense of the inmate was hindered due to the length of time allowed for the legally authorized visit. These visits shall be of such a length of time that they do not interfere with the security, order and discipline of this facility. The permissible time for visitation should be flexible but shall not substantially interfere with other facility schedules, such as medical examinations, meal service or other required activities.

(b) Only materials brought to this facility by an approved legal assistant shall be allowed.

(c) All materials shall be subject to security inspections by the staff and shall be routed through the Shift Supervisor for logging and distribution.

603.7 MAIL

Legal mail shall be handled in accordance with the Inmate Mail Policy.

603.8 IN PROPRIA PERSONA (PRO PER) INMATES

Inmates may be granted pro per status by court order only. Any time a court order is received designating an inmate as having been granted pro per status, all relevant records systems at the

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facility shall be updated to reflect this information. A copy of the court order shall be maintained in the inmate's file in accordance with established records retention schedules.

The court may, but is not required to, appoint to an inmate who is designated pro per a back-up attorney, paralegal or other person to assist the inmate with legal research. All information related to appointed assistants should be recorded in the relevant facility records.

Any provision of legal materials shall be in accordance with court directives and in consultation with the County Counsel.

603.8.1 PRO PER STATUS MISUSE

Any inmate who is granted pro per status and is found to be misusing or abusing that status to the extent that it poses a demonstrable threat to the safety and security of the facility shall be immediately reported to the Jail Commander. The Jail Commander may recommend the suspension or a limitation of the inmate's pro per privileges if they adversely affect the safety and security of the jail.

Upon the concurrence with the findings and recommendation of the Jail Commander, Sheriff or the authorized designee shall consult with the Office's legal counsel prior to notifying the court of any intent to limit the described pro per privileges.

The inmate may petition the court if he/she is dissatisfied with the action taken.

603.8.2 PRO PER STATUS - MATERIALS AND SUPPLIES

The facility may provide the following materials and supplies to a pro per inmate. These items may be retained by the inmate but must be kept in the container supplied for such purpose. The items may include:

- Up to one-half of a ream of 8½-inch x 11-inch plain bond typing paper
- Up to three ruled legal notepads
- Standard legal size envelopes
- One dozen (maximum) black lead golf pencils
- Two erasers
- One legal size accordion file
- 9-inch x 12-inch manila envelopes and 10-inch x 14-inch manila envelopes
- Up to a maximum of four law books at one time (paperback or hardback)

Unless otherwise ordered by the court, the Office shall have no obligation to supply materials beyond those listed above. Replacement of any of the listed items shall be accomplished through a written request to the Shift Supervisor or the authorized designee. Supplies provided by a court legal liaison will be received and distributed by the Shift Supervisor or the authorized designee. All

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supplies distributed to the inmate will be recorded in the inmate's pro per activities record. Supplies not listed in this policy are subject to approval by the Jail Commander or the authorized designee.

Access to ballpoint pens, for signature purposes only, will be provided through a supervisor. The use of the pen will be supervised by the staff and taken from the inmate immediately after its use.

Copies of an inmate's final legal (criminal case) work product, upon the inmate's request, may be provided subject to arrangements with the court.

Inmates may purchase their own legal books and materials. However, such materials will be subject to safety inspection and rules pertaining to items permitted to be in the inmate's possession. Personal books must be marked with the inmate's name and booking number.

Any books or materials found in the inmate's possession beyond what is authorized will be returned or placed in the inmate's property.

603.8.3 PRO PER INMATES INTERVIEWING WITNESSES

A pro per inmate may be permitted to interview prospective witnesses in the regular visitation area. Requests for visits outside of normal visiting hours will be directed to a supervisor for approval and should be accommodated when practicable.

Interviews conducted by pro per inmates are subject to the following rules and restrictions:

(a) No interview will be permitted without notification from a judge confirming or validating the prospective witness. The pro per inmate is responsible for providing the judge with the list of prospective witnesses for validation.

(b) No visit shall be permitted by a prospective witness who is in the custody of this office or otherwise detained by a government agency, except upon a specific court order.

603.8.4 TELEPHONE USAGE

Pro per inmates may use the telephones in their housing areas to place calls concerning their cases. Court-authorized pro per telephone calls shall not be monitored and shall be provided without charge to the inmate in accordance with the orders of the court (see the Inmate Telephone Access Policy).

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Foreign Nationals and Diplomats

604.1 PURPOSE AND SCOPE

This policy addresses the privileges and immunities afforded to members of foreign diplomatic missions and consular posts.

This policy also addresses the legal requirements related to consular notifications that should occur when a foreign national is in custody.

604.2 POLICY

The Tehama County Sheriff's Office Jail will treat foreign diplomatic and consular personnel with due regard for the privileges and immunities to which they are entitled under international law. The Office will investigate all claims of immunity and accept custody of the person when appropriate.

The Tehama County Sheriff's Office Jail will also honor the laws related to foreign nationals in custody by making proper consular notifications and by assisting those who wish to contact their consular representative.

604.3 DIPLOMATIC AND CONSULAR IMMUNITY

604.3.1 AVAILABILITY OF RESOURCES

The Shift Supervisor will ensure that current contact information for the U.S. Department of State and the U.S. Mission to the United Nations is readily available for office members who need to verify a claim of diplomatic or consular immunity. Relevant material for law enforcement published by the U.S. Department of State Bureau of Diplomatic Security should be readily available as well.

604.3.2 ADDRESSING CLAIMS OF DIPLOMATIC OR CONSULAR IMMUNITY

When an arrestee who claims diplomatic or consular immunity is brought to the Tehama County Sheriff's Office Jail the receiving correctional officer shall first inform the Shift Supervisor and then generally proceed as follows:

(a) Do not accept custody of the person from the transporting correctional officer. The person should not be brought inside the Tehama County Sheriff's Office Jail unless doing so would facilitate the investigation of his/her claim of immunity.

(b) Do not handcuff the person, or, if handcuffs have been applied, remove them unless there is an articulable threat that would justify their use.

(c) If the person has already been accepted into custody, inform the person that he/she will be detained until his/her identity and immunity can be confirmed. Attempt to obtain a U.S. Department of State-issued identification card or other identification or documents that may relate to the claimed immunity.

(d) In all cases, verify the status and level of immunity by contacting the U.S. Department of State or the U.S. Mission to the United Nations, as appropriate.

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It will be the responsibility of the Shift Supervisor to communicate the claim of immunity to the on-duty supervisor of the arresting office (if not the Tehama County Sheriff's Office). The Shift Supervisor may assist another agency in determining the person's immunity status.

The Shift Supervisor is responsible for ensuring appropriate action is taken based upon information received regarding the person's immunity status.

604.3.3 REPORTING

If the person's immunity status has been verified, the Shift Supervisor should ensure a report is prepared describing the details and circumstances of any detention or custody. A copy of the report should be faxed or mailed as soon as possible to the U.S. Department of State in Washington, D.C. or to the U.S. Mission to the United Nations in New York in cases involving a member of the United Nations community.

604.4 CONSULAR NOTIFICATIONS

604.4.1 CONSULAR NOTIFICATION LIST AND CONTACTS

The Jail Commander will ensure that the U.S. Department of State's list of countries and jurisdictions that require mandatory notification is readily available to office members. There should also be a published list of foreign embassy and consulate telephone and fax numbers, as well as standardized notification forms that can be faxed and then retained for the record. Prominently displayed placards informing inmates of rights related to consular notification should also be posted.

604.4.2 CONSULAR NOTIFICATION ON BOOKING

Office members assigned to book inmates shall:

(a) Inform the foreign national, without delay, that he/she may have his/her consular officers notified of the arrest or detention and may communicate with them. Members shall ensure this notification is acknowledged and documented.

(b) Determine whether the foreign national's country is on the U.S. Department of State's mandatory notification list.

(c) If the foreign national's country is not on the list for mandatory notification but the foreign national requests that his/her consular officers be notified, then:

1. Notify the nearest embassy or consulate of the foreign national's country of the person's arrest or detention by faxing the appropriate notification form. If no fax confirmation is received, a telephonic notification should be made and documented.

2. Forward any communication from the foreign national to his/her consular officers without delay.

(d) If the foreign national's country is on the list for mandatory notification, then:

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1. Notify the nearest embassy or consulate of the foreign national's country, without delay, of the person's arrest or detention by faxing the appropriate notification form. If no fax confirmation is received, a telephonic notification should be made and documented.
2. Tell the foreign national that this notification has been made and inform him/her without delay that he/she may communicate with his/her consular officers.
3. Forward any communication from the foreign national to his/her consular officers without delay.
4. Document all notifications to the embassy or consulate and retain the faxed notification and any fax confirmation for the inmate's file.

Members should never discuss anything with consulate personnel beyond the required notifications, such as whether the inmate is requesting asylum. Requests for asylum should be forwarded to the Shift Supervisor.

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Inmate Rights - Protection from Abuse

605.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines to ensure that inmates are afforded a safe, healthful environment free from abuse, corporal punishment or harassment, and that inmate property is protected.

605.2 POLICY

It is the policy of this office to make every reasonable effort to protect inmates from personal abuse, corporal punishment, personal injury, disease, property damage and harassment by other inmates or staff. Staff shall take reasonable actions to safeguard vulnerable inmates from others and shall use the classification policies and procedures to make housing decisions that will provide for inmate safety. Abuse of inmates by staff or other inmates will not be tolerated.

The Jail Commander or the authorized designee shall be responsible for including prohibitions against inmate abuse and harassment, rules regarding respect for the property of others, and the prevention of disease in the inmate handbook. All inmates shall receive a copy of the inmate handbook during the booking process, which shall be printed in a language understood by the inmate. The inmate also shall receive verbal instruction on inmate rights during orientation.

605.3 RESPONSIBILITY

It shall be the responsibility of all facility staff to adhere to policies, procedures and practices, and to make every reasonable effort to prevent inmate injury, harassment and abuse, to prevent theft or damage to inmate property and to eliminate conditions that promote disease. These procedures include, but are not limited to:

- Following the classification guidelines for inmate housing.
- Closely supervising inmate activities and interceding as needed to prevent violence, harassment or abuse of inmates.
- Using force only when necessary and to the degree that is reasonable.
- Reporting all inmate injuries, investigating the cause of reported injuries and documenting these efforts in an incident report.
- Enforcing all rules and regulations in a fair and consistent manner.
- Preventing any practice of inmates conducting kangaroo courts or dispensing discipline toward any other inmate.
- Conducting required safety checks of all inmate housing areas.
- Checking all safety equipment for serviceability and making a report of any defective equipment to the appropriate supervisor or Jail Commander.
- Referring sick or injured inmates to a qualified health care professional without unnecessary delay.

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- Maintaining high standards of cleanliness throughout the jail.
- Documenting all abuse protection efforts in facility logs and incident reports as applicable.

605.4 TRAINING

The Training Manager shall be responsible for developing and delivering a training curriculum on the topic of protecting inmates from abuse to all staff. A roster of attendees shall be maintained from each class. Training completion documents shall be filed in each employee's training file.

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Prison Rape Elimination Act

606.1 PURPOSE AND SCOPE

This policy provides guidance for compliance with the Prison Rape Elimination Act of 2003 (PREA) and the implementing regulation that establishes standards (PREA Rule) to prevent, detect, and respond to sexual abuse and sexual harassment (28 CFR 115.11; 15 CCR 1029).

606.1.1 DEFINITIONS

Definitions related to this policy include:

Intersex - A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development (28 CFR 115.5).

Sexual abuse - Any of the following acts, if the inmate does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse (28 CFR 115.6; 15 CCR 1006):

(a) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight

(b) Contact between the mouth and the penis, vulva, or anus

(c) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument

(d) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation

Sexual abuse also includes abuse by a staff member, contractor, or volunteer as follows, with or without consent of the inmate, detainee, or resident:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight
- Contact between the mouth and the penis, vulva, or anus
- Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire
- Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties, or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire
- Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties, or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire
- Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described above

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- Any display by a staff member, contractor, or volunteer of his/her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident
- Voyeurism by a staff member, contractor, or volunteer

Sexual harassment - Repeated and unwelcome sexual advances; requests for sexual favors; verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident that are directed toward another; repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures (28 CFR 115.6; 15 CCR 1006).

Transgender - a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth (28 CFR 115.5).

606.2 POLICY

This office has zero tolerance with regard to sexual abuse and sexual harassment in this facility. This office will take appropriate affirmative measures to protect all inmates from sexual abuse and harassment, and promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment.

606.3 PREA COORDINATOR

The Captain shall appoint an upper-level manager with sufficient time and authority to develop, implement, and oversee office efforts to comply with PREA standards. The PREA coordinator shall review facility policies and practices and make appropriate compliance recommendations to the Captain (28 CFR 115.11).

The PREA coordinator's responsibilities shall include:

(a) Developing a written plan to coordinate response among staff first responders, medical and mental health practitioners, investigators, and facility management to an incident of sexual abuse. The plan must also outline the office's approach to identifying imminent sexual abuse toward inmates and preventing and detecting such incidents (28 CFR 115.11; 28 CFR 115.65; 28 CFR 115.62).

(b) Ensuring that within 30 days of intake, inmates are provided with comprehensive education, either in person or through video, regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the office's policies and procedures for responding to such incidents (28 CFR 115.33).

(c) Developing a staffing plan to provide adequate levels of staffing and video monitoring, where applicable, in order to protect detainees from sexual abuse. This includes documenting deviations and the reasons for deviations from the staffing plan, as well as reviewing the staffing plan a minimum of once per year. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration (28 CFR 115.13).

    1. Generally accepted detention and correctional practices.

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2. Any judicial findings of inadequacy.
3. Any findings of inadequacy from federal investigative agencies.
4. Any findings of inadequacy from internal or external oversight bodies.
5. All components of the facility's physical plant, including blind spots or areas where staff or inmates may be isolated.
6. The composition of the inmate population.
7. The number and placement of supervisory staff.
8. Institution programs occurring on a particular shift.
9. Any applicable state or local laws, regulations, or standards.
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse.
11. Any other relevant factors.

(d) Ensuring that, when designing, acquiring, expanding, or modifying facilities, or when installing or updating a video-monitoring system, electronic surveillance system, or other monitoring technology, consideration is given to the office's ability to protect inmates from sexual abuse (28 CFR 115.18).

(e) Ensuring that any contract for the confinement of office detainees or inmates includes the requirement to adopt and comply with the PREA standards including obtaining incident-based and aggregated data, as required in 28 CFR 115.187. Any new contract or contract renewal shall provide for office contract monitoring to ensure that the contractor is complying with the PREA standards (28 CFR 115.12).

(f) Making reasonable efforts to enter into agreements with community service providers to provide inmates with confidential, emotional support services related to sexual abuse. The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Persons detained solely for civil immigration purposes shall be given contact information for immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The facility shall inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws (28 CFR 115.53).

(g) Ensuring the protocol describing the responsibilities of the Office and of another investigating agency, if another law enforcement agency will be responsible for conducting any sexual abuse or sexual harassment investigations, is published on the facility website or by other means, if no website exists (28 CFR 115.22).

(h) Implementing a process by which inmates may report sexual abuse and sexual harassment to a public/private entity or an office that is not part of the Office, and that the outside entity or office is able to receive and immediately forward inmate reports of

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sexual abuse and sexual harassment to the Captain, allowing the inmate anonymity (28 CFR 115.51; 15 CCR 1029).

(i) Establishing a process to ensure accurate, uniform data is collected for every allegation of sexual abuse at facilities under the direct control of this office, using a standardized instrument and set of definitions. Upon request, the Office shall provide all such data from the previous calendar year to the U.S. Department of Justice (DOJ) no later than June 30 (28 CFR 115.87; 34 USC § 30303; 15 CCR 1041).

(a) The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. DOJ.

(b) The data shall be aggregated at least annually.

(j) Establishing a process to monitor the conduct and treatment of detainees or staff who have reported sexual abuse, and the conduct and treatment of detainees who were reported to have suffered sexual abuse.

(k) Ensuring that the following are published on the office's website or by other means, if no website exists:

1. Office policy governing investigations of allegations of sexual abuse and sexual harassment or the referral of such investigations of sexual abuse or sexual harassment (unless the allegation does not involve potentially criminal behavior) (28 CFR 115.22)

2. Information on how to report sexual abuse and sexual harassment on behalf of an inmate (28 CFR 115.54)

(l) Ensuring audits are conducted pursuant to 28 CFR 115.401 through 28 CFR 115.405 (28 CFR 115.93).

(m) Implementing a protocol requiring mid-level or higher-level supervisors to conduct and document unannounced inspections to identify and deter sexual abuse and sexual harassment. The protocol shall prohibit announcing when such inspections are to occur, unless it is necessary for operational considerations (28 CFR 115.13).

(n) Ensuring agreements with outside investigating agencies include PREA requirements, including a requirement to keep the Tehama County Sheriff's Office informed of the progress of the investigation (28 CFR 115.71).

(o) Ensuring that information for uninvolved inmates, family, community members, and other interested third parties to report sexual abuse or sexual harassment is publicly posted at the facility (15 CCR 1029).

(p) Ensuring the Office conducts follow-up criminal background records checks at least once every five years on members or contractors who may have contact with inmates or has in place a system for otherwise capturing such information (28 CFR 115.17).

606.4 REPORTING SEXUAL ABUSE, HARASSMENT AND RETALIATION

; 15 CCR 1029Any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff shall

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immediately notify a supervisor, who will forward the matter to a sexual abuse investigator (28 CFR 115.61). Staff may also privately report sexual abuse and sexual harassment of inmates (e.g., report to the Jail Commander) (28 CFR 115.51).

The facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident, of sexual abuse or sexual harassment to a staff member (28 CFR 115.54; 15 CCR 1029).

Inmates may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose. Staff shall accommodate all inmate requests to report allegations of sexual abuse or harassment. Staff shall accept reports made verbally, in writing, anonymously or from third parties and shall promptly document all verbal reports (28 CFR 115.51; 15 CCR 1029).

Threats or allegations of sexual abuse, sexual harassment, or retaliation, regardless of the source, shall be documented and referred for investigation. Sexual abuse and sexual harassment reports shall only be made available to those who have a legitimate need to know, and in accordance with this policy and applicable law (28 CFR 115.61).

606.4.1 REPORTING TO OTHER FACILITIES

If there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Jail Commander shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The Jail Commander shall ensure that the notification has been documented (28 CFR 115.63).

606.5 RETALIATION

All inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, shall be protected from retaliation.

Protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment or reassignment of the victim or alleged perpetrator to another housing area, and support services for inmates or staff who fear retaliation shall be utilized (28 CFR 115.67; 15 CCR 1029).

The Jail Commander or the authorized designee shall assign a supervisor to monitor, for at least 90 days, the conduct and treatment of inmates or staff who report sexual abuse or sexual harassment, as well as inmates who were reported to have suffered sexual abuse, to determine if there is any possible retaliation. The supervisor shall act promptly to remedy any such retaliation. The assigned supervisor should consider inmate disciplinary reports, housing or program changes, negative staff performance reviews or reassignment of staff members. Monitoring may continue beyond 90 days if needed. Inmate monitoring shall also include periodic status checks. The Jail Commander should take reasonable steps to limit the number of people with access to the names of individuals being monitored and should make reasonable efforts to ensure that staff members who pose a threat of retaliation are not entrusted with monitoring responsibilities.

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If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take reasonable measures to protect that individual against retaliation (28 CFR 115.67).

606.6 FIRST RESPONDERS

If an allegation of inmate sexual abuse is made, the first correctional officer to respond shall (28 CFR 115.64):

(a) Separate the parties.

(b) Request medical assistance as appropriate. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals (28 CFR 115.82).

(c) Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence.

(d) If the time period allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating).

(e) Consider whether a change in classification or housing assignment for the victim is needed or whether witnesses to the incident need protection, both of which may include reassignment of housing.

(f) Determine whether the alleged perpetrator should be administratively segregated or administratively transferred during the investigation.

If the first responder is not a correctional officer, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and then immediately notify a correctional officer.

Should an investigation involve inmates who have disabilities or who have limited English proficiency, the first responder shall not rely on inmate interpreters, inmate readers or other types of inmate assistants, except in limited circumstances where an extended delay in obtaining an interpreter could compromise inmate safety, the performance of first responder duties or the investigation of sexual abuse or sexual harassment allegations (28 CFR 115.16).

606.7 SEXUAL ABUSE AND SEXUAL HARASSMENT INVESTIGATIONS

An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.22). Administrative investigations shall include an effort to determine whether the staff’s actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments,

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and investigative facts and findings. Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases (28 CFR 115.71).

When practicable, an investigator of the same sex as the victim should be assigned to the case. Sexual abuse and sexual harassment investigations should be conducted promptly and continuously until completed. Investigators should evaluate reports or threats of sexual abuse and sexual harassment without regard to an inmate's sexual orientation, sex or gender identity. Investigators should not assume that any sexual activity among inmates is consensual.

The departure of the alleged abuser or victim from the employment or control of the jail or Office shall not provide a basis for terminating an investigation (28 CFR 115.71).

If the investigation is referred to another agency for investigation, the Office shall request that the investigating agency follow the requirements as provided in 28 CFR 115.21 (a) through (e). The referral shall be documented. The Office shall cooperate with the outside agency investigation and shall request to be informed about the progress of the investigation (28 CFR 115.71) If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate prosecutor's office for filing of new charges (28 CFR 115.71).

Evidence collection shall be based on a uniform evidence protocol that is developmentally appropriate for youth, if applicable, and adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, ''A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,'' or similarly comprehensive and authoritative protocols developed after 2011 (28 CFR 115.21).

Inmates alleging sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation (28 CFR 115.71).

If a victim is under 18 or considered a vulnerable adult under state law, the assigned investigator shall report the allegation to the designated social services agency as required (28 CFR 115.61).

606.7.1 INVESTIGATIVE FINDINGS

All completed written investigations shall be forwarded to the Jail Commander or, if the allegations may reasonably involve the Jail Commander, to the Sheriff. The Jail Commander or Sheriff shall review the investigation and determine whether any allegations of sexual abuse or sexual harassment have been substantiated by a preponderance of the evidence (28 CFR 115.71; 28 CFR 115.72).

The staff shall be subject to disciplinary sanctions, up to and including termination, for violating this policy. Termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the law

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enforcement agency that would handle any related investigation and to any relevant licensing bodies (28 CFR 115.76).

606.7.2 REPORTING TO INMATES

The Jail Commander or the authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated or unfounded. If the Office did not conduct the investigation, the Office shall request relevant information from the investigative agency in order to inform the inmate.

If a staff member is the accused (unless the Office has determined that the allegation is unfounded), the inmate shall also be informed whenever:

(a) The staff member is no longer assigned to the inmate's unit or employed at the facility.

(b) The Office learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.

If another inmate is the accused, the alleged victim shall be notified whenever the Office learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

All notifications or attempted notifications shall be documented. When notification is made while the inmate is in custody, the inmate will sign a copy of the notification letter. The letter will be added to the case file (28 CFR 115.73).

606.8 SEXUAL ABUSE AND SEXUAL HARASSMENT BETWEEN STAFF AND INMATES

Sexual abuse and sexual harassment between staff, volunteers or contract personnel and inmates is strictly prohibited. The fact that an inmate may have initiated a relationship or sexual contact is not recognized as a defense to violating this policy.

Any incident involving allegations of staff-on-inmate sexual abuse or sexual harassment shall be referred to the Internal Affairs Unit for investigation.

606.8.1 SEXUAL ABUSE BY CONTRACTOR OR VOLUNTEER

Any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having any contact with inmates. He/she shall be promptly reported to the law enforcement agency that would investigate such allegations and brought to the attention of any relevant licensing bodies (28 CFR 115.77).

606.9 SEXUAL ABUSE VICTIMS

Inmates who are victims of sexual abuse shall be transported to the nearest appropriate location for treatment of injuries and collection of evidence, and for crisis intervention services (28 CFR 115.82). Depending on the severity of the injuries, transportation may occur by a staff member or by ambulance, in either case with appropriate security to protect the staff, the inmate and the public, and to prevent escape.

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A victim advocate from a rape crisis center should be made available to the victim. If a rape crisis center is not available, the Office shall make available a qualified member of a community-based organization, or a qualified health care or mental health professional from the Office, to provide victim advocate services. Efforts to secure services from a rape crisis center shall be documented. A rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 34 USC § 12511(b)(2)(C), to sexual assault victims of all ages. A rape crisis center that is part of a government unit may be used if it is not part of the criminal justice system (such as a law enforcement agency) and it offers a level of confidentiality comparable to the level at a nongovernmental entity that provides similar victim services (28 CFR 115.21).

606.10 EXAMINATION, TESTING, AND TREATMENT

Examination, testing, and treatment shall include the following (15 CCR 1206):

(a) Forensic medical examinations shall be performed as evidentiarily or medically appropriate, without financial cost to the victim. Where possible, these examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANE)s. If neither SAFEs nor SANEs are available, other qualified medical practitioners can perform the examination. The Office shall document its efforts to provide SAFEs or SANEs (28 CFR 115.21).

(b) If requested by the victim, a victim advocate, a qualified office staff member, or a qualified community organization staff member shall accompany the victim through the forensic medical examination process and investigatory interviews. That person will provide emotional support, crisis intervention, information, and referrals (28 CFR 115.21).

(c) Provisions shall be made for testing the victim for sexually transmitted diseases (28 CFR 115.82).

(d) Counseling for the treatment of sexually transmitted diseases, if appropriate, shall be provided.

(e) Victims shall be offered information about, and given access to, emergency contraception, prophylaxis for sexually transmitted infections, and follow-up treatment for sexually transmitted diseases (28 CFR 115.82; 28 CFR 115.83). This shall be done in a timely manner.

(f) Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, such victims shall receive comprehensive information about, and access to, all lawful pregnancy-related medical services (28 CFR 115.83). This shall be done in a timely manner.

(g) Victims shall be provided with follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody (28 CFR 115.83).

(h) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident (28 CFR 115.82; 28 CFR 115.83).

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(i) The health authority or mental health staff shall obtain informed consent from inmates before reporting information to jail staff about prior sexual victimization that occurred somewhere other than an institutional setting, unless the inmate is under the age of 18 (28 CFR 115.81).

(j) Medical and mental health practitioners shall ensure that information related to sexual victimization that occurred in an institutional setting is limited to medical and mental health practitioners and other staff unless it is necessary to inform jail staff about security or management decisions (28 CFR 115.81).

606.11 PROTECTIVE CUSTODY

Inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of available alternatives has been made and it has been determined that there is no reasonably available alternative means of separation. Inmates may be held in involuntary protective custody for less than 24 hours while an assessment is completed.

If an involuntary protective custody assignment is made because of a high risk for victimization, the Jail Commander shall clearly document the basis for the concern for the inmate’s safety and the reasons why no alternative means of separation can be arranged (28 CFR 115.43).

The facility shall assign these inmates to involuntary protective custody only until an alternative means of separation from likely abusers can be arranged, not ordinarily in excess of 30 days.

Inmates placed in temporary protective custody shall continue to have reasonable access to programs, privileges, education and work opportunities. If restrictions are put in place, the Jail Commander shall document the following:

(a) The opportunities that have been limited

(b) The duration of the limitation

(c) The reasons for such limitations

Every 30 days, the Jail Commander shall afford each such inmate a review to determine whether there is a continuing need for protective custody (28 CFR 115.43).

606.12 SEXUAL ABUSE INCIDENT REVIEW

An incident review shall be conducted at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded (28 CFR 115.86). The review should occur within 30 days of the conclusion of the investigation.

The review team shall include upper-level management officials and seek input from line supervisors, investigators and qualified health care and/or mental health professionals, as appropriate:

(a) Consider whether the investigation indicates a need to change policy or practice in order to better prevent, detect or respond to sexual abuse.

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(b) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification status or perceived status; gang affiliation; or other group dynamics at the facility.

(c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers may enable abuse.

(d) Assess the adequacy of staffing levels in the area during different shifts.

(e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

(f) Prepare a written report of the team’s findings, including, but not limited to, determinations made pursuant to paragraphs (a)-(e) of this section, and any recommendations for improvement. The report should be submitted to the Sheriff and the PREA coordinator.

The Jail Commander or the authorized designee shall implement the recommendations for improvement or document the reasons for not doing so.

606.13 DATA REVIEWS

This office shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices and training by:

(a) Identifying problem areas.

(b) Identifying corrective actions taken.

(c) Recommending corrective actions.

(d) Comparing current annual data and corrective actions with those from prior years.

(e) Assessing the office’s progress in addressing sexual abuse.

The reports shall be approved by the Jail Commander and made available through the office website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated (28 CFR 115.88).

All aggregated sexual abuse data from Tehama County Sheriff's Office facilities and private facilities with which it contracts shall be made available to the public at least annually through the office website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (28 CFR 115.89).

606.14 RECORDS

All case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical

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and counseling evaluation findings, and recommendations for post-release treatment or counseling shall be retained in accordance with confidentiality laws.

The Office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Office, plus five years (28 CFR 115.71).

All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state or local law requires otherwise (28 CFR 115.89).

606.15 PRESERVATION OF ABILITY TO PROTECT INMATES

The Office shall not enter into or renew any collective bargaining agreement or other agreement that limits the office’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted (28 CFR 115.66).

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Grooming

608.1 PURPOSE AND SCOPE

The purpose of this policy is to allow inmates to have freedom in personal grooming, except when a legitimate government interest justifies the development of grooming standards that are based upon orders of the court, inmate classification, work status, safety and security, or health and hygiene.

608.2 POLICY

It is the policy of this facility to allow inmates freedom in personal grooming, except when a valid government interest justifies that grooming standards be established. The Jail Commander or the authorized designee shall establish inmate grooming standards specific to inmate classification, work status, facility safety and security, or inmate health and hygiene. Any established standards should not unreasonably interfere with religious observances. Grooming standards should be identified in the inmate handbook.

608.3 HAIRCUTS

Inmates will be provided haircuts and hair-cutting tools subject to established facility rules. If hair length, style or condition presents a security or sanitation concern, haircuts may be mandatory. Inmates who significantly alter their appearance may be required to submit to additional booking photos.

Inmates shall not cut names, numbers or other designs into their hair. Inmates shall not manipulate their hair into any style, including, but not limited to, braids, ponytails, cornrows or twists, that could facilitate the concealment and movement of contraband and weapons.

608.3.1 HAIR CARE SERVICES

The Jail Commander or the authorized designee shall establish written procedures for inmate hair care services (15 CCR 1267(a)). The procedures will include schedules for hair care services and allow rescheduling for conflicts, such as court appearances.

Inmates shall generally be permitted to receive hair care services once per month after being in custody for at least 30 days. Staff may suspend access to hair care services if an inmate appears to be a danger to him/herself or others or to the safety and security of the facility.

608.4 SHAVING

Inmates may shave daily. Facial hair shall be clean and well groomed. Long beards may allow inmates to conceal weapons or contraband. Inmates may be required to trim facial hair if it poses a security or safety risk. Inmates may be required to submit to new booking photographs if their appearance is significantly altered due to facial hair. Inmates with facial hair who work around food shall wear appropriate facial coverings.

An inmate may be denied access to razors if he/she appears to be a danger to him/herself or others, or if such access may jeopardize the safety and security of the facility.

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Inmates may be restricted from significantly altering their appearance for reasons of identification in court (15 CCR 1267(b)).

608.5 NAILS

Nail clippers will be kept at the control station and will be issued to inmates upon request. Inmate workers are required to keep their nails clean and trimmed. Inmates with long nails may be required to trim their nails if there is a security concern and the inmate is admitted to general population.

608.6 GROOMING EQUIPMENT

Grooming equipment is to be inventoried and inspected by the staff at the beginning of each shift and prior to being issued to inmates. The staff shall ensure that all equipment is returned by the end of the shift and is not damaged or missing parts.

Grooming equipment will be disinfected before and after each use by the methods approved by the State Board of Barbering and Cosmetology to meet the requirements of (16 CCR 979; 16 CCR 980; 15 CCR 1267(c)). Cleaning methods include:

- Removing foreign matter.
- Cleaning tools with soap or detergent and water.
- Immersing non-electrical equipment in disinfectant.
- Spraying electrical equipment with disinfectant.
- Storing cleaned equipment in clear, covered containers that are labeled as such.

Disinfectant solution shall be changed at least once per week or whenever the solution is cloudy or dirty. Solution will be stored in covered containers with labeled instructions for its use and the Environmental Protection Agency registration number.

608.7 SHOWERING

Inmates shall be permitted to shower upon assignment to a housing unit, at least every other day thereafter and more often if practicable (15 CCR 1266).

608.8 PERSONAL CARE ITEMS

Inmates are expected to maintain their hygiene using approved personal care items. Personal care items, including disposable razors, toothbrushes, combs and soap, are available through the inmate commissary and will be charged to the inmate’s account.

Indigent inmates shall receive hygiene items necessary to maintain an appropriate level of personal hygiene.

No inmate will be denied the necessary personal care items. For sanitation and security reasons, personal care items shall not be shared (15 CCR 1265 et seq.).

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Inmate Non-Discrimination

609.1 PURPOSE AND SCOPE

The constitutional rights of inmates regarding discrimination are protected during incarceration. These protections extend to administrative decisions, e.g., classification, access to programs and the availability of services. This policy is intended to guide the staff toward non-discriminatory administrative decisions by defining classes protected by the 1964 Civil Rights Act and detailing an inmate complaint and discrimination investigation process.

609.2 POLICY

All decisions concerning inmates housed at this facility shall be based on reasonable criteria that support the health, safety, security and good order of the facility. This policy prohibits the staff from discriminating against an inmate based upon age, sex, race, religion, national origin or sexual orientation. It establishes a process by which the inmate can report possible discrimination.

Reasonable and comparable opportunities for participation in vocational, educational and religious programs shall be made available to all inmates. Males and females housed at the same facility shall have comparable access to all services and programs. Neither sex shall be denied opportunities on the basis of its smaller representation in the total population.

The Jail Commander should periodically conduct interviews with inmates and staff members to identify and resolve potential problem areas related to discrimination before they occur.

609.3 INMATES REPORTING DISCRIMINATION

Inmates who wish to report an allegation of discrimination may communicate with facility management by way of the following:

(a) Inmate Grievance Form provided by the facility staff

(b) Confidential correspondence addressed to the Jail Commander or Sheriff or other government official, including the courts or legal representative

(c) Verbally to any supervisor or other staff member of this facility

609.3.1 HANDLING COMPLAINTS OF DISCRIMINATION

Staff shall promptly forward all written allegations of discrimination by inmates to the Shift Supervisor. If the allegation is presented verbally, the receiving staff member shall prepare an incident report identifying the circumstances prompting the allegation, the individuals involved and any other pertinent information that would be useful to investigating the allegation.

Unless the grievance or written complaint submitted by the inmate is clearly identified as confidential and addressed to the Jail Commander, Sheriff or other official, the Shift Supervisor shall review the complaint and attempt to resolve the issue. In any case, the Shift Supervisor shall document the circumstances of the allegation and what actions, if any, were taken to investigate

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or resolve the complaint. All reports of alleged discrimination shall be forwarded to the Jail Commander for review and further investigation or administrative action as needed.

Administrative evaluations and response to allegations of discrimination shall be based upon objective criteria:

(a) The inmate’s classification

(b) The inmate’s criminal history

(c) Current and past behavior and disciplinary history

(d) Housing availability

(e) The availability of programs

(f) The ability to safely provide the requested services

609.4 DISCRIMINATION GRIEVANCE/COMPLAINT AUDITS

The Jail Commander should perform an annual audit of all inmate discrimination grievances and complaints to evaluate whether any policy or procedure changes or training are indicated. The Jail Commander should record these findings in a confidential memorandum to the Sheriff. Specific details of complaints and identifying information, such as names of the involved persons, dates or times, are not part of this process and should not be included in the memorandum. If the audit identifies any recommended changes or content that may warrant a critical revision to this Custody Manual, the Jail Commander should promptly notify the Sheriff.

Any training issues identified as a result of this audit should be forwarded to the Training Manager, who shall be responsible for ensuring all necessary and required training is scheduled and completed.

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Inmate Grievances

610.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process by which inmates may file grievances and receive a formal review regarding the conditions of their confinement.

610.2 POLICY

It is the policy of this office that any inmate may file a grievance relating to conditions of confinement, which includes release date, housing, medical care, food services, hygiene and sanitation needs, recreation opportunities, classification actions, disciplinary actions, program participation, telephone and mail use procedures, visiting procedures and allegations of sexual abuse (15 CCR 1073).

Grievances will not be accepted if they are challenging the rules and policies themselves, state or local laws, court decisions and probation/parole actions.

Retaliation for use of the grievance system is prohibited.

610.3 INMATE GRIEVANCE PROCEDURES

Staff shall attempt to informally resolve all grievances at the lowest level. All attempts to resolve a grievance shall be documented in the inmate’s file. If there is no resolution at this level, the inmate may request a grievance form.

The inmate should be advised to complete the form and return it to any staff member. A grievance should be filed by an inmate within 14 days of the complaint or issue.

Inmates cannot file a grievance on behalf of another inmate but an inmate may assist another inmate in the preparation of a grievance. Custody staff may take reasonable steps to assist the inmate in the preparation of a grievance if requested.

Upon receiving a completed inmate grievance form, the staff member shall acknowledge receipt of the grievance by signing the form and giving a copy to the inmate. The staff member receiving the form shall gather all associated paperwork and reports and immediately forward it to a supervisor.

610.3.1 EXCEPTION TO INITIAL GRIEVANCE FILING

Inmates may request to submit the grievance directly to a supervisor or mail it directly to the Jail Commander if they reasonably believe the issues to be grieved are sensitive or that their safety would be in jeopardy if the contents of the grievance were to become known to other inmates.

Inmates with limited access to mail privileges, who are in segregation units or are indigent may deposit their grievances in a sealed envelope labeled “Grievance” and deposit it in the regular mail boxes. These envelopes will be delivered directly to the Jail Commander and not forwarded to the United States Postal Service.

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610.3.2 TIMELY RESOLUTION OF GRIEVANCES

Upon receiving a completed inmate grievance form, the supervisor shall ensure that the grievance is investigated and resolved or denied in a timely manner, as established by the Jail Commander. The supervisor shall assign the investigation of the grievance to the manager in charge of the department the inmate is grieving.

Grievances related to medical care should be investigated by the medical staff or the authorized designee. The findings of that investigation, along with any recommendations, shall be forwarded to the sergeant. Any appeals of the findings of the medical staff shall be forward to the Jail Commander as the final level of appeal.

Grievances about food-related matters should be investigated by the food services manager. The findings of that investigation, along with any recommendations, shall be forwarded to the sergeant. Any appeals shall be forwarded to the Jail Commander as the final level of appeal.

Other grievances relating to programs or other services provided by the Office shall be investigated by the custody staff with the assistance of the supervising employee in charge of those services. Findings relating to the investigation will be forwarded to the sergeant. Any appeals shall be forwarded to the Jail Commander as the final level of appeal.

610.3.3 APPEALS TO GRIEVANCE FINDINGS

Inmates may appeal the finding of a grievance to the Jail Commander as the final level of appeal within five days of receiving the findings of the original grievance. The Jail Commander will review the grievance and either confirm or deny it. If the Jail Commander confirms the grievance, he/she will initiate corrective actions. In either case, the inmate shall receive a written response to the appeal.

Appeals related to sexual abuse allegations shall be confirmed or denied by the Jail Commander within 10 calendar days.

610.3.4 RECORDING GRIEVANCES

The Jail Commander should maintain a grievance log in a central location accessible to all supervisors. The supervisor who originally receives a grievance shall record the grievance, along with its finding, on the grievance log. Periodic reviews of the log should be made by the Jail Commander or the authorized designee to ensure that grievances are being handled properly and in a timely manner. A copy of each grievance should be filed in the inmate’s official record and maintained throughout the inmate’s period of incarceration.

The original grievance should be retained in a file maintained by the Jail Commander or the authorized designee, and shall be retained in accordance with established records retention schedules.

610.3.5 FRIVOLOUS GRIEVANCES

Inmates shall use the grievance process only for legitimate problems or complaints. If there is concern that an inmate is abusing the grievance process, he/she shall be informed that continued behavior may result in disciplinary action.

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610.4 GRIEVANCE AUDITS

The Jail Commander should perform an annual audit of all inmate grievances and complaints filed the previous calendar year. The Jail Commander should forward a memorandum to the Sheriff detailing the findings, including recommendations regarding any changes to policy or procedures or any additional training that might be warranted to reduce future complaints. Specific identifying information regarding dates, times or individuals named in the complaints is not part of this process and should not be included in the memorandum.

The Sheriff should evaluate the recommendations and ensure appropriate action is taken.

Any training issues identified as a result of this audit should be forwarded to the Training Manager, who will be responsible for ensuring all necessary and required training is scheduled and completed.

610.5 TRAINING

The Training Manager shall ensure that all custody staff receive initial and periodic training regarding all aspects of this policy. All training delivered should include testing to document that the employee understands the subject matter.

610.6 ADDITIONAL PROVISIONS FOR GRIEVANCES RELATED TO SEXUAL ABUSE

The following apply to grievances that relate to sexual abuse allegations (28 CFR 115.52; 15 CCR 1029):

(a) Inmates may submit a grievance regarding an allegation of sexual abuse at any time.

(b) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing such grievances and to file such grievances on behalf of inmates if the inmate agrees to have the grievance filed on his/her behalf. Staff members who receive a grievance filed by a third party on behalf of an inmate shall inquire whether the inmate wishes to have the grievance processed and shall document the inmate’s decision.

(c) Grievances may be submitted to any staff member and need not be submitted to the member who is the subject of the complaint

(d) Staff receiving a grievance shall forward the grievance to a supervisor. Grievances shall not be forwarded to any supervisor who is the subject of the complaint. The supervisor receiving the grievance shall refer the grievance to the Shift Supervisor for investigation. Inmates and staff are not required to attempt to informally resolve grievances related to sexual abuse.

(e) The Shift Supervisor shall ensure that grievances related to sexual abuse are investigated and resolved within 90 days of the initial filing. The Shift Supervisor may grant an extension of up to 70 days if reasonable to make an appropriate decision. If an extension is granted, the inmate shall be notified and provided a date by which a decision will be made.

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(f) At any level of the process, including the appeal, if the inmate does not receive a response within the allotted time, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.

(g) Inmates may be disciplined for filing a false grievance related to alleged sexual abuse only when it is determined that the inmate filed the grievance in bad faith.

610.6.1 EMERGENCY GRIEVANCES RELATED TO SEXUAL ABUSE

Any inmate who believes he/she or any other inmate is in substantial risk of imminent sexual abuse may file an emergency grievance with any supervisor. The supervisor shall determine whether immediate action is reasonably necessary to protect the inmate and shall provide an initial response within 48 hours.

The supervisor shall refer the grievance to the Shift Supervisor, who will investigate and issue a final decision within five calendar days.

The initial response and final decision shall be documented and shall include a determination whether the inmate is in substantial risk of imminent sexual abuse and identify actions taken in response to the emergency grievance (28 CFR 115.52).

610.7 ACCESS TO THE GRIEVANCE SYSTEM

All inmates shall be provided with a grievance process for resolving complaints arising from facility matters with at least one level of appeal.

Inmates will receive information concerning the grievance procedure during the orientation process. Information will also be contained in the inmate handbook. Information regarding the grievance process will be provided to inmates in the language they understand.

The information will include (15 CCR 1073(a) and (b)):

(a) A grievance form or instructions for registering a grievance.

(b) Instructions for the resolution of the grievance at the lowest appropriate staff level.

(c) The appeal process to the next level of review.

(d) Written reasons for denial of a grievance at each level of review.

(e) A provision of required timeframes for responses.

(f) A provision for resolving questions of jurisdiction within the facility.

(g) Consequences for abusing the grievance system.

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Inmate Voting

611.1 PURPOSE AND SCOPE

This policy establishes the requirement for providing eligible inmates the opportunity to vote during elections, pursuant to election statutes.

611.2 POLICY

Inmates who have not been convicted of a felony and are in custody during trial continue to have the right to vote. Except for individual inmates who have lost the right to vote, sentenced inmates also maintain this right. Because inmates are unable to access public voting polls, the Jail Commander or the authorized designee shall develop written procedures whereby the county registrar of voters allows qualified inmates to vote in local, state and federal elections, pursuant to election codes (15 CCR 1071).

Inmates should be advised of voting methods during the inmate orientation.

611.3 VOTING REQUIREMENTS

Inmates maintain their right to vote while incarcerated if they are:

(a) A citizen of the United States.

(b) A resident of the county.

(c) At least 18 years of age at the time of the next election.

(d) Not been declared mentally incompetent by a court.

(e) Awaiting or on trial for a criminal offense.

(f) Serving time for a traffic or misdemeanor offense or as a condition of probation.

(g) Not convicted of a felony offense and sentenced to serve time in a state prison.

(h) Not on parole as a result of a felony conviction.

611.4 PROCEDURES

Prior to each election, the Jail Commander will designate a correctional officer to be a liaison between the Office and the local Registrar of Voters. The designated correctional officer will be responsible for assisting inmates who have requested to vote.

611.4.1 REGISTERING TO VOTE

An inmate who is eligible to vote and requests to register should complete a voter application. The application should be submitted to the liaison correctional officer, who will forward the application to the local election official.

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611.4.2 REQUESTING AN ABSENTEE BALLOT

An inmate who will be in custody during an election and requests to vote by absentee ballot should complete an application. The completed application should be submitted to the liaison correctional officer, who will forward the application to the local election official.

611.4.3 VOTING

All ballots received shall be delivered to inmates in a timely manner to ensure compliance with the inmate's right to vote. Once the ballot has been delivered to the inmate, it shall be the responsibility of the inmate to mail his/her ballot in accordance with the state's voting requirements. If the inmate is indigent, the jail will mail the ballot; if not, the inmate is responsible for the postage.

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Chapter 7 - Medical-Mental Health

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Health Care Administrative Meetings and Reports

700.1 PURPOSE AND SCOPE

The Office recognizes that the delivery of effective health care requires open and frequent communication between the Responsible Physician and the Jail Commander. This policy provides guidelines for the continuous monitoring, planning and problem resolution in providing health care that addresses the medical needs of the inmate population and prevents potential outbreaks of communicable and contagious illness.

700.1.1 DEFINITIONS

Definitions related to this entire chapter include:

Access to care - An inmate should be seen in a timely manner by a qualified health care professional. The inmate should be given a professional clinical diagnosis and receive treatment that is ordered.

Clinical practice guidelines - A systematically developed science-based statement designed to assist practitioners and inmates with decisions about appropriate health care for specific clinical circumstances. Clinical practice guidelines are used to assist clinical decision-making, assess and assure the quality of care, educate individuals and groups about clinical disease, guide the allocation of health care resources and reduce the risk of legal liability for negligent care.

Clinical setting - An examination or treatment room, either on- or off-site, which is appropriately supplied and equipped to address a patient’s health care needs.

Daily - Seven days a week, including holidays.

Direct order - A written order issued by a qualified health care professional specifically for the treatment of an inmate’s particular condition.

Health appraisal - A comprehensive health evaluation completed within 14 days of an inmate’s arrival at the facility.

Health authority - The Responsible Physician, health services administrator or health agency responsible for providing all health care services or coordinating the delivery of all health care services.

Health care - The sum of all actions, preventive and therapeutic, taken for the physical and mental well-being of the inmate population. The term health care includes medical, both physical and psychological, dental, nutrition and other ancillary services, as well as maintaining safe and sanitary environmental conditions.

Health-trained custody staff - A correctional officer or other facility employee who has received training from the Responsible Physician or the authorized licensed designee in limited aspects of health care coordination.

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HIPAA - Health Insurance Portability and Accountability Act

Mental health staff - Qualified health care professionals who have received instruction and supervision in identifying and interacting with individuals in need of mental health services.

Physical examination - An objective, hands-on evaluation of an individual. It involves the inspection, palpation, auscultation and percussion of a body to determine the presence or absence of physical signs of disease.

Qualified health care professional - Physicians, physician's assistants, nurses, nurse practitioners, dentists, mental health professionals or other persons who, by virtue of their education, credentials and experience are permitted by law to evaluate and care for patients within the parameters of his/her license or certification.

Responsible Physician - An individual licensed to practice medicine and provide health services to the inmate population of the facility, or the physician at an institution with final responsibility for decisions related to medical judgment.

Sick call - The evaluation and treatment of an ambulatory patient, either on- or off-site, by a qualified health care professional.

Special needs - Health conditions that require regular care.

Standing order - Written orders issued by a physician that specify the same course of treatment for each patient suspected of having a given condition and the specific use and amount of prescription drugs (e.g., immunizations, insulin, seizure medications).

Suicidal ideation - Having thoughts of suicide or of taking action to end one's own life. Suicidal ideation includes all thoughts of suicide when the thoughts include a plan to commit suicide and when they do not.

Treatment plan - A series of written statements specifying a patient's particular course of therapy and the roles of qualified health care professionals in delivering the care.

Triage - The sorting and classifying of health care requests to determine priority of need and the proper place for health care to be rendered.

700.2 POLICY

The Sheriff shall select the Responsible Physician in accordance with the Health Authority Policy. It is the policy of this facility that the Responsible Physician should meet with the Jail Commander at least quarterly. The Responsible Physician should be required to submit a report addressing the effectiveness of the health care system, a description of any environmental or access issues that require improvement, and detail any progress that has been made in previously reported areas. The quarterly meeting should be documented through formal minutes, which should include the names of attendees and a list of the topics discussed. The minutes should be retained in accordance with established records retention schedules.

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The data for the quarterly report should be gathered by the Responsible Physician via monthly meetings with all facility Shift Supervisors and qualified health care professionals. The monthly meetings should cover the following topics:

- Health care services
- Quality improvement findings
- Infection control efforts
- Inmate grievances
- Environmental inspections report

700.2.1 STATISTICAL REPORTS

In addition to the quarterly report described above, a statistical report will be provided annually to the Jail Commander. The statistical report will be prepared by the Responsible Physician and shall include, but not be limited to, the following (15 CCR 1202):

(a) The number of inmates receiving health services by category of care

(b) The number of referrals to specialists

(c) Prescriptions written and medications dispensed

(d) Laboratory and X-ray tests completed

(e) Infirmary admissions, if applicable

(f) On-site and off-site hospital admissions

(g) Serious injuries or illnesses

(h) Deaths

(i) Off-site transports

(j) Infectious disease monitoring

(k) Emergency services provided to inmates

(l) Dental visits provided

(m) Number of health care grievances by category (e.g., medication error, missed appointment, health staff complaint) and whether the grievance was founded or unfounded

It is the responsibility of the Jail Commander to ensure that copies of the statistical reports and documentation of any remedies implemented are retained in accordance with established records retention schedules.

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Access to Health Care

701.1 PURPOSE AND SCOPE

The provision of adequate health services in a custody setting is a constitutional right afforded to all inmates. The purpose of this policy is to provide custody personnel and qualified health care professionals with a process to inform newly booked inmates of the procedure to access health care services and how to use the grievance system, if necessary.

701.2 POLICY

It is the policy of this office that all inmates, regardless of custody status or housing location, will have timely access to a qualified health care professional and receive a timely professional clinical judgment and appropriate treatment.

The Tehama County Sheriff's Office facility will provide medical, dental and mental health services as necessary to maintain the health and well-being of inmates to a reasonable and socially acceptable standard (15 CCR 1200 et seq.; 15 CCR 1208).

701.3 ACCESS TO CARE

Inmate medical requests will be evaluated by qualified health care professionals or health-trained custody staff. Health care services will be made available to inmates from the time of admission until they are released. Information regarding how to contact the medical staff will be posted in all inmate housing areas (15 CCR 1200 et seq.; 15 CCR 1208). Medications and community health resources and referrals may be provided upon request when the inmate is released.

Unreasonable barriers shall not be placed on an inmate’s ability to access health services. Health care that is necessary during the period of confinement shall be provided regardless of an inmate’s ability to pay, the size of the facility, or the duration of the inmate’s incarceration. Such unreasonable barriers include:

- Punishing inmates for seeking care for their health needs.
- Deterring inmates from seeking care for their health needs by scheduling sick call at unreasonable times.

All routine requests for medical attention shall be promptly routed to a qualified health care professional.

Any incident of an inmate refusing medical treatment or causing a disruption in the delivery of health care services shall be documented in an incident report. The original incident report shall be forwarded to the Responsible Physician and a copy sent to the Captain.

701.4 HEALTH CARE GRIEVANCES

Custody personnel should authorize and encourage resolution of inmate complaints and requests on an informal basis whenever possible. To the extent practicable, custody personnel should provide inmates with opportunities to make suggestions to improve programs and conditions.

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Inmates will be informed of the grievance process during inmate orientation. The grievance process is also explained in the inmate handbook, which all inmates receive and which they should have additional access to in their housing units. Grievances will be handled in accordance with the Inmate Grievances Policy (15 CCR 1073(a)).

Custody personnel should minimize technical requirements for grievances and allow inmates to initiate the grievance process by briefly describing the nature of the complaint and the remedy sought. For simple questions and answers regarding clinical issues, inmates may meet with a qualified health care professional or may submit a written correspondence.

Inmate grievances regarding health care issues will be investigated by an uninvolved member of the medical staff. If no such person is available or does not exist, an outside peer should be sought to investigate the grievance. The inmate should be provided with a written response in accordance with the schedule set forth in the Inmate Grievances Policy. Responses to inmate grievances should be based on the community standard of health care.

Copies of grievances and the facility’s response shall be sent to the Jail Commander, who, in consultation with the Responsible Physician, shall serve as the final authority in response to all inmate grievances.

If an inmate is not satisfied with the response, the inmate may appeal the grievance as outlined in the Inmate Grievances Policy.

701.5 POSTING AVAILABLE RESOURCES

A listing of telephone numbers for medical, dental, mental health and ambulance services shall be posted at the facility’s medical area and in the primary staff control station, along with a schedule of availability.

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Non-Emergency Health Care Requests and Services

702.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a daily triage system of inmate requests for health care services. This is to ensure that the health needs of the population are addressed properly and in a timely manner.

702.2 POLICY

It is the policy of this office to provide daily access to qualified health care professionals or health-trained custody staff in order for inmates to request medical services (15 CCR 1200). All health care requests will be documented, triaged and referred appropriately by medical staff. Qualified health care professionals will conduct sick call and clinics for health care services on a scheduled basis to ensure a timely response to requests for medical services (15 CCR 1211).

The Responsible Physician, in coordination with the Jail Commander or the authorized designee, is responsible for developing a process that includes:

(a) A process for inmates to request health services on a daily basis.

(b) A priority system for health care services to acquire and address requests for routine health care, and for urgent or emergent injuries, illnesses and conditions.

(c) Making health care request forms available in each housing unit and to all inmates upon request.

(d) A system in which health care requests are documented, triaged and referred appropriately.

(e) Restrictions that prohibit non-health services personnel from diagnosing or treating an illness.

702.3 HEALTH CARE REQUESTS

During the collection of health care requests from inmates, care should be taken to protect the confidentiality of the inmate and the nature of the health issue. The collector shall date and initial the request when the collection takes place. The requests shall be triaged to determine the priority of need and the proper place for health care to be delivered.

Inmates will be instructed on how to obtain medical services during the inmate orientation process and in the inmate handbook. Inmates shall submit a medical request form to the housing unit correctional officer or the health-trained staff delivering medications, or a nurse, if appropriate.

Medical request forms should be available in languages representative of the population. Inmates who communicate in a language not available in printed form shall have access to interpreter services.

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Inmates with disabilities should be provided with appropriate assistance or accommodation to ensure they are able to request health care services.

The housing unit correctional officer shall ensure the reason for seeking medical attention is on the medical request form. If no reason is given, the correctional officer shall encourage the inmate to indicate whether the matter is urgent or confidential. The correctional officer shall forward all requests to the jail nurse.

702.4 TRIAGE OF HEALTH CARE REQUESTS

Qualified health care professionals shall perform a daily triage. Sick call shall be available to inmates at least five days a week and shall be performed by a qualified health care professional.

Other qualified health care professionals should schedule inmates in need of specialized treatment for the next available providers' clinic. The wait for the next available providers' clinic should not exceed two days. The qualified health care professional shall document the referral in the providers' scheduling book and on the inmate's medical record.

The frequency and duration of sick call should be sufficient to meet the needs of the inmate population but should be conducted at least weekly by a qualified health care professional. If an inmate's custody status precludes attendance at sick call, arrangements shall be made to provide sick call services in the place of the inmate's detention (15 CCR 1211).

702.5 GUIDELINES FOR ELECTIVE PROCEDURES OR SURGERY

The Responsible Physician and the Jail Commander shall work cooperatively to develop guidelines that govern elective procedures or surgery for inmates. The guidelines must include decision-making processes for elective procedures or surgery that is needed to correct a substantial functional deficit or an existing pathological process that threatens the well-being of the inmate over a period of time. Any discussion of this nature with the inmate should be conducted in a language easily understood by the inmate and should be carefully documented in the inmate's medical record. This record should be maintained in accordance with established records retention schedules.

702.6 REQUESTS FOR OUTSIDE MEDICAL CARE

Inmates who request access to health care services outside the facility may do so with advance authorization from the Jail Commander or the authorized designee. The inmate shall be required to provide proof of sufficient private funds available to pay for all costs associated with transportation to the off-site facility and all costs associated with the medical services, diagnostics, treatment plans, medications or any other costs associated with off-site medical care.

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Referrals and Coordination of Specialty Care

703.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for referring inmates who need health care or specialty care that is beyond the resources available in the facility. The policy includes guidelines regarding transportation under appropriate security provisions and the formulation of advance written agreements for around the clock or on-call availability of alternate services. Specialty care includes specialist-provided health care, such as nephrology, surgery, dermatology and orthopedics.

703.2 POLICY

It is the policy of this office that inmates have access to necessary hospitalization and specialty services for serious medical needs. This facility will provide, either directly or through contracted sources, specialty care and emergency medical services to inmates when the need is determined by the Responsible Physician (15 CCR 1206(b); 15 CCR 1206(c)).

703.3 JAIL COMMANDER RESPONSIBILITY

The Jail Commander or the authorized designee, in coordination with the Responsible Physician, is responsible for establishing written agreements with outside specialty health care services for emergency and urgent care that is not available within the facility. In addition, a plan shall be developed for the secure transportation of inmates to a facility where such care is available.

703.4 REFERRAL TO OFF-SITE MEDICAL CARE

A qualified health care professional shall evaluate the inmate, and if indicated, shall recommend specialty appointments in writing on the order sheet in the inmate’s medical record. A referral form should be completed and any supporting documentation attached. The written referral shall be reviewed and authorized, if appropriate, by the Responsible Physician.

A court order is generally required when an inmate requires medical or surgical treatment necessitating hospitalization. A court order is not required for an inmate in need of immediate medical or hospital care, but an application for a court order should be made as soon as practicable when the inmate’s condition requires him/her to be gone from the facility more than 48 hours (Penal Code § 4011.5).

703.5 OFF-SITE COORDINATION

The qualified health care professional is responsible for recommending off-site medical and psychiatric care for inmates, coordinating outside appointments and notifying supervisory custody staff of off-site transportation needs. The Jail Commander should establish a written transportation procedure that ensures inmates are transported securely and in a timely manner for medical, mental health, dental clinic or other specialty appointments. The procedure shall include the secure transfer of medical information to the receiving health care service.

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Any conflicts that arise regarding off-site consultation trips will be communicated by the correctional officer responsible for transportation to the Responsible Physician and the Jail Commander or the authorized designee so that modifications may be made.

The jail supervisor shall keep a log of missed appointments to determine if transportation issues are impeding the ability of inmates to access appropriate medical care. Any issues identified shall be discussed and resolved between the Responsible Physician and the Jail Commander (15 CCR 1206(c); 15 CCR 1206(n)).

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Emergency Health Care Services

704.1 PURPOSE AND SCOPE

The purpose of this policy is to establish plans and procedures for responding to medical emergencies in the facility when the level of medical or mental health services exceeds the licensure or certification of staff who are on-duty, and to define staff training requirements.

704.2 POLICY

It is the policy of this office that emergency medical, mental health and dental services are available 24 hours a day. These services may include off-site health care services.

704.3 PROCEDURES

The Jail Commander or the authorized designee shall work cooperatively with the Responsible Physician to develop plans and procedures for responding to emergency medical incidents that occur when the level of medical or mental health services needed exceeds the licensure or certification of staff who are on-duty. The plans should include: on-site emergency first aid, basic life support and crisis intervention; emergency evacuation of an inmate from the facility, including security procedures to ensure an immediate transfer when appropriate; on-call physicians, dentists and mental health professionals; predetermined back-up health care services when the emergency health facility is not located in a nearby community; and the identification of primary, secondary and tertiary acute care facilities.

The plan may additionally include, but is not limited to, these components:

(a) Health-trained staff shall respond to all emergencies immediately upon notification.

(b) Contact information for emergency on-call health care services, both on- and off-site, is available and accessible for facility supervisors.

(c) Qualified health care professionals shall respond by reporting to the area of the emergency with the necessary emergency equipment and supplies.

(d) Emergency equipment and supplies are regularly maintained and accessible to the qualified health care professionals and health-trained custody staff.

(e) Most inmates will be stabilized on-site and then transferred to an appropriate health care unit, if necessary.

(f) Notification of on-call physicians and mental health staff will be done as soon as the situation reasonably allows.

(g) The qualified health care professionals will determine if the inmate needs to be transported to a local emergency room for treatment.

(h) When necessary, facility staff shall activate 9-1-1 and notify a supervisor as soon as reasonably practicable.

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(i) The Jail Commander and the Responsible Physician will coordinate on the notification of the inmate's next of kin in cases of serious illness and injury. Death notifications will be made in accordance with the Inmate Death - Clinical Care Review Policy.

(j) Procedures to implement a program wherein staff may possess and administer epinephrine medication according to Health and Safety Code § 1797.197a and 22 CCR 100019, including the retention of related records pursuant to Business and Professions Code § 4119.4.

(k) Identifying when court orders to transport prisoners outside the facility for hospitalization may be required and the processes for obtaining those court orders (Penal Code § 4011.5).

(l) Identifying who is responsible to seek a court order when an inmate is expected to be gone from the facility more than 48 hours for medical or surgical treatment necessitating hospitalization (Penal Code § 4011.5).

The goal of any emergency medical response plan is to provide emergency medical care to those in need as expeditiously as possible. While facility size and patient proximity to the health care service will vary, staff training will emphasize responding to medical emergencies as soon as reasonably possible.

704.4 EMERGENCY PROCEDURES

The health services administrator or the authorized designee is responsible for ensuring the following information, equipment and personnel are available in the event an inmate requires emergency treatment (15 CCR 1206(c)):

(a) A current list of names, addresses and telephone numbers of all persons and agencies to be notified in an emergency. The list should be available to all health care and custody staff at all times, and should be updated quarterly.

(b) Emergency drugs, equipment and supplies should be readily available at all times and replenished after each use. An inventory control system should be in use to ensure the necessary supplies are present when needed and have not expired.

(c) A physician, dentist and mental health professional should be available on-call 24 hours a day, seven days a week (this can include off-site health care services) and there should be a back-up health care services plan.

(d) Ambulances should be accessed through the facility staff or by calling the appropriate emergency number. There should be a clear security plan in place for the transportation of inmates.

(e) The Shift Supervisor will be contacted and informed of any emergency as soon as practicable.

(f) All decisions regarding medical treatment and the need for emergency transportation are to be made by the qualified health care professionals or health-trained custody staff.

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(g) Whenever reasonably possible, the on-call health care service should be notified prior to transporting the inmate to the hospital or other emergency care. However, in the event of a life- or limb-threatening emergency, the inmate shall be sent to the hospital in the most expedient way possible, which may require notifying the specific health care service after the inmate has been transported.

704.5 FIRST-AID KITS

The Responsible Physician or the authorized designee is responsible for determining the contents, number, location and procedures for monthly inspections of all first-aid kits in the facility. The Responsible Physician shall also ensure that (15 CCR 1220):

(a) The contents of each first-aid kit are:

1. Approved by the Responsible Physician.
2. Appropriate for its location.
3. Arranged for quick use.
4. Documented on the outside cover.
5. Inventoried every month.
6. Secured with a plastic tamper-proof seal.
    (a) Once the seal has been broken, the kit should be taken to the medical unit so the contents can be inventoried and restocked.

(b) Written protocols and training materials are developed for the use of medical supplies and equipment by health-trained custody staff.

(c) Inspections and testing of supplies and equipment are documented and maintained in accordance with established records retention schedules.

704.6 TRAINING

The HSAshall ensure that all qualified health care professionals are trained in the delivery of emergency medical services in the custody environment during new employee orientation.

The Jail Commander or the authorized designee shall ensure that all facility staff members who have contact with inmates receive first-aid and basic life support training during new employee orientation, and that annual refresher training is conducted for the facility and qualified health care professionals. Training should include, but not be limited to:

(a) The location of all emergency medical equipment and medications and the proper use of the equipment, such as AEDs.

(b) How to properly summon internal and external emergency services.

(c) Recognition of basic life support signs and symptoms and the actions required in emergency situations.

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(d) Administration of basic first aid.

(e) Certification in CPR in accordance with the recommendations of the certifying health organization.

(f) Recognition of the signs and symptoms of mental illness, violent behavior and acute chemical intoxication and withdrawal.

(g) Procedures for inmate transfers to appropriate medical facilities or health care service.

(h) Suicide recognition, prevention and intervention techniques.

All records of the training provided, testing procedures and the results, and certificates achieved shall be maintained in each qualified health care professional's training file in accordance with established records retention schedules. The Responsible Physician should be bound by similar requirements in the contractual language between the Office and the vendor.

704.7 AUTOMATED EXTERNAL DEFIBRILLATORS (AED)

The Responsible Physician or the authorized designee is responsible for ensuring that an Automated External Defibrillator (AED) is available in the facility and that all staff members are trained in its use. The AEDs shall be inspected and tested at a frequency consistent with the manufacturer's recommendations to ensure functionality.

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Health Care for Pregnant Inmates

705.1 PURPOSE AND SCOPE

The purpose of this policy is to establish prenatal and postpartum health care services for inmates who are pregnant. Services may include assistance recovering from the effects of potentially unhealthy lifestyles, which could include tobacco use, alcohol and drug abuse or addiction, and a lack of previous adequate medical care. Because of unhealthy lifestyle choices prior to incarceration, many inmate pregnancies are classified as high-risk. This policy is intended to protect the health of the pregnant inmate and her fetus.

705.2 POLICY

It is the policy of this office that a qualified health care professional should provide comprehensive prenatal and postpartum care for all pregnant inmates during their incarceration, which includes but is not limited to the following:

- Pregnancy testing
- Prenatal care, both routine and high-risk if needed
- Management of drug or alcohol addicted pregnant inmates
- Comprehensive counseling and assistance services
- Nutrition modification for term of pregnancy and lactation
- Birthing in an appropriate setting
- Postpartum care
- Family planning education and services
- Access to privately funded pregnancy alternative options

A qualified health care professional shall provide counseling and information to pregnant inmates regarding planning for their unborn child (15 CCR 1206(f); Penal Code § 4023.5).

705.2.1 ADVISEMENT AND COUNSELING

Inmates who are pregnant shall be advised of the provisions of this policy manual, the Penal Code, and standards established by Board of State and Community Corrections related to pregnant inmates (Penal Code § 3407(e); 15 CCR 1058.5).

705.3 BOOKING - PREGNANCY SCREENING

When booking a female inmate, the following steps shall be taken:

(a) All females shall be asked if they are pregnant. If the inmate states she is pregnant, a confirming urine test should be performed within 48 hours and documented in the medical record.

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(b) Pregnant inmates who appear to be under the influence of or withdrawing from alcohol or other substances shall be referred to a qualified health care professional.

(c) The Responsible Physician, in collaboration with facility staff, shall ensure the appropriate clinic visits are scheduled.

(d) A medical record should be opened with a notation indicating pregnancy.

(e) The inmate should be interviewed by a qualified health care professional for the following information, which should be written in the medical record:

1. Last menstrual period (LMP)
2. Estimated date of conception (EDC)
3. Estimated due date (40 weeks from EDC)
4. Number of pregnancies (Gravidity)
5. Number of live births (Parity)
6. Therapeutic abortions (TAB)
7. Spontaneous abortions (SAB), aka miscarriages
8. Prenatal care history
9. Current medications
10. Any current adverse symptoms: vaginal bleeding or discharge, abdominal cramping or pain (if yes, notify on-site or on-call physician)
11. High-risk factors if known: drug or alcohol use/abuse, smoking, previous pregnancy problems, other medical problems (cardiac, seizures, diabetes/DM, hypertension/HTN)
12. If recent heroin or methadone use is identified, notify the on-site or on-call physician for orders.

(f) Each pregnant inmate should have:

1. A completed medical recommendation form for a low bunk assignment, in a lower tier, with no waist chains, as appropriate.
2. A completed special diet form ordering a pregnant diet.
3. Prenatal vitamins prescribed at one per day for the duration of the pregnancy.
4. An appointment at the next available obstetric clinic if the inmate is 10 or more weeks gestation.

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705.4 HOUSING

Inmates who are known to be pregnant may be housed in any unit appropriate for their classification, with the following exceptions:

(a) All pregnant inmates identified at intake or the obstetric clinic to be high-risk or who are in their last trimester of pregnancy shall be housed in the medical unit.

(b) Housing in the medical unit shall be by order of the obstetric specialist or the Responsible Physician.

705.5 COUNSELING AND TREATMENT

Jail CommanderThe Office will provide all necessary counseling and treatment to pregnant inmates to ensure they are receiving the proper care. To accomplish this, the following shall occur:

(a) The directions of the obstetric specialist shall be followed throughout the pregnancy and postnatal period. No non-medical staff has the unilateral authority to change or overrule an order or care recommendation made by the Responsible Physician. The Jail Commander and Responsible Physician shall develop a process by which perceived conflicts between medical orders/recommendations and safety and security interests of the jail can be discussed and resolved. Ultimately, the jail must provide adequate treatment for an inmate’s medical needs.

(b) The Responsible Physician shall be consulted immediately if a patient is under 10 weeks gestation and has medical concerns.

(c) Any pregnant inmate with medical problems that occur between scheduled obstetric appointments shall be seen by a qualified health care professional. If the qualified health care professional assesses the problem as urgent and a physician is not available on-site, the inmate shall be sent to the hospital for evaluation.

(d) The inmate shall be advised to notify health-trained custody staff immediately of the following:

1. Vaginal bleeding
2. Acute, persistent abdominal or pelvic pain and/or severe cramping
3. Leaking fluid
4. Decreased or no fetal movement
5. Headache or blurred vision
6. Rapid weight gain with swelling (edema)
7. Abnormal vaginal discharge
8. Symptoms of a urinary tract infection (UTI)
9. Fever

(e) Postpartum examinations and additional appointments shall be scheduled by the obstetric clinic as needed.

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(f) Any female prisoner shall have the right to summon and receive the services of any physician and surgeon of her choice in order to determine whether she is pregnant. The Jail Commander may develop reasonable rules and regulations governing the conduct of such examinations. If found to be pregnant, the prisoner is entitled to determine the extent of medical services needed, from providers with valid license to practice medicine, as long as she is able to pay for the expense of the private services. The rights provided in this section shall be conspicuously posted in at least one place to which all female prisoners have access (Penal Code § 4023.6).

705.6 RESTRAINTS

Inmates who are known to be pregnant or who are in labor shall not be placed in restraints except as provided in the Use of Restraints Policy.

705.6.1 REQUIRED PROCEDURES

The health authority shall, in cooperation with the Captain, develop procedures in conformance with Penal Code § 3407 for the application and removal of restraints on pregnant inmates. The procedures shall be reviewed and updated at least every two years (15 CCR 1206).

705.7 ABORTIONS

Inmates who wish to terminate their pregnancy shall be referred to outside counseling services for further information regarding available options. The Office shall not impede the woman’s access to abortion counseling or services, and shall provide necessary transportation and supervision to such services. Any financial obligations will be the responsibility of the inmate. These rights will be posted in all areas that house female inmates (Penal Code § 4028).

705.7.1 STAFF INVOLVEMENT

Staff members who object to facilitating an inmate’s elective abortion (including arranging, transporting, security) should not be required to perform such duties.

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Health Authority

707.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the responsibility of the health authority as arranging for all levels of health services, assuring the quality of all health services, identifying lines of medical authority for the inmate health program, and assuring that inmates have access to all health services.

The policy also establishes properly monitored processes, policies, procedures, and mechanisms to ensure that the contracted scope of services is adequately and efficiently delivered.

The health authority is defined as the Responsible Physician, health services administrator, or health agency responsible for providing all health care services or coordinating the delivery of all health care services (see the Health Care Administrative Meetings and Reports Policy).

707.2 POLICY

The health authority is responsible and accountable for all levels of health care and has the final authority regarding clinical issues within this jail. The health authority is responsible for establishing, implementing, and annually reviewing/revising policies for all clinical aspects of the health care program and for monitoring the appropriateness, timeliness and responsiveness of care and treatment. The health authority also approves all medical decisions and protocols.

707.3 SELECTION PROCESS

The HSA or the authorized designee shall select a health authority using an existing office procurement or selection process. The individual or organization selected shall be designated as the health authority for inmate health care on behalf of the facility.

Aside from any monetary or term considerations, the contract between the Office and the selected individual or organization shall minimally include:

(a) Language establishing the scope of services being contracted and the type of health care service needed.

(b) Job descriptions, minimum qualifications and performance expectations for contract personnel.

(c) Language requiring the contractor to develop appropriate measures and review processes for assessing the quality, effectiveness and timeliness of the services provided and periodically reporting those findings to the facility.

(d) Identification of a Responsible Physician, who shall serve as the medical authority on treatment matters requiring medical expertise and judgment.

(e) Language regarding the minimum frequency that the health authority shall be present at the facility.

(f) The roles and responsibilities of staff in ensuring that the contractor may adequately deliver services in a safe and secure environment.

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(g) A written plan for coordinating medical care from multiple health care services.

(h) A written plan for the collection and maintenance of inmate health records that is compliant with the Health Insurance Portability and Accountability Act (HIPAA).

(i) Identification of a dispute resolution process for the contracted parties and for inmates who may be questioning treatment plans.

(j) Language and a plan addressing liability and indemnification for issues related to inmate health care.

The health authority shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operation of the health services program. If the health authority is other than a physician, any final clinical judgments shall rest with a single, designated, Responsible Physician.

The health authority or the authorized designee will meet at least monthly with custody representatives to discuss the health care program and any issues that require correction or adjustment.

Security regulations are applicable to facility staff and health care personnel (15 CCR 1200(a)).

707.4 PROVISION OF HEALTH CARE

The health authority is responsible for arranging the availability of health care services. The qualified health care professionals should determine what medical services are needed on a case-by-case basis. The Jail Commander shall provide the administrative support for making the health care services available to inmates. Clinical decisions are the sole province of qualified health care professionals and should not be countermanded by non-health care professionals.

If routine health services are provided by medical personnel outside this facility, all office policies regarding treatment, transfer, transportation or referral of emergencies shall be followed.

The health authority is responsible for ensuring that the health services manual complies with all applicable state and federal law and that a review and update is conducted annually.

An annual audit of the quality and adequacy of health care services shall be done, with corrective action taken when deficiencies are identified (15 CCR 1202).

707.5 PSYCHOTROPIC MEDICATIONS FOR MINORS

The health authority, in cooperation with the mental health director and the Captain, shall develop written policies and procedures governing the use of voluntary and involuntary psychotropic medications for minors that comply with 15 CCR 1125.

707.6 LACTATION PROGRAM

The health authority, in cooperation with the Captain, shall develop a program with written procedures for lactating inmates to express breast milk for feeding their infants or toddlers,

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cessation of lactation or weaning, and for maintaining their breast milk supply pending delivery to an approved person or the inmate’s release (Penal Code § 4002.5).

The health authority should ensure that the policy is posted in all locations where medical care is provided and is communicated to members who interact with or oversee pregnant or lactating inmates (Penal Code § 4002.5).

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Health Appraisals

708.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the process for conducting health appraisals on all inmates following their arrival at this facility and for the continuity of care for inmates who remain in custody for extended periods. Further, it is to ensure the inmate's health care needs are met and that health care started at one facility continues as needed.

708.2 POLICY

It is the policy of this office that all inmates will receive a comprehensive health appraisal within 14 days of incarceration unless there is documented evidence that the inmate has received a health appraisal within the previous 90 days. In addition to the initial health appraisal, the inmate should have an annual evaluation to reassess his/her health status and to provide access to preventive medicine through education and lifestyle programs.

708.3 INITIAL HEALTH APPRAISAL

(a) Qualified health care professionals shall have access to the daily inmate roster. From this, they can determine who needs a health appraisal and hands-on physical evaluation. The health appraisal should include:

1. A review of earlier medical screening information.
2. Administration of a skin test for tuberculosis (TB).
3. Recording of height and weight.
4. Recording of vital signs (blood pressure, pulse, respiration rate, and temperature).
5. Ordering other tests or examinations as appropriate.
6. The collection of any additional data needed to complete medical, dental, psychiatric, and immunization histories.

(b) Inmates shall be scheduled for a hands-on physical evaluation by a qualified health care professional within 48 hours of arrival at the jail. The evaluation shall include:

1. Review of the medical screening.
2. Review of the health history questionnaire.
3. Review of all vital signs and TB skin test results.
4. A medical examination, including a review of mental and dental status.
5. Initiation of treatment or therapy, as appropriate.
6. Development and implementation of a treatment plan, including recommendations for housing, job assignment, and program participation.

The Responsible Physician shall review and authorize all health appraisals within 72 hours.

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708.3.1 PRISON RAPE ELIMINATION ACT (PREA) SCREENING FOLLOW-UP
Inmates who have an identified history of sexual victimization shall be offered a follow-up meeting with a qualified health care or mental health provider within 14 days of intake screening (28 CFR 115.81).

708.4 ANNUAL HEALTH EXAMINATIONS

The Responsible Physician will determine the criteria for periodic health examinations for inmates. Inmates should be scheduled for an annual health examination within 14 days of the inmate's annual incarceration anniversary (15 CCR 1208.5). The examination should include:

- A review of current vital signs and weight.
- A TB skin test and review of the results.
- An evaluation of any health-related issues arising since the last health evaluation.
- Initiation of treatment, as appropriate.
- Any updates to the inmate treatment plan.
- Any other specific components determined by the Responsible Physician based on the age, gender, and health of the inmate (15 CCR 1208.5).

All inmates should also be examined prior to release to protect both the inmate and the public.

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Healthy Lifestyle Promotion

709.1 PURPOSE AND SCOPE

The purpose of this policy is to affirm the Office's commitment to promote healthy lifestyle choices by inmates by providing health education and inmate self-care learning opportunities that include classes, audio and video presentations and brochures and pamphlets.

709.2 POLICY

This office will encourage inmates to maintain a healthy lifestyle by providing health education and wellness information.

709.3 HEALTH CARE ENCOUNTERS

During health care encounters, the qualified health care professionals should instruct inmates at the time service is rendered on how to avoid preventable diseases, such as athlete's foot, flu and the common cold, tooth decay and sexually transmitted diseases. Such instruction should be documented in the health record. Documentation should include the topics discussed, the written materials provided, if any, and that the inmate acknowledged an understanding of the information.

Informative brochures from various health organizations should also be available to inmates in the medical unit.

Following are examples of appropriate topics for inmate education:

- Access to health care services
- Dangers of self-medication
- Personal hygiene and dental care
- Prevention of communicable diseases
- Education, smoking cessation
- Family planning
- Self-care for chronic conditions
- Self-examination for health concerns
- The benefits of physical fitness
- Chronic diseases and disabilities
- Counseling in preparation for release
- Domestic violence
- Medications
- Nutrition

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- Sexually transmitted diseases
- Substance abuse
- Tuberculosis

709.4 GENERAL HEALTH PROMOTION INFORMATION

Whenever possible, written materials, audio and video presentations should be made available to inmates for educational purposes. These materials are often available in bulk quantity through the public health department and other community-based organizations.

All items intended for distribution to the inmate population shall be approved by the Jail Commander to avoid any conflict with rules regarding contraband in the facility.

Classes should also be conducted to inform the inmate on various healthy lifestyles. Class schedules should be posted in advance, curriculum and lesson plans developed, and attendance rosters maintained.

All documentation regarding health education and inmate self-care should be retained in inmate medical files in accordance with established records retention schedules. Statistics on program offerings and attendance may be used to determine program effectiveness and interest.

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Transfer Screening

710.1 PURPOSE AND SCOPE

This policy recognizes that inmates are frequently transferred within the correctional authority's system and to facilities outside the system. This policy establishes a process for medical screening of transferred inmates to ensure continuation of care and to avoid unnecessary diagnostics.

710.2 POLICY

It is the policy of this office that inmates who are transferred to another jail, correctional system or health care facility will be screened prior to transfer to ensure that the receiving facility can assume and continue proper care. Medical needs of the inmate will be clearly communicated to the receiving facility, including the ongoing treatment plan, scheduled surgeries and outside appointments.

Inmates who are transferred to other facilities shall be sent with a discharge summary that includes information about the inmate's medical and mental health condition, the current treatment plan and any medications, if needed (15 CCR 1206(n)).

710.3 TRANSFERS

Any inmate being transferred to another correctional or health care facility will be medically screened prior to transfer as described below.

The medical screening should include:

(a) A determination of whether the inmate is being treated for a medical, mental health or dental problem.

(b) A determination of whether the inmate has any apparent, current medical, mental health or dental needs or complaints.

(c) What medication, if any, the inmate is presently prescribed.

(d) Whether the inmate has any evidence of abuse or trauma.

(e) Whether the inmate has any physical deformities or special daily living assistance needs.

(f) The inmate's classification and clearance status (i.e., general population, segregation).

(g) Whether the inmate has any pending follow-up appointments or requirements.

Completed discharge summaries, including the medical screening results, shall accompany inmates being transferred to another office's jurisdiction to ensure that the receiving health care service can assume and continue necessary care. A release of information authorization is not required.

- Current health conditions

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- Current treatments and medications
- Upcoming appointments and diagnostic studies
- Allergies
- Copies of any health information that is critical to continuity of care

If the receiving facility requests a copy of the medical record, it will be supplied within five working days.

The discharge summary and any related medical records being transferred shall be placed in a file or envelope that maintains the confidentiality of the inmate's medical information. The transporting personnel shall be provided separate written instructions regarding medication or health interventions, including necessary precautions that are required en route. The transporting personnel shall also document on the transfer log the date, time and name of the person receiving the inmate and the medical records.

710.3.1 EXTENDED TRANSPORTATION OF INMATES

When an inmate will be in transfer status for several days and housed temporarily at various custody facilities along the way, a medical transfer packet shall be prepared by the qualified health care professional in a form that will advise the temporary housing facilities of any medical needs of the inmate. When medically appropriate, a small supply of medication should be provided with the medical transfer packet so it will be available to the temporary housing facility as needed.

710.4 RECEIVING TRANSFERRED INMATES

When an inmate being transferred to this facility arrives without a full and comprehensive medical transfer packet from another facility, the inmate shall be medically screened and receive a comprehensive health appraisal in accordance with the Medical Screening Policy and Health Appraisals Policy. The medical department of the sending facility should be promptly contacted to determine if the transferred inmate has any medical needs that require immediate attention or any scheduled surgeries or appointments with community health care services. Arrangements should then be made with the sending facility for the delivery of a more detailed review of the inmate's medical needs.

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Medical Screening

711.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a medical screening process for newly booked inmates so that medical, mental health and dental issues are properly identified and addressed, and to obtain a medical clearance when necessary.

711.2 POLICY

It is the policy of this office that a medical screening be performed on all inmates upon arrival at the intake area to ensure that existing, emergent and urgent health care, dental or mental health needs are identified, risks are assessed and inmates with contagious and communicable diseases are properly classified and housed for their health and the health of the general population (15 CCR 1051; 15 CCR 1206.5(a); 15 CCR 1207).

711.3 ELEMENTS OF MEDICAL SCREENING

The medical screening shall be performed by health services personnel when available, but may also be performed by health-trained correctional staff. The Responsible Physician, in cooperation with the Jail Commander, shall establish protocols for use by health-trained correctional staff during the medical screening. All completed medical screenings should be forwarded to the Responsible Physician. A review of any positive finding shall be performed by a qualified health care professional.

Regardless of training, no inmate should be allowed to conduct health care evaluations or provide treatment to any other inmate.

All inmates shall complete a medical screening as part of the booking process. If an arrestee refuses to cooperate with the medical screening, the screener will complete as much of the health assessment as reasonably possible and the arrestee will be closely observed until he/she cooperates with the remainder of the screening process.

The Responsible Physician should work cooperatively with the Jail Commander to develop the medical screening forms, which should be applicable for general health, mental health and suicide screening purposes. The forms should be completed no later than 24 hours after the arrival of an inmate but prior to an inmate being housed in the general population. All medical screening forms shall be forwarded to the medical unit and the qualified health care professionals shall be alerted to those that need priority attention.

711.3.1 MEDICAL SCREENING INQUIRY

The medical screening inquiry should include a review of the inmate’s prior jail medical record, if any, and document the following:

- History of infectious or communicable diseases that are considered serious in nature; current treatment, symptoms, medications, chronic illness, or health issues, including

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communicable diseases, or special health requirements and/or dietary needs (15 CCR 1051)

- Acute dental problems
- Past and recent serious communicable disease symptoms (e.g., chronic cough, coughing up bloody sputum, lethargy, weakness, weight loss, loss of appetite, fever, night sweats) (15 CCR 1051)
- Mental illness, including psychiatric hospitalizations within the last three months
- Gender issues
- History of or current suicidal ideation
- Acute allergies
- History of or current prescription or illegal drug use, including the time of last use
- History or current symptoms of substance abuse withdrawal
- Current, recent, or suspected pregnancy; any history of gynecological problems and present use and method of birth control
- Appearance or history of developmental disability, body deformities, or other physical abnormalities
- Females who have given birth in the past year and are charged with murder or attempted murder of their infants shall be referred to mental health services at the time of booking (15 CCR 1207.5)
- Any other health issues as identified by the Responsible Physician

Qualified health care professionals should assist in developing specific mental health medical screening questions and should provide training in analyzing inmate responses. The Responsible Physician should establish the role of the qualified health care professional in the medical screening process.

Should the medical screening identify a need for a more comprehensive medical assessment of the inmate, a qualified health care professional should initiate appropriate follow-up action, which may include transporting the inmate to an off-site medical facility.

711.3.2 MEDICAL SCREENING OBSERVATION

The staff member completing the medical screening observation shall document the following observations:

- Appearance (e.g., sweating, tremors, anxious, disheveled)
- Behavior (e.g., disorderly, appropriate, insensible)
- State of consciousness (AVPU):
    - Alert - spontaneously responsive
    - Verbal - requires verbal stimulation to respond

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- Pain - requires painful stimulation to respond
- Unresponsive - does not respond

- Ease of movement (e.g., body deformities, gait)
- Breathing (e.g., persistent cough, hyperventilation)
- Skin (e.g., lesions, jaundice, rashes, infestations, bruises, scars, recent tattoos, needle marks or other indications of drug abuse)
- Any other observable health symptoms

The Jail Commander and the Responsible Physician should develop a procedure through which it can be reliably determined what prescription medications the inmate is taking and the medical urgency for continuing those medications without interruption.

711.3.3 DOCUMENTATION

Written documentation of the medical screening should include the name of the screener, the date and time and the following information:

- Immediate or scheduled referral to a medical, dental or mental health professional
- Guidance regarding housing placement, including disciplinary detention if necessary (15 CCR 1051)
- Guidance regarding activity limitations and work assignment
- The inmate's responses to questions asked by the interviewer
- Other individualized observations and recommendations

The initial medical screening should become part of the inmate’s medical record and should be retained in accordance with established records retention schedules.

711.4 MEDICAL SCREENING DISPOSITIONS

Persons who are brought to the facility and are obviously in need of immediate medical attention shall be referred to an emergency medical facility for clearance. Conditions that require a medical clearance prior to booking include, but are not limited to, the following:

- Unconsciousness
- Uncontrolled bleeding
- Significant injuries from a motor vehicle accident
- Significant injuries from an altercation
- Significant injuries from handcuffs or other restraint devices
- Knife wounds, gunshot wounds or lacerations

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- Exposure to pepper spray, TASER® device deployment or blunt force trauma during arrest
- Intoxication to a degree that the individual cannot speak coherently or stand or walk unaided
- Recent drug overdose
- Suspected or known complications of pregnancy
- Active seizures
- Suspected or known complications of diabetes
- Exhibits behavior indicating a potential danger to themselves or others
- Active tuberculosis or other serious contagious diseases
- Actively suicidal
- Any other medical condition, which, in the opinion of the booking personnel, should be urgently referred for evaluation by medically trained personnel

Inmates with these medical conditions are not suitable for admission to the facility until medically cleared by a qualified health care professional. This office requires medical clearance from an outside entity when such inmates are identified.

Medical clearance documentation shall include the medical diagnosis, treatment received at the emergency medical facility, any medications prescribed, any ongoing medical requirements and any follow-up medical care that may be indicated before the arrestee is accepted for booking.

The Jail Commander is responsible for notifying local police agencies and medical facilities of the jail admission refusal policy and the required clearance documentation.

Based upon the information obtained during the screening process, the medical classification disposition of the inmate shall be one of the following:

- General population or other appropriate cell assignment
- General population or other appropriate cell assignment and timely referral to appropriate health care services
- Immediate referral to health care services prior to housing

711.5 HEALTH APPRAISAL

Generally, a comprehensive health appraisal should occur within 14 days of booking (see the Health Appraisals Policy). However, when it is appropriate and based on an inmate’s health condition, an early health appraisal should be recommended. An inmate may also be cleared for housing in general population with a prompt referral to the appropriate health care services when it is in accordance with the inmate’s overall classification. Upon the identification of a

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mentally disordered inmate, a physician's opinion will be secured within 24 hours, or next sick call, whichever is earliest (15 CCR 1052).

711.5.1 MEMBERS CONDUCTING HEALTH APPRAISALS

Medical screening should be completed by licensed health personnel or trained facility staff, with documentation of staff training regarding site-specific forms with appropriate disposition based on responses to questions and observations made at the time of screening (15 CCR 1207).

711.5.2 TELEHEALTH

Telehealth may be incorporated into procedures used to identify and evaluate inmates who have a mental disorder (15 CCR 1052).

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Mental Health Services

712.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that all inmates have access to mental health services and that inmates identified as needing these services are referred appropriately.

712.1.1 DEFINITION

Definitions related to this policy include:

Mental health services - A variety of psycho-social and pharmacological therapies, either individual or group, including biological, psychological and social therapies to alleviate symptoms, attain appropriate functioning and prevent relapse.

712.2 POLICY

It is the policy of this office that a range of mental health services shall be available for any inmate who requires them (15 CCR 1206(g); 15 CCR 1207; 15 CCR 1209).

712.3 MENTAL HEALTH SERVICES

Jail CommanderThe Jail Commander should collaborate with the local public and private organizations that offer mental health services, treatment, and care to those inmates in need of such services.

In coordination with the health authority, Responsible Physician, and Jail Commander, such services shall include but are not limited to (15 CCR 1209):

- Identification and referral of inmates with mental health needs.
- Mental health treatment programs provided by qualified staff, including the use of telehealth.
- Crisis intervention.
- Basic mental health service provided to inmates as clinically indicated.
- Medication support services.
- Suicide prevention.
- Referral, transportation, and admission to licensed mental health facilities for inmates whose psychiatric needs exceed the treatment or housing capability of the facility (Penal Code § 4011.6; Penal Code § 4011.8).
- Provision of health services sufficiently coordinated such that care is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.
- Obtaining and documenting informed consent.
- Release planning services.

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712.4 BASIC MENTAL HEALTH SERVICES

Inmates may be referred to a qualified health care professional through a variety of methods, which include the medical screening process, the mental health appraisal process and self-referral or staff referral. Qualified health care professionals should respond to all referrals in a timely manner and initiate the appropriate treatment services.

(a) If the inmate has received previous mental health treatment, the inmate should be asked to complete a release of information form so his/her treatment records can be obtained.

(b) Inmates who have been determined to be in need of ongoing mental health services after their release from this facility should be provided with information about community mental health treatment resources. Arrangements for more comprehensive mental health care may be made, if appropriate.

(c) Inmates who are identified as being developmentally disabled should be evaluated for special housing needs. The qualified health care professional should work in cooperation with classification personnel to establish the best, reasonably available housing option.

(d) Inmates who are suspected or known to be developmentally disabled should receive a mental health appraisal by the qualified health care professional or health-trained custody staff as soon as reasonably practicable but no later than 24 hours after booking. Contact will be made with the regional center within 24 hours, excluding holidays and weekends, when an inmate is suspected or confirmed to be developmentally disabled. Inmates who are developmentally disabled should be referred, where appropriate and available, for placement in non-correctional facilities or in units specifically designated for housing the developmentally disabled (15 CCR 1057).

(e) Inmates enrolled in mental health treatment, including psychiatric medication management, should be provided information regarding the risks and benefits to treatment. Informed consent documents should be signed by the inmate to establish his/her consent to treatment. The signed forms should be placed in the inmate’s health record and retained in accordance with established records retention schedules.

(f) A treatment plan should be established for all inmates enrolled in mental health services.

1. Psychiatric and special needs treatment plans shall be reviewed every 180 days, at a minimum. Inmates taking psychotropic medication should be seen by a psychiatrist at least every 90 days. Inmates classified as requiring mental health special needs should be seen at least monthly by a qualified health care professional.

2. Inmates enrolled in other ongoing forms of mental health treatment should have treatment plan updates completed every six months, at a minimum.

3. Inmates who present to the qualified health care professional as having notable difficulty adjusting to the correctional environment, but who are not diagnosed with a serious mental illness, should be evaluated for the appropriateness of mental health treatment. Consideration should be given to the qualified health

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care professional and the facility staff working together to address the issues that may be affecting the inmate's ability to adjust to incarceration.

(g) The qualified health care professional should utilize a site-specific suicide prevention program to ensure the safety of inmates who present with a risk of self-harm.

1. Qualified health care professionals should be assigned to daily rounds in the segregation unit to determine the mental health status of inmates housed there.
2. Segregated inmates may be referred by the jail staff to qualified health care professionals for follow-up if concerns arise regarding their ability to function in disciplinary detention.

(h) If the qualified health care professional has concerns about the level of mental health services that are required to manage an inmate housed in the facility, the health authority shall be notified and the Responsible Physician shall be the decision-maker regarding the health care needs of the inmate.

1. The Responsible Physician may consult with a psychiatrist, specialist or other health care service in determining whether the inmate should be transferred to a facility that is better equipped to handle the inmate's psychiatric needs.
2. The Responsible Physician should notify the Jail Commander of the request to transfer the inmate for medical treatment.
3. The case review and disposition of the patient should be documented in the inmate's health record and retained in accordance with established records retention schedules.

Inmates determined to be in need of substance abuse treatment services should be informed of the facility programs available and shall be provided information about community substance abuse treatment resources.

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Mental Health Screening and Evaluation

713.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the process by which all inmates receive an initial mental health screening by qualified mental health staff or health-trained custody staff using an instrument developed by qualified health care professionals. The initial mental health screening takes place at the time of booking, and is for the safety of the inmate and the general population. It helps the custody staff to make appropriate classification and housing decisions and to ensure that the treatment and intervention needs of the inmate are met.

713.2 POLICY

It is the policy of this office that all individuals booked into the facility shall receive an initial mental health screening by a qualified mental health professional, qualified mental health staff or health-trained custody staff. A more comprehensive medical appraisal shall be conducted within the first 14 days of incarceration to confirm the initial findings and to ensure that, if needed, an appropriate treatment plan that meets the individual needs of the inmate is in place (15 CCR 1052; 15 CCR 1209(a)(1)).

713.3 MENTAL HEALTH SCREENING

The initial screening is designed to identify whether mental health conditions exist that require immediate or ongoing intervention. The screening shall be performed prior to the inmate being placed in general housing and should include:

(a) Inquiry into whether the inmate is or has:

1. Thoughts or history of suicidal behavior.
2. Been prescribed or is taking psychotropic medication or antidepressants.
3. Been treated for mental health issues.
4. A history of psychiatric treatment.
5. A history of treatment for substance abuse or been treated for substance abuse.

(b) Any observations of:

1. Appearance and behavior.
2. Abuse, injury or trauma.
3. Symptoms of aggression, depression, psychosis.

(c) A determination of whether the inmate is cleared for or referred to:

1. General housing
2. General housing with mental health referral

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3. Mental health emergency treatment

This information shall be recorded on the receiving screening form. It will become part of the inmate's health record and be retained in accordance with established records retention schedules.

713.4 MENTAL HEALTH APPRAISAL

All new inmates shall receive a mental health appraisal by a qualified mental health professional within 14 days, unless documentation exists that an appraisal has been completed within the previous 90 days. Mental health appraisals should include, but not necessarily be limited to the following assessments:

- Mental health status
- Suicide potential
- Violence potential
- Previous psychiatric treatment
- Any history of treatment with psychotropic medication or antidepressants
- Substance abuse or treatment for substance abuse
- Educational history
- Sexual abuse victimization (28 CFR 115.81)
- Predatory behavior or perpetrated sexual abuse (28 CFR 115.81)

713.5 MENTAL HEALTH REFERRALS

Qualified mental health staff should administer a complete and thorough evaluation of inmates referred for treatment as soon as practicable but no later than 14 days from the referral. The evaluation should include:

- Review of the inmate's screening and appraisal information.
- Observations of the inmate's behavior.
- Information gathered from interviews and testing to determine the inmate's mental health condition, intellect, personality, problems and ability to deal with a custody environment.
- Collection of the Inmate's mental health history.

Following the evaluation, a plan of treatment and maintenance, which may include a complete psychological evaluation, should be developed to meet the inmate's needs.

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Special Needs Medical Treatment

714.1 PURPOSE AND SCOPE

This purpose of this policy is the proper treatment and management of inmates with chronic diseases and special needs. This is accomplished by utilizing nationally recognized, generally accepted clinical guidelines and establishing communication between qualified health care professionals and custodial personnel.

714.1.1 DEFINITIONS

Definitions related to this policy include:

Chronic disease - An illness or condition that affects an individual's well-being for an extended interval, usually at least six months, and generally is not curable but can be managed for optimum functioning within any limitations the condition creates in the individual.

Chronic disease program - The inmate has regular clinic visits during which a qualified health care professional monitors the medical condition and adjusts treatment as necessary. The program also includes patient education for symptom management.

714.2 POLICY

It is the policy of this office that all individuals identified as having chronic diseases or special needs are enrolled in a chronic disease program to decrease the frequency and severity of the symptoms, prevent disease progression and complication, and foster improved function.

When a qualified health care professional recognizes that an inmate requires accommodation due to a special need, correctional personnel should be notified in writing. Consultation between the qualified health care professional and custodial personnel should occur regarding the condition and capabilities of inmates with known special needs prior to a housing, work or program assignment, transfer to another facility or the imposition of disciplinary action.

Qualified health care professionals shall furnish special needs information regarding inmates to custodial personnel in order for them to accurately classify and house inmates in the facility. It is the responsibility of the Jail Commander or the authorized designee to ensure that inmates with special needs are receiving the proper care and that their needs are effectively communicated to custodial staff for appropriate accommodation (15 CCR 1206(g)).

714.3 CLINICAL PRACTICE GUIDELINES

The Responsible Physician or the authorized designee is responsible for establishing and annually reviewing clinical protocols to ensure consistency with the National Clinical Practice Guidelines.

The clinical protocols for the management of chronic disease and special needs include, but are not limited to, the following:

- Asthma
- Communicable diseases

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- Developmentally disabled inmates
- Diabetes
- Dialysis
- Frail or elderly inmates
- High blood cholesterol
- HIV
- Hypertension
- Mental illness
- Mobility impairments
- Pregnancy
- Seizure disorder
- Suicidal ideation
- Terminally ill
- Tuberculosis

714.4 DOCUMENTATION

Documentation in an inmate's medical record should include information regarding the chronic disease protocols deployed, the person responsible for the various protocols, the extent to which the chronic disease protocols are being followed and should include, but not be limited to:

- The frequency of follow-up for medical evaluation.
- How the treatment plan was adjusted when clinically indicated.
- The type and frequency of diagnostic testing and prescribed therapeutic regimens.
- The prescribed instructions for diet, exercise, adaptation to the correctional environment and medication.
- Clinical justification of any deviation from the established protocol.

A master list of all chronic disease and special needs patients should be maintained by the Responsible Physician or the authorized designee.

714.5 CHRONIC CARE PROGRAM

(a) Newly incarcerated inmates shall receive a medical screening. This screening includes the documentation of any acute or chronic health problems or injuries, special needs and any medications or treatments the inmate is currently receiving.

1. If the inmate has been incarcerated previously, his/her health records should be reviewed.

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2. A special needs communication form should be completed and sent to the classification unit, the Shift Supervisor and the housing officer to ensure the inmate is properly housed.

3. Current medications being taken by the inmate should be verified and continued as deemed appropriate by the Responsible Physician.

4. A health assessment shall be completed within 14 days of incarceration and a physical examination conducted within six months of incarceration.

5. The status of a special needs inmate should be evaluated, at minimum, every 90 days to determine the need for the continued designation.

(b) The Jail Commander or the authorized designee and the Responsible Physician or the authorized designee should consult with one another prior to taking action regarding any special needs inmate with regard to housing, program or work assignments, disciplinary measures or transfers to other facilities.

1. When immediate action is required and prior consultation is not reasonably practicable, that consultation should occur as soon as practicable but no later than 72 hours post-action.

(c) Individual treatment plans are used to guide treatment for episodes of illness. The format for treatment planning may vary, but should include, at a minimum:

1. The frequency of follow-up for medical evaluation and adjustment of treatment modality.

2. The type and frequency of diagnostic testing and therapeutic regimens.

3. When appropriate, instructions about diet, exercise, adaptation to the correctional environment and medication.

(d) Reasonable effort should be made to obtain health information and records from previous health care services, with the consent of the inmate, when the inmate has a medical problem that was being treated prior to incarceration.

(e) Upon transfer to another correctional facility, a summary of the inmate’s current condition, medications and treatment plan will be forwarded to the receiving facility in a sealed envelope to maintain inmate privacy.

(f) Requests for health information from community health care services must be submitted with the inmate’s written consent. If the inmate does not consent, the community health care service may be advised that the person is an inmate and the health information may not be provided without the inmate’s written consent.

(g) Critical specialty medical procedures or treatment, such as dialysis, which cannot be provided at the Tehama County Sheriff's Office do not require a court order unless the care is expected to prevent the inmate from returning within 48 hours (Penal Code § 4011.5).

(h) When inmates are sent out of this facility for emergency or specialty treatment, written information regarding the inmate’s current medical status and treatment should accompany the inmate. Upon return to the facility, treatment recommendations from

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outside health care services should be reviewed by the Responsible Physician or the authorized designee for any changes in the custodial environment or in-house treatment plan.

(i) Inmates identified as developmentally disabled shall be considered for discharge planning services.

1. The local center for the developmentally disabled will be contacted within 24 hours of incarceration of an inmate suspected to be developmentally disabled.
2. Referrals will be made to the jail's discharge planning specialist. If no such position exists, the need for transition planning should be noted on the treatment plan.

(j) With the inmate's written consent, the health services staff should:

1. Share necessary information with outside health care services.
2. Arrange for follow-up appointments.
3. Arrange for transfer of health summaries and relevant parts of the health record to community providers or others assisting in planning or providing for services upon release.

(k) Contacts with community providers should be documented via an administrative note in the patient's health record.

(l) Patients with serious mental health issues, including those receiving psychotropic medication, will be informed about community options for continuing treatment and provided with follow-up appointments when possible.

(m) Medications should be provided as appropriate.

(n) The Responsible Physician is responsible for ensuring that local site-specific procedures facilitate discharge planning.

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Communicable Diseases

715.1 PURPOSE AND SCOPE

This policy is intended to provide guidelines for facility staff to assist in minimizing the risk of contracting and/or spreading communicable diseases. The policy offers direction in achieving the following goals:

(a) Managing the risks associated with bloodborne pathogens (BBP), aerosol transmissible diseases (ATD) and other potentially infectious substances.

(b) Providing appropriate treatment for ill inmates while minimizing the risk of the spread of disease.

(c) Making decisions concerning the selection, use, maintenance, limitations, storage and disposal of personal protective equipment (PPE).

(d) Ensuring proper reporting to local, state and federal agencies.

(e) Establishing procedures for the identification, education, immunization, prevention, surveillance, diagnosis, medical isolation (when indicated), treatment and follow-up care for new inmates, and for inmates or employees who have contracted a communicable disease from an ill inmate.

(f) Providing appropriate treatment, counseling and confidentiality should an employee become exposed to a communicable disease.

(g) Protecting the privacy rights of all personnel who may be exposed to or contract a communicable disease during the course of their duties.

715.1.1 DEFINITIONS

Definitions related to this policy include:

Aerosol transmissible disease (ATD) - A disease or pathogen for which droplet (whooping cough, influenza, streptococcus) or airborne (measles, chickenpox, tuberculosis) precautions are required.

Aerosol transmissible disease (ATD) exposure - Any event in which all of the following has occurred:

- An employee has been exposed to an individual who has or is suspected to have an ATD, or the employee is working in an area or with equipment that is reasonably expected to contain aerosol transmissible pathogens associated with an ATD.
- The exposure occurred without the benefit of applicable exposure controls required by this section.
- It reasonably appears from the circumstances of the exposure that transmission of disease is likely sufficient to require medical evaluation.

Airborne precautions - Include the use of an Airborne Infection Isolation Room (AIIR) that meets the American Institute of Architects/Facility Guidelines Institute (AIA/FGI) standards for AIIRs, for

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infectious agents such as measles, chickenpox, tuberculosis, etc., in addition to medical personnel wearing masks or respirators.

Bloodborne pathogens (BBP) - Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Bloodborne pathogen exposure - Includes, but is not limited to, the contact of blood or other potentially infectious materials with the eye, mouth, other mucous membranes, non-intact skin, needle sticks, human bites, cuts, abrasions or any contact with blood or body fluids that is synonymous with bloodborne pathogen exposure as defined by the federal Centers for Disease Control and Prevention (CDC).

Ectoparasitic infections - Parasites that live on the skin, such as lice (pediculosis) and scabies (sarcoptic mange). Both infections are communicable and may lead to secondary infections.

HBV - Hepatitis B

HIV - Human Immunodeficiency Virus

Medical isolation - Housing in a separate room with a separate toilet, hand-washing facility, soap and single-service towels, and with appropriate accommodations for showering.

NIOSH - National Institute for Occupational Safety and Health

Nosocomial - Acquired during hospitalization. Nosocomial infections are infections that present 48 to 72 hours after admission to a hospital.

OSHA - Occupational Health and Safety Administration

Personal protective equipment (PPE) - Respiratory equipment, garments, gloves and other barrier materials designed to reduce employee exposure to hazards.

Source control measures - The use of procedures, engineering controls and other devices or materials to minimize the spread of airborne particles and droplets from an individual who has or exhibits signs or symptoms of having an ATD.

Standard precautions - Infection control practices used to prevent the transmission of disease that can be acquired by contact with blood, bodily fluids, non-intact skin (including rashes) and mucous membranes. Applies to all inmates receiving care, regardless of diagnosis or presumed infection status.

Universal precautions - A set of precautions designed to prevent transmission of HIV, HBV and other bloodborne pathogens when providing first aid or health care.

715.2 POLICY

It is the policy of this office to maintain an effective program that focuses on the identification, education, immunization, prevention, surveillance, diagnosis, medical isolation (when indicated), treatment, follow-up and proper reporting to local, state and federal agencies of communicable

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diseases. The program is designed to ensure that a safe and healthy environment is created and maintained for all occupants of the facility (15 CCR 1051; 15 CCR 1206.5; 15 CCR 1206(i)).

715.2.1 EXPOSURE CONTROL OFFICER

The Jail Commander shall designate an Exposure Control Officer (ECO) who shall be responsible for:

(a) Establishing written procedures and a training program related to BBPs.

(b) Establishing written procedures and a training program related to ATDs.

(c) Working with the Jail Commander to develop and administer any additional related policies and practices necessary to support the effective implementation of an Exposure Control Plan (ECP), including specific symptoms that require segregation of an inmate until a medical evaluation is completed (15 CCR 1051).

(d) Acting as a liaison during OSHA inspections and conducting program audits to maintain a current ECP.

(e) Maintaining a current list of facility staff requiring training, developing and implementing a training program, maintaining class rosters and quizzes, and periodically reviewing the training program.

(f) Reviewing and updating the ECP annually, on or before January 1 of each year.

Supervisors are responsible for exposure control in their respective areas. They shall work directly with the ECO and the affected employees to ensure that the proper procedures are followed.

715.2.2 PROCEDURES

The ECO shall be responsible for establishing, implementing and maintaining effective written procedures for the following:

(a) Incorporating the recommendations contained in the CDC’s “Respiratory Hygiene/ Cough Etiquette in Healthcare Settings.”

(b) Screening and referring cases and suspected cases of ATD to appropriate facilities within five hours of identification.

(c) Creating a multidisciplinary team, including the Responsible Physician, and security and administrative representatives, who will meet at least quarterly to review and discuss communicable disease issues and activities. The ECO shall retain minutes of these meetings in accordance with established records retention schedules. The ECO also shall coordinate with the local public health entity on appropriate policy and procedure.

(d) Conducting an assessment on the incidence and prevalence of tuberculosis (TB) within the facility’s population and the surrounding community. If the statistics indicate a risk, the ECO shall develop a written plan that addresses the management of TB, from testing to follow-up care.

(e) Communicating with employees, other employers and the local health officer regarding the suspected or diagnosed infectious disease status of referred inmates, including notification of exposed employees.

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(f) Reducing the risk of ATDs through the ECP and reviewing the plan at least annually.

(g) Reducing the risk of exposure to BBPs (HIV, hepatitis).

(h) Providing a system of medical services for employees who may become exposed to communicable diseases during the course of their employment.

(i) Ensuring that all employees who have occupational exposure to communicable diseases participate in a training program at the time of their initial assignment, at least annually thereafter, and any time there is a change in working conditions.

(j) Making all exposure and treatment plans available for employees, employee representatives and NIOSH review.

(k) Establishing procedures to ensure that members request exposure notification from health facilities after potential exposure to a person who may have a communicable disease who has been transported to a health facility and that the member is notified of any exposure as required by Health and Safety Code § 1797.188.

(l) Informing members of the provisions of Health and Safety Code § 1797.188 (exposure to communicable diseases and notification).

(m) Acting as the designated officer liaison with health care facilities regarding communicable disease or condition exposure notification. The designated officer should coordinate with other office members to fulfil the role when not available. The designated officer shall ensure that the name, title and telephone number of the designated officer is posted on the office website (Health and Safety Code § 1797.188).

715.3 COMMUNICABLE DISEASE PROGRAM COMPONENTS

715.3.1 SURVEILLANCE

Surveillance takes place throughout the period of the inmate's incarceration and is done in a variety of encounters and inspections. These include, but are not limited to, the following:

(a) **Medical screening** - Each newly booked inmate shall be evaluated for health care needs and signs and symptoms of infectious disease. The receiving screening includes questions regarding known symptoms of TB, HIV, sexually transmitted diseases (STDs) and HBV. The individual completing the medical screening should observe the inmate for obvious signs of infection (15 CCR 1206.5(a)).

(b) **Health assessment** - Inmates shall have a health assessment within the first 14 days of incarceration. The health assessment process includes screening for symptoms of communicable disease. Inmates will have a Purified Protein Derivative (PPD) test or a chest X-ray for TB and a blood test for STDs. Voluntary HIV testing is provided based on identified risk.

(c) **Periodic health assessments** - Annual testing for TB is performed on all inmates who are in the facility for one year or more.

(d) **Sick call and referrals** - At any time during incarceration, an inmate may request to be evaluated for an infectious disease through the sick call process. Health and

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correctional staff can request that an inmate be evaluated if they notice any signs of potentially infectious disease.

(e) **Contact investigation** - When an inmate housed in the general population develops symptoms of an infectious disease, the Responsible Physician should work cooperatively with the Jail Commander or the authorized designee and the public health department to provide appropriate screening and testing of potentially exposed persons.

(f) **Environmental health and safety inspections** - The health and safety of the facility environment shall be inspected by the local public health entity and reported to the Jail Commander at least quarterly in a written report. Conditions identified as adversely affecting the health and safety of the inmates and/or employees or visitors shall be promptly addressed and corrected.

715.3.2 IDENTIFICATION

Any inmate suspected of having a communicable disease will be evaluated by a qualified health care professional as soon as reasonably practicable. Inmates suspected of having communicable diseases will be appropriately isolated until disease confirmation and the period of communicability is determined. Long term housing consideration will be based upon the classification status as well as the behavior, medical needs and safety of inmates and staff. These inmates shall be examined by a qualified health care professional within 24 hours. The instructions of the qualified health care professional regarding care of the patient and sanitizing of eating utensils, clothing and bedding shall be carefully followed (15 CCR 1206.5(a); 15 CCR 1206.5(b)(6)).

715.3.3 TREATMENT

Qualified health care professionals shall provide care as directed by the Responsible Physician and consistent with scientific evidence-based medicine (15 CCR 1206.5(a)).

(a) The Responsible Physician and the Jail Commander shall collaborate on treatment planning with the public health department, as appropriate.

(b) Complete documentation of the signs, symptoms, diagnostic results, treatment and outcome of care provided to inmates who are suspected or confirmed as having a communicable disease will be entered into the inmate’s health record.

715.3.4 COMMUNICATION

The Responsible Physician shall ensure the following notifications are made whenever a communicable disease is identified (15 CCR 1206.5(b)(3); 15 CCR 1206.5(b)(8)):

(a) Notification to the public health department of all reportable diseases and conditions shall be made as soon as practicable. This is done by completing appropriate forms, and if necessary, contacting the public health department directly for situations of multiple spread occurrences.

(b) The Responsible Physician and the Jail Commander shall be kept informed of any incidence of communicable disease.

(c) The Jail Commander shall be apprised of any medical situation that raises the risk of disease level for inmates, correctional officers or any other staff members.

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715.3.5 CONTINUOUS QUALITY IMPROVEMENT

A continuous quality improvement (CQI) committee shall be formed consisting of the Responsible Physician, the Jail Commander or the authorized designee and a representative from the public health entity. The purpose of the committee is to monitor infection control issues and evaluate infection control processes to ensure effectiveness.

Monthly statistics should be collected by health care services and assembled into a report presented by the Responsible Physician or the authorized designee, detailing surveillance activities, disease identification and cases treated. The committee should meet quarterly and should discuss topics specific to infection control and communicable disease. Minutes of the meetings should be retained in accordance with established records retention schedules.

715.3.6 EMPLOYEE TRAINING

The Responsible Physician or the authorized designee shall provide education to all correctional staff who have contact with infected inmates during the initial employee orientation and annually thereafter. The Training Manager shall schedule this training and shall retain all associated records in accordance with established records retention schedules.

715.3.7 DATA COLLECTION AND REPORTING

The health authority shall be responsible for ensuring the systematic collection and analysis of data to assist in the identification of problems, epidemics or clusters of nosocomial infections. All reportable illnesses as defined by the public health department shall be reported as required (15 CCR 1206.5(b) et seq.).

715.3.8 STANDARD PRECAUTIONS

Standard precautions shall be used by health care practitioners to minimize the risk of exposure to blood and bodily fluids of infected patients. The health authority shall be responsible for establishing basic guidelines including, but not limited to (15 CCR 1206.5(b)(4)):

- Washing hands or using hand sanitizer before and after all patient or specimen contact.
- Handling all blood and bodily fluids such as saliva, urine, semen and vaginal secretions as if they are known to be infectious. Where it is not possible to distinguish between body fluid types, all body fluids are to be assumed infectious.
- Wearing gloves for potential contact with blood and other bodily fluids.
- Placing used syringes immediately in a nearby, impermeable container. Do not recap or manipulate any needle in any way.
- Wearing protective eyewear and a mask if splatter with blood or other body fluids is possible.
- Handling all linen soiled with blood and/or bodily secretions as infectious.
- Processing all laboratory specimens as infectious.
- As appropriate, wearing a mask for TB and other ATDs.

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715.3.9 TRANSMISSION-BASED PRECAUTIONS

Transmission-based precautions may be needed in addition to universal precautions for selected patients who are known or suspected to harbor certain infections. These precautions are divided into three categories that reflect the differences in the way infections are transmitted. Some diseases may require more than one category.

(a) Airborne precautions are designed to prevent the spread of ATDs, which are transmitted by minute particles called droplet nuclei or contaminated dust particles. These particles, because of their size, can remain suspended in the air for long periods of time, even after the infected person has left the room. Some examples of diseases requiring airborne precautions are TB, measles and chicken pox.

1. An inmate requiring airborne precautions should be assigned to a designated respiratory isolation room with special ventilation requirements. The door to this room must be closed at all possible times. If an inmate must move from the isolation room to another area of the facility, the inmate should wear a mask during transport. Anyone entering the isolation room to provide care to the inmate must wear a respirator.

(b) Droplet precautions are designed to prevent the spread of organisms that travel on particles much larger than the droplet nuclei. These particles do not spend much time suspended in the air, and usually do not travel beyond a few feet of the inmate. These particles are produced when an inmate coughs, talks or sneezes. Examples of disease requiring droplet precautions are meningococcal meningitis, influenza, mumps and German measles (rubella).

1. All staff should wear masks within 3 feet of the inmate. Inmate movement should be restricted to the minimum necessary for effective facility operations. The inmate should wear a mask during transport.

(c) Contact precautions are designed to prevent the spread of organisms from an infected inmate through direct (touching the inmate) or indirect (touching surfaces or objects the inmate touched) contact. Examples of inmates who might be placed in contact precautions are those infected with the following:

1. Antibiotic-resistant bacteria
2. Hepatitis A
3. Scabies
4. Impetigo
5. Lice

The following guide shall be used to determine the appropriate precautions that are necessary to reduce the risk of infection transmission while inmates are being transported. Inmates shall receive training on the disease transmission process and will be provided with appropriate barrier devices.

Precautions for Inmate Contact and Transportation

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	GLOVES	SURGICAL MASKS	N95 MASKS	ISOLATION GOWNS
Contact				
Inmate	No	No	No	No
Personnel	Yes	No	No	Yes
Droplet				
Inmate	No	Yes	No	No
Personnel	No	Yes	No	Yes
Airborne				
Inmate	No	Yes	No	No
Personnel	No	No	Yes	No

715.3.10 ENVIRONMENTAL HEALTH AND SAFETY

The Responsible Physician or the authorized designee shall conduct a monthly inspection of areas where health services are provided to verify the following:

- The equipment is inspected and maintained to the manufacturer's recommendations.
- The area is clean and sanitary.
- The appropriate measures are being taken to ensure the unit is occupationally and environmentally safe.

715.3.11 REGULATED WASTE

The Office in coordination with the health authority, will provide for the management of biohazardous materials and waste and the establishment of a protocol for the decontamination of equipment used in medical and dental treatment. Medical and dental equipment decontamination shall comply with all applicable local, state and federal regulations. Precautions may include, but are not limited to:

(a) Discarding biohazardous waste in red plastic bags marked with the word BIOHAZARD and displaying the international symbol for biohazardous material. Contaminated disposable PPE shall be discarded in these receptacles.

(b) Whenever a large amount of fluid blood is present, an absorbent powder should be used to gelatinize the fluid, which should assist in clean up. Standard precautions shall be used when removing the product, that should then be placed in a red biohazard bag.

(c) Used biohazard bags shall be stored in covered, rigid waste receptacles in designated locations pending weekly removal by a biohazard waste removal contractor.

(d) Records documenting biohazardous waste removal, spore count logs and cleaning logs shall be retained in accordance with established records retention schedules.

715.4 ECTOPARASITE CONTROL

Ectoparasite control will be initiated, where clinically indicated, immediately following the medical screening or when the inmate manifests signs and symptoms of lice or scabies (15 CCR 1212).

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(a) Any inmate who indicates parasitical infection upon entering the facility shall be treated by a qualified health care professional.

(b) Any inmate suspected of having lice/scabies may be referred to sick call by a correctional officer.

(c) An inmate may access sick call if he/she believes there is a problem with lice/scabies.

(d) A qualified health care professional shall evaluate any inmate with a lice/scabies complaint. If there are positive findings, the inmate shall be treated for the infestation accordingly.

1. The lice and scabies treatment guidelines will be followed by the qualified health care professional, if a physician's order for the medication administration is obtained.
    (a) The prescribing physician shall be notified if the inmate is pregnant, as certain medications are contraindicated for pregnant women. An alternative topical application must be prescribed in these situations.
    (b) Documentation in the medical record should include the patient's symptoms, observations regarding the condition, patient education and prescribed treatment.
2. The inmate's clothing and linen shall be removed from his/her cell placed in a plastic bag and sent to the laundry. These items are considered contaminated and must be disinfected by:
    (a) Machine washing (hot cycle), machine drying (hot cycle), dry cleaning or ironing, or
    (b) Storage in a plastic bag for non-washable items for 10-14 days (head lice), seven days (pubic lice). This method is not recommended for body lice.
    (c) Isolation is not necessary as long as clothing and bedding are properly disinfected and inmates do not share items.
        1. An inmate having poor hygiene should be housed in a single cell until 24 hours after beginning treatment.
        2. Gloves are to be used for direct contact until the inmate has been treated and the clothing/bedding have been removed for disinfecting.
3. Cell mates, sexual partners and any personnel having direct hands-on contact with an infected inmate should be evaluated for prophylactic treatment because of the long incubation period of the scabies parasite.

715.5 EMPLOYEE EXPOSURE CONTROL

All facility staff that may come in contact with another person's blood or bodily fluids shall follow these procedures and guidelines. For the purposes of this policy, contact with blood or bodily fluids is synonymous with BBP exposure.

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All employees shall use the appropriate barrier precautions to prevent skin and mucous membrane exposure whenever contact with blood or bodily fluid is anticipated. Disposable gloves shall be worn, if reasonably possible, before making physical contact with any inmate and when handling the personal belongings of an inmate.

Should gloves come in contact with blood or other bodily fluids, the gloves shall be disposed of as contaminated waste. Care should be taken to avoid touching other items (e.g., pens, books and personal items in general) while wearing disposable gloves in a potentially contaminated environment. All procedures involving blood or other potentially infectious materials shall be done in a way to minimize splashing, spraying or otherwise generating droplets of those materials.

Eating, drinking, smoking, applying lip balm and handling contact lenses shall be prohibited in areas where the potential for exposure exists.

715.5.1 IMMUNIZATIONS

All facility staff members who may be exposed to, or have contact with, a communicable disease shall be offered appropriate treatment immunization. The ability of staff to provide health care services is predicated on a safe and secure working environment where employees feel safe to do their work, and assures public safety.

Staff shall also receive a TB test prior to job assignment and voluntary annual testing thereafter, at no cost to the employee.

The HBV immunization shall be available to all employees who have direct inmate contact and who test negative for HBV antibodies. The immunization is voluntary and provided at no cost to the employee. Employees who decline the offer of immunization and/or test shall be required to sign a waiver. Employees receiving immunization and testing shall be required to sign a consent form. Employees may reverse their decision to decline at any time by signing a consent form.

715.5.2 PERSONAL PROTECTIVE EQUIPMENT (PPE)

The PPE is the last line of defense against communicable disease. Therefore, the following equipment is provided to all personnel to assist in the protection against such exposures:

- Disposable latex gloves
- Safety glasses or goggles
- Rescue mask with a one-way valve
- Alcohol (or similar substance) to flush skin

The PPE should be inspected at the start of each shift and replaced immediately after each use and when it becomes damaged.

715.5.3 DECONTAMINATION OF PERSONAL PROTECTIVE EQUIPMENT

After using any reusable PPE, it shall be washed or disinfected and stored appropriately. If it is not reusable (e.g., disposable gloves), it shall be discarded in a biohazard waste container.

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Any PPE that becomes punctured, torn or loses its integrity shall be removed as soon as reasonably feasible. The employee shall wash up and replace the PPE if the job has not been terminated. If the situation resulted in a contaminated non-intact skin event, the affected area shall be decontaminated as described below.

A contaminated reusable PPE that must be transported prior to cleaning shall be placed into a biohazard waste bag. Gloves shall be worn while handling the biohazard waste bag and during placement into the biohazard waste container. The gloves shall be included with the waste.

715.5.4 DECONTAMINATION OF SKIN AND MUCOUS MEMBRANES

Personnel shall wash their hands as soon as possible following the removal of potentially contaminated gloves. Antibacterial soap and warm water or an approved disinfectant shall be used, paying particular attention to the fingernails.

If an employee’s intact skin contacts someone else’s blood or body fluids or other potentially infectious materials, the employee shall immediately wash the exposed part of his/her body with soap and warm water and/or an approved disinfectant as soon as possible. If the skin becomes grossly contaminated, body washing shall be followed by an approved hospital strength disinfectant. If large areas of the employee’s skin are contaminated, the employee shall shower as soon as reasonably possible, using warm water and soap and/or an approved disinfectant. Medical treatment should be obtained.

Contaminated non-intact skin (e.g., injured skin, open wound) shall be cleaned using an approved disinfectant and then dressed or bandaged as required. Medical treatment is required. All hand, skin and mucous-membrane washing that takes place shall be done in the designated cleaning or decontamination area. Cleaning shall not be done in the kitchen, bathrooms or other locations not designated as a cleaning or decontamination area.

715.5.5 DECONTAMINATION OF CLOTHING

Contaminated clothing such as uniforms and undergarments shall be removed as soon as reasonably feasible and rinsed in cold water to prevent the setting of bloodstains. If the clothing may be washed in soap and hot water, do so as soon as reasonably possible.

If the clothing must be dry-cleaned, place it into a biohazard waste bag and give it to the ECO. The ECO will secure a dry cleaner that is capable of cleaning contaminated clothing, and shall inform the dry cleaner of the potential contamination. The cost of dry cleaning shall be paid according to labor contract agreements.

Contaminated leather boots shall be brushed and scrubbed with detergent and hot water. If the contaminant soaked through the boot, the boot shall be discarded and replaced. The cost of replacement shall be paid according to labor contract agreements.

715.5.6 DECONTAMINATION OF VEHICLES

Contaminated vehicles and components such as the seats, radios and doors, shall be washed with soap and warm water and disinfected with an approved germicide as soon as reasonably feasible.

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715.5.7 DECONTAMINATION OF THE CLEANING AREA

The ECO shall designate a location in the facility that will serve as the area for cleaning/ decontamination. This area is to be used to keep equipment clean and sanitary and for employees to wash any potential contamination from their bodies. This area is to be thoroughly cleaned after each use and to be maintained in a clean and sanitary order at all times between each use. The application of cosmetics, smoking of cigarettes and consumption of food and drink are prohibited in this area at all times.

715.6 SHARPS AND ITEMS THAT CUT OR PUNCTURE

All personnel shall avoid using or holding sharps (needles) unless they are assisting medical personnel or collecting them for evidence. Unless required for reasons related to evidence preservation, employees are not to recap sharps. If recapping is necessary, a one-handed method shall be employed to avoid a finger prick. Disposal, when possible, shall be into a puncture-proof biohazard container.

All sharps and items that cut or puncture (e.g., broken glass, razors and knives) shall be treated cautiously to avoid cutting, stabbing or puncturing one’s self or any other person. In addition, if a sharp object contains known or suspected blood or other body fluids, that item is to be treated as a contaminated item. If the item is not evidence, touching it with the hands shall be avoided. Rather, use a device such as tongs or a broom and a dustpan to clean up debris. If the material must be touched, protective gloves shall be worn.

715.7 POST-EXPOSURE REPORTING AND FOLLOW-UP REQUIREMENTS

In actual or suspected employee exposure incidents, proper documentation and follow-up action must occur to limit potential liabilities and to ensure the best protection and care for the employees.

715.7.1 EMPLOYEE RESPONSIBILITY TO REPORT EXPOSURE

To provide appropriate and timely treatment should exposure occur, all employees shall verbally report the exposure to their immediate supervisor and complete a written exposure report as soon as possible following the exposure or suspected exposure. That report shall be submitted to the employee’s immediate supervisor. Employees should document in the exposure report whether they would like the person who was the source of the exposure to be tested for communicable diseases (15 CCR 1206.5(b)(8)).

715.7.2 SUPERVISOR REPORTING REQUIREMENTS

The supervisor on-duty shall investigate every exposure that occurs as soon as possible following the incident, while gathering the following information:

(a) Name and employee identification number of the employee exposed

(b) Date and time of incident

(c) Location of incident

(d) What potentially infectious materials were involved

(e) Source of material or person

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(f) Current location of material or person

(g) Work being done during exposure

(h) How the incident occurred or was caused

(i) PPE in use at the time of the incident

(j) Actions taken post-event (e.g., clean-up, notifications)

The supervisor shall advise the employee of the laws and regulations concerning disclosure of the identity and infectious status of a source, and of information contained in this policy regarding source testing.

If the ECO is unavailable to seek testing of the person who was the source of the exposure, it is the responsibility of the exposed employee's supervisor to ensure testing is sought according to the guidelines in this policy.

715.7.3 MEDICAL CONSULTATION, EVALUATION AND TREATMENT

Any employee who was exposed or who suspects he/she was exposed to HIV or to hepatitis B or C should be seen by a physician or qualified health care professional as soon as reasonably possible.

The doctor or qualified health care professional should be given the supervisor's report and the employee's medical records relevant to the visit and examination. The blood of the exposed employee shall be tested.

The qualified health care professional will provide the ECO and/or the Office's risk manager with a written opinion/evaluation of the exposed employee's medical condition. This opinion should only contain the following information:

- If a post-exposure treatment is indicated for the employee.
- If the employee received a post-exposure treatment.
- Confirmation that the employee received the evaluation results.
- Confirmation that the employee was informed of any medical condition that could result from the exposure incident and whether further treatment or evaluation will be required.
- Whether communicable disease testing from the source is warranted, and if so, which diseases the testing should include.

All other findings or diagnosis shall remain confidential and are not to be included in the written report.

715.7.4 COUNSELING

The Office shall provide the exposed employee (and his/her family if necessary) the opportunity for counseling and consultation.

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715.7.5 CONFIDENTIALITY OF REPORTS

Most of the information involved in this process must remain confidential. The ECO shall ensure that all records and reports are kept in the strictest confidence. The ECO shall be responsible for maintaining records containing the employee's treatment status and the results of examinations, medical testing and follow-up procedures.

The Office's risk manager shall be responsible for keeping the name and Social Security number of the employee and copies of any information provided to the consulting health care professional on file.

This information is confidential and shall not be disclosed to anyone without the employee's written consent (except as required by law). Test results from persons who may have been the source of an exposure are to be kept confidential as well (15 CCR 1206.5(b)(5)).

715.7.6 SOURCE TESTING

Testing of a person who was the source of an exposure to a communicable disease should be sought when it is desired by the exposed employee or when it is otherwise appropriate.

There are five methods to obtain such testing. It is the responsibility of the ECO to ensure the proper testing and reporting occurs. These methods are:

(a) Obtaining voluntary consent from any person who may be the source of an exposure to test for any communicable disease.

(b) Filing a report with the county health officer when an employee is exposed to the bodily fluids of an arrestee. The county health officer may pursue testing for HIV or hepatitis B or C.

(c) Seeking consent for testing or applying for a court order for HIV, hepatitis B and hepatitis C testing.

(d) Seeking a court order when the person who may be the source of an exposure will not consent to testing and the exposure does not fall under a statutory scheme for testing. This covers testing for any communicable disease as deemed appropriate by a qualified health care professional and documented in the request for the court order.

(e) Under certain circumstances, a court may issue a search warrant for testing an adult when an employee of the Tehama County Sheriff's Office qualifies as a crime victim.

715.7.7 EXPOSURE FROM A NON-INMATE

Upon notification of an employee's exposure to a non-inmate (e.g., visitor, attorney, volunteer, vendor) the ECO should attempt to determine if the person who was the source of the exposure will voluntarily consent to testing. If consent is provided, the following steps should be taken:

(a) A qualified health care professional should notify the person to be tested of the exposure and make a good faith effort to obtain voluntary informed consent from the person or his/her authorized legal representative to perform a test for HIV, hepatitis B, hepatitis C and other communicable diseases the qualified health care professional deems appropriate.

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(b) The voluntary informed consent obtained by the qualified health care professional must be in writing and include consent for three specimens of blood. The ECO should document the consent as a supplement to the Exposure Control Report.

(c) The results of the tests should be made available to the source and the exposed employee.

If consent is not obtained, the ECO should promptly consult with the County Counsel and consider requesting that a court order be sought for appropriate testing.

715.7.8 EXPOSURE FROM AN INMATE

If the ECO receives notification from an employee of a potential exposure from an inmate, the ECO should take the following steps:

(a) Seek consent from the person who was the source of the exposure and seek a court order, if consent is refused.

(b) Take reasonable steps to immediately contact the county health officer and provide preliminary information regarding the circumstances of the exposure and the status of the involved individuals to determine whether the county health officer will order testing.

(c) Remain in contact with the county health officer to determine whether testing of the inmate will occur and whether the testing satisfies the medical needs of the employee.

(d) The results of the tests should be made available to the inmate and the exposed employee.

Since there is potential for overlap between the two statutory schemes, the ECO is responsible for coordinating the testing with the county health officer to prevent unnecessary or duplicate testing.

If the exposed employee is not covered by either statutory scheme, the ECO should seek consent or a court order in the same manner as for a non-inmate.

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Aids to Impairment

716.1 PURPOSE AND SCOPE

This policy acknowledges the high priority of inmate health and recognizes that some inmates will require adaptive devices to assist them with daily living activities on a temporary or permanent basis.

The Tehama County Sheriff's Office has established this policy for physicians and dentists to review and evaluate the need for adaptive devices, while considering facility security concerns regarding the use of such items.

When a physician or dentist determines that the medical condition of an inmate indicates that an adaptive device is clinically appropriate, the parameters of this policy will determine if authorization for the use of such items during incarceration should be granted, and if any equipment modifications are indicated for safety or security purposes.

716.1.1 DEFINITIONS

Definitions related to this policy include:

Adaptive device - Any orthotic, prosthetic or aid to impairment that is designed to assist an inmate with the activities of daily living or that is clinically appropriate for health, as determined by the Responsible Physician or dentist.

Aids to impairment - Includes, but is not limited to, eyeglasses, hearing aids, pacemakers, canes, crutches, walkers and wheelchairs .

Orthoses - Specialized mechanical devices, such as braces, shoe inserts or hand splints that are used to support or supplement weakened or abnormal joints, limbs and/or soft tissue.

Prostheses - Artificial devices designed and used to replace missing body parts, such as limbs, teeth or eyes.

716.2 POLICY

It is the policy of the Office that, in accordance with security and safety concerns, medical and dental orthoses or prostheses and other adaptive devices should be permitted or supplied in a timely manner when the health of the inmate would otherwise be adversely affected or when such devices are necessary to reasonably accommodate a disability recognized under the American with Disabilities Act (ADA) (42 USC § 12101 et seq.), as determined by the Responsible Physician or dentist (15 CCR 1206(d); 15 CCR 1207).

716.3 FACILITY-OWNED MEDICAL EQUIPMENT

All adaptive devices belonging to the Office shall be marked and numbered, identifying them as office property.

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(a) A medical equipment inventory form shall be completed by the intake correctional officer for all medical equipment issued to the inmate, regardless of who owns the property.

(b) Upon the release of an inmate, the releasing correctional officer shall review the medical equipment issued to the inmate and contact the medical clinic for instructions regarding any office-owned adaptive device.

716.4 MEDICAL OR DENTAL ORTHOSES, PROSTHESES OR ADAPTIVE DEVICES

The following applies to inmates with any orthopedic or prosthetic devices (Penal Code § 2656):

(a) An inmate shall not be deprived of the possession or use of any orthopedic, orthodontic, or prosthetic device that has been prescribed or recommended and fitted by a physician or dentist (see the following exception).

(b) Any such device that may constitute an immediate risk of bodily harm to any person in the facility or that threatens the security of the facility should be brought to the attention of the Jail Commander. If the Jail Commander has probable cause to believe such a device constitutes an immediate risk of bodily harm to any person in the facility or threatens the security of the facility, the Jail Commander may remove the device and place it in the inmate's property.

(c) The Jail Commander shall return the device to the inmate if circumstances change and the cause for removal no longer exists.

(d) The Jail Commander shall have the inmate examined by a physician within 24 hours after a device is removed.

(e) The Jail Commander should review the facts with the ADA Coordinator and shall address the issue in conjunction with the Inmates with Disabilities Policy.

(f) The physician shall inform the inmate and the Jail Commander if the removal is or will be injurious to the health or safety of the inmate. When the Jail Commander is so informed but still does not return the device, the Jail Commander shall inform the physician and the inmate of the reasons and promptly provide the inmate with a form, as specified in Penal Code § 2656, by which the inmate may petition the Superior Court for return of the appliance. The Jail Commander shall promptly file the form with the Superior Court after it is signed by the inmate. The Jail Commander should consider the following alternatives to removal of the device:

1. Reclassifying the inmate to another housing unit or administratively segregating the inmate from the general population.
2. With physician or dentist approval, modify the adaptive device to meet the medical needs of the inmate and the safety and security needs of the facility.

Once an adaptive device has been approved for use, the qualified health care professional shall enter the authorization into the inmate's health file. If the inmate requires special housing, the

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qualified health care professional shall document this in writing and notify custody or classification personnel appropriately. The qualified health care professional shall document the general condition of the prosthesis and have the inmate sign in the medical record that he/she received the prosthesis.

Any prostheses that are brought to the facility by family members or others after the inmate has been incarcerated shall be subject to a security check. The facility shall accept no responsibility for loss or damage to any adaptive device.

Inmates may be required to provide co-payments for adaptive devices supplied by the facility (Penal Code § 4011.1; Penal Code § 4011.2). Any repair or replacement of any adaptive device may be the responsibility of the inmate. If the adaptive device supplied or repaired is medically necessary and the inmate is indigent, funds for the repair shall be sought through the Inmate Welfare Fund.

716.5 REQUESTS FOR MEDICAL AND DENTAL PROSTHESES

All requests for new or replacement medical or dental prostheses shall be individually evaluated by the Responsible Physician or dentist and reviewed for approval by the Jail Commander. Considerations for approval shall be based upon:

- Medical needs of the inmate.
- The anticipated length of incarceration.
- The safety and security of the facility.

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Detoxification and Withdrawal

717.1 PURPOSE AND SCOPE

Significant percentages of inmates have a history of alcohol and/or drug abuse. Newly incarcerated individuals may enter the facility while under the influence of a substance or they may develop symptoms of alcohol or drug withdrawal. This policy is intended to ensure that the staff is able to recognize the symptoms of intoxication and withdrawal from alcohol or drugs, and that those inmates who are intoxicated or experiencing withdrawal are provided appropriate medical treatment.

This policy also identifies protocols to be used by qualified health care professionals. These protocols are appropriate for inmates who are under the influence of alcohol or drugs or who are experiencing withdrawal from any type of substance abuse.

717.1.1 DEFINITIONS

Definitions related to this policy include:

Alcohol withdrawal - A medical condition characterized by physiological changes that occur when alcohol intake is discontinued in an individual who is addicted to alcohol.

Detoxification - The process by which an individual is gradually withdrawn from drugs by the administration of decreasing doses of the drug on which the person is physiologically dependent, or a drug that is cross-tolerant to the dependent drug, or a drug that medical research has demonstrated to be effective in detoxifying the individual from the dependent drug.

717.2 POLICY

Withdrawal from alcohol or drugs can be a life-threatening medical condition requiring professional medical intervention. It is the policy of this office to provide proper medical care to inmates who suffer from drug or alcohol overdose or withdrawal.

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

The Responsible Physician shall develop written medical protocols on detoxification symptoms necessitating immediate transfer of the inmate to a hospital or other medical facility, and procedures to follow if care within the facility should be undertaken (15 CCR 1213).

Inmates who are booked into the facility who are participating in a narcotic treatment program shall, with the approval of the director of the program, be entitled to continue in the program until conviction (Health and Safety Code § 11222).

717.3 STAFF RESPONSIBILITY

Staff should remain alert to signs of drug and alcohol overdose and withdrawal. These symptoms include, but are not limited to, sweating, nausea, abdominal cramps, anxiety, agitation, tremors, hallucinations, rapid breathing and generalized aches and pains. Any staff member who suspects

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that an inmate may be suffering from overdose or experiencing withdrawal symptoms shall promptly notify the Shift Supervisor, who shall ensure that a qualified health care professional is promptly notified.

717.4 MEDICAL STAFF RESPONSIBILITY

The qualified health care professional will evaluate the inmate using approved protocols in order to determine the most appropriate care plan, which will be based on the patient's history, current physical status and treatment needs. Any patient who cannot be safely treated in the facility will be referred to an appropriate treatment facility off-site.

717.5 PROCEDURE

Inmates who are observed experiencing severe, life-threatening intoxication (overdose) or withdrawal symptoms will be promptly seen by a physician or referred to an off-site emergency facility for treatment. Detoxification shall be conducted under medical supervision at the facility or in a hospital or community detoxification center under appropriate security conditions.

If the qualified health care professional determines that an inmate is at risk for progression to a more severe level of withdrawal, the inmate will be appropriately housed in an area where he/she can be kept under constant observation by qualified health care professionals or trained correctional staff.

717.6 WITHDRAWAL AND DETOXIFICATION PROTOCOLS

Protocols are available to the qualified health care professionals to guide the care and treatment of individuals who are intoxicated or experiencing drug and/or alcohol withdrawal. These protocols, which have been developed and approved by the Responsible Physician, fall within nationally accepted guidelines and are reviewed annually.

When dealing with inmates who are in a custody situation, qualified health care professionals shall utilize detoxification protocols in accordance with local, state and federal laws.

No direct supervision is required at the time of identifying and initiating care. Overall supervision is provided by the Responsible Physician. Qualified health care professionals shall evaluate and provide care to patients utilizing written procedures and/or physician orders.

717.7 ALCOHOL WITHDRAWAL SYMPTOMS CHART

The following chart describes typical symptoms of mild, moderate and severe withdrawal. It is to be used as a guide for determining when to refer inmates to a qualified health care professional. Not all symptoms are always present.

	MILD	**MODERATE**	**SEVERE** (Delirium Tremens)

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Detoxification and Withdrawal

ANXIETY	Mild restlessness and anxiety	Obvious motor restlessness	Extreme restlessness and agitation with appearance of intense fear is common
APPETITE	Impaired appetite	Marked anorexia	Often rejects all food and fluid except alcohol
BLOOD PRESSURE	Normal or slightly elevated systolic	Usually elevated systolic	Elevated systolic and diastolic
CONFUSION	Oriented, no confusion	Variable confusion	Marked confusion and disorientation
CONVULSIONS	No	May occur	Severe convulsions are common
HALLUCINATIONS	No hallucinations	Often vague, transient, visual and auditory hallucinations and delusions, often with insight, often occurring only at night	Visual and occasional auditory hallucinations, usually of fearful or threatening content. Misidentification of persons and frightening delusions relating to hallucinatory experiences
MOTOR CONTROL	Inner "shaky"	Visible tremulousness	Gross uncontrollable shaking
NAUSEA	Nausea	Nausea and vomiting	Dry heaves and vomiting
PULSE	Tachycardia	Pulse 100-120	Pulse 120-140
SLEEP		Marked insomnia and nightmares	Total wakefulness
SWEATING	Restless sleep or insomnia	Obvious	Extreme

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Clinical Performance Enhancement

719.1 PURPOSE AND SCOPE

This office recognizes the importance of ensuring that qualified health care professionals are competent in their clinical skills and that the clinical performance enhancement review addresses areas in need of improvement.

719.1.1 DEFINITIONS

Definitions related to this policy include:

Clinical performance enhancement review - The process of having a qualified health care professional's work reviewed by another professional (peer review) of at least equal training in the same general discipline, e.g., review of the facility's physicians by the Responsible Physician.

Independent review - The assessment of a qualified health care professional's compliance with discipline-specific and community standards. The review is an analysis of a practitioner's clinical practice. This review may be conducted by someone who may or may not be directly employed by the institution. However, if the review was prompted by an inmate complaint, the reviewing practitioner must not have been previously involved in the care of that inmate.

719.2 POLICY

It is the policy of this office to conduct a biannual peer review of all qualified health care professionals. The clinical performance enhancement review process is neither an annual performance review nor a clinical case conference process. It is a professional review focused on the qualified health care professional's clinical skills. Its purpose is to enhance competence and address areas in need of improvement.

An immediate peer review may be authorized by the Responsible Physician if serious problems of practice arise with a specific qualified health care professional.

719.3 COMPONENTS OF THE CLINICAL PERFORMANCE ENHANCEMENT

The clinical performance enhancement review process is to be conducted biannually on all qualified health care professionals. The result of these reviews shall be kept confidential. Documentation from the review shall include:

- Name of the individual being reviewed.
- Date of the review.
- Name and credentials of the reviewer.
- Confirmation that the review was shared with the qualified health care professional.
- Summary of findings and corrective action, if any.

If a clinical performance enhancement review identifies a serious concern, the Responsible Physician shall implement an independent review by someone who is not directly employed by

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this office. The result of this review shall be shared with the appropriate health care service by the Responsible Physician, and a plan of correction shall be implemented.

The Responsible Physician will keep a log of clinical performance enhancement reviews of all qualified health care professionals to ensure compliance with this policy.

719.4 HEALTH CARE COMPLAINTS

The Jail Commander, in cooperation with the Responsible Physician, shall be responsible for developing and implementing a process by which inmates may submit complaints about the health care services they have received. There shall also be a means of collecting and analyzing the observations of other qualified health care professionals, correctional staff or other nonmedical staff regarding the delivery of health care services.

The Responsible Physician shall convene a panel of independent physicians to review the practice of the physician about whom complaints or observations have been made. The Responsible Physician shall take appropriate action at the recommendation of the panel.

719.5 RECORDS

All clinical performance enhancement review reports and complaint investigations shall be considered confidential. The contents of such files shall not be revealed to other than the involved employee or authorized personnel, except pursuant to lawful process or as otherwise authorized or required by statute.

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Clinical Decisions

720.1 PURPOSE AND SCOPE

This policy recognizes that a coordinated effort between the Responsible Physician and the Jail Commander is needed to ensure an adequate health care system. It emphasizes the importance of clinical decisions being the sole responsibility of the qualified health care professional.

720.1.1 DEFINITIONS

Definitions related to this policy include:

Clinical decisions - The process of formulating a differential diagnosis with information gathered from an inmate's medical history and physical and mental examinations, developing a list of possible causes and ordering tests to help refine the list or identify a specific disease.

Differential diagnosis - A systematic method of identifying unknowns or diagnosing a specific disease using a set of symptoms and testing as a process of elimination.

720.2 POLICY

Clinical decisions and actions regarding inmate health care are the sole responsibility of qualified health care professionals and should not be countermanded by others. The Responsible Physician shall be responsible for arranging for appropriate health resources and for determining what services are needed. The Jail Commander or the authorized designee shall be responsible for providing the custodial support to ensure a safe and secure environment for the delivery of the services and its accessibility to the inmates (15 CCR 1200(a); 15 CCR 1206(k)).

720.3 MEDICAL AUTONOMY

Clinical decisions shall be made only after a thorough evaluation of the patient's complaint and physical or mental condition. The implementation of clinical decisions is to be completed in an effective and safe manner that does not violate the security regulations of the facility.

720.4 PROBLEM RESOLUTION

Any issues arising because of the clinical decision process shall be reviewed under the provisions of the Continuous Quality Improvement Policy using medical records, grievances, staff complaints and any other relevant data.

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Health-Trained Custody Staff

721.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for inmates to access 24–hour health care services in the event that a qualified health care professional is not on-site.

721.2 POLICY

It is the policy of this office that a designated health-trained staff member shall be responsible for coordinating the delivery of health care services in the facility any time that qualified health care professionals are not available on-site (15 CCR 1028). Additionally, in facilities that do not have full-time qualified health care professionals, the Jail Commander shall appoint a staff member to act as a liaison to coordinate health care delivery in the facility under the direction of the Responsible Physician.

721.3 DUTIES OF THE HEALTH-TRAINED STAFF

The Jail Commander or the authorized designee, in coordination with the Responsible Physician, shall be responsible for developing a job description for health-trained staff positions. Designated health-trained staff shall be responsible for:

- Reviewing the screening forms completed during the booking process for any follow-up care needed.
- Managing triage of health care requests.
- Preparing inmates and their medical records for sick call.
- Assisting with the implementation of orders regarding diets, housing and work assignments.

721.4 TRAINING

The Jail Commander, Training Manager and the Responsible Physician shall be jointly responsible for developing a training curriculum for the health-trained staff positions and for the delivery of that training, which shall include:

- Instruction on proper action in the case of a medical emergency.
- Documentation requirements.
- Appropriate triage of health care requests and follow-up.
- Confidentiality of health information.

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721.5 UNREASONABLE BARRIERS

No member of the Tehama County Sheriff's Office correctional facility shall create unreasonable barriers to an inmate’s access to health care services. The following are examples of conduct that are likely to create unreasonable barriers and are prohibited:

(a) Punishing inmates for seeking care for their serious health needs.

(b) Deterring inmates from seeking care for their serious health needs by scheduling sick call at unreasonable times.

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Licensure, Certification, and Registration Requirements

722.1 PURPOSE AND SCOPE

The purpose of this policy is to recognize that inmates are entitled to health care services that are provided by qualified health care professionals working within the scope of their respective licensure, certification, registration, and training. This policy also establishes a credentials verification process.

722.2 POLICY

It is the policy of this office that all qualified health care professionals who provide health care services to inmates meet the same standards as those working in the community, including required licenses, certifications, and restrictions, including those defining the recognized scope of practice specific to the profession (15 CCR 1203). Job descriptions shall include minimum qualifications and specific duties and responsibilities, and shall be approved by the Responsible Physician.

The current credentials and job descriptions for all qualified health care professionals are on file at the facility and retained in accordance with established records retention schedules.

Any health care provided to inmates at the facility that is not provided by a physician is provided in accordance with a standing order or direct order issued by personnel qualified under governing laws to give such orders (15 CCR 1203; 15 CCR 1204).

722.3 CREDENTIALING AND FILE MAINTENANCE

A completed file of current licenses, certifications, registration, reference checks and applications shall be maintained by the Office Personnel Department and by the Responsible Physician or the authorized designee at this facility.

(a) The Responsible Physician or the authorized designee should obtain confirmation of current licensure, certification and registration prior to making any offer of employment.

(b) Inquiries into any sanctions or disciplinary actions of state boards, employers and the U.S. Department of Health and Human Services' National Practitioner Data Bank should be conducted prior to making any offer of employment.

(c) Individuals should be required to pass a job related pre-employment background investigation. Employment references may be obtained via mail or over the telephone with documentation.

(d) Each employee should be held responsible for providing renewal verification of licenses, certificates and registration prior to the expiration date.

(e) Any group or individual providing health care services must complete the credentialing process that is appropriate for their profession and must provide the facility a copy

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of current licensure and, when appropriate, a Drug Enforcement Administration certificate to prescribe controlled substances.

(f) To be eligible for hire, all clinical health care personnel must possess and maintain a current CPR certification and provide documentation to the Responsible Physician or the authorized designee.

722.4 STUDENTS AND/OR INTERNS

If the health care services provided to an inmate are performed by any intern, resident, or student who is authorized to provide specific health care services as part of a formal medical training program, the individuals in training will work under the control and supervision of a qualified health care professional. Assigned tasks shall be commensurate with the intern, student, or resident's level of training.

There shall be a written agreement between the facility and the entity sponsoring the training program that covers the scope of work, duration of the agreement, and any legal or liability issues.

Any student, intern, or resident working in the facility shall participate in a facility orientation that includes but is not limited to topics such as fire safety, facility security, items considered contraband, and inmate culture.

All students, interns, or residents shall be required to agree in writing to abide by all facility policies, including those relating to hostages, facility security, and the confidentiality of information.

All training provided, written agreements, and/or contracts shall be maintained in the intern, resident, or student's file by the Responsible Physician or the authorized designee in accordance with established records retention schedules.

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Inmate Assistants

723.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines and establish parameters for the appropriate use of inmates as assistants in the provision of health care services.

723.2 POLICY

It is the policy of this office that all inmate assistants shall be under direct supervision and used in a manner that does not give them control or authority over other inmates, access to confidential medical information, or authority to make treatment decisions or provide patient care. Inmate assistants shall not be used as a substitute for qualified health care professionals.

723.3 INMATE ASSISTANTS

Inmates who have received appropriate training may perform limited duties involving assistance to other inmates however, only while under the direct supervision of qualified health care professionals. The duties that inmate assistants may perform include the following:

- Peer support and education
- Emotional support activities for inmates who are ill
- Assisting disabled inmates with daily living activities such as providing escort assistance or assistance with bathing and dressing to inmates who are blind or physically disabled
- When qualified and properly trained and when participating in a formal suicide prevention plan, inmate assistants may serve as a companion to other inmates who are at risk of suicide

723.4 PROHIBITED DUTIES

Inmate assistants shall not be used for any direct patient care activities, diagnostic or treatment decisions, dispensing of medications, scheduling health care appointments or any form of patient care normally provided by a qualified health care professional.

723.5 TRAINING

Inmate assistants assigned to health care services shall receive education and training specific to their anticipated duties to ensure that they understand and can perform their duties in a safe and lawful manner.

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Suicide Prevention and Intervention

724.1 PURPOSE AND SCOPE

This policy establishes the suicide prevention and intervention program to identify, monitor and, when necessary, provide for emergency response and treatment of inmates who present a suicide risk while incarcerated at the office detention facilities.

This policy is intended to reduce the risk of self-inflicted injury or death by providing tools to the staff that will allow a timely and organized emergency response to suicide, suicide attempts, or an inmate's unspoken indications that suicide is being considered. The three key components of this plan are evaluation, training, and screening with intervention.

724.2 POLICY

It is the policy of this office to minimize the incidence of suicide by establishing and maintaining a comprehensive suicide prevention and intervention program designed to identify inmates who are at risk of suicide and to intervene appropriately whenever possible. The program shall be developed by the Jail Commander and the Responsible Physician, approved by the local public health entity and reviewed annually by the Jail Commander. A copy of this policy shall be maintained in each unit of the facility where it can be easily accessed by all staff members (15 CCR 1029(a)(8); 15 CCR 1030).

724.3 SUICIDE PREVENTION TEAM

The Jail Commander in cooperation with the Responsible Physician shall establish a suicide prevention team. The team will evaluate and approve the suicide prevention and intervention program annually. The suicide prevention team will consist of qualified health care professionals and the Jail Commander or the authorized designee. The yearly evaluation will include a review of all current policies to ensure they are relevant, realistic and consistent with the mission of the program. The program and policies will be updated as needed(15 CCR 1030).

The suicide prevention team shall also ensure that the facility is evaluated annually to identify any physical plant characteristics or operational procedures that might be modified to reduce the risk of inmate suicide. This should be accomplished by conducting a review of suicides and suicide attempts, physical inspection, review of various facility inspection reports and by participating in inmate/management team meetings. If physical modifications are recommended, the team shall ensure the Jail Commander is promptly notified.

It shall also be the responsibility of the suicide prevention team to coordinate with the Training Manager to ensure that suicide prevention training is provided in compliance with applicable statutes and standards.

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724.4 STAFF TRAINING

All facility staff members who are responsible for supervising inmates shall receive initial and annual training on suicide risk identification, prevention, and intervention, to include, at minimum (15 CCR 1030):

- The provisions of this policy.
- Identification of the warning signs and indicators of potential suicide, including training on suicide risk factors.
- Identification of the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors.
- Responding to suicidal and depressed inmates.
- Communication between corrections and health care personnel.
- Using referral procedures.
- Housing observation and suicide watch-level procedures.
- Follow-up monitoring of inmates who attempt suicide.
- Communication between members and arresting/transporting correctional officers.

Recommendations for modification to suicide training should be directed to the Jail Commander, who shall review the recommendations and approve, if appropriate.

724.5 SCREENING AND INTERVENTION

All inmates shall undergo medical and mental health screening during the intake process (15 CCR 1030). A portion of the intake medical screening is devoted to assessing inmates at risk for suicide. Upon an inmate entering the facility, he/she should be assessed by custody staff for the ability to answer medical and mental health screening questions.

Any inmate who appears to be unable to answer the initial medical screening questions shall be examined by a qualified health care professional at a designated hospital and receive medical clearance before acceptance into the jail. Inmates who refuse to answer these questions shall be placed under observation until the screening can be completed, or until sufficient information is obtained to allow the staff to make appropriate decisions concerning housing and care.

Staff members shall promptly refer any inmate who is at risk for suicide to classification, health services, and mental health services. The inmate shall remain under direct and constant observation in a safe setting until designated staff makes appropriate health care and housing decisions (15 CCR 1030).

724.6 SUICIDE WATCH

Inmates should only be housed on suicide watch with the approval of a qualified health care professional and the Shift Supervisor. If a qualified health care professional is not present in the jail, the Shift Supervisor may make the decision to place an inmate on suicide watch but should

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notify a qualified health care professional as soon as practicable. Inmates placed on suicide watch shall be closely monitored and housed in a cell that has been designed to be suicide resistant. Prior to housing the inmate, the staff should carefully inspect the cell for objects that may pose a threat to the inmate's safety.

Qualified health care professionals are primarily responsible for the treatment of inmates on suicide watch. Correctional officers and general employees are responsible for the physical safety of inmates. All staff members should coordinate their efforts to ensure that inmates do not have the means or the opportunity to injure themselves.

An observation log shall be maintained for each inmate on suicide watch. A staff member shall be designated to make a direct visual observation of the inmate twice every 30 minutes at approximately 15-minute intervals. A Shift Supervisor and a qualified health care professional, if available, must observe the inmate at least once every five hours. Each staff member who is required to observe the inmate shall make notations in the observation log documenting the time of observation and a brief description of the inmate's behavior.

An inmate classified as actively suicidal must be continuously monitored by direct visual observation of a correctional officer. While monitoring may be supplemented by video monitoring, it may never be a substitute for direct visual monitoring.

The status of suicidal inmates should be readily identifiable in a manner discernible by staff. When standard-issue clothing presents a security or medical risk to the inmate or others, the inmate shall be supplied with a security garment that is designed to promote inmate safety and not cause unnecessary humiliation and degradation. Use of the security garment shall be documented in the inmate's health record. Suicidal inmates shall not be permitted to retain undergarments or any other item that can be fashioned into an implement for hanging (e.g., plastic bags, shoelaces, or sheets). Inmates shall not be permitted to keep personal property while housed on suicide watch and shall not be permitted to possess razors or other sharp objects, such as pencils, items with staples, or any other item that may be used to cause a self-inflicted injury. Physical restraints should only be used as a last resort measure. The decision to use or discontinue use of restraints should be made in consultation with qualified health care professionals.

Inmates who are not actively suicidal but who have expressed suicidal thoughts or have a recent history of self-injurious behavior should be observed by staff at irregular intervals, not to exceed every 15 minutes.

724.6.1 INTERVENTION

Any suicide attempt is a medical emergency. Staff should take action to facilitate emergency medical care and preserve and collect evidence as necessary. A qualified health care professional should be summoned immediately any time the staff suspects a suicide attempt is imminent. Staff should take reasonable and appropriate precautions to mitigate the ability of the inmate to injure him/herself, and should consider establishing and maintaining a non-threatening conversation with the inmate while awaiting assistance. If a qualified health care professional is not immediately

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available, the inmate should be placed in an appropriate and safe location until such time as qualified health care professionals or the Responsible Physician is available.

Following a suicide attempt, staff should initiate a medical emergency response and initiate and continue appropriate life-saving measures until relieved by qualified health care professionals. The arriving medical staff should perform the appropriate medical evaluation and intervention. The Responsible Physician or the authorized designee should be notified in situations when referral and transportation to the emergency room of a local hospital is required (15 CCR 1030).

724.6.2 NOTIFICATION

Jail Commander Jail CommanderIn the event of an attempted or completed suicide, the Jail Commander should be promptly notified. The should notify the Sheriff.

The location where a suicide or attempted suicide has occurred should be treated as a crime scene after the inmate has been removed from the cell or after emergency medical care is rendered. The area should be secured and access-controlled to preserve evidence until the appropriate investigation can be completed.

All suicides or attempted suicides shall be documented in an incident report. Any injury must be documented in an inmate injury report (15 CCR 1030).

All in-custody deaths, including those resulting from suicide, should be investigated and documented in accordance with the Reporting In-Custody Deaths Policy (15 CCR 1030).

724.7 FOLLOW-UP

Qualified health care professionals should evaluate any inmate placed in suicide watch within 24 hours of placement or at the next available physician’s visit, whichever is earliest. After evaluation, qualified health care professionals should make a recommendation whether to keep the inmate on suicide watch. Only a qualified health care professional may remove an inmate from suicide watch.

All changes in inmate status should be reported to the qualified health care professional to ensure the inmate receives appropriate care. The inmate’s health record should be updated to reflect all contacts, treatment and any other relevant information, and the records maintained in accordance with established records retention schedules.

Although the goal of this program is to significantly reduce the risk of in-custody deaths, the ongoing care of suicidal inmates after release must also be considered. Inmates who are at risk for suicide should work with local or area mental health resources and inmate families after release. A correctional officer should complete the necessary application, documenting the reasons why the inmate is believed to be suicidal. The completed application should accompany the released inmate to the designated facility.

724.7.1 DEBRIEFING

Any suicide attempt or death of an inmate or on-site staff member requires a staff debriefing. Information will be communicated to the oncoming Shift Supervisor and staff to apprise them of

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the incident and the actions taken with regard to the incident. Such debriefing will be appropriately documented and shall be reviewed by administration, security, and the Responsible Physician.

724.8 TRANSPORTATION

Inmates at risk for suicide pose additional challenges during transport and while being held in court holding facilities. The transportation staff should take reasonable steps to closely monitor at-risk inmates whenever they are transported or held in any cell that is not designated as a suicide-watch cell. All additional security and monitoring measures implemented by the staff should be documented in the inmate's record. The transporting correctional officer should ensure that the suicide threat or other danger is communicated to personnel at the receiving facility.

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Inmate Death - Clinical Care Review

725.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the actions and notifications required in the event of an in-custody death and the medical care received by the inmate. The policy requires that a review of all in-custody deaths be conducted to assess the appropriateness of the clinical care provided and the effectiveness of the facility's policies and procedures.

725.1.1 DEFINITIONS

Definitions related to this policy include:

Administrative review - An assessment of the facility's emergency response actions surrounding the death of an inmate. The purpose of the administrative review is to identify areas where operations, policies and procedures may be improved.

Clinical mortality review (CMR) - An assessment of the medical condition of the inmate prior to treatment, the clinical care provided by contractors and the circumstances of the death. The purpose of the CMR is to identify areas of patient care or system policies and procedures that may be improved.

Psychological autopsy - A written reconstruction of an inmate's life with an emphasis on factors that may have contributed to his/her death. This is sometimes referred to as a psychological reconstruction and is usually conducted by a psychologist or other qualified mental health care professional.

725.2 POLICY

It is the policy of this office that all in-custody deaths are reviewed to determine the appropriateness of the clinical care provided, to determine whether existing policies are appropriate or if revision is necessary and to identify any other issues associated with the circumstances of the death. A postmortem examination should be performed according to the laws of the jurisdiction if the cause of death is unknown, if the death occurred under suspicious circumstances or if the inmate was not under current medical care (15 CCR 1046(a)).

725.3 NOTIFICATIONS

In the event of an in-custody death, all authorities with jurisdiction, including the Coroner or the authorized designee shall immediately be notified by the Jail Commander or the authorized designee at the time of death.

The Responsible Physician should also be notified and should coordinate with the Jail Commander, who will be responsible for notifying his/her chain of command regarding all medical issues surrounding the in-custody death.

Information regarding the individual designated by the deceased inmate for notification should be provided to the Coroner or the authorized designee, who is charged with the responsibility of making such notifications.

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725.4 DOCUMENTATION

The qualified health care professional on-duty at the time of the in-custody death shall ensure that all witnessed facts concerning the death are documented on the inmate's health record. Written documentation should include, but is not limited to, the time of death, the preceding circumstances surrounding the death, nature of the death, treatment rendered and who was notified of the death and by whom.

The Responsible Physician should initiate a death report and document it in accordance with the Continuous Quality Improvement Policy.

725.5 CLOSING THE MEDICAL RECORD

The Responsible Physician should review the inmate's health record to ensure appropriate entries have been made, and within 24 hours of the death have the original and a complete copy of the medical record made and delivered as follows (see the Reporting Inmate Deaths Policy):

(a) Seal the original in an envelope and retain in the custody of the Responsible Physician.

(b) Send the copy to the facility for inclusion into the inmate file and retain in accordance with established records retention schedules.

725.6 DEATH BY SUICIDE

In the event of a suspected inmate suicide, the qualified health care professional shall make a report within 24 hours to the Responsible Physician containing:

(a) The inmate's known mental health history.

(b) The most recent known mental health treatment.

(c) All known circumstances surrounding the suicide.

A psychological autopsy should be conducted by a qualified mental health care professional if the cause of death is determined to be a suicide.

The initial CMR should be conducted by the Responsible Physician and, if available, a mental health care professional. The CMR should be finalized within 30 days by the Responsible Physician. The findings should be shared with the treating staff.

725.7 DEATH REVIEW

All deaths should be reviewed within 30 days. The review shall consist of an administrative review, a CMR and a psychological autopsy if the death was by suicide.

Treating staff shall be informed of the CMR and the administrative review findings at the quarterly continuous quality improvement meeting.

Corrective actions identified through the CMR should be implemented and monitored in accordance with the Continuous Quality Improvement Policy for systemic issues and the Inmate Safety Policy for staff-related issues.

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Inmate Death - Clinical Care Review

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Nursing Assessment Protocols

726.1 PURPOSE AND SCOPE

The purpose of this policy is to establish standards for evaluating and treating inmates with medical issues that are easily and effectively treated or triaged by nursing personnel who have been properly trained in the use of nursing assessment protocols.

726.1.1 DEFINITIONS

Definitions related to this policy include:

Nursing assessment protocols - Written instructions or guidelines that specify the steps to be taken in evaluating an inmate's health status and providing medical treatment. Protocols may include first-aid procedures for the identification and care of ailments that ordinarily would be treated with over-the-counter (OTC) medication or through self-care. These protocols also may address more serious symptoms, such as chest pain, shortness of breath or intoxication. The protocols provide a sequence of steps to evaluate and stabilize an inmate until a qualified health care professional is contacted and orders for further care are received.

726.2 POLICY

It is the policy of this office that medical care performed by personnel other than a physician shall be performed pursuant to a written protocol or order of the Responsible Physician.

726.3 PROTOCOL DEVELOPMENT AND AUTHORIZATION

The facility's Responsible Physician or the authorized designee shall develop, review and authorize all nursing protocols used for the treatment of inmates, and shall develop, deliver or procure appropriate training for the nurses on their use. Each nursing assessment protocol will have a signed declaration indicating it has been reviewed and approved by the nursing administrator and the Responsible Physician.

The protocols developed shall be appropriate for the training and experience of the health care services staff members who will deliver the services. Each protocol shall comply with the standards of practice for the level of care the health care services staff members are authorized to provide. The protocols shall only include the use of OTC medications.

The Responsible Physician shall review the nursing assessment annually, revising as necessary and dating and signing approved protocols (15 CCR 1204).

726.4 TRAINING

Nurses will be trained and approved in the nursing assessment protocols prior to their use. The training shall be documented and should include:

(a) Evidence that new nurses have been trained.

(b) Demonstration of knowledge and skills.

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(c) Evidence of annual review of skills.

(d) Evidence of retraining when protocols are introduced or revised.

726.5 AUTHORIZED USE OF PROTOCOLS

Nursing staff may use a nursing assessment protocol only after they have been trained and authorized by the Responsible Physician. Nursing assessment protocols shall only be used after a nurse fully evaluates the inmate's complaint and the inmate's condition meets the appropriate criteria.

Inmates may only be treated using a nursing protocol for the same condition on two consecutive visits. If the inmate requests service for the same condition a third time, the inmate should be referred to a physician's assistant, nurse practitioner, registered nurse or physician.

The assessment protocols only include the use of OTC medication. When OTCs are administered per the protocol, they do not require the signature of a physician. However, the order and the administration of the medication shall be documented on the medication administration record.

A registered nurse (RN) is considered the minimum certification level required to independently initiate medical treatment. The RN must be present to physically assess the inmate; an assessment cannot be done via telephone or electronically.

Licensed vocational nurses (LVNs) are generally prohibited from independently initiating any standardized protocol. Under very specific circumstances (e.g., early detoxification, a history of a seizure disorder), it may be acceptable for an LVN to initiate a standing order following a telephone consultation with a physician, physician's assistant, psychiatrist, dentist or other person who meets the minimum certification level to initiate such orders. Under these circumstances, it is essential that the inmate be personally evaluated within 24 hours by a physician's assistant, nurse practitioner, registered nurse or physician.

Nursing assessment protocols shall not include the administration of any prescription medication, with the exception of protocols addressing an emergency or a life-threatening situation. Treatment with prescription medication may only be initiated upon a written or verbal order from a physician, physician's assistant, psychiatrist, dentist or other person who is licensed to dispense medication in the state, either independently or under the supervision of a physician.

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Infirmary Care

727.1 PURPOSE AND SCOPE

This policy recognizes that some inmates will need care for an illness or diagnosis that requires daily monitoring, daily medication and/or therapy, or assistance with daily activities at a level that requires skilled nursing intervention. Such inmates are best served in an area expressly designed and operated for providing medical care in close proximity to qualified health care professionals.

727.1.1 DEFINITIONS

Definitions related to this policy include:

Infirmary - An area specifically designed and operated for providing medical care to inmates who need skilled nursing care for a period of 24 hours or more. It is expressly intended for inmates who do not need hospitalization or placement in a licensed nursing facility, but whose care cannot be managed safely in an outpatient setting. It is not the area itself but the scope of care provided that makes the bed an infirmary bed.

Infirmary care - Care provided to patients with an illness or diagnosis that requires daily monitoring, medication and/or therapy, or assistance with daily activities at a level requiring skilled nursing intervention.

Within sight or sound of a qualified health care professional - The patient can gain the professional's attention through visual or auditory signals.

727.2 POLICY

It is the policy of this office that infirmary care is provided when appropriate to meet the serious medical needs of inmates. The Responsible Physician shall be responsible for developing and maintaining an infirmary manual, that shall be available in the infirmary. The infirmary manual shall include, but is not limited to:

- Nursing care procedures.
- A definition of the scope of infirmary care services available.
- Provisions for a physician to be on-call or available 24 hours a day.
- Guidelines regarding the availability of health care personnel, who shall be on-duty 24 hours a day when inmates are present and shall have access to a physician or registered nurse.
- Provisions ensuring that all inmates are within sight or sound of a staff member.
- Provisions for an infirmary record that is separate from the complete medical record of the inmate.
- Requirements for compliance with applicable state statues and local licensing.

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Admission to and discharge from the infirmary shall be controlled by medical orders or protocols issued by a qualified health care professional after a clinical evaluation and the establishment of a treatment plan.

727.3 DOCUMENTATION REQUIREMENTS FOR INFIRMARY PATIENTS

A complete inpatient health record shall be kept for each inmate housed in the infirmary and should include:

- The admitting order that includes the admitting diagnosis, medications, diet, activity restrictions, diagnostic tests required and frequency of vital sign monitoring and other follow-up.
- Complete documentation of the care and treatment given.
- The medication administration record.
- A discharge plan and discharge notes.

727.4 INFIRMARY REQUIREMENTS

Inmates in the infirmary shall have access to operable washbasins with hot and cold running water at a minimum ratio of one basin for every 12 inmates, unless state or local building or health codes specify differently. Sufficient bathing facilities shall be provided in the infirmary to allow inmates to bathe daily. At least one bathing facility shall be configured and equipped to accommodate inmates who have physical impairments or who need assistance to bathe. Water for bathing is thermostatically controlled to temperatures ranging from 100 to 120 degrees.

Inmates in the infirmary shall have access to toilets and hand-washing facilities 24 hours a day and can use the toilet without staff assistance. Toilets are provided at a minimum ratio of one for every 12 inmates in the male infirmary and one for every eight inmates in the female infirmary. Urinals may be substituted for up to one-half of the toilets in the male infirmary. All housing units with three or more inmates shall have a minimum of two toilets.

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Medical Equipment and Supply Control

728.1 PURPOSE AND SCOPE

This policy outlines the control and inventory process to be utilized in accounting for all medical equipment and supplies. Medical equipment and supplies can pose a hazard for both the inmate population and the staff. Unauthorized possession of medical equipment and supplies constitutes possession of contraband. Unauthorized use of medical equipment and supplies violates inmate rules detailed in the inmate handbook. Since it is necessary to have a well-stocked medical space within the secure perimeter of the facility, there must be a plan to ensure that equipment and medical supplies are accounted for and tightly controlled.

728.2 POLICY

It is the policy of this office that all medical equipment, including sharps, dental instruments, needles and other items must be tightly controlled so they cannot be used as weapons or to facilitate the injection of drugs or other substances. Additionally, these tools and supplies must be controlled to prevent exposure to biohazards.

728.3 STAFF RESPONSIBILITIES

It is the responsibility of the Jail Commander to ensure that the inmate handbook clearly defines the unauthorized possession and/or use of medical equipment and supplies as a rule violation that may result in discipline.

The Responsible Physician or the authorized designee shall create and maintain an inventory log for all medical equipment and supplies. This log will be utilized by medical personnel who work within the facility to track and control medical equipment and supplies. When not in use, all medical equipment and supplies shall be stored in a secure manner to prevent unauthorized access.

At the beginning of each shift, the qualified health care professional shall inventory the medical supplies and equipment within their control. Any time a disposable item is used, the log shall reflect its use and disposal. At the end of each shift, the qualified health care professional will conduct another inventory using the supply and equipment log, and reconcile any disposable supplies used during their shift.

If there is a discrepancy that indicates that medical supplies or equipment are missing, the Shift Supervisor shall be immediately notified. The Shift Supervisor shall initiate a search for the missing supplies and/or equipment. The Shift Supervisor shall document the incident and any actions taken and provide the Jail Commander with a complete report.

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Continuation of Care

729.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain a proactive health system in the facility that fosters the continuation of health care needs that, if discontinued, would have a negative effect on the health of the inmate. The sole objective is to maintain or improve the health of the inmates. This policy is intended to ensure that inmates receive health services in keeping with current community standards as ordered by qualified health care professionals.

729.2 POLICY

It is the policy of this office that all inmates shall have access to the continuation of care for a health issue, provided the treatment plan meets community standards. The inmate's health care needs will be assessed by qualified health care professionals and continued as determined or referred after release (15 CCR 1206.5(a); 15 CCR 1210).

729.3 CONTINUATION OF CARE

The Jail Commander is responsible for coordinating with the Responsible Physician to ensure that all inmates receive appropriate health care, including, but not limited to:

(a) Newly booked inmates shall have a medical screening as part of the booking and classification process. This screening includes documentation of acute or chronic health issues or conditions, existing injuries and medications or treatments the inmate is currently receiving.

1. Any prior jail health records, including those from other facilities, should be reviewed.
2. Current medications will be verified and continued as deemed appropriate by the Responsible Physician or the authorized designee.

(b) A health assessment is completed on or before the 14th day of continuous incarceration.

(c) Individual treatment plans that are used to guide treatment. The format for planning may vary but should include, at a minimum:

1. The frequency of follow-up for medical evaluation and adjustment of treatment modality.
2. The type and frequency of diagnostic testing and therapeutic regimens.
3. When appropriate, instructions about diet, exercise, medication and adaptation to the correctional environment.
4. Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.

(d) Reasonable effort should be made to obtain information and records relating to previous health care professionals, with the consent of the inmate, if the inmate is currently under medical care.

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(e) Upon transfer to another facility, a medical discharge summary of the inmate's current condition, medications and treatment plan will be forwarded in a sealed envelope (to maintain confidentiality) to the receiving facility.

(f) Response to requests for health information from medical facilities and health care professionals, with the inmate's written consent.

(g) When inmates are sent out of the facility for emergency or specialty medical treatment, written information regarding the inmate's reason for transfer, pertinent medical problems and list of current medications should be sent with the inmate and may be given to those providing care upon request. The name and telephone number of a contact person the medical facility can call should be included with the patient health information. Upon the inmate's return to the facility, treatment recommendations should be reviewed by the Responsible Physician or the authorized designee and appropriate plans should be made for continuing care in the facility based on the treating facility's diagnosis, recommended medications and other treatment.

(h) Upon release from the facility, inmates should be given written instructions for the continuation of care including, but not limited to:

1. The name and contact information of health care facilities for follow-up appointments.
2. Prescriptions and/or an adequate supply of medication for those with chronic medical or psychiatric conditions.

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Continuous Quality Improvement

730.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a Continuous Quality Improvement (CQI) process of health care review in an effort to identify improvement needs in policies, processes or staff actions, and to develop and implement better health care strategies to improve the processes and outcomes of the health care services delivered at this facility.

730.2 POLICY

It is the policy of this office that an internal review and CQI process for inmate health care delivery and outcomes is developed and maintained, measurable goals and objectives are established and reviewed annually, and that the process itself is periodically reviewed and updated as needed. The process should be supervised by the Responsible Physician. The data evaluated should result in more effective access to services, an improved quality of care and a better utilization of resources.

730.3 CQI TECHNIQUES AND MONITORING

The CQI process may be applied to any aspect of health care delivery and health service outcomes, including, but not limited to, monitoring and reviewing the following:

- Quality of the medical charts, by the Responsible Physician or the authorized designee
- Investigations of complaints and grievances
- Corrective action plans and plan outcomes
- Deaths in custody, suicide attempts, sentinel events, and incident and management of serious communicable disease outbreaks
- Plans for employee education and training, using investigation findings
- Records of internal review activities
- Quarterly reports to the Responsible Physician and Jail Commander
- Legal requirements for confidentiality of medical records
- Credentialing (assessing and confirming qualifications), privileging (authorization to provide services), and training of employees and the associated peer review processes
- Condition and effectiveness of the care environment
- Adequacy and quality of supplies and equipment
- Quality of care provided to individual patients
- Accuracy and efficiency of pharmacy services and medication administration
- Ease of access to care
- Risk minimization tactics

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- Data describing the types, quality and quantity of care provided
- Accreditation compliance

730.4 CQI COMMITTEE MEETINGS

The jail CQI committee should meet quarterly under the direction of both the committee chair and the Responsible Physician. The CQI meetings may be conducted at the same time as quarterly administrative meetings, but CQI minutes must be produced and maintained separately from any other minutes.

The CQI minutes are not subject to disclosure outside of the CQI program, including requests from local, regional and national entities. Other interested parties with a need to know are only entitled to the disclosure of information that includes:

(a) Problems that may have been identified.

(b) Solutions that have been agreed upon.

(c) Persons responsible for implementing the corrective action.

(d) The time frame for implementing the corrective actions.

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Informed Consent and Right to Refuse Medical Care

731.1 PURPOSE AND SCOPE

This policy recognizes that inmates have a right to make informed decisions regarding their health care. It establishes the conditions under which informed consent should be obtained prior to treatment, when medical care may proceed without consent, the documentation process for the refusal of medical care and the retention of refusal forms.

731.1.1 DEFINITIONS

Definitions related to this policy include:

Informed consent - The written agreement by an inmate to a treatment, examination or procedure. Consent is sought after the inmate has received the material facts about the nature, consequences and risks of the proposed treatment, the examination or procedure, the alternatives to the treatment and the prognosis if the proposed treatment is not undertaken, in a language understood by the inmate.

731.2 POLICY

It is the policy of this office that generally, all health care examinations, treatments and procedures shall be conducted with the informed consent of the inmate. Exceptions include emergencies, life-threatening conditions and a court order (15 CCR 1214).

731.3 INFORMED CONSENT

The qualified health care professional initiating treatment shall inform the inmate of the nature of the treatment and its possible side effects and risks, as well as the risks associated with not having the treatment.

For invasive procedures or any treatment where there is some risk to the inmate, informed consent is documented on a written form containing the signatures of the inmate and a health services staff witness.

A signed informed consent shall be obtained and witnessed by the prescribing psychiatrist for the initiation of psychotropic medication.

Appropriate arrangements shall be made to provide language translation services as needed before an inmate signs any informed consent form.

For minors and conservatees, the informed consent of a parent, guardian or legal custodian applies where required by law. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment can be administered to an inmate.

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731.4 REFUSAL OF TREATMENT

When an inmate refuses medical, mental health or dental treatment or medication, he/she shall be counseled regarding the necessity of the treatment/medication and the consequences of refusal. The inmate shall then be requested to sign a form acknowledging that he/she refused an examination and/or treatment.

The form shall be filled out completely by the qualified health care professional and include the inmate's name, booking number, treatment/medication refused, the risks or consequences of refusal and the inmate's mental status. The form must be signed by the inmate and a witness.

In the event that the inmate refuses to sign, a notation to this effect shall be documented on the inmate signature line. This shall require a signed acknowledgement by two witnesses.

Documentation regarding the inmate's mental status shall be noted in the medical record, along with a brief note describing the intervention of the qualified health care professional.

The completed form is to be placed in the inmate's medical record.

It is the responsibility of the qualified health care professional to refer all refusal forms to the Responsible Physician.

Any time there is a concern about the decision-making capacity of the inmate, an evaluation shall be conducted, particularly if the refusal is for critical or acute care.

Any time an inmate refuses to take his/her medication, attend sick call or a scheduled medical appointment, a signed refusal must be obtained by the qualified health care professional.

The refusal form shall be a permanent part of the inmate's medical record.

The inmate may revoke his/her refusal at any time.

731.4.1 STERILIZATION

This office shall not perform any sterilization procedure on an inmate, without the inmate's consent, unless the procedure is necessary to save the inmate's life. A sterilization procedure may be performed with the inmate's consent under the following conditions (Penal Code § 3440(b)):

(a) Less invasive measures are not available, have been refused by the inmate or have been deemed unsuccessful.

(b) A second physician, approved to provide medical services for the facility, but not employed by the county, confirms the need for the procedure.

(c) The inmate has been advised of the impact and side effects of the procedure, and that refusal will not affect his/her ability to receive future medical treatment.

If a sterilization procedure is performed, this office shall provide psychological consultation before and after the procedure, as well as the appropriate medical follow-up (Penal Code § 3440(c)).

The Records Supervisor shall also submit data annually to the Board of State and Community Corrections regarding the race, age, medical justification and method of sterilization for any sterilization procedure performed (Penal Code § 3440(d)).

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731.4.2 INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC MEDICATION

Psychotropic medication may only be administered involuntarily to an inmate in emergency circumstances or as otherwise allowed by law and only with a physician's order. The medication administered shall only be what is required to treat the emergency condition and administered for only as long as the emergency continues to exist. A court order shall be sought or legal consent shall be obtained if the Responsible Physician anticipates further dosage will be necessary or beneficial (Penal Code § 2603; 15 CCR 1217).

In cases of non-emergencies, certain conditions must be met as described in Penal Code § 2603(c) prior to the involuntary administration of the psychotropic medication, including a documented attempt to locate an available bed in a community-based treatment facility in lieu of seeking to administer involuntary medication (Penal Code § 2603).

The reason medication was involuntarily administered should be documented in the inmate's health care record.

731.5 RECORDS

The Jail Commander or the authorized designee shall work with the Responsible Physician to develop medical care consent and refusal forms and a system for retaining records in the inmate's health file in accordance with established records retention schedules.

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Management of Health Records

732.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a uniform manner of maintaining the active health records of inmates for easy accessibility during clinical treatment, and the storage methods for inactive health records. This policy also addresses practices that will ensure the confidentiality of health record information by separating it from custody records.

732.1.1 DEFINITIONS

Definitions related to this policy include:

Protected health information - Information that relates to the inmate's past, present or future physical or mental health or condition, the provision of medical care to the inmate, or the past, present or future payment for the provision of health care to the inmate (45 CFR 160.103).

732.2 POLICY

It is the policy of this office to maintain the confidentiality of inmates' protected health information. Inmate health records will be maintained separately from custody records and under secure conditions, in compliance with all local, state and federal requirements.

The Responsible Physician or the authorized designee will establish standardized facility procedures for recording information in the file and for the control and access to inmate health records. Inmate workers shall not have any access to inmate health records.

732.3 INITIATING A HEALTH RECORD

Following the initial medical screening process, the qualified health care professional shall initiate a health record for each inmate. The Responsible Physician shall be responsible for developing and implementing procedures for standardized record formatting (15 CCR 1205 et seq.).

732.4 CONFIDENTIALITY OF INMATE HEALTH RECORDS

Information regarding an inmate's health status is confidential. Active health records shall be maintained separately from custody records. Access to an inmate's health record shall be in accordance with state and federal law (Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191 and the implementing regulations) (15 CCR 1205(d)).

The inmate's protected health information may be disclosed, with the inmate's written authorization, to any person so designated. A fully completed authorization for release and/or a disclosure of protected health information form shall be required prior to disclosure based upon informed consent (15 CCR 1205(b) et seq.).

The inmate's protected health information may be disclosed by the qualified health care professional without the inmate's authorization under certain circumstances and when approved by the Responsible Physician or the authorized designee. Those circumstances include:

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(a) To known qualified health care professionals who are members of the health care team responsible for the inmate's care.

(b) To custody staff regarding inmates as reasonably necessary to protect the safety, security and good order of the facility. Examples may include information that the inmate may be:

1. Suicidal.
2. Homicidal.
3. A clear custodial risk.
4. A clear danger of injury to self or others.
5. Gravely disabled.
6. Receiving psychotropic medications.
7. A communicable disease risk.
8. In need of special housing.

(c) To the local public health officer when an inmate is part of a communicable disease investigation.

(d) Pursuant to a court order or valid subpoena duces tecum, accompanied by satisfactory assurance that the inmate has been given notice and an opportunity to file an objection or efforts have been made to secure a protective order as required under HIPAA (45 CFR 164.512).

(e) To a law enforcement officer for purposes of a criminal investigation, to avert a serious threat to the health or safety of any person or to fulfill mandatory reporting requirements.

(f) To a law enforcement officer when the inmate has died as a result of criminal conduct.

The inmate's limited protected health information may also be disclosed to a law enforcement officer for purposes of identifying or locating a suspect or when the inmate is a victim of a crime. When reasonably possible, the approval of the Jail Commander should be obtained prior to disclosure.

Attorneys requesting health record information regarding an inmate shall be advised that an authorization for release and/or a disclosure of medical information form or an attorney release form signed by the inmate is required.

Family members may be informed of the inmate's custody status and whether the inmate is receiving medical care. Family members requesting additional information must provide a proper authorization for release and/or disclosure of medical information form.

The Jail Commander, in consultation with the Responsible Physician, shall designate personnel who will be responsible for reviewing all requests for access to medical records and who

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will propose related policies and procedures and other activities designed to facilitate proper documentation of health care and access to records.

732.4.1 ADDITIONAL STATE PRIVACY PROTECTIONS

The health services administrator and Responsible Physician or the authorized designee shall ensure that privacy protections comply with state law requirements regarding privacy and confidentiality applicable to the specific type of medical records requested, including:

(a) Records associated with human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS) (Health and Safety Code § 121025).

(b) Records of patients in alcohol or substance abuse treatment programs (Health and Safety Code § 11845.5).

732.5 HEALTH RECORD CONTENTS

(a) To standardize record keeping and to identify responsibilities, the following should apply to inmate health records (15 CCR 1205):

1. The qualified health care professional or the authorized designee should be responsible for ensuring that all required information and forms are included in the medical records. There should also be a periodic informal review as described in the Continuous Quality Improvement Policy.
2. The qualified health care professional or the authorized designee should be responsible for ensuring incoming written findings and recommendations are returned with the inmate from any off-site visit, and filed in the inmate’s medical record.

(b) Inmate health records shall minimally contain, but are not limited to:

1. Identifying information (e.g., inmate name, identification number, date of birth, sex) on each sheet in the file.
2. A completed inmate medical/mental health screening forms and evaluation reports.
3. Health appraisal information and data forms.
4. Complaints of illness or injury.
5. A problem summary, containing medical and mental health diagnoses and treatments as well as known allergies.
6. Immunization records.
7. Progress notes of all significant findings, diagnoses, treatments and dispositions.
8. Orders from a qualified health care professional for prescribed and administered medications and medication records in conformance with 15 CCR 1216.

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9. X-ray and laboratory reports and diagnostic studies.
10. A record of the date, time and place of each clinical encounter with inmates.
11. Health service reports.
12. Individualized treatment plans when available or required.
13. Consent and refusal forms.
14. Release of information authorization forms (including HIPAA forms).
15. Results of specialty consultations and off-site referrals.
16. Special needs treatment plans, if applicable.
17. Names of personnel who treat, prescribe, and/or administer/deliver prescription medication.

732.6 ACTIVE INMATE HEALTH RECORDS

Active inmate health records will be accessible to qualified health care professionals as necessary for the provision of medical treatment and other uses allowed by law or the Jail Commander or the authorized designee, under exigent circumstances, to protect the safety, security and good order of the facility.

All entries in the inmate health record will have the place, date, time, signature and title of each individual providing care and should be legible.

Documentation in the inmate health record is done in the subjective, objective, assessment and plan (SOAP) format. An inmate health record is initiated at the first health encounter following the initial medical screening.

If an inmate has been previously incarcerated, the previous health record should be reactivated. If a new record has been initiated and a previous record exists, medical records personnel should merge the two records in order to compile a complete history, unless mandated statutory retention schedules have provided for the destruction of one file and there is a need to create a new file.

New information shall be entered on the health record at the completion of each encounter.

All inmate health records shall be returned to the file prior to the end of each watch.

732.7 INACTIVE MEDICAL RECORDS

When an inmate is released from custody, medical records personnel should remove the inmate’s health record from the active file.

The health record should be reviewed for completeness. Any loose documents should be filed according to the established health record format.

The health record should be securely stored in the area designated for inactive inmate health records, in accordance with established records retention schedules but no less than 10 years

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from the date of the last clinical encounter. Adult records and juvenile records may have different jurisdictional retention requirements.

Inactive inmate medical records may be stored off-site. Health record information from inactive files may be transmitted to specific and designated physicians or medical facilities upon the written request or authorization of the inmate.

732.8 ELECTRONIC MEDICAL RECORDS

If medical records are maintained in an electronic format, the system should be structured with redundancies to ensure the records will survive any system failure.

732.9 HIPAA COMPLIANCE

The Jail Commander, in consultation with the Responsible Physician, shall ensure that a health record protection and disclosure compliance plan conforming to the requirements of HIPAA is prepared and maintained. The plan should detail all necessary procedures for security and review of the access and disclosure of protected health information.

At minimum, the plan will include:

- Assignment of a HIPAA compliance officer, who is trained in HIPAA compliance and will be responsible for maintaining procedures for and enforcing HIPAA requirements, including receiving and documenting complaints about breaches of privacy.
- Ongoing training on HIPAA requirements, depending on the level of access the member has to protected health information.
- Administrative, physical and technical safeguards to protect the privacy of protected health information.
- Procedures for the permitted or required use or disclosure of protected health information and the mitigation of harm caused by improper use or disclosure.
- Protocol to ensure privacy policies and procedures, any privacy practices notices, disposition of any complaints, and other actions, activities, and designations required to be documented, are maintained for at least six years after the date of creation or last effective date, whichever is later.

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Inmate Health Care Communication

733.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain effective communication between the treating qualified health care professionals and custody personnel. This communication is essential at all levels of the organization to ensure the health and safety of all occupants of the facility.

733.2 POLICY

It is the policy of this office that effective communication shall occur between the Jail Commander and the treating qualified health care professionals regarding any significant health issues of an inmate. All health issues should be considered during classification and housing decisions in order to preserve the health and safety of the occupants of this facility.

When a qualified health care professional recognizes that an inmate will require accommodation due to a medical or mental health condition, custody personnel shall be promptly notified in writing.

The Jail Commander shall be responsible for establishing measurable goals relating to processes that enhance good communication between the qualified health care professionals and the custody staff. The Jail Commander should also establish, in writing, the desired performance objectives relating to practices that support good communication between the qualified health care professionals and the custody staff. The Jail Commander should review the documents annually for any necessary revisions or updates in support of continuous improvement in the delivery of health care services.

733.3 MANAGING SPECIAL NEEDS INMATES

Upon an inmate’s arrival at the facility, the qualified health care professional, in conjunction with the custody staff, should determine if the inmate has any special needs.

(a) If staff determines that an inmate has special needs, a communication form or other appropriate documentation relating to special needs should be completed and sent to classification personnel, the Shift Supervisor and the housing officer. This is to ensure that the inmate is assigned to a housing unit that is equipped to meet his/her special needs.

(b) The qualified health care professional should arrange for the appropriate follow-up evaluation.

(c) The health care of special needs inmates should be continuous and ongoing. At minimum, the inmate should be seen by the Responsible Physician or a qualified health care professional at least once every 90 days to evaluate his/her continued designation as a special needs inmate.

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(d) Inmates who have been determined by qualified health care professionals to require a special needs classification should be seen at least once monthly by a qualified health care professional.

(e) Prior to transfer to another facility, a medical transfer summary should be completed detailing any special requirements that should be considered while the inmate is in transit and upon his/her arrival at the destination. Discharge planning should be included, as appropriate.

(f) A treatment plan should be developed for each inmate and should include, at a minimum:

1. The frequency of follow-up for medical evaluation and anticipated adjustments of the treatment modality.
2. The type and frequency of diagnostic testing and therapeutic regimens.
3. When appropriate, instructions about diet, exercise, adaptation to the correctional environment and using prescribed medications.

(g) When clinically indicated, the qualified health care professionals and the custody personnel should consult regarding the condition and capabilities of inmates with known medical and/or psychiatric illnesses or developmental disabilities prior to any of the following:

1. Housing assignment
2. Program or job assignment
3. Admissions to, and transfers from or between institutions
4. Disciplinary measures for mentally ill patients

(h) Qualified health care professionals and custody personnel should communicate about inmates who require special accommodation. These include, but are not limited to, inmates who are:

1. Chronically ill
2. Undergoing dialysis
3. In an adult facility, as an adolescent
4. Infected with a communicable disease
5. Physically disabled
6. Pregnant
7. Frail or elderly
8. Terminally ill
9. Mentally ill or suicidal

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10. Developmentally disabled

733.4 NOTIFICATION TO SUPERVISORS

In the event that there is no mutual agreement regarding an individual or group of inmates who require special accommodation for medical or mental health conditions, supervisors in the respective chain of command within the health care and custody staff should address these issues.

733.5 NOTIFICATION TO THE SHERIFF FOR MEDICAL RELEASE

Supervisors, through the chain of command, should advise the Sheriff when a terminally ill inmate may be appropriate for early release or medical probation under Government Code § 26605.6 because the inmate would not reasonably pose a threat to public safety and the inmate has a life expectancy of six months or less, or the inmate requires 24-hour care or acute long-term inpatient rehabilitation services.

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Forensic Evidence

734.1 PURPOSE AND SCOPE

The purpose of this policy is to maintain credibility between the inmates and the facility's qualified health care professionals by establishing clear guidelines restricting facility health care professionals from participating in the collection of forensic evidence for disciplinary or legal proceedings.

734.1.1 DEFINITION

Definitions related to this policy include:

Forensic evidence - Physical or psychological data collected from an inmate that may be used against the inmate in disciplinary or legal proceedings.

734.2 POLICY

Qualified health care professionals of this facility are generally prohibited from participating in the collection of forensic evidence or performing psychological evaluations for disciplinary or legal proceedings.

Qualified health care professionals of this facility should not be involved in the collection of forensic evidence except when complying with state laws requiring the collection of blood samples from inmates, provided the inmate has consented to the procedure and staff are not involved in any punitive action against the inmate.

Qualified health care professionals of this facility may collect blood or urine for testing for alcohol or drugs when it is done for medical purposes and under a physician's order. Qualified health care professionals of this facility may conduct inmate-specific, court-ordered laboratory tests and examinations or radiology procedures with the consent of the inmate.

Qualified health care professionals of this facility are prohibited from being involved in the following procedures:

(a) Body cavity searches

(b) Psychological evaluations for use in adversarial proceedings

(c) Blood draws for lab studies ordered by the court, without inmate consent

(d) Any medical procedure, except emergency lifesaving measures, that does not have the inmate's written consent

It shall be the responsibility of the Sheriff or the authorized designee to arrange for appropriately trained professionals to collect forensic evidence for disciplinary or legal proceedings.

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Oral Care

735.1 PURPOSE AND SCOPE

The intent of this policy is to ensure that inmates have access to dental care and treatment for serious dental needs. While the focus of this policy is primarily on urgent and emergent dental care, as with medical or mental health care, dental care is available based upon patient need.

735.1.1 DEFINITIONS

Definitions related to this policy include:

Infection control practices - Are defined by the American Dental Association (ADA) and the Centers for Disease Control and Prevention (CDC) as including sterilizing instruments, disinfecting equipment and properly disposing of hazardous waste.

Oral care - Includes instruction in oral hygiene, examinations and treatment of dental problems. Instruction in oral hygiene minimally includes information on plaque control and the proper brushing of teeth.

Oral examination - Includes taking or reviewing the patient's oral history, an extra-oral head and neck examination, charting of teeth, and examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer and adequate illumination.

Oral screening - Includes visual observation of the teeth and gums, and notation of any obvious or gross abnormalities requiring immediate referral to a dentist.

Oral treatment - Includes the full range of services that in the supervising dentist's judgment are necessary for proper mastication and for maintaining the inmate's health status.

735.2 POLICY

It is the policy of this office that oral care is provided under the direction of a dentist licensed in this state and that care is timely and includes immediate access for urgent or painful conditions. There are established priorities for care when, in the dentist's judgment, the inmate's health would otherwise be adversely affected (15 CCR 1215).

735.3 ACCESS TO DENTAL SERVICES

Emergency and medically required dental care is provided to each inmate upon request. Dental services are not limited to extractions. It is the goal of dental services to alleviate pain and suffering, ensure that inmates do not lose teeth merely as a consequence of incarceration and to provide appropriate dental service whenever medically required to maintain nutrition (15 CCR 1215).

Access to dental services should be as follows:

(a) All inmates wishing to see the dentist for a non-emergency issue shall complete a sick call form. Requests should be triaged according to the nature and severity of the problem and should be seen by a dentist according to assigned priority. Inmates

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requesting dental services on weekends or after hours will initially be evaluated by a qualified health care professional and referred appropriately.

(b) If an inmate suffers obvious trauma or other dental emergency, the qualified health care professional may arrange for immediate access to a dentist or may transfer the inmate to an emergency room for treatment.

(c) Inmates who are furloughed or sentenced to work release or another form of community release may see their own dentist pursuant to approval of scheduling arrangements with facility medical and custody staff. The inmate will be financially responsible for any payment. The Office is under no obligation to the inmate to this appointment.

(d) Records documenting all dental treatment should be maintained in the inmate's medical record file and retained in accordance with established records retention schedules. Examination results should be recorded on a uniform dental record using a numbered system.

(e) Medications prescribed by a dentist should be administered in accordance with pharmacy procedures and documented in the inmate’s medical record.

(f) Necessary dental services identified by a dentist that are not available on-site should be provided by referral to community resources as deemed necessary by the facility dentist.

735.4 DENTAL CARE OPTIONS

Inmates should be offered a dental screening by a qualified health care professional or a dentist within 14 days of incarceration, unless such a screening was completed within the past six months. This dental screening should include an evaluation of the current dental status and instruction on oral hygiene and preventive oral education.

Inmates should be offered a dental examination, supported by diagnostic X-rays if necessary, by a dentist within 12 months of incarceration.

Inmates who are scheduled to be incarcerated for less than 12 months should have access to the treatment of dental pain, fillings, extractions of non-restorable teeth, cleaning and treatment of symptomatic areas and repair of partials and dentures.

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Pharmaceutical Operations

736.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the procedures and protocols under which the facility must manage a pharmaceutical operation in order to comply with federal, state and local laws that govern prescribing and administering medication.

736.1.1 DEFINITIONS

Definitions related to this policy include:

Administration - The act of giving a single dose of a prescribed drug or biological substance to an inmate. Administration is limited to qualified health care professionals and health-trained custody staff members in accordance with state law.

Controlled substances - Medications classified by the Drug Enforcement Administration (DEA) as Schedule II-IV (21 USC § 812).

Delivery - The act of providing a properly labeled prescription container (e.g., a dated container that includes the name of the individual for whom the drug is prescribed, the name of the medication, dose and instructions for taking the medication, the name of the prescribing physician and expiration dates). Under these circumstances, a single dose at a time can be delivered to the inmate, according to the written instructions, by any qualified health care professional or health-trained custody staff member.

Dispensing - Those acts of processing a drug for delivery or administration to an inmate pursuant to the order of a qualified health care professional. Dispensing consists of:

- Comparing directions on the label with the directions on the prescription or order to determine accuracy.
- Selection of the drug from stock to fill the order.
- Counting, measuring, compounding or preparing the drug.
- Placing the drug in the proper container and affixing the appropriate prescription label to the container.
- Adding any required notations to the written prescription.

Dispensing does not include the acts of distributing, delivery or administration of the drug. The function of dispensing is limited to pharmacists and qualified health care professionals.

Distributing - The movement of a drug, in the originally labeled manufacturer's container or in a labeled pre-packaged container, from the pharmacy to a health care services area.

Dose - The amount of a drug to be administered at one time.

Drug - An article recognized in the United States Pharmacopoeia and National Formulary (USP-NF), the Homeopathic Pharmacopoeia of the United States or any supplement that is intended for

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use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans. A substance, other than food, intended to affect the structure or any function of the human body.

Pharmaceutical operations - The functions and activities encompassing the procurement, dispensing, distribution, storage and control of all pharmaceuticals used within the jail, the monitoring of inmate drug therapy, and the provision of inmate/patient drug information.

736.2 POLICY

It is the policy of this office that pharmaceutical operations meet all federal, state and local legal requirements and be sufficient to meet the needs of the facility population (15 CCR 1216).

736.3 PHARMACEUTICAL OPERATIONS

(a) The Responsible Physician, in conjunction with the pharmacist, shall establish a list of all prescription and non-prescription medications available for inmate use.

1. Drugs approved for use in the facility should promote safe, optimum and cost-efficient drug therapy.
2. The list should be periodically updated.

(b) The Responsible Physician, in conjunction with the pharmacist, shall ensure appropriate medication storage, handling and inventory control.

(c) The Responsible Physician shall inspect the pharmaceutical operation quarterly and regularly review charts on medication utilization.

(d) The Responsible Physician shall be responsible for establishing and maintaining a system for storing and accounting for controlled substances. A count of syringes, needles and controlled substances shall be taken and verified as correct and documented at the change of each shift by two qualified health care professional. An incorrect count shall be reported immediately to the Shift Supervisor. Medications shall be stored under proper conditions of security, segregation and environmental control at all storage locations.

1. Medication shall be accessible only to legally authorized persons.
2. Medication and device cabinets (stationary or mobile) shall be closed and locked when not in use.
3. Controlled substances shall be stored and handled in accordance with DEA regulations.
4. Medication requiring refrigeration shall be stored separately either in a refrigerator that is locked or in a refrigerator that is in a locked room and is used exclusively for medication and medication adjuncts. The inside temperature of this refrigerator shall be maintained between 36 and 46 degrees. The inside temperature shall be monitored and recorded daily on a refrigerator temperature log.

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5. Antiseptics and other medications for external use shall be stored separately from internal and injectable medications.

(e) Medication shall be kept in pharmacist-packaged or the original manufacturer's labeled containers. Medication shall only be removed from these containers to prepare a dose for administration. Drugs dispensed to inmates who are off grounds or are being discharged from the facility shall be packaged in accordance with the provisions of federal packaging laws (15 USC § 1471 et seq.) and any other applicable state and federal law.

(f) Medication shall be properly labeled with the label firmly affixed to the prescription package. Each label shall indicate the name, address and telephone number of the dispensing pharmacy, in addition to:

1. The medication name, strength, quantity, manufacturer, manufacturer's lot number or internal control number and expiration date.

2. Directions for use, dispensing date and drug order expiration date. Accessory or cautionary labels shall be applied as appropriate.

3. In cases where a multiple dose package is too small to accommodate the prescription label, the label may be placed on an outer container into which the multiple dose packages are placed.

(g) Medication that is outdated, visibly deteriorated, unlabeled, inadequately labeled, discontinued or obsolete shall be stored in a separate secure storage area and disposed of in accordance with the following requirements:

1. Controlled substances shall be disposed of in accordance with the state and federal regulations (15 CCR 1216(b)(8)).

2. Unused, outdated or discontinued doses or excess inventories of non-controlled drugs that have not been in the possession of the inmate shall be returned to the pharmacy for disposition.

3. Returned, non-controlled substances that have been in the possession of the inmate, unclaimed personal medication collected at intake, or individual doses of medication removed from the original pharmacy packaging shall be destroyed at the facility by health services staff and placed in the medical waste disposal system.

4. Pharmaceutical waste shall be separated from other types of medical waste for handling and disposal purposes, and will be discarded in designated containers distinctly identified for medical waste.

(h) All medication preparation, storage and administration areas shall be clean, organized, illuminated, ventilated and maintained at an appropriate temperature range. Any mobile medication cart that is not being used in the administration of medication to inmates shall be stored in a locked room that meets similar requirements.

(i) Current drug reference information, such as a Physician's Desk Reference (PDR) or an approved website, shall be available to staff.

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(j) An annual report on the status of the pharmaceutical operation will be prepared by the pharmacist and provided to the Responsible Physician and the Jail Commander.

736.4 PRESCRIBING MEDICATIONS

All medications shall be prescribed in a safe and effective manner for clinically appropriate reasons and documented in the individual patient medical record. Records shall be retained in accordance with established records retention schedules (15 CCR 1216; 15 CCR 1217).

(a) Any medication prescribed by a qualified health care professional shall specify the drug name, strength, dose, route, frequency, discontinuation date and indication for use if the medication is intended to be used as needed. Medication shall not be prescribed for an indefinite period. The qualified health care professional shall review medication regimens at specified time intervals. An order to continue or discontinue any medication shall be documented in the medical record, which will supersede any earlier orders for that medication. A physician’s signature should be required on all verbal orders within 72 hours of the order.

(b) Any medication prescription that is not complete or is questionable shall not be prepared until clarification is received from the qualified health care professional. Staff shall make an effort to obtain prescription clarification in a timely manner.

(c) Medication shall only be ordered upon approval of the Responsible Physician. Medication shall be prescribed and ordered from the facility list of approved medications unless the Responsible Physician approves otherwise.

(d) Some inmates may be permitted to possess and self-administer some medications when monitored and controlled, in accordance with this policy.

(e) Apparent adverse drug reactions shall be recorded in the inmate’s health record by the qualified health care professional.

(f) The qualified health care professional shall notify the Shift Supervisor of all known medication errors in a timely manner. Medication error reports shall be completed on all known medication errors.

736.5 PER DOSE MEDICATION ADMINISTRATION

Psychotropic medication, controlled substances, tuberculosis (TB) medication, seizure medication and those listed as directly observed therapy (DOT) shall be administered to inmates on a per dose basis. Health-trained custody staff members may administer medication on the order of the Responsible Physician or a qualified health care professional (15 CCR 1216(b)).

(a) Each medication ordered on a per dose basis for individual inmates shall be kept in the medication room of the facility.

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(b) Medication dispensing envelopes bearing the inmate's name, booking number, housing location and the medication and its dosing schedule shall be generated for each inmate receiving per dose medication. These shall be administered from the individually packaged supply and delivered to the patient at each scheduled medication time.

(c) The qualified health care professional or health-trained custody staff member will confirm the inmate's identity prior to administering the medication by comparing the name/booking number on the dispensing envelope with the inmate's identification badge/armband.

1. Inmates should have a fluid container and adequate fluid to take the medication being administered.

2. The qualified health care professional or health-trained custody staff member should observe the inmate taking the medication to prevent "cheeking" or “palming”.

3. The qualified health care professional or health-trained custody staff member should inspect the inmate's mouth after the inmate swallows the medication to ensure it was completely ingested. If the inmate appears to be “cheeking” the medication, a chart entry will be made and a notation entered on the medication envelope, as well as the back of the Medication Administration Record (MAR). Custody staff shall be immediately notified of the suspected “cheeking” and shall follow-up with the appropriate security, corrective and/or disciplinary action.

(d) The qualified health care professional or health-trained custody staff member shall record each medication administered by initialing the appropriate date and time. The qualified health care professional or health-trained custody staff member shall authenticate the initials by placing his/her initials, signature or name stamp in the designated area on the lower portion of the MAR. Pre-charting is not allowed.

1. In the event that medication cannot be administered (for example, the inmate is in court or the medication is not in stock), a note explaining the situation and planned action shall be made on the back of the MAR or on a progress note.

(e) The qualified health care professional or health-trained custody staff member shall have inmates who refuse their medication sign a refusal form at the medication round. If the inmate willfully refuses to sign the refusal form, the qualified health care professional or health-trained custody staff member shall advise custody staff, who should attempt to resolve the situation through voluntary compliance, by reminding the inmate that a refusal to sign may lead to disciplinary action. The qualified health care professional or health-trained custody staff member shall also:

1. Note the refusal on the medication log including the date and time.

2. Review the medication logs for prior refusals.

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3. Document patterns of refused medications on the inmate’s medical record.
4. Make a reasonable effort to convince the inmate to voluntarily continue with the medication as prescribed.
5. Report continued refusals to the Responsible Physician and have the inmate complete and sign a medication refusal form.

(f) No inmate should be deprived of prescribed medication as a means of punishment.

736.6 SELF-ADMINISTRATION OF MEDICATION

Upon approval of the Responsible Physician or qualified health care professional, inmates may be allowed to self-administer prescribed medication other than psychotropic medication, seizure medication, controlled drugs, TB medication, any medication that is required to be DOT, or has the recognized potential for abuse (15 CCR 1216).

The qualified health care professional ordering medication should educate the inmate regarding potential side effects and the proper use of the medication (15 CCR 1216(d) et seq.).

(a) Medication may be ordered through a pre-booking examination or medical clearance obtained at a hospital or other clinic, an emergency room visit or evaluation by an on-site qualified health care professional.

(b) Any questions the inmate may have concerning his/her medication should be addressed at this time.

(c) The inmate shall be instructed to carry medication at all times or to secure it in designated areas within the housing unit (15 CCR 1216(d)(4)).

(d) All self-administered medications are to be documented on the MAR.

(e) Upon receipt of the medication, the qualified health care professional or health-trained custody staff member should issue the inmate his/her medication as follows:

1. The qualified health care professional or health-trained custody staff member issuing the medication should confirm correct identity by comparing the name/ booking number of the self-administer package to the inmate's identification badge/armband.
2. When issuing self-administered medication, documentation on the MAR should include the number of pills issued and the qualified health care professional’s or health-trained custody staff member’s initials.

(f) The continuous quality improvement coordinator should monitor inmate compliance by randomly interviewing inmates about the name, purpose, dose, schedule and possible side effects of their prescription medication and will inspect the inmates' self-administered medication and review their medical records. Any violation of the rules will be reported to the custody liaison (15 CCR 1216(d)(6)).

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(g) Any self-administered medication may be changed to per-dose at the discretion of the medical staff if the inmate is not responsible enough to self-administer the medication or has a history of frequent rule violations. Documentation in the medical record should accompany any decision to change the medication to per-dose. Custody and health care staff should continuously monitor and communicate with each other regarding inmates complying with the conditions and rules for self-administered medication (15 CCR 1216(d)(2)(5)).

(h) Inmates who arrive at the facility with prescribed medication should be administered per dose for any new medications or refills until the new medication or refill is received from the pharmacy.

736.7 NON-PRESCRIPTION MEDICATION

Any over-the-counter non-prescription medication available to inmates for purchase in the facility commissary shall be approved by the Jail Commander and the Responsible Physician and reviewed annually (15 CCR 1216(c)).

The Jail Commander and the Responsible Physician should establish a limit on the amount of non-prescription medication an inmate may purchase and have in his/her possession at any time. Inmates with medication in an amount above the proscribed limit may be subject to disciplinary sanctions.

736.8 TRAINING

All health-trained custody staff members authorized to deliver, administer and provide medication assistance shall be trained prior to engaging in any tasks related to delivery or administration of medication.

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Release Planning

737.1 PURPOSE AND SCOPE

This office recognizes that inmates may require information and assistance with health care follow-up upon release from custody. The purpose of this policy is to establish guidelines to assist staff with providing resources for the continuity of an inmate's health care after he/she is released from custody.

737.1.1 DEFINITION

Definitions related to this policy include:

Release planning - The process of providing sufficient resources for the continuity of health care to an inmate before his/her release to the community.

737.2 POLICY

The qualified health care professional should work with correctional staff to ensure that inmates who have been in custody for 30 or more days and have pending release dates, as well as serious health, dental or mental health needs, are provided with medication and health care resources sufficient for the inmate to seek health care services once released.

The Jail Commander or the authorized designee shall be responsible for ensuring that release preparation curriculum and materials are developed and maintained for this purpose, and that community resource information is kept current. Release planning should include:

(a) Resources for community-based organizations that provide health care services, housing, funding streams, employment and vocational rehabilitation.

(b) Lists of community health professionals.

(c) Discussions with the inmate that emphasize the importance of appropriate follow-up care.

(d) Specific appointments and medications that are arranged for the inmate at the time of release.

737.3 PREPARATION FOR RELEASE

Upon notification of the imminent release of an inmate who has been identified as having serious medical or mental health needs, release planning shall include the following:

(a) A medical screening shall be conducted to assess the inmate's immediate medical needs, and arrangements should be made for community follow-up where needed, including sufficient medication.

(b) With the inmate's written consent, the qualified health care professional should:

1. Share necessary information with health care services.

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2. Arrange for follow-up appointments.

3. Arrange for the transfer of health summaries and relevant parts of the health record to community health care services or others who are assisting in planning for or providing services upon the inmate’s release.

(c) Contact with community health care services shall be documented via an administrative note in the inmate’s health record.

(d) Inmates with serious mental health issues, including those receiving psychotropic medication, shall be informed about community options for continuing treatment and provided with follow-up appointments, when reasonably possible.

(e) Medication will be provided as appropriate.

737.4 RELEASE PLANNING RECORDS

All records of community referrals, transfer forms, logs, documentation of release planning, lists of medication provided, records release authorization forms and any other relevant documents shall be maintained in the inmate’s health file and retained in accordance with established records retention schedules.

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Privacy of Care

738.1 PURPOSE AND SCOPE

This policy recognizes that inmates have a right to privacy and confidentiality regarding their health-related issues. It also recognizes inmates' right to health care services that are provided in such a manner as to ensure that privacy and confidentiality, and encourage inmates use and trust of the facility's health care system.

738.1.1 DEFINITION

Definitions related to this policy include:

Clinical encounters - Interactions between inmates and health care professionals involving a treatment and/or an exchange of confidential health information.

738.2 POLICY

It is the policy of this office that, in order to instill confidence in the health care system by the inmate population, all discussions of health-related issues and clinical encounters, absent an emergency situation, will be conducted in a setting that respects the inmate's privacy and encourages the inmate's continued use of health care services.

738.3 CLINICAL EVALUATIONS

Emergency evaluations and rendering of first aid should be conducted at the site of the emergency, if reasonably practicable, with transfer to the medical clinic or emergency room as soon as the inmate is stabilized.

Inmates shall have a same-sex escort for encounters with an opposite-sex qualified health care professional or health-trained staff member, as appropriate.

Custody personnel should only be present to provide security if the inmate poses a risk to the safety of the qualified health care professional or others.

738.4 REPORTING INAPPROPRIATE ACCESS OF MEDICAL INFORMATION

The Jail Commander and Responsible Physician shall establish a process for staff, inmates or any other persons to report the improper access or use of medical records.

738.5 TRAINING

All corrections personnel, interpreters and qualified health care professionals who are assigned to a position that enables them to observe or hear qualified health care professional/inmate encounters shall receive appropriate training on the importance of maintaining confidentiality when dealing with inmate health care. The Training Manager shall be responsible for scheduling such training and for maintaining training records that show the employee attended, in accordance with established records retention schedules.

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Chapter 8 - Environmental Health

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Sanitation Inspections

800.1 PURPOSE AND SCOPE

The Tehama County Sheriff's Office has established a plan to promote and comply with the environmental safety and sanitation requirements established by applicable laws, ordinances and regulations. This policy establishes a plan of housekeeping tasks and inspections required to identify and correct unsanitary or unsafe conditions or work practices in this facility.

800.2 RESPONSIBILITIES

The Jail Commander will ensure that the safety and sanitation plan addresses, at a minimum, the following (15 CCR 1280):

(a) Schedules of functions (e.g., daily, weekly, monthly or seasonal cleaning, maintenance, pest control, safety surveys)

(b) Self-inspection checklists to identify problems and to ensure cleanliness of the facility.

(c) Procedures, schedules and responsibilities for coordinating annual inspections by the county health department, including how deficiencies on the inspection report are to be corrected in a timely manner.

(d) A list of approved equipment, cleaning compounds, chemicals and related materials used in the facility, and instructions on how to operate, dilute or apply the material in a safe manner.

(e) Record-keeping of self-inspection procedures, forms and actions taken to correct deficiencies.

(f) Training requirements for custody staff and inmate workers on accident prevention and avoidance of hazards with regard to facility maintenance.

Consideration should be given to general job descriptions and/or limitations relating to personnel or inmates assigned to carrying out the plan. Specialized tasks, such as changing air filters and cleaning ducts or facility pest control, are more appropriately handled by the Office or by contract with private firms.

Inmates engaged in sanitation duties shall do so only under the direct supervision of qualified custody staff. When inmate work crews are used, additional controls should be implemented to account for all equipment and cleaning materials.

All staff shall report any unsanitary or unsafe conditions to a supervisor. Staff shall report repairs needed to the physical plant and to equipment by submitting a work order to a supervisor. Shift Supervisors will conduct cleaning inspections on a daily basis. The Jail Commander or the authorized designee will conduct weekly safety and sanitation inspections of the facility.

800.3 WORK ORDERS

All reports of unsafe or unsanitary conditions, as well as repairs needed to the physical plant and equipment, shall be documented in a work order. The Jail Commander will designate a staff

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person to receive these work orders and take appropriate action to ensure the repairs are made or action is taken. All work and action taken will also be documented. Requests for budget resources above and beyond already budgeted maintenance items shall be reported to the Jail Commander.

800.4 SAFETY DATA SHEETS

Materials and substances used in the operation and maintenance of the facility may qualify as hazardous material. Hazardous material is required to have a companion Safety Data Sheet (SDS) that is provided by the manufacturer or distributor of the material. The SDS provides vital information on individual hazardous materials and substances, including instructions on safe handling, storage, disposal, prohibited interactions and other details relative to the specific material.

The Jail Commander shall be responsible for ensuring that a written hazard communication plan is developed, implemented and maintained at each workplace. Each area of the facility in which any hazardous material is stored or used shall maintain an SDS file in an identified location that includes (29 CFR 1910.1200(e)(1)):

(a) A list of all areas where hazardous materials are stored.

(b) A physical plant diagram and legend identifying the storage areas of the hazardous materials.

(c) A log for identification of new or revised SDS materials.

(d) A log for documentation of training by users of the hazardous materials.

800.4.1 SDS USE, SAFETY AND TRAINING

All supervisors and users of SDS information must review the latest issuance from the manufacturers of the relevant substances. Staff and inmates shall have ready and continuous access to the SDS for the substance they are using while working. In addition, the following shall be completed (29 CFR 1910.1200(e)):

(a) Supervisors shall conduct training for all staff and inmates on using the SDS for the safe use, handling and disposal of hazardous material in areas they supervise.

(b) Upon completion of the training, staff and inmates shall sign the acknowledgement form kept with each SDS in their work area.

(c) Staff and inmates using the SDS shall review the information as necessary to be aware of any updates and to remain familiar with the safe use, handling and disposal of any hazardous material.

800.4.2 SDS DOCUMENTATION MAINTENANCE

Changes in SDS information occur often and without general notice. Any person accepting a delivery, addition or replacement of any hazardous material shall review the accompanying SDS. If additions or changes have occurred, the revised SDS shall be incorporated into the file and a notation shall be made in the SDS revision log.

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Supervisors shall review SDS information in their work areas semiannually to determine if the information is current and that appropriate training has been completed. Upon review, a copy of the SDS file and all logs shall be forwarded to the Maintenance Supervisor or the authorized designee.

800.4.3 SDS RECORDS MASTER INDEX

The Maintenance Supervisor or the authorized designee will compile a master index of all hazardous materials in the facility, including locations, along with a master file of SDS information. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semiannual reviews will be maintained in the SDS master file. The master index should also include a comprehensive, current list of emergency phone numbers (e.g., fire department, poison control center) (29 CFR 1910.1200(g)(8)).

800.4.4 CLEANING PRODUCT RIGHT TO KNOW ACT

In addition to SDS information, printable information regarding ingredients of certain products used by staff and inmates shall be readily accessible and maintained in the same manner as an SDS (Labor Code § 6398.5; Health and Safety Code § 108952(f); Health and Safety Code § 108954.5(c)).

800.5 POLICY

It is the policy of the Office to maintain a safe and sanitary facility. To accomplish this goal, the Office will maintain a written plan that contains schedules and procedures for conducting weekly and monthly sanitation inspections of the facility.

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Hazardous Waste and Sewage Disposal

801.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a system for disposing of hazardous waste. The Office recognizes that the effectiveness of a disposal system depends not only on the written policies, procedures and precautions, but on adequate supervision and the responsible behavior of the staff and inmates. It is the responsibility of everyone in the facility to follow hazardous waste disposal instructions, utilizing prescribed precautions and using safety equipment properly.

801.1.1 DEFINITION

Definitions related to this policy include:

Hazardous waste - Material that poses a threat or risk to public health or safety or is harmful to the environment (e.g., batteries, paints, solvents, engine oils and fluids, cleaning products).

801.2 POLICY

It is the policy of this office that any sewage and hazardous waste generated at the facility shall be handled, stored and disposed of safely and in accordance with all applicable federal and state regulations and in consultation with the local public health entity. The Jail Commander or the authorized designee shall be responsible for:

- Contracting with a hazardous waste disposal service.
- Developing and implementing a storage and disposal plan that has been reviewed and approved by a regulatory agency.
- Including hazardous waste issues on internal health and sanitation inspection checklists.
- Including hazardous waste issues in the inmate handbook and ensuring that inmates receive instruction on proper handling and disposal during inmate orientation.
- Developing and implementing procedures for the safe handling and storage of hazardous materials until such time as the contractor removes the items from the facility.
- Ensuring the staff is trained in the proper identification of hazardous waste and the appropriate handling, storage and disposal of such items.

801.3 DISPOSAL PROCEDURE

801.3.1 SEWAGE DISPOSAL

All sewage and liquid waste matter must be disposed of into a public system of sewerage or, if public sewerage is not available, into a private system of sewage disposal in accordance with the requirements of the local public health entity.

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The institution's use of the private system must be discontinued and the private system must be properly abandoned when public sewerage becomes available.

801.3.2 HAZARDOUS WASTE

Hazardous waste generated in the facility shall be properly disposed of in designated containers and stored until removed by the contractor. Staff shall use universal standard precautions when in contact with hazardous materials, at a minimum, unless directed otherwise.

801.4 SAFETY EQUIPMENT

The Jail Commander and the county emergency manager shall ensure that appropriate safety equipment is available. All supervisors shall be knowledgeable in how to access the safety equipment at all times. The county may coordinate with local fire departments or contracted vendors to obtain the necessary safety equipment.

801.5 TRAINING

The Training Manager shall be responsible for ensuring that all facility personnel receive appropriate training in the use of appropriate safety equipment and the identification, handling and disposal of hazardous waste. Training records shall be maintained, including the course roster, curriculum, instructor name and credentials, and testing instruments.

801.6 SUPERVISOR RESPONSIBILITY

Supervisors are responsible for monitoring any hazardous waste containment issue, ensuring that employees have the appropriate safety equipment, that any exposed persons receive immediate medical treatment, and that the appropriate measures are taken to lessen the exposure of others. Supervisors shall ensure that incident reports are completed and forwarded to the Jail Commander in the event of an exposure to staff, inmates or visitors.

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Housekeeping and Maintenance

802.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines to ensure that the facility is kept clean and in good repair in accordance with accepted federal, state and county standards.

802.2 POLICY

The Jail Commander shall establish housekeeping and maintenance plans that address all areas of the facility. The plan should include, but is not limited to (15 CCR 1280):

- Schedules that determine the frequency of cleaning activities on a daily, weekly or monthly timetable, by area of the facility.
- Supervision of the staff and inmates to ensure proper implementation of the procedures and to ensure that no inmate supervises or assigns work to another inmate.
- Development and implementation of an overall sanitation plan (e.g., cleaning, maintenance, inspection, staff training, inmate supervision).
- Development of inspection forms.
- All inmate responsibilities, which should be included in the inmate handbook.
- A process to ensure that deficiencies identified during inspections are satisfactorily corrected and documented.
- Detailed processes for the procurement, storage and inventory of cleaning supplies and equipment.
- A process for the preventive maintenance of equipment and systems throughout the facility.
- Staff supervision of the provision and use of cleaning tools and supplies.

To the extent possible, cleaning and janitorial supplies shall be nontoxic to humans. Any poisonous, caustic or otherwise harmful substances used for cleaning shall be clearly labeled and kept in a locked storage area.

802.3 SANITATION SCHEDULE

A daily, weekly and monthly cleaning schedule will be established by the housing unit supervisor. The facility staff should implement a site specific plan for cleaning and maintenance of each area of the jail (e.g., housing, food preparation, laundry, loading dock/trash storage, barber shop, warehouse, common areas). The following recommendations include, but are not limited to, specific areas and items:

(a) Daily cleaning:

1. Sweep and then wet mop the entire jail floor

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2. Clean all cell block areas
3. Empty all trash receptacles
4. Clean all toilets and sinks
5. Clean all showers

(b) Weekly cleaning:

1. Dust bars and window ledges
2. Clean air conditioning/heating grates
3. Clean mattresses (mattresses are also to be cleaned prior to being issued to a new inmate)
4. Pour water down floor drains to test for flow

(c) Monthly cleaning:

1. Walls
2. Ceilings
3. Bunk pans

802.4 TRAINING

All custodial staff and inmate workers assigned cleaning duties shall receive instruction commensurate with their tasks, including proper cleaning techniques, the safe use of cleaning chemicals and areas of responsibility.

802.5 INSPECTION CHECKLIST

The Jail Commander or the authorized designee should develop an inspection checklist that includes the cleaning and maintenance items that will be checked by supervisors on a daily, weekly and monthly basis throughout the facility.

The inspection checklist will closely correspond to the established cleaning and maintenance schedule.

Inspection checklists shall be forwarded to the Jail Commander or the authorized designee for annual review, filing and retention as required by the established records retention schedule.

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Physical Plant Compliance with Codes

803.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the timeline, process and responsibilities for facility maintenance, inspections and equipment testing in compliance with all applicable federal, state and local building codes.

803.2 POLICY

It is the policy of this office that all construction of the physical plant (renovations, additions, new construction) will be reviewed and inspected in compliance with all applicable federal, state and local building codes. All equipment and mechanical systems will be routinely inspected, tested and maintained in accordance with applicable laws and regulations.

803.3 COMPLIANCE WITH CODES AND STATUTES

Plumbing, sewage disposal, solid waste disposal and plant maintenance conditions will comply with rules and regulations imposed by state regulatory entities governing such practices.

803.4 RESPONSIBILITIES

The Jail Commander shall be responsible for establishing and monitoring the facility maintenance schedule, the inspection schedules of the Shift Supervisors and correctional officers, and ensuring that any deficiencies discovered are corrected in a timely manner.

Copies of the local jurisdiction’s applicable health and sanitation codes shall be kept in the facility by the Jail Commander or the authorized designee. The Jail Commander or the authorized designee is responsible for developing internal health and sanitation inspection checklists, for maintaining valid licensing and sanitation certificates and inspection reports, and for proof of corrective actions.

803.5 PROCEDURE

All safety equipment (e.g., emergency lighting, generators, and an uninterruptible power source (UPS)) shall be tested at least quarterly. Power generators and UPS equipment should be inspected weekly and load-tested quarterly or according to the manufacturer's instructions. All completed inspection forms shall be kept on file for review by the appropriate office committees or external agencies.

Any remodeling or new construction shall have prior approval of the local fire, building and health authorities. Any required plans and permits will be procured prior to the commencement of any changes to the facility.

The following areas of the facility shall be inspected and evaluated for functionality, wear, and rodent or pest infestation. The list is not meant to be all inclusive:

- Admissions

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- Food services
- Inmate housing
- Laundry
- Loading dock/trash storage
- Warehouse
- Water systems and plumbing
- Emergency generators
- Fire safety equipment
- The entire physical structure of the facility, including, roof, walls, exterior doors, mechanical systems and lighting

803.6 PLUMBING - FLOOR DRAINS

Floor drains must be flushed weekly and all traps must contain water to prevent the escape of sewer gas. Grids and grates must be present.

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Water Supply

804.1 PURPOSE AND SCOPE

The Tehama County Sheriff's Office recognizes the importance of providing the facility with safe, potable water. The purpose of this policy is to establish guidelines for testing the facility's water to ensure that the water is safe to consume.

804.2 POLICY

In compliance with standards set by law, this facility will ensure the continued supply of safe potable water for use by inmates, staff and visitors through rigorous annual testing of water supplies (42 USC § 300f et seq.).

804.3 PROCEDURE

The Jail Commander shall ensure that the facility's potable water source is tested by an independent public or private testing service at least once each year. Water quality will be certified to be in compliance with all state and local regulations. Corrective measures shall be promptly taken if the test results fall below acceptable regulatory standards.

In the event that water testing reveals any significant hazards to the inmates or staff at the facility, the Sheriff, Jail Commander and the Office health authority shall take immediate action to mitigate the problem.

The testing results, valid certificates of the sampling entity and the testing laboratory shall be kept in accordance with established records retention schedules.

Where the facility's water supply is obtained from a private source, the source shall be properly located, constructed and operated to protect it from contamination and pollution and the water shall meet all current standards set by the applicable state and/or local authority regarding bacteriological, chemical and physical tests for purity.

For facilities not served by a public or regulated private water supply, the water should be tested daily by the local authority within the facility's jurisdiction.

804.4 EMERGENCY PLAN

The Jail Commander and the Office health authority shall develop a plan for the supply of potable water for drinking and cooking in the event that a man-made or natural disaster interrupts the regular water supply. The plan shall address methods for providing clean potable water for a minimum of three days, and should have contingency plans for emergencies lasting longer than three days. The plan should also include contingencies for the use of non-potable water to flush toilets and remove effluent from the facility.

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Vermin and Pest Control

805.1 PURPOSE AND SCOPE

The purpose of this policy is to establish inspection, identification and eradication processes designed to keep vermin and pests controlled in accordance with the requirements established by all applicable laws, ordinances and regulations of the local public health entity.

805.2 POLICY

It is the policy of this office that vermin and pests be controlled within the facility (15 CCR 1280). The Jail Commander or the authorized designee shall be responsible for developing and implementing this policy, in cooperation with the Responsible Physician and the local public health entity, for the sanitation and control of vermin and pests, and to establish medical protocols for treating inmate clothing, personal effects and living areas, with specific guidelines for treating an infested inmate (15 CCR 1264).

805.3 PEST CONTROL SERVICES

The Jail Commander or the authorized designee shall be responsible for procuring the services of a licensed pest control professional to perform inspections of the facility at least monthly and to treat areas as required to ensure that vermin and pests are controlled.

805.4 PREVENTION AND CONTROL

Many infestations and infections are the result of a recently admitted inmate who is vermin infested or whose property is vermin infested. Most infestations are spread by direct contact with an infected person or with infested clothing and bedding. Inmates with lice or mites should be treated with approved pediculicides as soon as the infestation is identified to avoid spreading it. To reduce the chance of further transmission, separate quarters for inmates undergoing treatment for lice should be used as described in the Communicable Diseases Policy.

Because the use of the treatment chemicals can cause allergic reactions and other negative effects, treatment should be done only when an infestation is identified and not as a matter of routine.

Clothing, bedding and other property that is suspected of being infested shall either be removed from the facility or cleaned and treated by the following methods, as appropriate or as directed by the pest control provider or the Responsible Physician (15 CCR 1264):

- Washing in water at 140 degrees for 20 minutes
- Tumbling in a clothes dryer at 140 degrees for 20 minutes
- Dry cleaning
- Storing in sealed plastic bags for 30 days
- Treating with an insecticide specifically labeled for this purpose

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Head lice and their eggs are generally found on the head hairs. There may be some uncertainty about the effectiveness of some available pediculicides to kill the eggs of head lice. Therefore, some products recommend a second treatment seven to 10 days after the first. During the interim, before the second application, eggs of head lice could hatch and there is a possibility that lice could be transmitted to others.

Pubic lice and their eggs are generally found on the hairs of the pubic area and adjacent hairy parts of the body, although they can occur on almost any hairy part of the body, including the hair under the arm and on the eyelashes.

Pubic lice and their eggs are generally successfully treated by the available pediculicides. However, when the eyelashes are infested with pubic lice and their eggs, a physician should perform the treatment.

Successful treatment depends on careful inspection of the inmate and proper application of the appropriate product. The area used to delouse inmates needs to be separate from the rest of the facility. All of the surfaces in the treatment area must be sanitized. There must be a shower as part of the delousing area.

The supervisor shall document the date of treatment, the area treated, the pest treated and the treatment used.

805.5 LABELING AND SECURE STORAGE OF COMPOUNDS

Containers of pest exterminating compounds shall be conspicuously labeled for identification of contents. The containers shall be securely stored separately from food and kitchenware, and shall not be accessible by inmates.

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Inmate Safety

806.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a safety program to reduce inmate injuries by analyzing causes of injuries and identifying and implementing corrective measures.

806.2 POLICY

The Tehama County Sheriff's Office will provide a safe environment for individuals confined at this facility, in accordance with all applicable laws, by establishing an effective safety program, investigating inmate injuries and taking corrective actions as necessary to reduce accidents and injury (15 CCR 1280).

The Sheriff shall appoint a staff member who will be responsible for the development, implementation and oversight of the safety program. This program will include, but not be limited to:

- A system to identify and evaluate hazards, including scheduled inspections to identify unsafe conditions.
- Analysis of inmate injury reports to identify causes and to recommend corrective actions.
- Establishment of methods and procedures to correct unsafe and/or unhealthful conditions and work practices in a timely manner.

806.3 INVESTIGATION OF REPORTED INMATE INJURY

Whenever there is a report of an injury to an inmate that is the result of accidental or intentional acts, other than an authorized use of force by custody staff, the Sheriff or the authorized designee will initiate an investigation to determine the cause of the injury and develop a plan of action whenever a deficiency is identified. Injuries resulting from use of force incidents will be investigated and reported in accordance with the Use of Force Policy.

806.4 INVESTIGATION REPORTS

The Shift Supervisor shall ensure that reports relating to an inmate's injury are completed and should include the following:

- Incident reports
- Investigative reports
- Health record entries
- Any other relevant documents

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806.5 ANNUAL REVIEWS

The Sheriff or the authorized designee shall conduct an annual review of all injuries involving inmates for the purpose of identifying problem areas and documenting a plan of action to abate circumstances relating to inmate injuries.

The plan of action should include, but not be limited to:

- The area where the deficiencies have been identified.
- Strategies to abate the deficiency.
- Resources needed to correct a deficiency.
- The person or persons responsible for taking corrective action and the target completion date.

The Sheriff shall consult with the Office risk manager to coordinate corrective action or to seek managerial/administrative guidance for implementing corrective action.

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Inmate Hygiene

807.1 PURPOSE AND SCOPE

This policy outlines the procedures that will be taken to ensure the personal hygiene of every inmate in the Tehama County Sheriff's Office jail is maintained. The Tehama County Sheriff's Office recognizes the importance of each inmate maintaining acceptable personal hygiene practices by providing adequate bathing facilities, hair care services and the issuance and exchange of clothing, bedding, linens, towels and other necessary personal hygiene items.

807.2 POLICY

It is the policy of the Tehama County Sheriff's Office facility to maintain a high standard of hygiene in compliance with the requirements established by all state laws, ordinances and regulations (15 CCR 1069(b)(3)). Compliance with laws and regulations relating to good inmate hygiene practice is closely linked with good sanitation practices. Therefore, the need to maintain a high level of hygiene is not only for the protection of all inmates, but for the safety of the correctional staff, volunteers, contractors and visitors.

807.3 STORAGE SPACE

There should be adequate and appropriate storage space for inmates' bedding, linen or clothing. The inventory of clothing, bedding, linen and towels should exceed the maximum inmate population so that a reserve is always available (15 CCR 1263).

The facility should have clothing, bedding, personal hygiene items, cleaning supplies and any other items required for the daily operation of the facility, including the exchange or disposal of soiled or depleted items. The assigned staff shall ensure that the storage areas are properly maintained and stocked. The Jail Commander should be notified if additional storage space is needed.

807.3.1 BEDDING ISSUE

Upon entering a living area of the Tehama County Sheriff's Office jail, every inmate who is expected to remain overnight shall be issued bedding and linens including, but not limited to (15 CCR 1270):

(a) Sufficient freshly laundered blankets to provide comfort under existing temperature conditions. Blankets shall be exchanged and laundered in accordance with facility operational laundry rules.

(b) One clean, firm, nontoxic fire-retardant mattress (16 CFR 1633.1 et seq.).

1. Mattresses will be serviceable and enclosed in an easily cleanable, nonabsorbent material and conform to the size of the bunk. Mattresses will be cleaned and disinfected when an inmate is released or upon reissue.

2. Mattresses shall meet the most recent requirements of the State Fire Marshal, the Bureau of Home Furnishings' test standard for penal mattresses and any other legal standards at the time of purchase (15 CCR 1272).

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(c) Two sheets or one sheet and a clean mattress cover.

(d) One clean washcloth, hand towel and bath towel.

(e) One pillow and pillowcase.

Linen exchange, including towels, shall occur at least weekly and shall be documented in the daily activity log (15 CCR 1271). The Shift Supervisor shall review the daily activity log at least once per shift.

The Jail Commander or the authorized designee shall conduct both scheduled and unannounced inspections of the facility to ensure that bedding issuance policies and procedures are carried out in accordance with the applicable laws and regulations.

807.3.2 CLOTHING ISSUE

An inmate admitted to the facility shall be issued a set of facility clothing. The clothing shall be appropriate to the climate, reasonably fitted, durable, easily laundered and repaired. Issued clothing shall include, but is not limited to, the following (15 CCR 1260):

- Clean socks
- Suitable outer and undergarments for males-underwear and undershirt, for females-bra and two pairs of panties
- Footwear

An inmate who is issued a change of clothing upon admission to the facility may have his/her personal clothing returned after laundering, at the discretion of the Jail Commander.

Clothing shall be exchanged twice each week, at a minimum (15 CCR 1262). All exchanges shall be documented on the daily activity log. The Shift Supervisor or unit supervisor shall review the daily activity log at least once per shift.

Additional clothing may be issued as necessary for changing weather conditions or as seasonally appropriate. An inmate’s personal undergarments and footwear may be substituted for the institutional undergarments and footwear, provided there is a legitimate medical necessity for the items and they are approved by the medical staff.

Each inmate assigned to a special work area, such as food services, medical, farm, sanitation, mechanical and other specified work, shall be clothed in accordance with the requirements of the job, including any appropriate protective clothing and equipment, which shall be exchanged as frequently as the work assignment requires (15 CCR 1261).

The Jail Commander or the authorized designee shall conduct both scheduled and unannounced inspections of the facility to ensure that clothing issuance policies and procedures are carried out in accordance with the applicable laws and regulations.

The Jail Commander or the authorized designee shall ensure that the facility maintains a sufficient inventory of extra clothing to ensure each inmate shall have neat and clean clothing appropriate to the season.

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An inmate’s excess personal clothing shall be mailed, picked up by or transported to a designated family member or stored in containers designed for such purpose. All inmate personal property shall be properly identified, inventoried and secured. Inmates shall sign and receive a copy of the inventory record.

807.4 LAUNDRY SERVICES

Laundry services shall be managed so that daily clothing, linen and bedding needs are met.

807.5 INMATE ACCOUNTABILITY

To ensure inmate accountability, inmates are required to exchange item for item when clean clothing, bedding and linen exchange occurs.

Prior to being placed in a housing unit, inmates shall be provided with an inmate handbook listing this requirement.

807.6 PERSONAL HYGIENE OF INMATES

Personal hygiene items, hair care services, and facilities for showers will be provided in accordance with applicable laws and regulations. This is to maintain a standard of hygiene among inmates in compliance with the requirements established by state laws as part of a healthy living environment.

Each inmate held more than 24 hours, who is unable to supply him/herself with the following personal care items because of either indigency or the absence of an inmate canteen, shall be issued the following items (15 CCR 1265):

- Toothbrush
- Dentifrice
- Soap
- Comb
- Shaving implements
- Females - sanitary napkins, panty liners, and tampons as requested

Inmates shall not be required to share any personal care items listed in items "a" through "d."

The Captain or the authorized designee may modify this list to accommodate the use of liquid soap and shampoo dispensers. Personal hygiene items should be appropriate for the inmate’s sex. Additional hygiene items shall be provided to inmates upon request, as needed.

Inmates shall not be required to share personal care items or disposable razors (15 CCR 1265). Used razors are to be disposed into approved sharps containers. Other barbering equipment capable of breaking the skin must be disinfected between individual uses, as prescribed by the California Board of Barbering and Cosmetology to meet the requirements of 16 CCR 979 and 16 CCR 980 (15 CCR 1267(c)).

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Inmates, except those who may not shave for reasons of identification in court, shall be allowed to shave daily (15 CCR 1267(b)). The Captain or the authorized designee may suspend this requirement for any inmate who is considered a danger to him/herself or others.

807.7

807.7.1

807.7.2

807.8 AVAILABILITY OF PLUMBING FIXTURES

Inmates confined to cells or sleeping areas shall have access to toilets and washbasins with hot and cold running water that is temperature controlled. Access shall be available at all hours of the day and night without staff assistance.

The minimum number of plumbing fixtures provided for inmates in housing units is:

- One sink/washbasin for every 10 inmates (24 CCR 1231.3.2(2)).
- One toilet to every 10 inmates (urinals may be substituted for up to one-third of the toilets in facilities for male inmates) (24 CCR 1231.3.1).

807.9 INMATE SHOWERS

Inmates will be allowed to shower upon assignment to a housing unit and at least every other day thereafter, or more often if possible (15 CCR 1266). There should be one shower for every 20 inmates unless federal, state, or local building or health codes differ. Showering facilities for inmates housed at this facility shall be clean and properly maintained. Water temperature shall be periodically measured to ensure a range of 100 to 120 degrees for the safety of inmates and staff, and shall be recorded and maintained (24 CCR 1231.3.4).

Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates (28 CFR 115.42).

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807.10 DELOUSING MATERIALS

Delousing materials and procedures shall be approved through consultation with the Responsible Physician or qualified health care professionals.

807.11 RESPONSIBILITIES

The Jail Commander shall ensure the basic necessities related to personal care are provided to each inmate upon entry into the general population. Appropriate additional personal care items may be available for purchase from the inmate commissary.

807.12 ADDITIONAL PRIVACY REQUIREMENTS

Inmates shall be permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite sex shall announce their presence when entering an inmate housing unit (28 CFR 115.15).

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Chapter 9 - Food Services

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Food Services

900.1 PURPOSE AND SCOPE

The Office recognizes the importance of providing nutritious food and services to inmates to promote good health, to reduce tension in the jail and ultimately support the safety and security of the jail. This policy provides guidelines on the preparation of food services items and dietary considerations for inmates housed in the facility.

900.2 POLICY

It is the policy of this office that food services shall provide inmates with a nutritionally balanced diet in accordance with federal, state and local laws, and with regulations for daily nutritional requirements (15 CCR 1241 et seq.).

The food services operation shall be sanitary and shall meet the acceptable standards of food procurement, planning, preparation, service, storage and sanitation in compliance with Food and Drug Administration (FDA) and United States Department of Agriculture (USDA) requirements and standards set forth in Health and Safety Code § 113700 et seq. (15 CCR 1245(a)).

900.3 FOOD SERVICES MANAGER

The food services manager shall be responsible for oversight of the day-to-day management and operation of the food services area, including:

- Developing, implementing and managing a budget for food services.
- Ensuring sufficient staff is assigned and scheduled to efficiently and safely carry out all functions of food services operations.
- Establishing, developing and coordinating appropriate training for staff and inmate workers.
- Developing a menu plan that meets all nutrition and portion requirements and can be produced within the available budget.
- Other duties and activities as determined by the Jail Commander.

900.4 MENU PLANNING

All menus shall be planned, dated and available for review at least one month in advance of their use (15 CCR 1242). Records of menus and of foods purchased shall be kept on file for one month. Menus shall provide a variety of foods and should consider food flavor, texture, temperature, appearance and palatability. Menus shall be approved by a registered dietitian or nutritionist before being served to ensure the recommended dietary allowance for basic nutrition meets the needs of the appropriate age group.

Any changes to the meal schedule, menu or practices should be carefully evaluated by the food services manager in consultation with the Jail Commander, dietician, medical staff and other

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professionals, and shall be recorded. All substitutions will be of equal or better nutritional value. If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production sheet.

Menus as planned, including changes, shall be evaluated by a registered dietitian at least annually (15 CCR 1242). Facility menus shall be evaluated at least quarterly by the food services supervisory staff to ensure adherence to established daily servings.

Copies of menus, foods purchased, annual reviews and quarterly evaluations should be maintained by the food services manager in accordance with established records retention schedules.

900.5 FOOD SAFETY

Temperatures in all food storage areas should be checked and recorded at the beginning of each shift, but shall be checked and recorded at least once daily. Holding temperatures for cold and hot foods shall be checked and recorded every two hours. Hot food shall be reheated to 165 degrees if it falls below 135 degrees at any time.

All reach-in or walk-in refrigerators and cold storage must maintain food temperature below 41 degrees. All freezers, other than during the defrosting cycle, must maintain a temperature of 0 degrees or lower.

One sample for each meal served shall be dated and maintained under refrigeration for testing in the event of a food-borne illness outbreak. Sample meals shall be discarded at the end of three days if no food-borne illness is reported.

Food production shall be stopped immediately if there is any sewage backup in the preparation area or if there is no warm water available for washing hands. Food production shall not resume until these conditions have been corrected (15 CCR 1245(a)).

900.6 THERAPEUTIC DIETS

The food services manager shall be responsible for ensuring that all inmates who have been prescribed therapeutic diets by qualified health care professionals are provided with compliant meals. A therapeutic diet manual, which includes samples of medical diets, shall be maintained in the health services and food services areas for reference and information.

More complete information may be found in the Prescribed Therapeutic Diets Policy.

Women who are known to be pregnant or lactating shall be provided a balanced, nutritious diet approved by a physician (15 CCR 1248).

900.7 RELIGIOUS DIETS

The Food Services Manager, to the extent reasonably practicable, will provide special diets for inmates in compliance with the parameters of the Religious Programs Policy and the Religious Land Use and Institutionalized Persons Act (RLUIPA).

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When religious diets are provided, they shall conform to the nutritional and caloric requirements for non-religious diets (15 CCR 1241).

900.8 FOOD SERVICES REQUIREMENTS

All reasonable efforts shall be made to protect inmates from food-borne illness. Food services staff shall adhere to sanitation and food storage practices and there shall be proper medical screening and clearance of all food handlers in accordance with the Food Services Workers' Health, Safety and Supervision Policy (15 CCR 1230).

Food production and services will be under staff supervision. Food production, storage and food handling practices will follow the appropriate federal, state or local sanitation laws (15 CCR 1246).

900.9 MEAL SERVICE PROCEDURE

Inmate meals that are served in a dining room or day room should be provided in space that allows groups of inmates to dine together, with a minimum of 15 square feet of space per inmate. A dining area shall not contain toilets or showers in the same room without appropriate visual barriers.

Meals shall be served at least three times during each 24-hour period. At least one meal must include hot food. Any deviation from this requirement shall be subject to the review and approval of a registered dietitian to ensure that inmates receive meals that meet nutritional guidelines.

Inmates must be provided a minimum of 15 minutes dining time for each meal. There must be no more than 14 hours between a substantial evening meal and breakfast. A substantial evening meal is classified as a serving of three or more menu items at one time to include a high quality protein, such as meat, fish, eggs or cheese. The meal shall represent no less than 20 percent of the day's total nutrition requirements. If more than 14 hours pass between meals, approved snacks will be provided. If a nourishing snack is provided at bedtime, up to 16 hours may elapse between the substantial evening meal and breakfast. A nourishing snack is classified as a combination of two or more food items from two of the four food groups, such as cheese and crackers or fresh fruit and cottage cheese.

Inmates who miss, or may miss, a regularly scheduled meal must be provided with a beverage and a sandwich or substitute meal. Approved snacks should be served to inmates on medical diets in less than the 14-hour period if prescribed by the Responsible Physician or registered dietitian. Inmates on medical or therapeutic meals who miss their regularly scheduled meal will be provided with their prescribed meal (15 CCR 1240).

As the meal time approaches, facility staff should direct the inmates to get dressed and be ready for meals. Inmates should be assembled and a head count taken, to verify all inmates in the housing location are present. Staff should be alert to signs of injury or indications of altercations, and should investigate any such signs accordingly. Staff should remain alert to the potential for altercation during inmate movement and meals. Meals shall be served under the direct supervision of staff.

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Staff should direct an orderly filing of inmates to the dining room or assigned seating in the day room. Staff should identify inmates who have prescribed therapeutic or authorized religious diets so those inmates receive their meals accordingly.

It shall be the responsibility of the correctional officers to maintain order and enforce rules prohibiting excessive noise and intimidation of other inmates to relinquish food during mealtime.

The dining room shall have an area designated for inmates who have been prescribed a longer time to eat by qualified health care professionals, a dietitian or as deemed appropriate by a supervisor.

To the extent reasonably practical, an adequate number of food services staff and correctional personnel should supervise meal service in central dining areas. If reasonably possible, the supervisor should be present.

The Shift Supervisor should make every attempt to be present during meal services in central dining areas to assess the meal service process, the quality of food and any health or security issues.

In the interest of security, sanitation and vermin control, inmates shall not be allowed to take food from the dining area to their housing areas.

900.10 EMERGENCY MEAL SERVICE PLAN

The food services manager shall establish and maintain an emergency meal service plan for the facility (15 CCR 1243(k)).

Such a plan should ensure that there is at least a seven-day supply of food maintained in storage for inmates. In the event of an emergency that precludes the preparation of at least one hot meal per day, the Jail Commander may declare an "Emergency Suspension of Standards" pursuant to 15 CCR 1012 for the period of time the emergency exists.

During an emergency suspension, the food services manager shall assign a registered dietician to ensure that minimum nutritional and caloric requirements are met (15 CCR 1242). The Jail Commander shall notify the Board of State and Community Corrections (BSCC) in writing in the event the suspension lasts longer than three days. The emergency suspension of food service standards shall not continue more than 15 days without the approval of the chairperson of the BSCC (15 CCR 1012).

In the event that the inmate food supply drops below that which is needed to provide meals for two days, the Jail Commander or the authorized designee shall purchase food from wholesale or retail outlets to maintain at least a four-day supply during the emergency.

Depending on the severity and length of the emergency, the Sheriff should consider requesting assistance from allied agencies through mutual aid or the National Guard.

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Food Services Training

901.1 PURPOSE AND SCOPE

The purpose of this policy is to reduce the risk of potential injury to staff, contractors and inmate workers in the food services areas by developing and implementing a comprehensive training program in the use of equipment and safety procedures.

901.2 POLICY

The Tehama County Sheriff's Office ensures a safe and sanitary environment is maintained for the storage and preparation of meals through the appropriate training of food services staff and inmate workers (15 CCR 1230; 15 CCR 1243(g); 15 CCR 1245(a)).

901.3 TRAINING

The food services manager, under the direction of the Jail Commander, is responsible for ensuring that a training curriculum is developed and implemented in the use of equipment and safety procedures for all food services personnel, including staff, contractors and inmate workers.

The training shall include, at minimum:

(a) Work safety practices and use of safety equipment.

(b) Sanitation in the facility's food services areas.

(c) Reducing risks associated with operating machinery.

(d) Proper use of chemicals in food services areas.

(e) Employing safe practices.

(f) Facility emergency procedures.

A statement describing the duties and proper time schedule should be developed for each job function in the facility’s kitchen and food services operation. The food services manager, at the direction of the Jail Commander, shall establish an employee/kitchen worker training course, and all staff or inmate workers shall be trained on how to assemble, operate, clean and sanitize kitchen equipment.

Information about the operation, cleaning and care of equipment, including manufacturer's literature, that is suitable for use as reference material shall be kept in the food services operation area. The reference material should be used in developing training on the use of the equipment and the maintenance and cleaning procedures.

Safety and sanitation shall be the primary consideration in equipment purchase and replacement. Placement and installation of equipment must be carefully planned to facilitate cleaning, sanitizing, service and repairs. The equipment must also meet any applicable government codes.

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901.4 TESTING

A test should be developed to determine and document that the food services worker understands the proper procedures demonstrated during training. Food services workers are required to pass the test in order to work in the food services area. Upon achievement of a passing score, the food services worker shall acknowledge receipt of the training in writing. The signed document shall be forwarded to the Training Manager and retained in the worker's training file. Contracted service providers should be required to provide documentation and certification of their employees. Only trained personnel are authorized to use food services equipment.

901.5 BRIEFING TRAINING

The food services manager should consider daily briefing training as a method of staff development. Regular and repetitive trainings of short duration (8 to 10 minutes) at the beginning of each shift are an effective and cost efficient way to maintain the competency of staff. A lesson plan and record of attendance should be incorporated into the briefing training. Records of all training, including training for contract workers, should be forwarded to the Training Manager and maintained in the worker's training files in accordance with established records retention schedules.

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Dietary Guidelines

902.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that the nutritional needs of the inmates are met and that overall health is promoted through the use of balanced nutritious diets.

902.2 POLICY

It is the policy of this office that diets provided by this facility will meet or exceed the guidelines established in the current publications of the Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies, the California Food Guide (CFG) and the U.S. Department of Agriculture's Dietary Guidelines for Americans (DGA).

902.3 REVIEW OF DIETARY ALLOWANCES

Jail CommanderThe food services manager is responsible for developing the facility's menus and shall ensure that all menus served by food services comply with the nutritional and caloric requirements found in the 2011 DRI, 2008 CFG, and the 2015-2020 DGA guidelines (15 CCR 1241). Any deviation from these guidelines shall be reviewed by the Sheriff and/or the Captain and the Responsible Physician.

The food services manager or the authorized designee shall ensure that the facility's menus and dietary allowances are evaluated annually by a registered dietician, and that any changes meet the DRI, CFG, and DGA guidelines. A registered dietitian must approve menus before they are used (15 CCR 1242).

Menus should be evaluated at least quarterly by the food services manager or the authorized designee.

902.4 MENU CYCLE PLANNING

The food services manager or the authorized designee should plan the menus one month in advance of their use.

Any changes to the menu must be recorded and kept until the next annual inspection (15 CCR 1242). Any menu substitutions must use better or similar items.

Menus should include the following minimum food group allowances per day (15 CCR 1241 et seq.) :

(a) Dairy Group: Three servings of pasteurized fat-free or low-fat milk fortified with Vitamins A and D or food providing at least 250 mg. of calcium and equivalent to 8 ounces of fluid milk. One serving can be from a fortified food containing at least 250 mg. of calcium. Juveniles 15-17 years of age or women who are known to be pregnant or lactating should receive four servings of milk or milk products.

(b) Vegetable-Fruit Group: Five servings of fruits and vegetables. At least one daily serving, or seven servings per week, shall be from each of the following three categories:

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1. One serving of a fresh fruit or vegetable
2. One serving of a Vitamin A source, fruit or vegetable, containing at least 200 micrograms retinol equivalents or more
3. One serving of a Vitamin C source containing at least 30 mg. or more

(c) Grain Group: A minimum of six servings of grains, three of which must be made with whole grains.

(d) Protein Group: Three servings of lean meat, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter, or textured vegetable protein, equivalent to 14 grams or more of protein. The daily requirements shall be equal to three servings for a total of 42 grams per day or 294 per week. In addition, a fourth serving from the legumes category shall be served three days a week.

(e) A daily or weekly average of the food group’s requirement is acceptable.

(f) Saturated dietary fat should not exceed 10 percent of the total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable. Facility diets shall consider the recommendations and intentions of the 2015-2020 DGA of reducing overall sugar and sodium levels.

Additional servings of dairy, vegetable-fruit, and grain groups must be provided in amounts to meet caloric requirements when the minimum servings outlined in the requirements above are not sufficient to meet the caloric requirements of an inmate.

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Food Services Workers' Health, Safety and Supervision

903.1 PURPOSE AND SCOPE

The purpose of this policy is to establish basic personal health, hygiene, sanitation and safety requirements to be followed by all food services workers and to ensure the proper supervision of food services staff and inmate workers.

903.2 POLICY

The Tehama County Sheriff's Office will ensure that meals are nutritionally balanced, safe and prepared and served in accordance with applicable health and safety laws. All inmate food services workers will be properly supervised by custody staff to ensure safety and security at all times (15 CCR 1243(h)).

903.3 FOOD SERVICES MANAGER RESPONSIBILITIES

The food services manager is responsible for developing and implementing procedures to ensure that all meals are prepared, delivered and served only under direct supervision by staff.

Work assignments shall be developed to ensure that sufficient food services staff is available to supervise inmate food services workers. The food services manager should coordinate with the corrections supervisor to ensure that sufficient correctional staff is available to supervise inmate meal service.

The food preparation area must remain clean and sanitary at all times. The food services manager or the authorized designee shall post daily, weekly and monthly cleaning schedules for the equipment and food preparation area.

903.4 MEDICAL SCREENING

The food services manager shall work cooperatively with the Responsible Physician to develop procedures to minimize the potential for spreading contagious disease and food-borne illness. In an effort to prevent the spread of illness, the following shall be strictly observed (15 CCR 1230):

(a) All food services workers shall have a pre-employment/pre-assignment medical examination, in accordance with local requirements, to ensure freedom from diarrhea, skin infections and other illnesses transmissible by food or utensils.

(b) Periodic reexaminations of food services workers shall be given to ensure freedom from any disease transmissible by food or utensils.

(c) Food services workers shall have education and ongoing monitoring in accordance with the standards set forth in the applicable government health and safety codes.

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(d) A supervisor shall inspect and monitor all persons working in any food services area on a daily basis for health and cleanliness, and shall remove anyone exhibiting any signs of food-transmissible disease from any food services area.

(e) Any person working in any food services area who is diagnosed by a qualified health care professional with a contagious illness should be excluded from the food services areas until medically cleared to return to work.

(f) All food handlers shall wash their hands when reporting for duty and after using toilet facilities. Aprons shall be removed and secured in a clean storage area before entering the toilet facility.

(g) Food services workers shall wear disposable plastic gloves and a protective hair covering, such as a hat or hairnet, when handling or serving food. Gloves shall be changed after each task is completed.

(h) Any outside vendor must submit evidence of compliance with state and local regulations regarding food safety practices.

(i) Smoking at any time is prohibited in any food services area.

(j) Documentation of compliance with all of the above and with any other risk-minimizing efforts implemented to reduce food transmissible disease shall be maintained in accordance with established records retention schedules.

(k) All food services workers shall report to a supervisor any information about their health and activities in accordance with health and safety codes as they relate to diseases that are transmittable through food, (e.g., open sores, runny nose, sore throat, cough, vomiting, diarrhea, fever, recent exposure to contagious diseases such as Hepatitis A or tuberculosis).

Any food services worker is prohibited from handling food or working in any food services area if he/she reports symptoms such as vomiting, diarrhea, jaundice, sore throat with fever or has a lesion containing pus, such as a boil or infected wound that is open or draining. Food service workers shall only return to work in food service areas when cleared by a qualified health care professional.

903.5 TRAINING REQUIREMENTS FOR FOOD SERVICES WORKERS

The food services manager is responsible for developing and implementing a training program for inmate food services that includes food safety, proper food-handling techniques and personal hygiene. Each inmate food services worker shall satisfactorily complete the initial training prior to being assigned to prepare, deliver or serve food. Food services workers should receive periodic supplemental training as determined by the food services manager (15 CCR 1243(g)).

The training curriculum for inmate food services workers should include, at minimum, the following topics:

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- Proper hand-washing techniques and personal hygiene as it applies to food services work
- Proper application and rotation of gloves when handling food
- Proper use of protective hair coverings, such as hats or hairnets
- Wearing clean aprons and removing aprons prior to entering toilet facilities
- Maintaining proper cooking and holding temperatures for food
- Proper portioning and serving of food
- Covering coughs and sneezes to reduce the risk of food-borne illness transmission
- Reporting illness, cuts or sores to the custody staff in charge

903.6 SUPERVISION OF INMATE WORKERS

Only personnel authorized to work in the food preparation area will be allowed inside. Inmate food handlers working in the kitchen must be under the supervision of a staff member (15 CCR 1243(h)). The Jail Commander will appoint at least one qualified staff member, who will be responsible for the oversight of daily activities and ensuring food safety. The appointed staff member must be certified by passing the American National Standards Institute food safety manager certification examination.

Sufficient custody staff shall be assigned to supervise and closely monitor inmate food services workers. Staff shall ensure that inmate food services workers do not misuse or misappropriate tools or utensils, and that all workers adhere to the following:

- Correct ingredients are used in the proper proportions.
- Food is maintained at proper temperatures.
- Food is washed and handled properly.
- Food is served using the right utensils and in the proper portion sizes.
- Utensils such as knives, cutting boards, pots, pans, trays and food carts used in the preparation, serving or consumption of food are properly washed and sanitized after use. Disposable utensils and dishes will not be reused.
- All utensils are securely stored under sanitary conditions when finished.

903.7 SUPERVISION OF THE FOOD SUPPLY

The risk of conflict and protest is reduced when the inmate population has confidence in the safety and quality of their food. Custody staff should supervise the transport and delivery of food to the respective serving areas. Custody staff should ensure the food is protected during transportation, delivered to the right location efficiently and under the right temperatures.

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Food Services Workers' Health, Safety and Supervision

Food services staff should report any suspected breech in the safety or security of the food supply. Staff should be alert to inmate behavior when serving food, and cognizant of any comments concerning perceived contamination or portioning issues. Staff should report any suspicion of inmate unrest to a supervisor.

Any change to the published menu or the standard portioning should be documented and reported to the food services manager as soon as practicable.

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Food Preparation Areas

904.1 PURPOSE AND SCOPE

This policy is intended to ensure the proper design and maintenance of the food preparation area.

904.2 POLICY

It is the policy of this office to comply with all federal, state and local laws and regulations concerning the institutional preparation of food.

904.3 COMPLIANCE WITH CODES

The Jail Commander is responsible for ensuring that food preparation and service areas are in compliance with all applicable laws and regulations and that food preparation areas are sanitary, well lit, ventilated and have adequate temperature-controlled storage for food supplies (15 CCR 1245(a)).

Any physical changes in the food preparation area, such as changing equipment or making major menu changes (from cold production to hot food), must be approved by the local public health entity to ensure adequate food protection.

Living or sleeping quarters are prohibited in the food preparation and food services areas (Health and Safety Code § 114286).

The food preparation area must avoid cross contamination and remain free from vermin infestation (Health and Safety Code § 114259).

904.4 CONSTRUCTION REQUIREMENTS

All remodeling and new construction of food preparation areas shall comply with federal, state and local building codes, comply with food and agricultural laws and standards and include any required approvals from any local regulatory authority (Health and Safety Code § 113700 et seq.).

The food preparation area shall be sized to include space and equipment for adequate food preparation for the facility’s population size, type of food preparation and methods of meal services.

Floors, floor coverings, walls, wall coverings and ceilings should be designed, constructed and installed so they are smooth, non-absorbent and attached so that they are easily cleanable (Health and Safety Code § 114268; Health and Safety Code § 114271).

Except in the area used only for dry storage, porous concrete blocks or bricks used for interior walls shall be finished and sealed for a smooth, non-absorbent, easily cleanable surface.

Food storage areas shall be appropriately clean, sized, typed and temperature-controlled for the food being stored (Health and Safety Code § 114047).

Lighting throughout the kitchen and storage areas shall be sufficient for staff and inmates to perform necessary tasks (Health and Safety Code § 114252).

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Mechanical ventilation of sufficient capacity to keep rooms free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke and fumes shall be provided if necessary (Health and Safety Code § 114149(a)).

All equipment used in the food preparation area shall be commercial grade and certified by the American National Standards Institute or approved by a registered environmental health professional/sanitarian (Health and Safety Code § 114130).

Dishwashing machines will operate in accordance with the manufacturer recommendations and hot water temperatures will comply with federal, state and local health requirements (Health and Safety Code § 114101).

Equipment must be smooth, easy to clean, and easy to disassemble for frequent cleaning. Equipment should be corrosion resistant and free of pits, crevices or sharp corners.

Dry food storage must have sufficient space to store a minimum of 15 days of supplies and be stored in compliance with the provisions of Health and Safety Code § 114047.

904.5 TOILETS AND WASHBASINS

Adequate toilet and washbasin facilities shall be located in the vicinity of the food preparation area for convenient sanitation and proper hygiene. Toilet facilities shall be completely enclosed and shall have tight-fitting, self-closing, solid doors, which shall be closed except during cleaning and maintenance.

Signs shall be conspicuously posted throughout the food preparation area and in each restroom informing all food services staff and inmate workers to wash their hands after using the restroom. Signs shall be printed in English and in other languages as may be dictated by the demographic of the inmate population.

To reduce the potential for contaminants being brought into the food preparation area, toilet facilities in the vicinity of the food preparation area should be limited to use by the food services staff and inmate workers only. Anyone working in the food services area must store their aprons in a designated clean area before entering the toilet facilities.

The food services manager shall be responsible for procedures to ensure:

(a) All fixtures in the toilet facilities are clean and in good operating condition.

(b) A supply of toilet tissue is maintained at each toilet at all times. Toilet facilities used by women shall have at least one covered waste receptacle.

(c) The hand-washing station located adjacent to the toilet facility has warm water available and is kept clean and in good operating condition. Single-dispensing soap and a method for drying hands shall be provided at all times (Health and Safety Code § 113953.3).

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Food Preparation Areas

If the toilet facility is outside of the kitchen area, food services workers must wash their hands after using the toilet facility and again upon returning to the kitchen area before preparing or serving food.

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Food Budgeting and Accounting

905.1 PURPOSE AND SCOPE

The purpose of this policy is to establish processes that will enable the facility’s food services to operate within its allocated budget, and for the development of specifications for purchasing food, equipment and supplies for the delivery of food services.

905.2 POLICY

The Tehama County Sheriff's Office food services facilities shall serve nutritious meals in an efficient and cost-effective manner in accordance with applicable laws and standards (15 CCR 1243(i)).

905.3 FOOD SERVICES MANAGER RESPONSIBILITIES

The food services manager is responsible for establishing a per meal, per inmate budget for food, equipment and supplies that are needed for the effective operation of the facility food services. This includes monitoring purchases according to the budgeted weekly and monthly spending plans.

The volume for purchasing should be based upon the food services needs and storage availability. The food services manager is responsible for establishing and maintaining detailed records and proper accounting procedures, and should be prepared to justify all expenditures and establish future budget requirements.

905.4 PROCEDURE

The food services manager is responsible for ensuring that food services are delivered in an efficient and cost-effective manner by employing the following procedures, including, but not limited to:

(a) Developing an annual budget that is realistically calculated according to previous spending data and available revenue, and lists all anticipated costs for the food services operation for the coming year.

(b) Establishing a per meal, per inmate cost using an inventory of existing supplies and planned purchases, minus the anticipated ending inventory (15 CCR 1243(i)).

(c) Ensuring that accurate meal record data is collected and maintained. Meal records should include, but not be limited to, the date and time of service and the number of:

1. Meals prepared and served for each meal period.
2. Meals served per location.
3. Prescribed therapeutic diet meals served.
4. Authorized religious diet meals served.
5. Authorized disciplinary isolation diet meals served.

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(d) Ensuring that food is purchased from an approved wholesale/institutional vendor to ensure food safety.

(e) Bulk-purchasing nonperishable items to maximize the budget dollars (15 CCR 1243(b)).

(f) Continuous monitoring and improvement to minimize poor food management and/or accounting, including, but not limited to:

1. Following planned menus.
2. Inspection of food deliveries to ensure the right quantity is delivered and the condition of the food is acceptable.
3. Purchasing food that is in season.
4. Purchasing the grade of product best suited to the recipe.
5. Following standard recipes.
6. Producing and portioning only what is needed.
7. Minimizing food production waste and establishing appropriate food storage and rotation practices, including proper refrigeration.
8. When reasonably practicable, responding to the inmate’s food preferences.
9. Establishing minimum staffing requirements based on the layout and security requirements of the facility.
10. Budgeting adequately for equipment repair and replacement, factoring in any labor cost savings, the need for heavy-duty equipment with corrections packages for safety, and inmate abuse.

(g) Establishing purchasing specifications, which are statements of minimum quality standards and other factors, such as quantity and packaging. A basic specification should contain (15 CCR 1243(b)):

1. The common name of the product.
2. The amount to be purchased.
3. The trade, federal or other grade or brand required.
4. The container size and either an exact, or a range of the number of pieces in a shipping container.
5. The unit on which prices are to be quoted (e.g., 6/#10 cans, 10/gallons).

(h) Establishing accounting procedures for financial statements and inventory control.

(i) Maintaining records of invoices, purchase orders, meal count sheets, food production records, therapeutic and religious diet records, inventory of food, supplies and

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equipment for the required period of time, as mandated by the governing body of the facility.

905.5 MONTHLY REPORTING

The food services manager is responsible for ensuring that accurate meal record data is collected and maintained. Meal records should include, but not be limited to, the number of (15 CCR 1243(j)):

(a) Meals prepared and served for each meal period.

(b) Meals served per location.

(c) Prescribed therapeutic diet meals served.

(d) Authorized religious diet meals served.

(e) Authorized disciplinary isolation diet meals served.

A monthly report summarizing all data should be provided to the Jail Commander.

All meal records shall be retained in accordance with office retention schedules and state statutory regulations.

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Inspection of Food Products

906.1 PURPOSE AND SCOPE

The purpose of this policy is to establish methods by which the Food and Drug Administration (FDA) and/or the United States Department of Agriculture (USDA) inspections and/or approvals are conducted on any food products grown or produced within the jail system.

906.2 POLICY

The Tehama County Sheriff's Office will ensure the safety and quality of all food products grown or produced at this facility through routine inspections and approvals, as required by law.

906.2.1 FOOD INSPECTION PROCEDURES

The food services manager is responsible for developing procedures for ensuring that all food used in the food services operation has been inspected and/or approved to standards established by statute, and that the delivery of all foodstuffs to the jail kitchens and to the inmates occurs promptly to reduce the risk of any food-borne illness or contamination.

The food services manager shall establish inspection procedures in accordance with established standards and statutes. Such procedures shall include, but are not limited to:

(a) The FDA or USDA inspection and/or approval of all food products grown or produced by this facility prior to distribution.

(b) A system of periodic audits and inspections of the facility and of all raw material suppliers, either by custody staff or by a third-party vendor.

(c) A system of thorough documentation of all inspection and approval processes, training activities, raw material handling procedures, activities, cleaning and sanitation activities, cleanliness testing, correction efforts, record-keeping practices and the proper use of sign-off logs shall be developed and implemented.

(d) Processes of evaluating the effectiveness of training, and validating cleanliness through testing (e.g., swabs, bioluminescence and visual, taste and odor evaluations), shall be created and implemented. Records of all such activities shall be documented.

(e) Documentation of any recommendations for continuous quality improvement and their implementation, with the intent of eliminating deficiencies. Documentation should include a post-deployment verification of the correction.

(f) The food services manager is responsible for ensuring adherence to the following practices, including, but not limited to:

1. The scope of food products being grown or processed internally is well-defined.
2. All critical processes are validated to ensure consistency and compliance with specifications.

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3. Any changes to the process are evaluated for effectiveness.
4. There are clearly, written instructions and procedures for the staff and inmates to follow.
5. The staff and inmates are trained to perform all established tasks and document all necessary procedures.
6. Physical barriers for separating raw and cooked food-processing areas are established and maintained.
7. The traffic flow of workers is designed to minimize the risk of any cross-contamination.
8. All drains are used and cleaned properly, within industry standards.
9. Proper equipment and/or tools are provided and designated for specific use.
10. All persons working in the food services areas are wearing proper clothing and protective devices at all times.
11. All persons working in the food services areas wash their hands properly and frequently.
12. Only authorized personnel are allowed in the food processing areas.
13. Only potable water is used for growing or washing produce.
14. The distribution of all prepared food is done in a manner that reduces the risk of food-borne illness or contamination.

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Food Services Facilities Inspection

907.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for inspecting food services areas and facilities to ensure a safe and sanitary environment for staff and inmates.

907.2 POLICY

It is the policy of the Tehama County Sheriff's Office that the food services area be maintained in a safe, sanitary condition by conducting regularly scheduled inspections, both by facility staff and by an outside independent inspection authority as may be required by law (15 CCR 1245(a)).

907.3 CLEANING AND INSPECTIONS BY STAFF

The food services manager shall ensure the dining and food preparation areas and all equipment in the food services area are inspected weekly. Adequate hot and cold water should be available in the kitchen. Water temperature of all fixtures, including washing equipment, should be checked and recorded weekly to ensure compliance with the required temperature range. Deficiencies noted by inspections shall be promptly addressed.

A cleaning schedule for each food services area shall be developed and posted for easy reference by staff, and shall include areas such as floors, walls, windows and vent hoods. Equipment, such as chairs, tables, fryers and ovens, should be grouped by frequency of cleaning as follows:

- After each use
- Each shift
- Daily
- Weekly
- Monthly
- Semi-annually
- Annually

The food services manager is responsible for establishing and maintaining a record-keeping system to document the periodic testing of sanitary conditions and safety measures, in accordance with established records retention schedules. At the direction of the Jail Commander or the authorized designee, the food services manager shall take prompt action to correct any identified problems.

907.3.1 SAFETY INSPECTION CHECKLIST

The following items should be part of the weekly inspection:

- Lighting is adequate and functioning properly.

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- Ample working space is available.
- Equipment is securely anchored.
- There are suitable storage facilities, minimizing the risk of falling objects.
- Floors are clean, dry, even and uncluttered.
- Machines have proper enclosures and guards.
- A clear fire safety passageway is established and maintained.
- Fire extinguishers and sprinkler systems are available, not expired and are tested regularly.
- The food preparation area has good ventilation.
- Furniture and fixtures are free from sharp corners, exposed metal and splintered wood.
- All electrical equipment is in compliance with codes and regulations.
- All workers wear safe clothing, hair coverings, gloves and protective devices while working.
- All workers are in good health, with no symptoms of illness or injury that would pose a risk to food safety.
- All ranges, ovens and hot holding equipment are clean and in good operating condition.
- Mixers and attachments are clean and in good operating condition.
- Dishwashing machines are clean and in good operating condition, and proper chemicals are in use.
- Water temperatures for hand sinks, ware washing sinks and dishwashing machines meet minimum acceptable temperatures.
- All hand-washing stations have free access, soap, hot and cold running water under pressure and a method to dry hands.
- Toilet facilities are in good repair and have a sufficient supply of toilet paper.
- All temperature charts and testing documents are current, accurate and periodically reviewed and verified by the food services manager.
- Only authorized personnel are allowed in the kitchen area.
- Foods are labeled and stored properly using the first-in first-out system.
- The refrigerators and freezers are in good operating condition and maintain proper temperature.
- There is no evidence of cross-connection or cross-contamination of the potable water system.

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907.4 CONTRACTING FOR INSPECTION

The food services manager is responsible for ensuring that the food services operation works in accordance with all state and local laws and regulations.

The Jail Commander shall contract with an independent, outside source for periodic inspection of the food services facilities and equipment, to ensure that established state and local health and safety codes have been met.

Documentation of the inspections, findings, deficiencies, recommended corrective actions and verification that the corrective standards were implemented will be maintained by the facility in accordance with established records retention schedules.

A contract for services from an independent and qualified inspector should include, but is not limited to, the following components:

(a) The inspector should conduct a pre-inspection briefing with the Jail Commander and other appropriate personnel, including the food services manager, to identify the applicable government health and safety codes and the areas to be inspected. The inspector should provide the necessary equipment to conduct the inspection.

(b) The inspector should audit the policies and procedures of the food services operation.

(c) During the course of the inspection, the inspector should study and report on whether the following meet acceptable standards:

1. Walls, ceilings and floors are in good condition, smooth and easily cleanable.
2. The kitchen layout is properly designed to avoid cross-contamination.
3. The kitchen is properly lighted and ventilated.
4. The temperature controlled storage areas are in good operating condition and proper temperatures are being maintained.
5. Dry foods are properly stored off the floor, away from the walls and ceilings.
6. There is no sign of vermin infestation.
7. All equipment is in good and sanitary condition and is certified by one of the American National Standards Institute certification agencies e.g., Underwriters Laboratories, or Extract, Transform and Load, and the National Science Foundation product certification marks.
8. The dishwashing equipment is clean, in good operating condition and maintains proper washing and rinsing temperatures.
9. There is no evidence of cross-contamination between the potable and contaminated water systems.
10. The ware washing area is clean and supplied with proper chemicals and Material Safety Data Sheets.
11. The food is properly stored, labeled and rotated according to first-in first-out procedures.

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12. The food services staff and inmate workers are wearing clean uniforms and practice proper personal hygiene.
13. All food services workers are trained for proper food handling and there is a person in charge who is responsible for the food safety of the facility.
14. There are ample hand-washing stations supplied with warm water under pressure, soap, a method to dry hands, a waste container and employee hand-washing signs.

Any deficiencies should be noted by the inspector in his/her inspection report, and recommendations made for corrective action.

At the exit interview, the inspector should cite any violations according to the government health and safety codes.

The inspector should conduct a follow-up inspection to verify the deficiencies have been corrected as recommended.

The food services manager should provide the Jail Commander with a plan to implement the recommended corrections in a timely manner and schedule a post-correction inspection with the original independent inspector.

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Food Storage

908.1 PURPOSE AND SCOPE

The purpose of this policy is to establish food storage methods that are designed to meet manufacturer's recommendations, Health and Safety Codes, state laws and local ordinances, and to safely preserve food, extend storage life and reduce food waste.

908.2 POLICY

Food and food supplies will be stored in sanitary and temperature-controlled areas, in compliance with state and local health laws and standards (15 CCR 1243(c); 15 CCR 1245(a)).

908.3 PROCEDURES

The food services manager shall be responsible for establishing procedures to ensure the safe preservation and storage of food in the most cost-effective manner, beginning with the receipt of the raw materials through the delivery of prepared meals.

When receiving food deliveries, food services staff shall inspect the order for quality and freshness, and shall ensure that the order is correct by checking the order received against the order form. All delivery vehicles shall be inspected by food services staff to make certain that the vehicles are clean, free from vermin infestations and are maintained at the appropriate temperature for the type of food being carried.

If food quality and freshness do not meet commonly accepted standards or if it is determined that proper storage temperatures have not been maintained, the employee checking the order in will refuse the item and credit the invoice.

Any food destined for return to the vendor should be stored separately from any food destined for consumption. The food services manager will contact the vendor and arrange for replacement of the unacceptable food items.

Storage temperatures in all food storage areas should be checked and logged on a daily basis. Records of the temperature readings should be maintained in accordance with established records retention schedules.

An evaluation system should be established for food stored in any area with temperature readings outside the normal range, and should include contingency plans for menu changes, food storage relocation or food destruction, as indicated. All actions taken to ensure the safety of the food served should be documented and retained in accordance with established records retention schedules.

908.4 DRY FOOD STORAGE

Canned items and dry food that does not need refrigeration should be stored in a clean, dry, secure storage area where temperatures are maintained between 45 and 80 degrees. Temperatures shall be monitored and recorded once each day on a checklist.

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All dry items shall be stored at least 6 inches off the floor and at least 6 inches away from any wall. Only full unopened cans and containers shall be stored in the storerooms. Open containers and packages shall be appropriately stored in the working or holding areas.

All storage areas will be kept locked when they are not in actual use. New food shipments shall be placed behind existing like items and rotated using a first-in first-out rotation method.

Personal clothing and personal items shall not be stored in food storage areas.

908.4.1 MAINTENANCE OF DRY FOOD STORAGE AREAS

Inmate workers or staff should clean the storage areas at least once each day by sweeping and mopping all floors and wiping down shelves and walls. Any damaged items should be inspected for spoilage and repackaged or discarded as appropriate. Food services staff should inspect the storage areas to ensure they are clean and orderly. Staff will document the inspection and record the daily temperature on the storage area checklist (15 CCR 1243(m)).

908.5 REFRIGERATED AND FROZEN STORAGE

Unless health codes dictate otherwise, refrigerators must be kept between 32 and 41 degrees. Deep chill refrigerators will be set between 28 and 32 degrees for cook-chill products, dairy and meat items, to extend shelf life. Freezers shall be maintained at 32 degrees or below.

All freezer and refrigerator storage areas should have at least two thermometers to monitor temperatures. One thermometer should have a display visible to the outside. The second thermometer shall be placed in the warmest place inside the storage area. Daily temperature readings shall be recorded on the storage area checklist. Any variance outside of acceptable temperature range shall be immediately addressed.

All food must be covered and dated when stored. Cooked items shall not be stored beneath raw meats. Cleaned vegetables shall be stored separately from unwashed vegetables. Storage practices shall use a first-in first-out rotation method.

908.5.1 MAINTENANCE OF REFRIGERATED AND FREEZER AREAS

Refrigeration storage units should be cleaned daily, including mopping floors and wiping down walls. A more thorough cleaning should occur weekly to include dismantling and cleaning shelves. Food services staff should inspect the contents of freezers and storage units daily to ensure all items are properly sealed and labeled (15 CCR 1243(m)).

908.5.2 STORAGE OF CLEANING SUPPLIES AND MATERIALS

The storage of soaps, detergents, waxes, cleaning compounds, insect spray and any other toxic or poisonous materials are kept in a separate, locked storage area to prevent cross contamination with food and other kitchen supplies.

908.6 WASTE MANAGEMENT

The food services manager shall develop and maintain a waste management plan that ensures the garbage is removed daily (15 CCR 1243(l)). This plan also should include methods to minimize the waste of edible food and to dispose of non-edible or waste food material without utilizing a landfill.

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Food Storage

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Prescribed Therapeutic Diets

909.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that inmates who require prescribed therapeutic diets as a result of a diagnosed medical condition are provided with nutritionally balanced therapeutic meals that are medically approved and meet nutritional and safety standards.

909.2 POLICY

The Responsible Physician, in consultation with the food services manager, shall (15 CCR 1248):

(a) Develop written procedures that identify individuals who are authorized to prescribe a therapeutic diet.

(b) The therapeutic diets utilized by this facility shall be planned, prepared and served with consultation from a registered dietitian.

(c) The Jail Commander shall comply with any therapeutic diet prescribed for an inmate.

(d) The Jail Commander and the Responsible Physician shall ensure that the therapeutic diet manual, which includes sample menus of therapeutic diets, shall be available in both the health services and food services work areas for reference and information. A registered dietitian shall review, and the Responsible Physician shall approve, the therapeutic diet manual on an annual basis.

As a best practice, all therapeutic diet prescriptions should be reviewed and rewritten, if appropriate, on a quarterly basis. This is to reduce the risk of an inmate developing an adverse medical condition or nutritional effect as the result of a diet that is inconsistent with the inmate's current medical needs. A diet request form should be made available to inmates.

Pregnant or lactating women shall be provided a balanced, nutritious diet approved for pregnant women by a physician (15 CCR 1248).

909.3 STAFF COMMUNICATION/COORDINATION

It is the responsibility of the health authority to compile a daily list of all inmates who are prescribed therapeutic diets. The list should contain the following information:

(a) Inmate's name

(b) Inmate's identification number

(c) Housing location or dining location where the meals will be delivered

(d) Inmate's therapeutic diet type

(e) Special remarks or instructions

Any time inmates are assigned to a different housing area, custody staff must notify the food services personnel immediately.

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909.4 PREPARATION AND DELIVERY OF MEALS

The food services manager or the authorized designee is responsible for reviewing the therapeutic diet lists prepared by the Responsible Physician, counting the number and type of therapeutic meals to be served and preparing the food according to the therapeutic menu designed by the registered dietitian.

Therapeutic diets may include snacks and oral supplements. Snacks and supplements should be distributed with regularly scheduled meal service or may be distributed with inmate medications. Individual labels or written documents containing the following information should be prepared by the kitchen, clearly identifying each meal and any included snacks:

(a) Inmate’s name

(b) Inmate’s identification number

(c) Housing location or dining location where the meals will be delivered

(d) Inmate’s therapeutic diet type

(e) A list of items provided for the meal

The custody staff responsible for meal distribution shall ensure that any inmate who has been prescribed a therapeutic meal by the Responsible Physician or the authorized designee receives the prescribed therapeutic meal. Inmates who receive a therapeutic meal should sign for receipt of the meal.

Therapeutic meal receipts should be retained in the inmate’s medical record for an amount of time necessary to resolve any dispute about the receipt or composition of a prescribed meal.

Unless a therapeutic diet was prescribed with a specific end date, only the Responsible Physician or the authorized designee may order that a therapeutic diet be discontinued.

Inmates who are receiving therapeutic diets must receive clearance from the Responsible Physician before he/she may receive a religious or disciplinary diet.

If prescribed by the Responsible Physician, supplemental food shall be served to inmates more frequently than the regularly scheduled meals. An inmate who misses a regularly scheduled meal shall receive his/her prescribed meal.

909.5 THERAPEUTIC AND RELIGIOUS MEAL RECORDS

Inmates receiving prescribed therapeutic diet meals and/or authorized religious diet meals must sign a document indicating the following:

- Inmate’s name
- Inmate's identification number
- Housing location or dining location where the meals will be delivered
- Inmate’s therapeutic diet type

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- A list of items provided for the meal

All information regarding a therapeutic diet is part of an inmate’s medical record and is therefore subject to state and federal privacy laws concerning medical records.

All meal records shall be retained in accordance with established retention schedules and applicable statutory regulations.

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Disciplinary Separation Diet

910.1 PURPOSE AND SCOPE

This policy establishes the requirement for providing inmates disciplinary separation diets when they are ordered for disciplinary reasons. The disciplinary separation diet will only be utilized after all of the provisions of the Disciplinary Separation section of the Disciplinary Separation Policy are implemented.

910.2 PROCEDURE

The food services manager shall prepare the disciplinary separation diet after receiving directions from the Jail Commander. Records of providing this diet shall be maintained by the food services manager.

The disciplinary separation diet shall be served twice during each 24-hour period and shall consist of one-half of a vegetable/meatloaf (see recipe below) per meal (or a minimum of 19 ounces of cooked loaf). The loaf shall be accompanied by two slices of whole wheat bread and at least one quart of water if the inmate does not have access to a water supply. The use of the disciplinary separation diet is an exception to the “three meals per day” policy described in the Food Services Policy (15 CCR 1247(a)).

910.3 DISCIPLINARY SEPARATION DIET RECIPE

The disciplinary separation diet shall consist of the following (15 CCR 1247(b)) :

(a) 2 ½ oz. nonfat dry milk

(b) 4 ½ oz. raw grated potato

(c) 3 oz. raw carrots, chopped or grated fine

(d) 1 ½ oz. tomato juice or puree

(e) 4 ½ oz. raw cabbage, chopped fine

(f) 7 oz. lean ground beef, turkey, or rehydrated, canned, or frozen Textured Vegetable Protein (TVP)

(g) 2 ½ fl. oz. oil

(h) 1 ½ oz. whole wheat flour

(i) ¼ tsp. salt

(j) 4 tsp. raw onion, chopped

(k) 1 egg

(l) 6 oz. dry red beans, pre-cooked before baking (or 16 oz. canned or cooked red kidney beans)

(m) 4 tsp. chili powder

These ingredients should be shaped into a loaf and baked at 350-375 degrees for 50-70 minutes.

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910.4 POLICY

It is the policy of this office to provide disciplinary separation diets as allowed by state law.

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Chapter 10 - Inmate Programs

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Inmate Programs and Services

1000.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the programs and services that are available to inmates. The programs and services exist to motivate offenders toward positive behavior while they are in custody. The policy identifies the role and responsibilities of the Inmate Programs Coordinator, who manages a range of programs and services.

1000.2 POLICY

The Tehama County Sheriff's Office will make available to inmates a variety of programs and services subject to resources and security concerns. Programs and services offered for the benefit of inmates may include social services, faith-based services, recreational activities, library access, educational/vocational training, alcohol and drug abuse recovery programs and leisure time activities (15 CCR 1070).

1000.3 INMATE PROGRAMS COORDINATOR RESPONSIBILITIES

The Inmate Programs Coordinator is selected by the Jail Commander and is responsible for managing the inmate programs and services, including the following:

(a) Research, plan, budget, schedule, and coordinate security requirements for all inmate programs and services.

(b) Develop or procure programs and services as authorized by the Jail Commander (15 CCR 1070).

(c) Act as a liaison with other service providers in the community that may offer social or educational programs (e.g., school districts, Department of Social Services, health educators, substance abuse counselors).

(d) Develop, maintain, and make available to inmates the schedule of programs and services.

(e) Develop policies and procedures, and establish rules for the participation of inmates in the programs and services.

(f) Develop and maintain records on the number and type of programs and services offered, as well as inmate attendance at each offering.

(g) Establish controls to verify that the content and delivery of programs and services are appropriate for the circumstances.

(h) Accumulate data and prepare monthly and annual reports as directed by the Jail Commander.

(i) Ensure inmates are not denied access to educational and vocational programs based solely on their indigent status.

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1000.4 SECURITY

All programs and services offered to benefit inmates shall adhere to the security and classification requirements of this facility. To the extent practicable, the Inmate Programs Coordinator will develop individualized programs and services for inmates who are housed in high-security or administrative segregation.

1000.5 DISCLAIMER

Inmate programs are provided at the sole discretion of the Tehama County Sheriff's Office in keeping with security interests, available resources and best practices.

Nothing in this policy is intended to confer a legal right for inmates to participate in any program offered other than what is required by law or that which is medically required.

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Inmate Welfare Fund

1001.1 PURPOSE AND SCOPE

The Office is authorized to maintain a fund derived from proceeds from the commissary, vending machines, telephones and other inmate-related commerce activities to be used primarily to provide welfare and education programs for the benefit of the inmate population.

1001.2 INMATE WELFARE FUND

The Inmate Programs Coordinator, in cooperation with the Finance Department, will establish and maintain an Inmate Welfare Fund where proceeds derived from inmate telephones, commissary profits, vending machines and other income intended for the support of inmate programs are deposited.

The Inmate Welfare Fund is allocated to support a variety of programs, services and activities benefiting the general inmate population and enhancing inmate activities and programs. This includes capital construction and improvement projects in support of such programs, services and activities (Penal Code § 4025).

1001.3 INMATE WELFARE FUNDING SOURCES

Revenues and funding from the following sources shall be deposited into the Inmate Welfare Fund account:

(a) All proceeds from commissary and canteen operations

(b) Proceeds from vending machines made available for inmate use

(c) Proceeds from the operation of inmate telephones

(d) Proceeds from the sale of inmates' arts-and-crafts projects

(e) Donations

(f) Interest income earned by the Inmate Welfare Fund

1001.4 EXPENDITURE OF INMATE WELFARE FUNDS

The Inmate Welfare Fund shall be used solely for the welfare and benefit of the inmate population or as otherwise permitted by law.

Expenditures permitted from the Inmate Welfare Fund include, but are not limited to, the following:

(a) Education programs

(b) Recreational goods and services, such as:

1. Recreational equipment, games and sporting goods
2. Televisions and cable/satellite subscriptions, video players and content media
3. Library books

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4. Vending machines

(c) Salary and benefit costs for personnel while they are employed in positions or are performing activities solely for the benefit of inmates or to facilitate inmate programs

(d) Welfare packages for indigent inmates

(e) Alcohol and drug treatment programs

(f) Office facility canteens, including vending machines available for inmate use

(g) Inmate trust accounting system

(h) Envelopes, postage and personal hygiene items for indigent inmates

(i) Approved non-prescription, over-the-counter health aids for inmate use

(j) Libraries designated for inmate use

(k) Visiting room equipment, supplies and services

(l) Inmate activity programs, including:

1. Equipment for television viewing
2. Visiting music/entertainment groups
3. Music equipment and supplies
4. Activities equipment, supplies and services
5. Repair of equipment purchased from the Inmate Welfare Fund
6. Food or supplies for special occasions
7. Inmate awards for the purpose of providing umpires or referees, and maintaining activity equipment and apparel
8. Inmate tournaments and holiday events
9. Inmate club activities
10. Entertainment equipment, cable or satellite subscription services and other related supplies
11. Materials for faith-based programs

1001.4.1 PROHIBITED EXPENDITURES OF INMATE WELFARE FUND

Except as permitted by law, the Inmate Welfare Fund shall not be used to fund activities associated with any of the following:

(a) Security-related functions, including staff, safety equipment, radios, weapons or control devices that are specifically designated for use by the custody staff in maintaining the security, safety and order in the facility

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(b) Food service, staff costs, equipment and supplies

(c) Medical/dental services, staff costs, equipment and supplies

(d) Maintenance and upkeep of office facilities not otherwise permitted by law

(e) Janitorial services and supplies

(f) Transportation to court, medical appointments or other reasons not related to inmate programs

(g) Any other normal operating expenses incurred by the day-to-day operation of the Office

1001.4.2 EXPENDITURE FOR REENTRY PROGRAMS

Expenditures from the Inmate Welfare Fund are also permitted for programs that assist indigent inmates with the reentry process within 30 days of release. These programs include work placement, counseling, obtaining proper identification, education and housing (Penal Code § 4025.5).

1001.5 FINANCIAL ACCOUNTING OF INMATE WELFARE FUNDS

The Inmate Programs Coordinator in cooperation with the Finance Department shall maintain an accounting system to be used for purchasing goods, supplies and services that support inmate programs (see the Financial Practices Policy).

1001.5.1 ANNUAL REPORTING

The Jail Commander is responsible for ensuring an annual report of expenditures from the Inmate Welfare Fund is submitted annually to the County Board of Supervisors (Penal Code § 4025).

1001.6 POLICY

It is the policy of this office to maintain and administer an Inmate Welfare Fund that supports inmate programs.

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Inmate Accounts

1002.1 PURPOSE AND SCOPE

This policy establishes guidelines and procedures for managing, handling and accounting of all money belonging to inmates that is held for their personal use while they are incarcerated in this facility.

1002.2 INMATE ACCOUNTS

The Office will establish an inmate account for the purpose of receiving funds from authorized sources for inmate use. A separate account will be established for each inmate when he/she is booked into this facility.

When an inmate is admitted to the jail, a written, itemized inventory of the money in the inmate's possession shall be completed. Any subsequent deposits to the inmate's fund shall be inventoried and documented. An inmate shall be issued a receipt for all money held until his/her release.

An inmate may use money in his/her inmate account for bail or to purchase items from the inmate commissary. Inmates may receive and release money while in custody. Funds will be made available to inmates for their use in accordance with the rules and regulations established by the Jail Commander.

1002.3 FUNDING SOURCES

The inmate account will only accept funds for deposit from approved sources. Funds deposited into an inmate's account will first be used to settle the inmate's negative balance, should one exist.

1002.3.1 DEPOSITS DURING BOOKING

With the exception of legally prescribed fees (e.g., booking fees, pay to stay), all money received during the booking process shall be deposited to the inmate's account after the inmate signs an acknowledgement agreeing to the amount.

1002.3.2 DEPOSITS THROUGH THE MAIL

All funds received by mail to be deposited to an inmate's account shall be delivered to the cashier after signed acknowledgement by the inmate.

Only cash, money orders and checks issued by federal, state, county or city government agencies that are received through the mail are acceptable for deposit into inmate accounts. Although cash may be accepted for deposit, it is not recommended that cash be sent through the mail. All personal checks, payroll checks and other unapproved monies will be forwarded to the personal property storage area and placed in the inmate's property bag.

1002.3.3 VISITOR DEPOSITS

Only approved visitors may deposit funds into an inmate's account. The cashier may only accept cash or money orders for deposit to an inmate's account.

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The cashier shall post funds received to the inmate's account and prepare a validated receipt for the transaction. A copy of the transaction receipt shall be provided to both the inmate and the person making the deposit. A copy will be retained by the cashier.

Inmates will not be allowed to accumulate large sums of money in their account other than for the purpose of bail. Deposits bringing the inmate's balance over $500 must be approved by the Jail Commander. Anything over the limit will be placed in the inmate's personal property.

1002.4 AUTHORIZATION FOR SELF-BAIL

Inmates wishing to use their personal funds as bail must sign an Authorization for Self-Bail transaction document. This transaction document must be received by the cashier before the inmate's account can be debited and a receipt issued.

1002.5 RELEASE OF FUNDS TO OTHER PERSONS

1. When an inmate's money is being requested by an individual at the visitation window.

    a. Line staff or a STARS volunteer will obtain a Inmate Property Release Form and write in the inmates's name, CN#, date, name and telephone number of the individual at the visitation window.

    b. The Inmate Property release Form and the individual's driver's license will be given to the jail division secretary who will verify the inmate is eligible to release funds.

        1. If denied the secretary will shred the Inmate Property release form and return the individual's driver's license notifying him/her that the request can not be granted.

        2. If approved the secretary will indicate, in pencil, the amount the inmate currently has on his/her account. The secretary will then deliver the Inmate Property Release Form to the booking officer who will delegate an officer to deliver it to the inmate.

        3. The inmate is to indicate the dollar amount, if any, he/she wishes to release in the appropriate box on the form. The officer will then deliver the Inmate Property release Form to the secretary.

        4. With a signed form the secretary will erase the penciled dollar amount from the form, make a withdraw from the inmate's account by issuing a check made out in the name as it appears on the driver's license and white-out the fund balances on the receipts.

    c. An inmate may release money once per incarceration period. Checks will not be made out to pay inmate bills without express approval of the Jail Commander.

2. The person receiving the check must sign the Inmate Property Release Form and both check receipts.

    a. The top (Small) check receipt will be stapled to the completed Inmate Property Release Form and filed in the inmate's "desk file". The bottom (larger) check receipt will be placed in the secretary's in tray.

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b. No property is to be released without a signed Inmate Property Release Form.

3. At the time an inmate is being released from custody, if he/she has $2.00 or less on his/her account, he/she may donate the funds to the inmatae welfare accounty by signing a resolution 67-2005 form.

1002.6 RELEASE FROM CUSTODY

The cashier will receive a daily roster of inmates scheduled for release. Each inmate's account will be accessed and a report showing all activity on the account will be completed and filed after it has been adjusted to show a zero balance.

Staff members who are responsible for the release of inmates will notify the cashier of all impending releases, including those not on the scheduled release roster, by providing the list with the names and booking numbers to the cashier.

The cashier will release the money to the inmate after the inmate endorses the account report.

1002.7 CASHIER RESPONSIBILITY

The cashier will verify all funds received against the amounts recorded on the inmate account financial record. The cashier will then post the funds to the inmate's account and prepare a receipt for the inmate.

At the end of every shift, each cashier shall be responsible for balancing all transactions completed during the shift and shall complete a cash activity sheet itemizing each type of transaction.

All monies shall be counted, verified against the transactions, bundled and placed in a designated secure safe or transferred to the Finance Department with appropriate transmittal documentation, in accordance with Office finance rules.

Any unresolved discrepancies found during the balancing procedures shall be promptly reported. The cashier reporting the discrepancies shall prepare a report showing the amount of the discrepancy.

The report shall include the following:

(a) Date and time each cash discrepancy was discovered

(b) Amount of overage or shortage

(c) Explanation of the cause of the overage/shortage

(d) Documentation used to identify the error

(e) Recovery attempts

(f) Name of person reporting the discrepancy

(g) Name of person approving the report and the date approved

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The supervisor shall initial the report prior to submission to the Finance Department for final review.

1002.8 SECURE BANKING OF INMATE FUNDS

All monies collected by custody personnel shall be secured daily in an officially designated and secure place, and verified by a supervisor.

1002.9 AUTOMATED KIOSKS

The use of automated kiosks for the deposit of monies into the inmate account or to transfer inmate monies for the purchase of commissary or other authorized items will meet the financial accounting requirements of this policy and other standard financial practices.

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Counseling Services

1003.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for providing counseling and crisis intervention services to inmates.

1003.2 POLICY

This office will provide counseling and crisis intervention services to any inmate who either requests services or is determined by a health provider to be in need of counseling or crisis intervention services. These services may be provided by:

(a) Medical/mental health staff assigned to the facility.

(b) Faith-based counseling by the chaplain or religious volunteers (see the Religious Programs Policy).

(c) Correctional officers assigned to the facility who have specific training and expertise in this area.

(d) Inmates requesting to make Crisis Line Calls will be placed on the Crisis Line and provided the opportunity to speak with professional counselor as soon as practical.

The Jail Commander shall coordinate with the Responsible Physician to develop and confidentially maintain records of counseling and crisis intervention services provided to inmates and to ensure that those records are retained in accordance with established records retention schedules.

The Jail Commander shall ensure that request forms are available and provided to inmates who request counseling services. All inmate requests for counseling shall be forwarded to the Shift Supervisor. If an inmate displays behavior indicating a need for counseling or crisis intervention services, the facility employee shall notify the Shift Supervisor. The Shift Supervisor shall assess the need and area of counseling and make a reasonable effort to provide the inmate with the requested counseling as soon as reasonably practicable with consideration given to facility security, scheduling and available resources. Inmates who are victims of a sexual abuse or harassment incident will be informed of the availability and continuity of counseling (28 CFR 115.82; 28 CFR 115.83).

1003.3 NON-CRISIS COUNSELING

The Office shall, when reasonably practicable, make counseling services available to assist inmates who are being released into the community.

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Inmate Exercise and Recreation

1004.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines and procedures ensuring that the Tehama County Sheriff's Office facility will have sufficiently scheduled exercise and recreation periods and sufficient space for these activities, as required by law.

1004.1.1 DEFINITIONS

Definitions related to this policy include:

Exercise - The physical exertion of large muscle groups.

Recreation - Activities that may include table games, watching television or socializing with other individuals.

1004.2 RESPONSIBILITIES

The Captain or the authorized designee shall be responsible for ensuring there is sufficient secure space allocated for physical exercise and recreation, and that a schedule is developed to ensure accessibility to both activities for all inmates. At least three hours per week of exercise opportunities shall be provided (15 CCR 1065).

1004.3 ACCESS TO EXERCISE

Inmates shall have access to exercise opportunities and equipment, including access to physical exercise outside the cell and adjacent dayroom areas, and the opportunity to exercise outdoors when weather permits.

The day Shift Supervisor shall use the approved daily log sheet to document when inmates of like classification status are scheduled to exercise each day, record the exercise of an inmate or that an inmate has declined outside exercise.

Daily log sheets should be collected monthly and forwarded to theJail Commander. Log sheets shall be maintained in accordance with established records retention schedules.

1004.4 ACCESS TO RECREATION

Each inmate shall have access to the minimum state-required recreational (leisure-time) activities outside the cell and adjacent dayroom areas (15 CCR 1065). The length of time will be determined by the inmate’s classification status, security concerns, and operational schedules that preclude recreation during a period of time (e.g., meal times, searches, lockdown, court). The staff should ensure that the maximum time possible is provided to the inmates for this purpose.

Televisions, newspapers, table games, and other items may also be made available to enhance recreation time. Consideration will be given to the passive or active recreational needs of older inmates and inmates with disabilities.

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1004.4.1 USE OF THE INMATE WELFARE FUND
Monies derived from the Inmate Welfare Fund may be used to purchase and maintain recreational equipment and supplies.

1004.5 SECURITY AND SUPERVISION

The staff supervising the inmates during exercise and recreation time shall document when each inmate has the opportunity to exercise or recreate, and when each inmate actually participates.

Staff shall be responsible for inspecting exercise and recreational equipment to ensure it appears safe for use. Broken equipment or equipment that is in an unsafe condition shall not be used. Inmates will not be permitted to use equipment without supervision. All equipment shall be accounted for before inmates are returned to their housing unit.

The supervising staff may terminate the exercise or recreation period and escort back to the housing unit any inmate who continues to act in an aggressive or disorderly manner after being ordered to stop by the staff. Whenever an exercise or recreation period is involuntarily terminated, the staff will document the incident and rationale for terminating the exercise period. The Shift Supervisor will determine whether disciplinary action is warranted.

1004.6 EXERCISE SPACE

Exercise areas, as specified by federal, state, and/or local laws or requirements, should be sufficient to allow each inmate the required minimum of amount of exercise. Use of outdoor exercise is preferred but weather conditions may require the use of covered/enclosed space. Dayroom space is not considered exercise space.

Inmates on segregation status shall have access to the same recreational facilities as other inmates unless security or safety considerations dictate otherwise. When inmates on segregation status are excluded from use of regular recreation facilities, the alternative area for exercise used shall be documented.

1004.7 INABILITY TO MEET REQUIREMENTS

In the event that the inmate population exceeds the ability of the facility to meet the exercise and recreation requirements, the facility should notify the governing body about the deficiency in space for exercise, that it may violate the law and/or the requirements, and request funds to remedy the situation. The facility should document all action taken to try to remedy the situation, including funding requests, population reduction requests and all responses to those requests.

1004.8 POLICY

It is the policy of this office to provide inmates with access to exercise opportunities, exercise equipment, and recreation activities in accordance with state laws or requirements.

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Inmate Educational, Vocational and Rehabilitation Programs

1005.1 PURPOSE AND SCOPE

This office provides educational and vocational programs that are designed to help inmates improve personal skills, assist in their social development and improve inmate employability after release. The ability of the office to offer educational programs is dictated by available funding, inmate classification and other required inmate programs and routines.

1005.2 POLICY

The educational and vocational programs offered by the Office are available to all eligible inmates and are subject to schedule, space, personnel and other resource constraints.

Designated space for inmate education and vocational programs will, whenever practicable, be designed in consultation with the appropriate school authorities or educational/vocational service providers.

Adequate funding is required. If the funding source reduces or eliminates funding in these areas, educational and/or vocational programs may be reduced or eliminated.

While the housing classification of an inmate has the potential to pose security issues, every effort, to the extent reasonably practicable, will be made to provide individualized educational opportunities (15 CCR 1061).

1005.3 INMATE PROGRAMS COORDINATOR

The Jail Commander or the authorized designee shall appoint an Inmate Programs Coordinator, who shall be responsible for managing all aspects of the inmate educational and vocational program. Those duties include, but are not limited to:

(a) Conducting an annual needs assessment to determine the type of programs needed to serve the inmate population.

(b) Developing the program plans.

(c) Developing or directing the curricula for each educational, vocational and testing component.

(d) Developing and implementing individualized programs for high-risk or administrative inmates, as needed.

(e) Coordinating with corrections staff regarding the security issues associated with these programs.

(f) Developing and maintaining records of all needs assessments, all training offered, all inmate attendees, testing records and class evaluations.

(g) Forecasting the annual cost of the program and coordinating with the budget office to secure funding.

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1005.4 COURSE OFFERINGS

Course offerings will be subject to need, available resources, security concerns, available space and inmate classification, and may include the following:

- Basic education, General Educational Development (GED) preparation
- English as a second language (ESL)
- Basic literacy
- Substance abuse and healthy lifestyles education
- Parenting courses
- Basic computer instruction
- Basic life skills
- Vocational skills such as:
    - Cooking and food services
    - Landscaping, horticulture
    - Basic woodworking
    - Auto body and painting
    - Basic auto repair
    - Basic office skills
- Other courses as deemed appropriate by the Inmate Programs Coordinator

1005.5 OUTREACH

Information about educational opportunities should be included in the general inmate orientation. At a minimum, inmates should receive instruction on how to request participation in the inmate education programs, along with eligibility requirements and rules for participation.

1005.6 ELIGIBILITY REQUIREMENTS

Educational/vocational programming (other than televised courses) may be offered to sentenced and pretrial inmates. The Sheriff shall ensure that there is equal opportunity for participation for male and female inmates.

1005.7 INMATE REQUESTS

Inmates should be given a form to request participation in the inmate education program. Inmate requests will be forwarded to the Inmate Programs Coordinator, who will have the facility classification staff screen and approve the request.

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The Inmate Programs Coordinator will notify the inmate whether he/she has been approved for an education program. If approved, the Inmate Programs Coordinator will provide instruction to the inmate on how to access the program services and will notify the affected facility staff about the inmate's scheduled attendance.

Inmates may also contact the Inmate Programs Coordinator at any time via an inmate message slip to request information regarding educational opportunities.

Inmates have the right to refuse to participate in programs other than work assignments or programs that are required by statute or court order.

1005.8 SELF-STUDY PROGRAM

Whenever reasonably feasible, the basic educational program may be presented by self-study tutoring and videotape programming.

Inmates admitted into the GED program are issued the necessary books and supplies. Studying is done throughout the day at scheduled periods when videotape programming is presented on closed-circuit television.

Upon completion of a GED self-study program, the inmate may be given the opportunity to take the GED test.

1005.9 HIGH-SECURITY/ADMINISTRATIVE SEGREGATION INMATES

To the extent reasonably practicable, high-security inmates and those held in administrative segregation may receive individual instruction in the form of a correspondence course.

1005.10 REHABILITATION PROGRAM

The Office provides opportunities for rehabilitation programs that are based upon victim and community input and are fashioned in a way that gives the inmate an opportunity to make amends for the harm done.

The Sheriff and Jail Commander should work with other justice system partners to create such programs and opportunities. Examples include the following:

- Programs designed to deter domestic violence and substance abuse
- Community service, such as supervised public works projects
- Making restitution to victims
- Paying court fines

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1005.11 DISCLAIMER

Nothing in this policy is meant to confer a legal right for inmates to participate in any educational offering. Educational programming is provided at the sole discretion of the Sheriff and Jail Commander.

1005.12 CLASSROOM USE AND DESIGN

The demographics of the inmate population should always be considered when developing educational and other programs. Inmate classification and segregation requirements also need to be considered.

The Jail Commander should encourage and include educators in the set up and design of classrooms that have been identified for inmate education programs. To the extent reasonably possible, in consideration of the space design and the ability to provide adequate security, teachers, education managers and administrators should be consulted to ensure that their needs are met.

In addition to the traditional classroom approach to educational programming, there are several other delivery methods. These include independent study and computer education programs.

1005.13 NEW CONSTRUCTION OR RENOVATION

Whenever construction of new facilities is considered, the Jail Commander may include education specialists during the design phase to ensure that the needs of education providers are met with regard to security, sound levels and educational equipment.

The Jail Commander may seek technical assistance from consultants to school districts that provide education programs in correctional settings. There are also networks of educators who can provide valuable consulting services in order to keep pace with rapidly evolving program and legislative issues that are related to education.

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Commissary Services

1006.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a commissary program that will give inmates the opportunity to purchase specific items that are not provided to them while in custody.

1006.2 POLICY

Jail CommanderIt is the policy of this office to provide commissary services so that inmates who are not on disciplinary restriction and who have funds posted to their inmate accounts may purchase items approved by the Captain (Penal Code § 4025).

1006.3 COMMISSARY MANAGER RESPONSIBILITIES

The Jail Commander shall be responsible for designating a qualified person to act as the Commissary Manager. High-security items shall be identified, stored and inventoried as such. The Commissary Manager shall be responsible for the accounting and general operation of the commissary, which shall include, but is not limited to:

- Maintaining current rules, regulations and policies of the commissary and ensuring compliance by commissary staff.
- Managing inventory and processing orders in a timely manner.
- Performing weekly audits of high-security items.
- Ensuring that sufficient space is provided, either on or off facility property, for the storage and processing of commissary orders.
- Ensuring commissary facilities are sanitary and secure.
- Conducting a quarterly inventory of all supplies and immediately reporting any discrepancies to the Jail Commander.
- Ensuring that all inmates who are approved to purchase commissary items are provided with a printed list of items that are available at local stores if the facility does not operate a commissary.

Any commissary inventory or sales issues related to religious diets shall be addressed in the Religious Programs Policy.

1006.4 COMMISSARY ACCOUNTING

The Shift Supervisor shall be responsible for ensuring that all inmates who have commissary privileges have the opportunity to order and receive commissary items in a timely manner.

All inmates shall be afforded the opportunity to review an accounting of their money held in their account, to include deposits, debits and commissary goods purchased and received. Any discrepancy of the inmate’s funds shall be immediately reported to the Commissary Manager. If the

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Commissary Manager and the involved inmate cannot settle the discrepancy, the Jail Commander shall be notified and the Jail Commander will resolve the discrepancy.

1006.5 INMATE WELFARE PACKS

The Jail Commander or the authorized designee shall monitor the provision of welfare packs to indigent inmates. Welfare packs shall include but not be limited to:

(a) At least two postage-paid envelopes and two sheet of paper each week to permit correspondence with family members and friends (see the Inmate Mail Policy).

(b) Personal hygiene items, including toothbrush, toothpaste, soap, and other supplies deemed to be appropriate for indigent inmates.

The Sheriff may expend money from the Inmate Welfare Fund to provide indigent inmates with essential clothing and limited transportation expenses upon release (Penal Code § 4025(i)).

1006.6 ANNUAL AUDIT OF THE COMMISSARY

The Commissary Manager should ensure that an annual audit of the commissary operation is conducted by a certified auditor. The written report prepared by the auditor should be reviewed for accuracy by the Commissary Manager and provided to the Jail Commander.

All surplus funds from the commissary operation should be deposited into the Inmate Welfare Fund or used in a manner from which the inmates will benefit. They also may be deposited and used in accordance with expenditures authorized by the board of supervisors. An itemized report on expenditures shall be submitted annually to the board of supervisors (Penal Code § 4025 (e)).

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Library Services

1007.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for the funding of library services and for providing inmates access to leisure and legal reading materials.

1007.2 POLICY

This facility operates library services that provide leisure and legal reading materials to inmates. The Jail Commander or the authorized designee is responsible for the administration of the library services and should appoint a qualified staff member to serve as librarian to run the daily library operation. The library service shall include access to legal reference materials, current information on community services and resources, and religious, educational and recreational reading material (15 CCR 1064).

The librarian shall ensure that reading materials are provided to the general housing units and that any staff member assigned to assist with the delivery of library services has received the appropriate training in facility safety and security practices.

Access to the inmate library or to library materials shall be based upon inmate classification, housing location and other factors that legitimately relate to the safety and security of the facility.

1007.3 LIBRARY FUNDING AND MAINTENANCE

The Jail Commander may use monies from the Inmate Welfare Fund to offset the cost of salaries and the services and supplies necessary to operate the library. The librarian may enlist the assistance of the local public library and other community organizations in order to maintain and update the library. Donated books and materials should be screened by the librarian for allowable content and safety prior to being distributed to inmates.

The Office may reject library materials that may compromise the safety, security and discipline in the operation of this facility (see the Inmate Mail Policy for examples of materials that may be rejected).

The library shall be operated within the physical, budgetary and security limits of the existing facility.

Books and other reading material should be provided in languages that reflect the population of the facility. The inmate services staff is responsible for the distribution of reading material.

1007.4 LEISURE LIBRARY MATERIALS

Each inmate is allowed to have no more than two books at any given time. Existing selections must be returned before new books may be selected by an inmate. Inmates who destroy or misuse books and library materials will be subject to disciplinary action and may be required to pay for the material. If staff believes the destruction was intentional, the matter may be referred for criminal prosecution.

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1007.5 ACCESS TO LEGAL PUBLICATIONS/LAW LIBRARY

All inmates shall have reasonable access to the legal system, which may include access to legal reference materials. Pro per inmates shall have priority regarding access to legal publications.

Legal information that may be provided through the library includes but is not limited to:

- Criminal code sections.
- Copies of criminal and/or civil cases.
- Copies of judicial forms for criminal cases, civil cases, and general litigation.

Inmates desiring access to the library or legal publications shall submit a completed legal information request to the housing correctional officer. Only one request per inmate per week is allowed unless the inmate is a court ordered pro per. Inmates in disciplinary separation shall have the same access to reading materials and legal materials as the general population unless a restriction is directed by the court.

The housing correctional officer will collect completed request forms and deliver them to the librarian. Upon receipt the librarian will time stamp, log, and number the request and arrange for the inmate to have access to the library or to legal research services if they are available and do not conflict with scheduling and security concerns. Records of access to legal references and whether the requests were fulfilled or denied should be documented each day and maintained in the inmate’s file in accordance with established records retention schedules.

Pro per inmates may keep minimal supplies for their case in their cells (e.g., paper, letters, reference materials), provided it does not create a fire hazard.

1007.6 ALTERNATE MEANS OF ACCESS TO LEGAL PUBLICATIONS

Nothing in this policy shall confer a right to access to a law library and, unless it is specified by a court order, the Sheriff may provide access to the legal system by a variety of means that may include public or private legal research services (e.g., legal paging system).

1007.7 POLICY

It is the policy of this facility to operate a library service that provides leisure and legal reading materials to inmates.

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Inmate Mail

1008.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines for the receipt, rejection, inspection and sending of inmate mail.

1008.2 POLICY

This office will provide ample opportunity for inmates to send and receive mail, subject to restriction only when there is a legitimate government interest.

1008.3 MAIL GENERALLY

Inmates may, at their own expense, send and receive mail without restrictions on quantity.

However, inmates are only allowed to store a limited number of letters as determined by the Jail Commander in their cell. Excess mail, having the potential to jeopardize the safety of staff, visitors or other inmates, or mail in quantities that pose an unreasonable disruption to the orderly operation of the facility will be stored with the inmate's personal property and returned at his/her release.

1008.4 CONFIDENTIAL CORRESPONDENCE

Inmates may correspond confidentially with courts, legal counsel, officials of this office, elected officials, the Department of Corrections, jail inspectors, government officials, or officers of the court. This facility will also accept and deliver a fax or interoffice mail from these entities.

Foreign nationals shall have access to the diplomatic representative of their country of citizenship. Staff shall assist in this process upon request.

Facility staff may inspect incoming confidential correspondence for contraband. Facility staff may inspect out going confidential correspondence for contraband before it is sealed, provided the inspection is completed in the presence of the inmate. In the event that confidential correspondence is inspected, staff shall limit the inspection to a search for physical items that may be included in addition to the correspondence and shall not read the content of the correspondence itself (15 CCR 1063(c)).

1008.5 SUSPENSION/RESTRICTION OF MAIL PRIVILEGES

Mail privileges may be suspended or restricted upon approval of the Jail Commander whenever staff becomes aware of mail sent by an inmate that involves (15 CCR 1083(h)):

(a) Threats of violence against any member of the government, judiciary, legal representatives, victims or witnesses.

(b) Incoming or outgoing mail representing a threat to the security of the facility, staff or the public.

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The District Attorney or County Counsel should be consulted in cases where criminal charges are considered against an inmate or there is an apparent liability risk to the Office that relates to suspension or restriction of mail privileges.

1008.6 PROCESSING AND INSPECTION OF MAIL BY STAFF

Staff should process incoming and outgoing mail as expeditiously as reasonably possible. All incoming and outgoing mail should be processed within 24 hours and packages within 48 hours. Mail processing may be suspended on weekends, holidays or during any emergency situation.

Assigned correctional officers should open and inspect all incoming and outgoing general mail of current inmates. the incoming correspondence may be read as frequently as deemed necessary to maintain security or monitor a particular problem. Mail for inmates no longer in custody should not be opened.

Outgoing general mail may not be sealed by the inmate and may be read by staff when:

(a) There is reason to believe the mail would:
    1. Interfere with the orderly operation of the facility.
    2. Be threatening to the recipient.
    3. Facilitate criminal activity.
(b) The inmate is on a restricted mail list.
(c) The mail is between inmates.
(d) The envelope has an incomplete return address.

When mail is found to be inappropriate in accordance with the provisions of this policy or when an inmate is sent material that is not prohibited by law but is considered contraband by the facility, the material may be returned to the sender or held in the inmate’s property to be given to the inmate upon release.

Inmates are allowed to correspond with other inmates in this jail, as well as other jails or correctional institutions, as long as they pay for the mailing and the mailing is sent and received through the U.S. Postal Service.

Inmates shall be notified in writing whenever their mail is held or returned to the sender. Mail logs and records, justification of censoring or rejection of mail, and copies of hold or return notices shall be maintained in the inmate’s file in accordance with established records retention schedules.

Cash, government checks, and money orders contained in incoming inmate mail shall be removed and credited to the inmate’s account. Personal checks may be returned to the sender or held in the inmate’s property to be given to the inmate upon release.

1008.6.1 DESIGNATION OF STAFF AUTHORIZED TO READ MAIL

Only staff members designated by the Jail Commander are authorized to read incoming and outgoing non-confidential mail. These staff members should receive training on legitimate

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government interests for reading and censoring mail and related legal requirements (15 CCR 1063).

1008.6.2 CENSORSHIP OF INCOMING AND OUTGOING NON-CONFIDENTIAL CORRESPONDENCE

In making the determination of whether to censor incoming non-confidential correspondence, consideration shall be given to whether rejecting the material is rationally related to a legitimate government interest, and whether alternate means of communicating with others is available. The impact the correspondence may have on other inmates and jail staff is also a factor. Reasonable alternatives should be considered and an exaggerated response should be avoided; for example, discontinuing delivery of a magazine because of one article.

Outgoing non-confidential correspondence shall only be censored to further a substantial government interest, and only when it is necessary or essential to the address the particular government interest. Government interests that would justify confiscation of outgoing mail include:

(a) Maintaining facility security.

(b) Preventing dangerous conduct, such as an escape plan.

(c) Preventing ongoing criminal activity, such as threats of blackmail or extortion, or other similar conduct.

(d) Preventing harassment of those who have requested that no mail be sent to them by the inmate.

Correspondence and material identified for censorship shall be delivered to the Shift Supervisor, who shall make the decision if such mail will be censored.

Notices should be sent to the sender of censored correspondence or publications, even when the sender is the editor or publisher. A single notification may be sent if the publication is received by multiple inmates.

1008.6.3 DOCUMENTING REJECTED OR CENSORED CORRESPONDENCE

In each case where it is necessary to remove any item, or reject or censor correspondence, a written record must be made of such action, to include:

(a) The inmate name and number.

(b) A description of the mail in question.

(c) A description of the action taken and the reason for such action.

(d) The disposition of the item involved.

(e) Signature of the correctional officer.

(f) Notification to the inmate and sender (unless such notification jeopardizes any investigation or the security of the facility).

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1008.7 BOOKS, MAGAZINES, NEWSPAPERS AND PERIODICALS

Unless otherwise in conflict with this policy and prohibited by the Jail Commander, inmates are permitted to purchase, receive and read any book, newspaper, periodical or writing accepted for distribution by the U. S. Postal Service (15 CCR 1066(a)).

Publications, magazines or newspapers shall be accepted only if they are mailed directly from the publisher to a named inmate. A local daily newspaper in general circulation, including a non-English publication shall be made available to interested inmates (15 CCR 1066(b)).

1008.8 REJECTION OF MAGAZINES AND PERIODICALS

The Office may reject magazines, periodicals, and other materials that may inhibit the reasonable safety, security, and discipline in the daily operation of this facility. Generally, books, newspapers, and magazines are accepted only if they are sent directly by the publisher. Materials that may be rejected include but are not limited to (15 CCR 1066(a)):

- Materials that advocate violence or a security breach.
- Literature that could incite racial unrest.
- Sexually explicit material, including pornographic magazines, nude pictures, or pictures or descriptions of sexually explicit activities.
- Obscene publications or writings and mail containing information concerning where or how such matter may be obtained; any material that would have a tendency to incite murder, arson, riot, violent racism, or any other form of violence; any material that would have a tendency to incite crimes against children; any material concerning unlawful gambling or an unlawful lottery; any material containing information on the manufacture or use of weapons, narcotics, or explosives or any other unlawful activity.
- Material that could lead to sexual aggression or an offensive environment for inmates.
- Material that could create a hostile or offensive work environment.
- Any material with content that could reasonably demonstrate a legitimate government interest in rejecting the material.

Staff shall notify the Shift Supervisor whenever a decision is made to reject books, magazines, or periodicals. The Jail Commander or the authorized designee will be responsible for making the final decision as to the specific magazines, periodicals, and other materials that will be prohibited within this facility.

Religious texts not supplied by facility-authorized entities may be accepted by the chaplain or other religious volunteer who has received training on facility rules involving contraband, and who has been approved by a supervisor to review such documents for distribution.

1008.9 FORWARDING OF MAIL

Any non-legal mail received for a former inmate should be returned to the sender with a notation that the inmate is not in custody. Obvious legal mail should be forwarded to the former inmate’s

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new address if it is reasonably known to the facility. Otherwise, legal mail should be returned to the sender.

1008.10 INDIGENT INMATE REQUESTS FOR WRITING MATERIALS

Indigent inmates shall receive writing materials on a weekly basis, as provided by an approved schedule established by the Captain. Writing materials should include the following (15 CCR 1063):

(a) At least two pre-stamped envelopes for correspondence with family and friends

(b) At least two sheets of paper

(c) One pencil

Indigent inmates shall receive an amount of pre-stamped envelopes and writing paper sufficient to maintain communication with courts, legal counsel, officials of this office, elected officials, jail inspectors, government officials, and officials of the Board of State and Community Corrections. There shall be no limitation on the number of postage-paid envelopes and sheets of paper permitted for correspondence to the indigent inmate’s attorney and to the courts (15 CCR 1063(e)).

Requests shall be screened and granted based on need by the Inmate Programs Coordinator. Inmates should not be permitted to maintain an excess supply of writing materials without the approval of a supervisor.

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Inmate Telephone Access

1009.1 PURPOSE AND SCOPE

This policy establishes guidelines for permitting inmates to access and use telephones.

1009.2 POLICY

The Jail will provide access to telephones for use by inmates consistent with federal and state law. The Jail Commander or the authorized designee shall develop written procedures establishing the guidelines for access and usage (15 CCR 1067). All inmates will be provided a copy of the telephone usage rules as part of their inmate orientation during the booking process.

1009.3 PROCEDURE

Inmates housed in general population will be permitted reasonable access to public telephones at scheduled times in the dayrooms for collect calls unless such access may cause an unsafe situation for the facility, staff or other inmates. All calls, with the exception of calls to a verified attorney, are monitored and recorded.

Inmates are not permitted to receive telephone calls. Messages will only be delivered in the event of a verified emergency.

In the event of a facility emergency, or as directed by the supervisor or Jail Commander, all telephones will be turned off.

For security reasons, inmates who are awaiting transport to another facility or release to another agency are not permitted to use the telephones.

Telecommunications Device for the Deaf (TDD) or equally effective telecommunications devices will be made available to inmates who are deaf, hard of hearing or have speech impairments to allow these inmates to have equivalent telephone access as those inmates without these disabilities.

The minimum time allowed per call should be 10 minutes, except where there are substantial reasons to justify such limitations. Reasons for denial of telephone access shall be documented and a copy placed into the inmate’s file. The rules governing the use of the telephone will, in addition to being provided to inmates during orientation, be posted near the telephones.

The staff should monitor the use of public telephones to ensure inmates have reasonable and equitable access and that the rules of use are observed. Any inmate refusing to cooperate with the telephone rules may have his/her call terminated, telephone privileges suspended and/or incur disciplinary action.

Requirements relating to the use of telephones during booking and reception are contained in the Inmate Reception Policy.

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1009.4 USE OF TELEPHONES IN HIGH-SECURITY OR ADMINISTRATIVE SEGREGATION HOUSING

Inmates who are housed in high-security or administrative segregation may use the public telephones in the dayroom during the time allocated for that classification of inmate to utilize that space. If portable telephones are available in the facility, inmates who are housed in high-security or administrative segregation units may have reasonable access to the portable telephones.

1009.5 COURT-ORDERED TELEPHONE CALLS

If a court order specifying free telephone calls is received by the facility, or a supervisor determines there is a legitimate need for a free telephone call for a specific inmate, the supervisor may direct that an inmate use a facility telephone at no charge. Calls placed from a facility telephone should be dialed by a staff member. The staff shall be responsible for ensuring that the inmate is not calling a number that has been restricted by a court order or by request of the recipient. Such a call shall be recorded to the same extent authorized for by any non-legal calls that are not court-ordered.

1009.6 ATTORNEY-CLIENT TELEPHONE CONSULTATION

At all times through the period of custody, whether the inmate has been charged, tried, convicted or is serving an executed sentence, reasonable and non-recorded telephone access to an attorney shall be provided to the inmate at no charge to either the attorney or to the inmate, in accordance with the Inmate Access to Courts and Counsel Policy.

Foreign nationals shall be provided access to the diplomatic representative of their country of citizenship. Staff shall assist them upon request. Domestic and international calling cards are available through the inmate commissary.

1009.7 TELEPHONE CONTRACTS AND CHARGES

The Jail Commander or the authorized designee is responsible for ensuring that all contracts involving telephone services for inmates comply with all applicable state and federal regulations, that rates and surcharges are commensurate with those charged to the general public for similar services, and that the broadest range of calling options is provided, in accordance with sound correctional management practices.

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Inmate Visitation

1010.1 PURPOSE AND SCOPE

The purpose of this policy is to establish rules for visitation and to provide a process for inmate visits and visitors. Visitation is a privilege and is based on space availability, schedules and on-duty staffing.

1010.1.1 DEFINITIONS

Definitions related to this policy include:

In-person visit - An on-site visit that may include barriers. In-person visits include interactions in which an inmate has physical contact with a visitor, the inmate is able to see a visitor through a barrier, or the inmate is otherwise in a room with a visitor without physical contact. “In-person visit” does not include an interaction between an inmate and a visitor through the use of an on-site two-way audio/video terminal.

Video visitation - Interaction between an inmate and a member of the public through the means of an audio-visual communication device when the member of the public is located at a local detention facility or at a remote location.

1010.2 POLICY

It is the policy of the Tehama County Sheriff's Office to allow inmate visitation, including video visitation when applicable, as required by law.

1010.3 PROCEDURES

The Office shall provide adequate facilities for visiting that include appropriate space for the screening and searching of inmates and visitors and storage of visitors’ personal belongings that are not allowed in the visiting area.

The Jail Commander shall develop written procedures for inmate visiting, which shall provide for as many visits and visitors as facility schedules, space and number of personnel will reasonably allow, with no fewer visits allowed than specified by 15 CCR 1062 per week, by type of facility. The procedures are subject to safety and security requirements and should consider:

- The facility’s schedule.
- The space available to accommodate visitors.
- Whether an emergency or other conditions justify a limitation in visiting privileges.
- Video visitation if applicable (Penal Code § 4032; 15 CCR 1062).

The visiting area shall accommodate inmates and visitors with disabilities. Visitors with disabilities who request special accommodations shall be referred to a supervisor. Reasonable accommodations will be granted to inmates and disabled visitors to facilitate a visitation period.

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Visitor logs and records shall be developed and maintained in accordance with established records retention schedules.

Court orders granting a special inmate visitation are subject to county legal review and interpretation.

1010.3.1 VISITOR REGISTRATION AND IDENTIFICATION
All visitors must register and produce a valid state, military, tribal or other government identification. Identification will be considered valid for 90 days after expiration, provided the visitor has renewed the ID and has proof of the renewal.

(a) The registration form must include the visitor's name, address and the relationship to the inmate.

(b) A valid identification shall include the following:

1. A photograph of the person
2. A physical description of the person

(c) An official visitor shall present proof of professional capacity. For example, attorney license/Supreme Court card, law enforcement identification or a business card/ letterhead of the business with the visitor's name.

Failure or refusal to provide a valid identification is reason to deny a visit.

1010.3.2 VIDEO VISITATION NOT TO REPLACE IN-PERSON VISITATION
The Office may not substitute video visitation for in-person visitation to meet the requirements of 15 CCR 1062.

1010.4 AUTHORIZATION TO SEARCH VISITORS

Individuals who enter the secure perimeter of this facility are subject to search if there is reasonable cause to believe the visitor has violated the law, is wanted by a law enforcement agency, or is attempting to bring contraband onto the facility property or into the facility. All searches shall be made in accordance with current legal statutes and case law.

The area designated for a visitor to be searched prior to visiting with an inmate shall have a notice posted indicating that any cellular telephone, wireless communication device or any component thereof shall be confiscated for the period of the visitation and returned to the visitor upon departure from the facility (Penal Code § 4576(b)(3)).

1010.5 VISITING SCHEDULE

The Jail Commander shall designate a person to develop a schedule for inmate visitation that includes daytime, evening and weekend hours. Each inmate shall receive a copy of the visitation schedule in the inmate handbook at orientation. The visiting hours will also be posted in the public area of the facility.

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1010.6 DENIAL OR TERMINATION OF VISITING PRIVILEGES

The Jail Commander or the authorized designee is responsible for defining, in writing, the conditions under which visits may be denied.

Visitation may be denied or terminated by a supervisor if the visitor poses a danger to the security of the facility or there is other good cause, including, but not limited to, the following:

(a) The visitor appears to be under the influence of drugs and/or alcoholic beverages.

(b) The visitor refuses to submit to being searched.

(c) The visitor or inmate violates facility rules or posted visiting rules.

(d) The visitor fails to supervise and maintain control of any minors accompanying him/her into the facility.

(e) Visitors attempting to enter this facility with contraband will be denied a visit and may face criminal charges.

Any visitation that is denied or terminated early, on the reasonable grounds that the visit may endanger the security of the facility, shall have the actions and reasons documented. A copy of the documentation will be placed into the inmate's file and another copy will be forwarded to the Jail Commander.

1010.7 GENERAL VISITATION RULES

All visitors and inmates will be required to observe the following general rules during visitation:

(a) A maximum of two adults and two children will be permitted to visit an inmate at any one time. Children visiting inmates must be deemed age appropriate by the parent or guardian accompanying the child. Where a dispute over children visiting occurs between the inmate and the parent or legal guardian, the inmate will be advised to use the court for resolution. Adults must control minors while they are waiting to visit and during the visit.

(b) An inmate may refuse to visit with a particular individual.

(c) Those inmates who are named as the restrained person in any restraining or other valid court order shall not be allowed visits from persons who are protected by the order.

(d) Visitors must be appropriately attired prior to entry into the visitor’s area of the facility.

(e) Inappropriate clothing, such as transparent clothing, halter-tops, excessively tight or revealing clothing, hats and bandannas or any other clothes associated with a criminal gang or otherwise deemed by the staff to be unacceptable, will not be permitted.

(f) All visitors must have footwear.

(g) Visitors will leave all personal items, with the exception of car keys and identification, outside of the secure area. Visitors who enter the facility with handbags, packages or

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other personal items will be instructed to lock the items in a vehicle or locker or return at another time without the items. The facility is not responsible for lost or stolen items.

(h) Food or drink is not permitted in the visitor's area.

(i) Inmates will be permitted to sign legal documents, vehicle release forms or any other items authorized by the Shift Supervisor. Transactions of this nature will not constitute a regular visit.

1010.8 SPECIAL VISITS

The Shift Supervisor may authorize special visitation privileges, taking into consideration the following factors:

- The purpose of the visit
- The relationship of the visitor to the inmate
- The circumstances of the visit
- Distance traveled by the visitor

Whenever a special visit is denied, an entry into the duty log will be made. The entry will include the requesting visitor's name and the reason why the visit was denied.

1010.9 ATTORNEY VISITS

Inmates shall have access to any attorney retained by or on behalf of the inmate, or to an attorney the inmate desires to consult, in a private interview room. Staff shall not interfere with, suspend or cancel official visits except in circumstances where the safety, security or good order of the facility is compromised (see the Inmate Access to Courts and Counsel Policy).

1010.10

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Resources for Released Inmates

1011.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the process of providing community resource information to any inmate who is due for release after serving at least 30 days, in order to assist with the transition back into the community.

1011.2 COMMUNITY RESOURCES

The information packet with community resources should contain, at a minimum, the contact information for the following organizations and resources:

- Community health centers
- Employment centers
- Registry office to obtain an identification card
- Substance abuse and mental health providers
- Housing agencies
- Education agencies

Subject to the approval of the Sheriff or the Jail Commander, the staff or community providers may offer classes within the facility that are related to these community services.

Upon request, the office will provide the verification needed for a replacement California identification card, if applicable (Vehicle Code § 14902(g)).

1011.3 POLICY

Inmates who have 90 days left prior to release will be contacted by a re-entry team member designated by the Jail Commander so the inmate may fill out an application for assistance upon release

The Re-Entry Team, made up of jail staff and a community partner may be able to assist with

- Food
- Clothing
- Housing
- Rehabilitation Services
- Drug and Alcohol Services
- Medi-Cal Applications
- Obtain ID or DL
- Chaplain Services

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Resources for Released Inmates

- Upon release to further assist the transitioning of the inmate back to the community.

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Therapeutic Community Treatment Program

1012.1 PURPOSE AND SCOPE

It is the policy of this office to provide treatment services for inmates with substance abuse problems, including the provision of services for post-release continuity of care and support in the community.

1012.1.1 PHILOSOPHY

The Office seeks to provide services in cooperation with a therapeutic community treatment program, which supports the mission of public safety and community reintegration through evidence-based assessment, treatment and aftercare services.

1012.2 POLICY

The Sheriff should designate a supervisory member of the facility as the director of the therapeutic community treatment program, which includes substance abuse programs. The director, in cooperation with all custody personnel, the local alcohol and drug treatment centers, mental health authorities, schools, probation departments and courts will identify and monitor those inmates who have been placed into, or are eligible to be placed into, a therapeutic community treatment program.

Eligibility for participation will be based upon the following:

(a) Substance abuse use or history

(b) Positive drug screen on commitment

(c) Willingness to voluntarily commit to the program

(d) A mental health diagnosis that indicates suitability for participation

Each program applicant will be screened for mental health concerns and must be cleared for participation by the mental health staff.

1012.2.1 REFERRAL TO THE THERAPEUTIC COMMUNITY TREATMENT PROGRAM

Inmates may be referred to the therapeutic community treatment program through the program director, in consultation with qualified health care professionals, or by a recommendation of the courts.

1012.2.2 SCREENING PROCESS

Initial screening with the applicant will include:

(a) A description of the program and its rules and procedures, such as assessments and alcohol and drug testing, and the responsibilities of the applicant.

(b) A review of the applicant’s history, which may include a standardized diagnostic needs assessment administered to determine the extent of the inmate’s substance abuse or dependency, and of his/her mental health needs.

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(c) Program objectives and goals as identified in an individualized treatment plan developed and implemented by a multidisciplinary clinical team that includes medical, mental health and substance abuse professionals.

(d) Other assessments as determined by the program director.

1012.3 PROGRAM OBJECTIVES

The expected results of this program are:

(a) To provide diagnosis and treatment plans, establish goals and objectives for the inmate, provide education and counseling, relapse prevention and discharge planning and transition services.

(b) To provide a structured program to identify physical, social, medical, mental health, community and spiritual needs.

(c) To provide linkage to community-based programs upon the inmate’s return to the community.

1012.4 RESPONSIBILITIES OF THE DIRECTOR

The director of the program shall institute a procedure to assist in the treatment of inmates and will provide information related to the following:

(a) A diagnosis of the inmate and his/her problem areas

(b) Individual treatment and counseling plans with clearly defined treatment goals and objectives

(c) Substance abuse education plan

(d) Activities and education designed to prevent relapse after release

(e) Treatment objectives that are sensitive to the various cultures represented in the inmate population

(f) The utilization of self-help groups in support of treatment plans

(g) Services offered to inmates before their release and transitional services to support continued care after release

(h) Connections with community support and treatment services for continued care and sobriety after release

1012.5 PROGRAM PARTICIPATION

The therapeutic community treatment program is voluntary; participants must consent to program treatment services in advance of receiving the service. This program is focused on providing participants with the necessary knowledge, insight and skill for successful reentry into the community.

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1012.6 DRUG AND ALCOHOL TESTING

Program participants are expected to submit to random urinalysis. Failure to submit or a positive reading will result in termination from the program and possible disciplinary action.

1012.7 PROGRAM INCENTIVES

The director will develop program incentives designed to support and encourage success on the part of program participants. Incentives can include, but are not limited to:

(a) Certificates of completion for satisfactory completion of the program.

(b) Separate housing for program participants.

(c) Early release from custody, if authorized by the sentencing court.

1012.8 TERMINATION FROM THE PROGRAM

Termination from the program may occur for the following reasons:

(a) A participant’s failure to comply with the responsibilities of the program is grounds for dismissal by the director at any point during the course of the program.

(b) A participant may withdraw from the program by notifying any staff person verbally or in writing.

(c) A participant may be terminated for any major institutional disciplinary violation if it is determined that the inmate is no longer suitable for participation in the program.

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Pretrial Release Program

1013.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the value relating to inmate population management that the Office places on the Pretrial Release Program, and to acknowledge the commitment of staffing, space and equipment to ensure its success. This office is committed to the treatment of inmates with the intent of increasing the likelihood of a successful return to the community, while controlling program costs and maximizing organizational efficiency. Staffing costs typically represent the majority of the operating costs of such a program.

1013.2 POLICY

It shall be the policy of the Tehama County Sheriff's Office to commit resources to a Pretrial Release Program. The goals of the program are for inmates awaiting trial to secure or maintain gainful employment, to reduce costs to taxpayers for incarceration of the inmates, and to increase the likelihood of an inmate’s successful return to the community.

The Jail Commander or the authorized designee shall be responsible for the staffing, space allocation and equipment requirements of the Pretrial Release Program. The following factors should be considered when selecting personnel for this assignment:

- Professional qualifications
- Accreditation status
- Client’s ownership (e.g., public, private not-for-profit, private for-profit)
- The complexity of the client (more complex clients require higher staffing levels)

1013.3 STAFF RESPONSIBILITIES

Responsibilities of the staff members assigned to the Pretrial Release Program shall include the following:

- Supervision of inmates
- Assessment and selection of inmates considered for pretrial release
- Treatment programs and services
- Documentation and reports to the court
- Drug testing and other services, as directed by the court or other legal authority

Prior to the pretrial release hearing, staff members shall be responsible for collecting, verifying and reporting to the judicial officer information pertaining to the pretrial release of each individual who is charged with an offense. Information should include an assessment of the risk the individual

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may pose to any individual or to the community, and include a recommendation on whether to release the inmate and the conditions of a proposed release.

Staff members shall also be responsible for assisting inmates in complying with the conditions of their release, monitoring their compliance and reporting to the court any apparent violations of release conditions.

1013.4 PHYSICAL RESOURCES

The facility shall provide adequate space and equipment for:

- Staff to interview inmates.
- The collection of urine specimens.
- Urinalysis and/or drug testing equipment.
- Group space/counseling space, if treatment services are offered. Spaces allocated for treatment services should protect confidentiality.

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Work Release Program

1014.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the guidelines and requirements for the Work Release Program. The Work Release Program allows inmates to maintain employment, support families and facilitate a successful return to the community.

1014.2 POLICY

It is the policy of this office to operate a voluntary Work Release Program to provide inmates with opportunities to secure or maintain employment, support families, assist in the payment of fines and penalties to the court and promote a successful return to the community (Penal Code § 4024.2(a)).

Release programs shall be conducted in accordance with state and local guidelines. In cases of pretrial release, the courts may have jurisdiction over release decisions.

1014.3 WORK RELEASE PROGRAM

Any inmate who has met the eligibility requirements and received approval may be granted permission to leave the facility to work at his/her place of employment in accordance with state and local guidelines, court orders and the provisions of this policy.

The Jail Commander or the authorized designee has sole authority to approve participation in the program for each inmate, and is responsible for the overall conduct and administration of the Work Release Program.

The Work Release Program participants are limited to geographic restrictions of the facility and must remain within state boundary lines unless otherwise ordered by the sentencing court.

1014.3.1 ELIGIBILITY

In order to be eligible for the Work Release Program, an inmate must meet the following requirements:

- Sentenced directly to work release programs by the court
- No documented disciplinary incidents
- No outstanding warrants, wants or detainers

Inmates who do not adhere to the rules of the program will be subject to removal from the program and to disciplinary and criminal action in accordance with the rules of the facility and applicable laws.

1014.3.2 STAFF RESPONSIBILITY

The Work Release Program staff is responsible for contacting the employer prior to authorizing the work assignment. The staff should inform the employer and the inmate of the rules and expectations for program participants.

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The program staff shall provide each employer with the facility's contact information, including the contact person and telephone number, and should be instructed to notify the contact person immediately if an inmate does not report to work, leaves prior to the scheduled departure time or if any concerns arise during the work shift. The facility should provide a contact person who is available 24 hours a day, seven days a week, as some inmates will work evening or overnight shifts.

1014.3.3 HOUSING

Inmates participating in the Work Release Program should be housed in an area other than general population housing to reduce the possibility of contraband entering the facility.

Inmates in the program may either return to separate housing within the facility's secure perimeter or may be housed in a residential facility outside the secure perimeter. Factors to consider when determining appropriate housing for program participants include the following:

- Rated bed capacity of the facility
- Current occupancy
- Housing options and security capabilities outside the secure perimeter of the facility
- Number of inmates approved to participate in the program

1014.3.4 DAILY WORK ITINERARIES

Inmates must have an approved daily work itinerary prior to leaving the facility. The itinerary should include the following:

- Scheduled start and stop times for work
- Anticipated amount of travel time between the facility and the employer, each way
- Mode of transportation each way (e.g., bus, car, walk)
- Location of the workplace
- Contact name, address and telephone number of the employer
- • Contact name, telephone number, driver's information of the transport person if the inmate does not have a valid license
- Contact name and telephone number of the on-duty program staff member

Any change to the itinerary (e.g., overtime, location of the work place, transportation) must be approved in advance by the Jail Commander or the authorized designee.

1014.3.5 FINANCIAL OBLIGATIONS

All inmates who participate in the Work Release Program shall ensure that the appropriate funds are deposited into their inmate account. Funds from the inmate account will be subtracted for room and board, program drug testing, booking fees, etc. Fines to the court, victim restitution,

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allowances to help pay family financial obligations and funds for a savings account may also be taken from the account with the permission of the inmate or by order of the court.

1014.3.6 EMPLOYER VERIFICATION
The Work Release Program staff shall make scheduled telephone calls and random site visits to the inmate's employer to ensure compliance with the rules of the program.

1014.3.7 PROGRAM CONFLICTS
The Work Release Program staff shall make every attempt to ensure the inmate's work schedule does not conflict with his/her required participation in treatment programs at the facility.

1014.3.8 DRUG TESTING
Random and scheduled drug testing shall be conducted on all inmates participating in the Work Release Program. Any positive results may cause the inmate's disqualification from the program, as well as disciplinary sanctions or criminal charges, if warranted.

1014.3.9 ADMINISTRATIVE REMOVAL
An inmate may be administratively removed from the program for the safety and well-being of the inmate, the staff, the program, the facility, and/or the general public. Such removal shall be subject to review by the Captain or the authorized designee on the next business day (15 CCR 1054).

1014.4 RECORDS

The following records shall be maintained by the Jail Commander or the authorized designee on all inmates participating in the Work Release Program:

(a) All payments and accounting associated with the Work Release Program

(b) All contacts between the staff and employers prior to releasing inmates to work and confirming all employment information

(c) All daily logs of time worked and payments received

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Inmate Work Program

1015.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the guidelines and requirements for the Inmate Work Program. The Inmate Work Program allows inmates to improve and/or develop useful job skills, work habits and experiences that will facilitate a successful return to the community.

1015.2 POLICY

The Tehama County Sheriff's Office shall operate an Inmate Work Program within the secure perimeter of the facility, in accordance with all applicable federal, state or local work safety laws, rules and regulations, and to the extent that the operation of inmate work programs do not pose a risk to the safety of the staff, other inmates or the public. This policy establishes the requirements, selection process, supervision and training of inmates prior to and after entering the facility's Inmate Work Program.

1015.3 LEGAL REQUIREMENTS

1015.3.1 SENTENCED INMATE WORK REQUIREMENTS

All sentenced inmates who are physically and mentally able shall work if they are not assigned to other programs. Inmates shall not be required to perform work which exceeds their physical limitations. Inmates may be excused from work in order to maintain their participation in an educational, vocational or drug abuse treatment program. The Office will abide by all laws, ordinances and regulations when using inmates to work in the facility.

1015.3.2 PRETRIAL AND UNSENTENCED INMATE WORK REQUIREMENTS

Pretrial inmates and those awaiting sentencing may not be required to work, except to do personal housekeeping and to clean their housing area. However, they may volunteer for work assignments.

1015.4 INMATE WORKER SELECTION

The Inmate Work Program Coordinator shall be responsible for the selection and assignment of inmates to the various work assignments. The Coordinator should solicit input from other custody staff in assisting with inmate selection and assignment. The Staff also shall take into consideration the following eligibility criteria:

(a) Inmates who have posed a threat in the past or have been charged with escape should be carefully screened for inmate work projects.

(b) The inmate's charges and classification are such that the inmate will not pose a security risk to other inmates, staff or the public.

(c) The inmate's capacity to perform physical tasks will match the job requirements.

(d) The inmate is able to learn the necessary work routines.

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(e) The special interests, abilities, craft or trade of the inmate will benefit the work assignment.

Inmates must be able to pass a health screening test in accordance with the policies contained in this manual, and must meet all statutory and regulatory requirements. Health-screening shall be done for inmates who work in the kitchen, around food products or who serve meals to the inmate population.

1015.5 WORK ON PUBLIC PROJECTS

Sentenced inmates may be assigned to public works projects with state, municipal and local government agencies, or to community service projects, with the approval of the Sheriff and in accordance with all applicable laws and regulations.

1015.6 PROHIBITION OF NON-PUBLIC WORK PROJECTS

Work projects on behalf of any private individual or to an individual’s private property are strictly prohibited and may constitute a violation of the law.

1015.7 SUPERVISION OF INMATE WORKERS

Facility staff in charge of work programs or who provide supervision of inmates assigned to work crews should adhere to the following:

(a) Inmate workers should be provided with safety equipment, clothing and footwear commensurate with the work performed. Safety equipment may include, but is not limited to, eye protection, gloves, hardhat or headwear and sunscreen for protection from sun exposure.

(b) Work periods shall not exceed 10 hours per day.

(c) Inmate workers should be provided with work breaks to allow them to take care of personal needs.

(d) Inmate workers shall have access to nutritious meals and a reasonable amount of time to consume those meals during their work period.

(e) Inmates who work shifts during the early morning or late-night hours should be provided with quiet space to allow for sleep during daytime hours.

(f) The inmate workday approximates the workday in the community.

(g) Inmate performance is regularly evaluated and recorded.

(h) Inmates receive written recognition of the competencies they acquire.

Inmate workers shall be under the direct supervision of the facility staff at all times when they are on assignment through the Inmate Work Program.

Persons who are responsible for the supervision of inmates on work crews should receive training in basic areas of safety, security and reporting procedures.

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Disciplinary action for inmate worker misconduct shall adhere to the Inmate Discipline Policy.

1015.8 INMATE WORKER TRAINING

Inmates who are assigned to work in any area that may require the handling of any chemicals or the use of any equipment shall receive training from the respective office supervisor prior to using the chemicals or equipment. Work-crew supervisors shall also train inmate workers on safety practices. Inmates should never be assigned to handle dangerous chemicals or equipment that normally require a level of expertise and competency beyond their demonstrated ability.

1015.9 INMATE WORKER INCENTIVES

The Jail Commander is responsible for establishing a recognition program for inmates assigned to the Inmate Work Program. Recognition of inmates can be observed in the following ways:

(a) Granting “Good Time and Work” credits as allowed by state or local law.

(b) Using credits for sentence reduction when allowed by statute.

(c) Granting special housing, extra privileges, recreation and special rewards, as allowed by law regulation and policy. Inmate welfare funds may be used to offset the cost of a reward program.

(d) Awarding certificates of achievement for successful completion of vocational, educational and/or work programs.

(e) When allowed by law, ordinance and in consideration with local labor relations, given monetary compensation for work on government projects.

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Religious Programs

1016.1 PURPOSE AND SCOPE

This policy provides guidance regarding the right of inmates to exercise their religion and for evaluating accommodation requests for faith-based religious practices of inmates (15 CCR 1072).

1016.1.1 DEFINITIONS

Definitions related to this policy include:

Compelling government interest - A method for determining the constitutionality of a policy that restricts the practice of a fundamental right. In order for such a policy to be valid, there must be a compelling government interest, which is necessary or crucial to the mission of the Office, as opposed to something merely preferred, that can be furthered only by the policy under review.

Least restrictive means - A standard imposed by the courts when considering the validity of policies that touch upon constitutional interests. If the Office adopts a policy that restricts a fundamental religious liberty, it must employ the least restrictive measures possible to achieve its goal.

Religious exercise - Any exercise of religion, whether or not it is compelled by, or central to, a system of religious belief. The key is not what a faith requires but whether the practice is included in the inmate's sincerely held religious beliefs.

Substantial burden - For the purposes of this policy, substantial burden means either of the following:

- A restriction or requirement imposed by the Office that places an inmate in a position of having to choose between following the precepts of his/her religion and forfeiting benefits otherwise generally available to other inmates, or having to abandon one of the precepts of his/her religion in order to receive a benefit.
- The Office puts considerable pressure on an inmate to substantially modify his/her behavior in violation of his/her beliefs.

1016.2 POLICY

It is the policy of this office to permit inmates to engage in the lawful practices and observances of their sincerely held religious beliefs consistent with the legitimate governmental objectives of the facility.

1016.3 CHAPLAIN

The Sheriff shall appoint an individual to serve as the chaplain for the facility. The chaplain shall be responsible for assisting the Jail Commander with supervising, planning, directing and coordinating religious programs. The chaplain may be responsible for duties including, but not limited to:

(a) Coordinating religious services.

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(b) Maintaining a list of accepted religious practices that have been approved by the Jail Commander and ensuring the current list is available to the staff.

(c) Reviewing requests for religious accommodations.

(d) Providing or arranging for grief counseling for inmates.

(e) Distributing a variety of religious texts.

(f) Developing and maintaining a liaison with a variety of religious faiths in the community.

(g) Making reasonable efforts to enlist religious leaders from outside the community as necessary.

(h) Seeking donations for religious programs from the community, when appropriate.

(i) Working with inmate families when requested.

(j) Periodically surveying the facility population to assist in determining whether current resources are appropriate for the inmate population.

(k) Providing guidance to the Sheriff and the Jail Commander on issues related to religious observance.

1016.4 RELIGIOUS BELIEFS AND ACCOMMODATION REQUESTS

Inmates are not required to identify or express a religious belief. An inmate may designate any belief, or no belief, during the intake process and may change a designation at any time by declaring his/her religious belief in writing to the chaplain. Inmates seeking to engage in religious practices shall submit a request through the established process. Requests to engage in practices that are on the facility's list of accepted practices should be granted. Requests to engage in religious practices that are not on the approved list shall be processed as provided in this policy.

All requests for accommodation of religious practices shall be treated equally, regardless of the religion that is involved. Equal and consistent treatment of all religions and religious beliefs shall not always require that all inmates of the same religion receive the same accommodations. Requests for accommodation of religious practices shall be submitted to a supervisor. In determining whether to grant or deny a request for accommodation of a religious practice, the supervisor will work with the chaplain to determine the sincerity of the religious claim of an inmate. Requests should be denied only if the denial or reason for denial would further a compelling interest of the facility and is the least restrictive means of furthering that compelling interest.

A supervisor who does not grant the accommodation, either in part or in full, should promptly forward the request to the Jail Commander, who, after consultation with legal counsel as appropriate, should make a determination regarding the request within 10 days following the inmate's request.

A Jail Commander who does not grant an accommodation, either in part or in full, should forward the request to the Sheriff with the basis for the denial within 14 days of the inmate's original request being made. The Sheriff or the authorized designee will review the denial and respond to the requesting inmate as soon as reasonably practicable.

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The Jail Commander and the Sheriff shall be informed of all approved accommodations. The chaplain should make any necessary notifications to staff as necessary to meet an approved accommodation.

All inmate requests for religious accommodations and related determinations shall be fully documented in the inmate's record.

1016.4.1 SUSPENSION OR REVOCATION OF ACCOMMODATIONS
In an emergency or extended disruption of normal facility operations, the Jail Commander may suspend any religious accommodation. The Jail Commander may also revoke or modify an approved religious accommodation if the accommodated inmate violates the terms or conditions under which the accommodation was granted.

1016.4.2 APPEALS OF SUSPENSION OR REVOCATION OF ACCOMMODATIONS
Inmates may appeal the Jail Commander's denial, suspension or revocation of an accommodation through the inmate appeal process.

1016.5 DIETS AND MEAL SERVICE

The Jail Commander should provide inmates requesting a religious diet, including fasting and/or hour of dining, a reasonable and equitable opportunity to observe their religious dietary practice. This should be done within budgetary constraints and be consistent with the security and orderly management of the facility. The chaplain shall provide a list of inmates authorized to receive religious diets to the food services manager. The food services manager shall establish a process for managing religious meal accommodations.

1016.6 HAIRSTYLES AND GROOMING

Unless it is necessary for the health and sanitation of the facility, inmates who wear head and facial hair in the observance of their religion will generally not be required to shave or cut their hair. To the extent reasonably practicable, alternative housing may be considered to accommodate the need for religious hair and grooming, while meeting the health and sanitation needs of the facility.

Any inmate whose appearance is substantially altered due to changes in facial hair or hair length may be required to submit to additional identification photographs.

1016.7 RELIGIOUS TEXTS

Religious texts should be provided to the requesting inmate, if the texts available do not pose a threat to the safety, security and orderly management of the facility.

1016.8 UNAUTHORIZED PRACTICES OR MATERIAL

The following list, which is not intended to be exhaustive, includes materials or practices that shall not be authorized:

(a) Animal sacrifice

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(b) Language or behaviors that could reasonably be construed as presenting a threat to facility safety or security

(c) Self-mutilation

(d) Use, display or possession of weapons

(e) Self-defense or military training

(f) Disparagement of other religions

(g) Nudity or sexual acts

(h) Profanity

(i) Use of illegal substances or controlled substances without a prescription

1016.9 GROUP RELIGIOUS SERVICES

Group religious services may be allowed after due consideration of the inmate's classification or other concerns that may adversely affect the order, safety and security of the facility.

Alternatives to attendance of group religious services may include, but are not limited to:

- The provision of religious books and reading materials.
- Access to religious counselors.
- Recorded religious media (e.g., DVDs, CDs, video tapes).

1016.10 RELIGIOUS SYMBOLS AND IMPLEMENTS

Religious symbols and implements used in the exercise of religion should generally be allowed unless the symbol or implement poses a threat to the safety and security of the facility. Alternatives to the provision of religious symbols and implements may be considered when security, safety or efficient operations may be jeopardized (e.g., substitution of a towel in lieu of a prayer rug).

1016.11 RELIGIOUS GARMENTS AND CLOTHING

Inmates who practice a religion that requires particular modes of dress, garments, headgear, etc., other than standard-issue clothing, should generally be accommodated subject to the need to identify inmates and maintain security.

Head coverings shall be searched before being worn in the housing areas of the facility and shall be subject to random searches for contraband. Personal head coverings should be exchanged in favor of office-supplied head coverings when available and appropriate.

Inmates wearing headscarves or other approved coverings shall not be required to remove them while in the presence of or while visible to the opposite sex, if they so desire. Religious garments that substantially cover the inmate's head and face shall be temporarily removed during the taking of booking and identification photographs.

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To the extent reasonably practicable, alternative housing may be considered to accommodate an inmate's need for religious attire, while meeting the security needs of the facility.

1016.12 FAITH- AND MORALS-BASED COUNSELING

The Jail Commander shall be responsible for establishing a plan for inmates to receive faith- and morals-based counseling from the chaplain or religious volunteers. Inmates should be reasonably accommodated, including reasonable access to clergy members and spiritual advisers, volunteer religious organizations, faith- and morals-based programs and other secular volunteer programs.

No inmate shall be required to participate in any such program.

1016.13 SPACE AND EQUIPMENT FOR RELIGIOUS OBSERVANCES

The Jail Commander shall ensure that there are sufficient facilities and resources for the chaplain to serve the inmate population, including providing access to areas of the facility. Space for group worship will be dictated by the availability of secure areas and the classification status of the inmates to be served. All recognized religious groups should have equal access to the space, equipment and services which the facility normally provides for religious purposes.

1016.14 COMMUNITY RESOURCES

The chaplain may minister his/her particular faith and any other similar faiths to inmates but should also establish contacts with clergy of other faiths who can provide services to inmates of other religious denominations.

Whenever the chaplain is unable to represent or provide faith-based services to an inmate, a religious leader or other volunteer from the community, credentialed by the particular faith, should be sought to help provide services. All individuals providing faith-based services should be supervised by the chaplain. All efforts to contact faith-based representatives should be documented and retained in accordance with established records retention schedules.

Volunteers are another valuable resource that could be utilized extensively in the delivery of the religious program (see the Volunteer Program Policy). A volunteer could ensure that religious personnel who provide programming in the facility possess the required credentials and have the security clearance to enter the facility.

The chaplain, in cooperation with the Jail Commander or the authorized designee, shall develop and maintain communication with faith communities. The chaplain shall review and coordinate with the Jail Commander regarding offers to donate equipment or materials for use in the religious programs. All communication efforts and donations should be documented and retained in accordance with established records retention schedules.

1016.15 TRAINING

The Office shall provide training to facility staff on the requirements of this policy.

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The Office shall also provide training in safety and security to the chaplain. The chaplain shall approve and train clergy and religious volunteers. This includes the preparation of a training curriculum, as well as the development and maintenance of training records.

1016.16 STAFF RESPONSIBILITIES

Members shall not show favoritism or preference to any religion and will not discriminate or retaliate against any inmate for participating or not participating in any religion or religious practice. Inmates are not required to participate in religious programs or activities.

Facility staff will not allow their personal religious beliefs to influence them in the daily management of the inmate population, particularly as it relates to religious practices.

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Chapter 11 - Facility Design

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Space and Environmental Requirements

1100.1 PURPOSE AND SCOPE

This policy describes the desired space and environmental requirements for the physical plant.

1100.2 POLICY

It is the policy of this office to comply with federal and state laws, codes and correctional standards in matters relating to the jail space and environmental requirements. Any designs for renovations, modifications, additions or new construction within the facility should be in compliance with federal and state laws, codes and jail standards.

Planned designs for renovations, modifications, additions or new construction within the facility should facilitate continuous personal contact and interaction between the custody staff and inmates. This contact should be by direct physical observation of all cells, dayrooms and recreation areas. Electronic surveillance may be used to augment the observation of inmates but shall not be used as a substitute for personal contact and interaction.

All parts of the facility that are accessible to the public should be accessible to and usable by disabled persons.

1100.3 SPACE REQUIREMENTS

Except for emergency accommodations of a limited duration, all areas in the physical plant shall conform to building and design requirements contained in federal and state law, codes and minimum jail standards as required for their intended design and use. Areas that are repurposed for other than their original intended use shall likewise comply with all building design requirements for the new purpose.

1100.4 ALTERNATE APPROVED CAPACITY

If needed, the Jail Commander may base the approved capacity on an alternate method of calculation as provided in the jail standards. This alternate method allows capacity to be based on overall living space available to inmates, adjusted for the time inmates actually have access to any specific areas. If this method is selected, the Jail Commander, together with county officials, should develop a plan to bring the facility into agreement with the space-related standards within a five-year period.

1100.5 DETENTION HARDWARE

All locks, detention hardware, fixtures, furnishings and equipment shall have the proper security value for the areas in which they are used. The use of padlocks in place of security locks on cell or inmate housing unit doors is generally prohibited, as unauthorized locking mechanisms may pose a significant threat to the safety and security of the facility in the event of an emergency.

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1100.6 ENVIRONMENTAL REQUIREMENTS

All occupied areas of the physical plant shall conform to the building and design requirements contained in federal and state law, codes and jail standards with respect to light, air and noise level.

1100.6.1 LIGHTING LEVELS

Lighting throughout the facility shall be sufficient for staff and inmates to perform necessary tasks. Night lighting levels should permit adequate illumination for supervision but should not unnecessarily interfere with the ability of inmates to sleep.

1100.6.2 NATURAL LIGHT

All inmate living areas should provide visual access to natural light, unless prohibited by security concerns.

1100.6.3 NOISE LEVEL

Noise levels at night should be sufficiently low to allow inmates to sleep. Nothing in this policy is intended to limit or impair in any way staff's ability to monitor the jail in a manner that is consistent with safety and security and good correctional practices. Noise measurements in each housing unit shall be documented by a qualified independent source no less than once per annual inspection cycle and a report provided to the Jail Commander.

1100.6.4 VENTILATION

The ventilation system shall be sized and calibrated to supply fresh or circulated air in accordance with federal and state laws, codes and jail standards. Toilet rooms and cells with toilets shall be calibrated to have no less than four exchanges of air per hour, unless local codes require a different number of air exchanges.

Other than an emergency situation, inmates or jail staff shall not adjust or restrict the ventilation systems without the express permission of the supervisor. Any adjustments made to the ventilation system shall only be allowed for the duration of the emergency or until qualified maintenance personnel can adjust or repair the ventilation system.

Air quantities shall be documented at least annually by a qualified independent contractor, and a report provided to the Jail Commander.

1100.6.5 TEMPERATURE LEVELS

Temperature and humidity levels shall be mechanically maintained at a level established by facility maintenance personnel and deemed comfortable and cost efficient.

Temperature readings shall be documented for each area of the facility on a weekly basis on the appropriate log. Staff shall immediately contact facility maintenance in the event that temperatures or humidity levels become uncomfortable.

1100.6.6 CELL FURNISHINGS

Each inmate housed in this facility shall be provided with the following items:

- A sleeping surface and mattress at least 12 inches off the floor

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- A writing surface and seat
- An area for the storage of clothing and personal belongings

1100.7 DAYROOMS

Dayrooms shall be equipped with at least one shower for every 20 inmates or fraction thereof (24 CCR 1231.3.4; 24 CCR 1231.2.9), and tables and sufficient seating for all inmates at capacity. Where inmates do not have continuous access to their cells, dayrooms shall also equipped with one toilet, an immediate source of fresh potable water and lavatory with hot and cold water for every 10 inmates or fraction thereof.

1100.8 JANITOR CLOSETS

Janitor closets shall be located near or inside each housing unit. Each janitor closet should contain a sink and the necessary cleaning implements. Access to the janitor closets shall be controlled and supervised by the staff. Only inmates with a minimum security classification status shall be allowed access to the janitor closets, and then only under the supervision of staff.

1100.9 EMERGENCY POWER

The facility shall be equipped with a sufficient emergency power source to operate communications, security and alarm systems in control centers, and emergency lighting in corridors, stairwells, all inmate housing areas, security control points and audio-visual monitoring systems.

1100.10 NEW CONSTRUCTION AND RENOVATION

In the case of partial renovation of an existing facility, it is intended that these standards should apply only to the part of the facility being renovated. The remainder of the facility would be subject to the existing standards.

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Smoking and Tobacco Use

1101.1 PURPOSE AND SCOPE

This policy establishes limitations on the use of tobacco products by employees and others while on-duty or while in Tehama County Sheriff's Office facilities or vehicles.

1101.2 POLICY

The Tehama County Sheriff's Office recognizes that tobacco use is a health risk and can be offensive to other employees and to the public. It is the policy of the Tehama County Sheriff's Office to prohibit the use of tobacco by employees while on-duty or at any time the employee is acting in an official capacity for the Office.

1101.3 EMPLOYEE USE

Tobacco use by employees is prohibited any time employees are in public view representing the Office.

Smoking and the use of other tobacco products is not permitted inside any county facility, office or vehicle.

It shall be the responsibility of each employee to ensure that no person under his/her supervision smokes or uses any tobacco product inside county facilities and vehicles.

1101.4 ADDITIONAL PROHIBITIONS

Smoking and use of other tobacco products is not permitted inside office facilities or any office vehicle, or any other county building (Labor Code § 6404.5).

No person shall smoke tobacco products within 20 feet of a main entrance, exit or operable window of any public building, including any office facility or a building on the campuses of the University of California, California State University and the California community colleges, whether present for training or any other purpose (Government Code § 7596 et seq.).

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Control Center

1102.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for a control center for monitoring and coordinating the facility security, safety and communications.

1102.2 POLICY

It is the policy of this office to maintain a control center, designated as Booking, which shall be secure and staffed 24 hours each day to monitor and coordinate security, safety and communications.

1102.3 COMMUNICATIONS AND MONITORING CAPABILITIES

Booking shall have multiple means of direct communication capabilities with all staff control stations in inmate housing areas, including telephone, intercom and radio.

The Booking staff shall be responsible for monitoring fire, smoke and life safety alarms and shall have the means to summon assistance in the event of an emergency.

1102.4 SECURITY

Access into the Booking should be through a sallyport entrance controlled by the staff inside the Booking.

At no time should inmates be allowed to enter the Booking.

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Crowding

1103.1 PURPOSE AND SCOPE

One of the determining factors in maintaining a safe and secure jail is to limit the inmate population to the number of beds constructed in each inmate classification level. Occasionally, emergencies occur that will require the jail to exceed its approved bed capacity. This policy establishes the approved bed capacity of the facility, addresses temporary population excess and provides a plan for gathering statistics and projecting long-term space needs via a jail needs assessment.

1103.2 POLICY

It is the policy of the Tehama County Sheriff's Office to manage the inmate population, to the extent as is reasonably possible to avoid exceeding the facility's approved bed capacity. The approved bed capacity of this facility is 191. The Sheriff is responsible for ensuring that the number of inmates does not exceed the approved bed capacity.

The facility has a sufficient number of housing units in an appropriate configuration so that inmates can be separated according to the facility's classification plan.

In the event of an emergency that causes the facility to be populated beyond the approved bed capacity, every reasonable effort should be made to reduce the inmate population to the approved bed capacity as soon as reasonably practicable. The Office will take affirmative action to address excess population. In the event that the inmate population remains over capacity or continues to increase, a crowding committee should be formed to examine any and all methods to ensure that the facility population is reduced and remains within the approved bed capacity.

1103.3

1103.4 FACILITY NEEDS ASSESSMENT

In the event that the jail maintains an average 80 percent occupancy rate consistently for one year, the Office should initiate a jail needs assessment. The assessment initiates a systematic process that is designed to identify a variety of operational issues and program needs, and may indicate when expansion or replacement of the facility is warranted.

1103.5 INMATE POPULATION REPORTS

The Jail Commander or the authorized designee is responsible for ensuring that detailed daily logs of the facility's inmate population and other demographic information are completed and maintained by the staff. These logs shall reflect the monthly, average daily population of sentenced and non-sentenced inmates by categories of male, female and juvenile as of midnight of each day. The number of inmates occupying holding cells shall also be counted at midnight each day. An inmate population report summarizing this information shall be created daily and distributed to the Sheriff and the Jail Commander. The Jail Commander shall provide the Board of State and Community Corrections with applicable inmate demographic information as described in the Jail Profile Survey (15 CCR 1040).

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Crowding

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