

SUBJECT:	ACCESS TO CARE	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	A.1.1
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1
RELATED SECTIONS:	DSB M.1, MSD A.1.2 & A.1.3		
IN COMPLIANCE WITH:	NCCHC J-A-01		

PURPOSE

To provide an overview of accessible health care services to inmates while in custody. The responsible health authority (RHA) is responsible for identifying any barriers to care.

STANDARD

Inmates have access to care for their serious medical, dental, and mental health needs.

DEFINITION

Access to care means that, in a timely manner, a patient is seen by a qualified health care professional, is rendered a clinical judgment, and receives care that is ordered.

PROCEDURE

- I. Examples of unreasonable barriers may include but are not limited to the following:
 - A. Punishing inmates for seeking care for their health needs.
 - B. Assessing excessive fees that would prevent or deter inmates from seeking care.
 - C. Deterring inmates from seeking care for their health needs, such as holding sick call at 0200.
 - D. Being understaffed or poorly organized system whereby care cannot be provided in a timely manner.
 - E. Having a utilization review process that inappropriately delays or denies specialty care.

- II. Examples of access to care may include but are not limited to the following:
 - A. Onsite health care services are accessible through nursing staff, qualified health care providers and/or qualified mental health providers on duty.

- B. Emergency care, inpatient care, and outpatient specialty care services are accessible and coordinated with contracted community partners. Transportation is provided in accessing these services.
 - C. The established procedure for requesting care is explained during receiving screening.
 - D. Clinically indicated orders are complied with in a timely manner.
 - E. Utilization review is performed using evidence-based criteria within a reasonable timeframe.
- III. Monitoring of timely access is included in the continuous quality improvement program.

Implemented: 2/3/2020
Reviewed: 8/10/21, 11/4/22
Revised: Enter Dates

SUBJECT: PRIVATE PHYSICIANS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: A.1.2
PAGE: 1

RELATED SECTIONS: DSB M.11, MSD A.1.1
IN COMPLIANCE WITH: CCR Title 15, Section 1206; P.C. 4023; NCCHC J-A-01

PURPOSE

To standardize the procedure for using a non-contracted provider in the event a patient or their representative requests a provider of their choosing for an initial evaluation, a second opinion, for ongoing treatment, or pursuant to Penal Code 4023.

STANDARD

Pursuant to Penal Code 4023 inmates may receive medical treatment from a private physician of their choice, at their own expense. Sheriff's Medical Services Division further defines medical treatment as medical, psychiatric or dental. All such requests for private medical treatment are subject to the approval of the command staff in collaboration with the Sheriff's Medical Administration or designee and the availability of resources needed to safely affect such requests.

PROCEDURE

I. General

- A. A written request is to be submitted by patient and/or their representative if requesting to receive medical treatment from a private qualified health professional of their choice. This request shall be forwarded to the facility captain (or designee) who will forward the request to Medical Services Division (MSD). The request should include the following information:
 1. The nature of the medical, psychiatric or dental problem.
 2. The name, address, office phone and fax numbers of the desired provider or treatment facility.
 3. The reason for wanting to be treated by a private provider rather than the onsite providers at the detention facilities.
 4. Written evidence that the provider has agreed to privately treat the inmate (this can be in the form of a letter from the provider).
- B. The Sheriff's Chief Medical Officer or his designee shall review the request and determine that the provider is licensed in the State of California.
- C. The sheriff's managed care supervisor/designee will confirm that the patient is an established patient with the private provider and that the private provider is willing to see the patient while in custody.
- D. The patient, patient's representative and/or provider will be informed that the service:
 1. Is at the patient's own expense and will include the cost of transportation, security (Per DSB P&P: M.11) and the private provider's cost. The cost of transportation shall be prepaid to San Diego County Sheriff's Department. Form J234 Declaration of Payment for Private Dentist or Physician is to be completed and signed by the patient.

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IN COMPLIANCE WITH: CCR Title 15, Section 1206; P.C. 4023; NCCHC J-A-01

2. A separate review will be required for each visit to the patient's private provider.
 3. All untoward reactions/side effects incurred as a result of the private provider's intervention shall be the responsibility of the participating parties (patient and/or provider).
 4. The private provider's order for treatment and/or medications will be subject to the approval of the onsite detention provider to make sure any recommended treatment and/or medications are in compliance with existing protocols.
- E. If the Chief Medical Officer approves the request, the request shall be forwarded to the facility captain or designee for review and approval. The patient will be informed of the final decision on the request. If the request is approved, the facility command staff shall ensure that the patient is informed of the need to obtain the approval of a judge of the Superior Court, including approval for the treatment facility and transportation.
- F. Once the facility captain or designee is notified that the court has approved the request for transport, the facility captain or designee will notify financial services, who will complete a J-153 Transportation of Inmates for Outside Services form in conjunction with the Prisoner Transportation Detail.
- G. Private providers' examinations may not occur within Sheriff's Detentions medical unit without the approval of the chief medical officer or his designee. Requests for onsite evaluations will require a security clearance of the provider in advance and the authorization of the facility captain or designee along with the previous discussed process.
- H. An evaluation of a patient with a current/active military status, can be conducted onsite but requires a security clearance of the provider, the approval of the facility captain or designee and the advisement of the chief medical officer or designee.
- I. The Prisoner Transportation Detail shall be responsible for:
1. Providing the cost of transportation to the Sheriff's managed care department supervisor/designee in advance.
 2. Scheduling the appointment and informing the facility of the scheduled appointment.
 3. Returning paperwork from the private provider will be given to the detention's medical staff upon patient's return to the detention facility.

Implemented: 12/90

Reviewed: 9/17/96, 9/18/98, 8/11/99, 7/31/00, 8/10/01, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 8/19/09, 2/24/11, 2/27/13, 9/6/19, 11/4/22

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SUBJECT: HEALTH CARE SERVICES
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: A.1.3
PAGE: 1

RELATED SECTIONS: DSB P&P: Section M.1, R.3, & I.95; MSD A.1.1
IN COMPLIANCE WITH: CCR Title 15, Sections 1200, 1204, & 1206; NCCHC J-A-01

PURPOSE

To delineate and define the available health care services and the responsible personnel within medical services division.

STANDARD

Medical, psychiatric and dental matters involving clinical judgments are the sole province of a responsible physician, psychiatrist, dentist or mid-level providers respectively.

The individual's access to medical care may be obtained via request, observation, and/or referral basis. There is a physician on-call after hours.

Medical care is performed by personnel licensed in the State of California pursuant to their respective scope of licensure.

Inmates shall not be used in performing direct patient care services, scheduling health care appointments, determining access of other patients to health care services, handling or having access to surgical instruments, syringes, needles, medications, health records, or operating medical equipment.

PROCEDURE

I. Housing Areas:

- A. Individuals may be housed in the following settings pursuant to Classification Matrix:
 - 1. Designated Medical Housing Units: Some facilities may house individuals with known medical and psychiatric conditions together in mainline population beds to facilitate services needed.
 - 2. Medical Observation Beds: Beds are located closest to a nursing station. Visual and/or auditory contact with health staff can be accommodated.
 - 3. Special medical needs, such as lower bunk may be accommodated by working in conjunction with custody staff.

II. Healthcare Services and Operations:

- A. Screening/Receiving Intake Evaluations: All arrestees and booked individuals shall be evaluated to determine their level of health care needs.
 - 1. Health staff shall screen all individuals for health needs and accept or deny acceptance to the detention facility. Refer to MSD E.2.1 Receiving Screening.
 - 2. Individuals in need of emergent health care that is not available onsite at a detention facility shall be referred to a hospital emergency department.

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PAGE: 2

RELATED SECTIONS: DSB P&P: Section M.1, R.3, & I.95; MSD A.1.1
IN COMPLIANCE WITH: CCR Title 15, Sections 1200, 1204, & 1206; NCCHC J-A-01

- B. MSD's licensed nursing staff will accept orders from an on-site qualified health provider (QHP) or the on-call QHP after hours or on weekends. Nursing staff may recommend housing specific to the needs of the individual.
- C. Medical, mental health and dental care: Any individual complaining of illness or injury is to be provided with reasonably prompt access to examination and medically necessary treatment by a physician, psychiatrist, dentist, or other appropriately licensed health care provider. Such medical attention must have been found to be reasonable and necessary by trained health staff acting under orders and guidelines from a QHP.
 - 1. A Registered Nurse shall triage proper health care for the individual based on their scope of practice. Options for health care may include, but are not limited to:
 - a. Assessment and treatment of patient's health condition.
 - b. Scheduling appointments for appropriate sick call.
 - c. Referral to an onsite qualified health professional or at another detention facility.
 - d. Consulting with physician by phone or web camera and reporting patient's condition.
 - e. Sending patient to the emergency department for further evaluation.
 - f. Activating emergency response system (911) for Advanced Cardiac Life Support and/or transferring patient to a nearest hospital.
 - 2. If 24-hour nursing coverage is not available, the watch commander shall determine appropriate action which may include, but not limited to:
 - a. Calling a nurse for direction at a detention facility which has 24-hour nursing coverage.
 - b. Sending a patient to another detention facility which has 24- hour health staff coverage for evaluation & treatment by a qualified health professional.
 - c. Sending a patient to the nearest hospital emergency department.
 - d. Calling for emergency response (911) for immediate paramedic intervention and transfer to the nearest emergency department (ED).
 - 3. Documentation (health records and/or instructions) from off-site facilities shall be forwarded to health staff for follow up upon return to the detention facility.
- D. A physician and psychiatrist will be available on call 24-hours daily.
- E. Specialty clinics are provided both off-site and on-site. Laboratory and other diagnostic services are available in the facility or can be arranged off-site as needed.
- F. Drawing of blood alcohol samples, body cavity searches, forcible blood draw and other functions for the purpose of prosecution are performed by contracted forensic staff (see DSB I.95 Forced Blood Draws).

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PAGE: 3

RELATED SECTIONS: DSB P&P: Section M.1, R.3, & I.95; MSD A.1.1
IN COMPLIANCE WITH: CCR Title 15, Sections 1200, 1204, & 1206; NCCHC J-A-01

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SUBJECT: RESPONSIBLE HEALTH AUTHORITY
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: A.2.1
PAGE: 1

RELATED SECTIONS: DSB M.1, R.3, I.95
IN COMPLIANCE WITH: NCCHC J-A-02

PURPOSE

To delineate and define the responsibility for all medical, dental, and mental health services to individuals incarcerated in one of San Diego County's detention facilities.

STANDARD

The responsible health authority (RHA) ensures that the facility maintains a coordinated system for health care delivery.

DEFINITIONS

Responsible Health Authority (RHA) – a designated individual or entity that is tasked with ensuring the organization and delivery of all health care in the facility. It may be a physician, health services administrator, or agency. When the RHA is a state, regional, national, or corporate entity, there is also a designated individual at the local level who is on-site at least weekly to ensure that policies are carried out.

Health care – the sum of all actions, preventive and therapeutic, taken for the physical and mental well-being of a population. Health care includes medical, dental, mental health, nutrition, and other ancillary services, as well as maintaining clean and safe environmental conditions.

Responsible Physician – a designated MD or DO who has the final authority at a given facility regarding clinical issues.

Designated Mental Health Clinician – refers to a psychiatrist, psychologist, or psychiatric social worker who is responsible for clinical mental health issues when mental health services at the facility are under a different authority than medical services.

Designated Dental Clinician – a DMD or DDS who is responsible for dental issues when dental services at the facility are under a different authority than medical services.

Health Services Administrator – a person who by education, experience, or certification (e.g. MSN, MPH, MHA, FACHE, CCHP) is capable of assuming responsibility for arranging all levels of health care and ensuring quality and accessible health service for inmates.

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RELATED SECTIONS: DSB M.1, R.3, I.95
IN COMPLIANCE WITH: NCCHC J-A-02

PROCEDURE

I. Medical Services Division (MSD)

- A. Medical Services Division (MSD) is a division within the Detention Services Bureau (DSB) that has the responsibility to ensure provision of health care services for all individuals in custody for the San Diego Sheriff's Department (SDSD). See Appendix A for MSD Organizational Chart.
- B. The chief medical officer (CMO) serves as the RHA for all the detention facilities with the supervising nurse as designee at the facility level in the CMO's absence.
- C. There is a designated responsible physician, mental health clinician and dental clinician for every detention facility. The frequency of on-site services varies at each facility based on need.
- D. Medical, dental and mental health care are performed by licensed personnel in the State of California pursuant to their respective scope of licensure.
- E. The CMO oversees the quality of the delivery of medical and dental care services.
- F. The chief mental health officer (CMHO) oversees the quality of the delivery of behavioral health programs and services.
- G. Essential nursing positions are facility specific depending on the operational needs.

II. Personnel

- A. Assistant Sheriff/Area Commander: Person responsible for management and operations of all San Diego County Sheriff's Detention Facilities. Area Commander reports to Assistant Sheriff Detention Services Bureau. Assistant Sheriff Detention Services Bureau reports to the Undersheriff and Sheriff.
- B. Facility Commander: Person in charge of 24-hour management and operation of an individual detention facility, reporting directly to Assistant Sheriff/Area Commander of Detention Services Bureau, usually this individual has the ranking of Captain. A lieutenant may be assigned to a detention facility, reporting directly to a Captain.
- C. Watch Commander: Person responsible for shift operational duties in a detention facility, reporting directly to Facility Commander.
- D. Medical Services Administrator: Person responsible for overseeing, planning, coordinating, developing and implementing health care delivery program in the Sheriff's detention facilities.
- E. Chief Medical Officer: A physician with a license to practice medicine in the State of California who is responsible for overseeing, developing and implementing medical,

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RELATED SECTIONS: DSB M.1, R.3, I.95
IN COMPLIANCE WITH: NCCHC J-A-02

psychiatric, and nursing protocols. This person is also known and referred to as responsible physician or medical advisor. Final clinical decisions rest with this designated responsible physician.

- F. Contract Agreement Physician: A medical doctor contracted by MSD to provide on-site/off-site or specialty clinic care. Such person shall be licensed by the state of California. If asked for their names, contract providers are to provide at a minimum their last names. In the event, a patient asks for who should a grievance be addressed, it should be addressed to Medical Services Division.
- G. Contract Agreement Psychiatrist: A psychiatric doctor contracted by MSD to provide on-site mental health care. Such person(s) shall be licensed by the state of California. If asked for their names, contract providers are to provide at a minimum their last names. In the event, a patient asks for who should a grievance be addressed, it should be addressed to Medical Services Division.
- H. Contract Agreement Health Care Facility: A health care facility, acute and specialty care, contracted by Medical Services Division to provide care not available on-site in the detention facilities.
- I. Contract Agreement Dentist (DDS): A dentist contracted by MSD to provide on-site dental care. Such person shall be licensed by the state of California.
- J. Nursing Director: An RN responsible for the overall implementation and management of the nursing services in MSD.
- K. Detentions Supervising Nurse: An RN who supervises nursing care services in a detention facility or organize and maintain the complex health care and delivery system. Such services will include inpatient/outpatient case management; authorization reviews; quality assurance/quality improvement; clinical nursing education; wound care; infection control; standards and compliance; medical policy and procedures and psychiatric nursing. These individuals report directly to the Nursing Director.
- L. Registered Nurse (RN): A person licensed in the state of California as a registered nurse.
- M. Medical Training Coordinator (RN): An RN designated to oversee all aspects of training in Medical Services Division.
- N. Licensed Vocational Nurse (LVN): A person licensed in the State of California as a vocational nurse.
- O. Mental Health Clinicians: Includes a variety of assignments as licensed Social Workers, Psychologist, and Family Therapists.
- P. Recreation Therapist (RT): A person certified by the National Council for Therapeutic Recreation Certification as a Therapeutic Recreation Therapist.

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RELATED SECTIONS: DSB M.1, R.3, I.95
IN COMPLIANCE WITH: NCCHC J-A-02

- Q. Occupational Therapist (OT): A person certified by the National Board for Certification in Occupational Therapy as an Occupational Therapist.
- R. Contracted Registered Pharmacist: A person licensed in the state of California as a registered pharmacist contracted by MSD who is responsible for developing and implementing pharmaceutical services.
- S. Pharmacy Technician: This person provides paraprofessional assistance to a licensed pharmacist in management of the pharmacy.
- T. Chief, Health Information Management: A person registered as a record administrator responsible for developing and implementing medical record systems policies and procedures.
- U. Licensed Health Personnel: Any of the above described positions which are designed as licensed and/or registered to provide health care.
- V. Clerical Support group includes Analysts, Accounts Intermediate Clerk Typists

Implemented: 12/12/2019
Revised:
Reviewed: 1/6/22, 11/4/22

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RELATED SECTIONS:	MSD A.3.2		
IN COMPLIANCE WITH:	NCCHC J-A-03		

PURPOSE

To outline the autonomy of health care providers in clinical decision making and collaboration with custody staff in the implementation of care consistent with security regulations.

STANDARD

Health care decisions are made by qualified health care professionals for clinical purposes.

DEFINITIONS

Qualified health care professionals include physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.

Custody staff includes line security as well as correctional administration.

Health staff includes all full-time, part-time, and per diem qualified health care professionals as well as administrative and support staff (e.g., health records administrators, laboratory technicians, nursing and medical assistants, clerical workers).

PROCEDURE

- I. Individuals are referred for an evaluation and examination by an onsite qualified health care professional. Based on clinical findings, a plan of care is recommended which may include referrals for specialty consultation. Specialty services may be conducted onsite, offsite or via telemedicine.
- II. Clinical guidelines endorsed by the responsible health authority (RHA) provides guidance for medical management based on logistical considerations, evidence-based national guidelines and primary or specialty college guidance for the standard of care.
- III. As needed, qualified health care professionals collaborate with custody staff in implementing the plan of care safely and timely. Custody staff supports the implementation of clinical decisions and aids in facilitating necessary housing transfers.
- IV. Ultimately, the qualified health provider is responsible for the appropriate management of the patient.

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SUBJECT: MEDICAL AUTONOMY

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RELATED SECTIONS: MSD A.3.2

IN COMPLIANCE WITH: NCCHC J-A-03

- V. If necessary, planning meetings are discussed during administrative meetings or multi-disciplinary group meetings.

- VI. Health staff recognize and follow security regulations and checks for scene safety.

Implemented: 2/3/2020

Reviewed: 1/10/22, 11/4/22

Revised: Enter Dates

SUBJECT:	PHYSICIAN'S ORDERS	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	A.3.2
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1

RELATED SECTIONS: MSD.T.1
IN COMPLIANCE WITH: CCR, Title 15, Section 1216; NCCHC J-A-03

PURPOSE

To describe the appropriate method of obtaining and carrying out a physician's order.

STANDARD

Physician's orders shall be written by physicians/ nurse practitioners who are employees of Medical Services Division (MSD), both county and contract physicians /nurse practitioners. Orders shall be transcribed (noted) by Registered Nurses/Licensed Vocational Nurses (RN/LVN).

PROCEDURE

- I. Physician's /nurse practitioner's orders shall be documented in the individual's health record.
- II. Medication Orders:
 - A. All orders shall include the name of the drug, dosage, frequency, route of administration (if other than oral), duration, date, time, signature and professional title of the prescriber.
 - B. All orders shall be written by the prescriber, except for telephone & verbal orders. Telephone & verbal orders shall be reviewed by the ordering provider or representative at the next available chart check clinic.
 1. Telephone & verbal orders shall be accepted by an RN, LVN or registered pharmacist.
 2. Orders shall be given by sheriff's affiliated providers only.
 3. Document the date, time, name and professional title of prescriber. Identification of the medical staff accepting the telephone or verbal order should also be included.
 4. Telephone or verbal order received shall be read back to the provider physician to ensure that it has been transcribed correctly.
 5. Orders must be reviewed by the ordering physician or representative at the next available chart check clinic.
 - C. Nursing staff shall not accept telephone/verbal orders from telemedicine encounters.
 - D. Any order, which is not clear or does not specify the exact duration, shall not be transcribed. The physician shall be contacted to clarify the order prior to transcription or administration. Clarified orders shall be documented, authenticated and rewritten, as necessary. DO NOT alter a written order.
 - E. Active orders for individuals admitted to the hospital shall be placed on hold during inpatient admission with a corresponding notation in the health record.
 - F. For patients discharged from the hospital and returning to the detention facility:

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RELATED SECTIONS: MSD.T.1
IN COMPLIANCE WITH: CCR, Title 15, Section 1216; NCCHC J-A-03

1. Discharge planning will be coordinated by the managed care group with the detention facility staff and discharging hospital staff. A physician to physician contact may be arranged for continuity of care as needed.
2. The medical onsite or on-call provider will order the necessary medications and determine the need for infirmary admission upon patient's return to the detention facility based on the review of the discharge summary or physician to physician contact.
3. Patient returning from the hospital are evaluated by the onsite qualified health provider upon arrival to the detention facility. If there are no available qualified health providers onsite, patient is scheduled at the next MD sick call.
4. The onsite psychiatrist shall approve psychiatric medications. After clinic hours the on-call psychiatrist should be contacted after the nurse has verified the medications.
5. Orders which are questionable from any psychiatrist or medical doctor, shall be clarified prior to documenting in the health record by calling the ordering provider.

- G. If the medication is needed on an urgent basis the nurse is to contact the appropriate on-call provider for consultation.
- H. When an individual enters custody in the middle of the night with non-urgent medication needs, the appropriate provider should be contacted at a reasonable hour in the morning.

III. Stop Orders:

- A. Narcotic medications are not renewable by chart check.
- B. Orders for controlled substances shall be limited to the shortest duration possible, except for those drugs used for seizure and psychotropic disorders.
- C. In no case should medications be prescribed for a duration of greater than six (6) months without a face to face clinical encounter.

Reviewed: 9/17/96, 9/19/97, 9/18/98, 7/31/00, 8/10/01, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 8/19/09, 2/13/12, 3/20/92, 9/6/19, 11/4/22

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SUBJECT:	ADMINISTRATIVE MEETINGS AND REPORTS MEDICAL SERVICES DIVISION	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	A.4.1
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RELATED SECTIONS:
IN COMPLIANCE WITH: NCCHC J-A-04

PURPOSE

To provide a forum to include problems identified, corrective actions initiated, and problems resolved. To identify statistical reports that can be used for operational planning and to communicate among staff members to facilitate healthcare delivery.

STANDARD

The facility's health and correctional administrators coordinate the health care delivery-system through joint monitoring, planning, and problem resolution.

DEFINITION

Facility staff - pertains to custody and health staff members.

PROCEDURE

- I. Administrative meetings such as patient care coordination committee and multi-disciplinary group meetings are attended by the facility captain or designee, the responsible health authority or designee, and other members of the health care team including but not limited to the custody administrative team.
- II. Administrative meetings are held at least quarterly with minutes retained.
- III. Health care staff meetings should be held at least monthly to address issues with minutes and a sign-in sheet retained.
- IV. Statistical reports of health services are addressed on a monthly basis and are provided to medical services division (MSD) captain and facility captain.
- V. Meetings will be scheduled through Outlook.
 - A. Dates of meetings (e.g. 3rd Friday of the month)

VI. Monthly statistical reports should include but not be limited to the following:

A. Service volumes (number of inmates receiving care.

a. Medical

b. Nursing

c. Dental

d. Psych

B. Referrals to specialists

C. Deaths

D. Incidence of certain acute/chronic illnesses

E. Infectious diseases

F. Emergency services

G. Access and timeliness of care

H. Missed appointments

I. Grievances

Implemented: 1/8/2020

Reviewed: 8/10/21, 11/4/22

Revised:

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CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	A.5.1
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1
RELATED SECTIONS:	DSB.A.5		
IN COMPLIANCE WITH:	NCCHC J-A-05, TITLE XV SECTION 1206		

PURPOSE

To describe appropriate documentation and necessary review of the medical services division's (MSD) health care operations manual and procedures.

STANDARD

The responsible health authority (RHA) ensures that health care operations manual and procedures are developed, documented, and readily available to staff.

DEFINITIONS

Policy – a facility's official position on an issue related to its operations.

Procedure – describes in detail, sometimes in sequence, how a policy is to be carried out.

PROCEDURE

- I. Operations manual and procedure addresses applicable statutory and/or accreditation standards.
- II. Procedures address system-wide practice expectations and/or site specific expectations as needed.
- III. Operations manual is reviewed annually by RHA and responsible physician (if different), signed and dated.
- IV. Recommended updates and revisions to the operations manual sections are vetted by multidisciplinary staff prior to approval by MSD administration.
- V. Revisions and additions to the operations manual are reviewed by all division staff through print or digital distribution.
- VI. MSD operations manual will be consistent with the Detention Services Bureau (DSB) policies and procedure.
- VII. MSD operations manual is accessible to all staff via SharePoint.

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT:	OPERATIONS MANUAL	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	A.5.1
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	2
RELATED SECTIONS:	DSB.A.5		
IN COMPLIANCE WITH:	NCCHC J-A-05, TITLE XV SECTION 1206		

Implemented: 12/12/2019
Reviewed: 1/14/22, 11/4/22
Revised: Enter Dates

SUBJECT: CONTINUOUS QUALITY IMPROVEMENT PROGRAM

CATEGORY: MEDICAL & PSYCHIATRIC SERVICES

DISSEMINATION: MEDICAL SERVICES DIVISION

RELATED SECTIONS: MSD.A.6.2

IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1202, NCCHC J-A-06

DATE: 11/4/2022

NUMBER: A.6.1

PAGE: 1

POLICY

To continuously monitor and improve upon the quality of health care delivered in all detention facilities.

PROCEDURE

- I. Quality Improvement Committee (QIC) – consists of representatives from the detention facilities and program areas involved in the delivery of care. The committee meets on a quarterly basis to identify significant trends and patterns, conduct case reviews, design quality improvement monitoring activities, discuss best practices and evaluate effectiveness of improvement strategies.
 - A. Meeting minutes are recorded, approved by the committee and retained for reference.
 - B. At a minimum one site-specific or program-specific process/outcome quality improvement study is completed per year.
 - C. Recommended quality performance measures include but are not limited to the following:
 1. Accessibility
 2. Appropriateness of clinical decision making
 3. Continuity
 4. Timeliness
 5. Effectiveness (outcomes)
 6. Efficiency
 7. Prescriber-patient interaction
 8. Safety
 - D. Case reviews are done under the guidance of the responsible physician or designee.
 - E. Identify training needs and opportunities for system-based improvements.
 - F. The committee documents a written annual review of the effectiveness of the quality management program.
 - G. QIC representatives include but are not limited to the following:
 1. Captain, Medical Services Division (MSD)
 2. Chief Medical Officer
 3. Director of Nursing
 4. Group Program Manager, Behavioral Health
 5. Chief, Health Information Management
 6. Facility Supervising Nurses
 7. Training
 8. Infection Control & Prevention

SUBJECT: CONTINUOUS QUALITY IMPROVEMENT PROGRAM

CATEGORY: MEDICAL & PSYCHIATRIC SERVICES

DISSEMINATION: MEDICAL SERVICES DIVISION

RELATED SECTIONS: MSD.A.6.2

IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1202, NCCHC J-A-06

DATE: 11/4/2022

NUMBER: A.6.1

PAGE: 2

9. Managed Care Group

10. Biostatistician

Implemented: 6/5/2020

Reviewed: 8/10/21, 11/4/22

Revised: Enter Dates

SUBJECT:	AUDITS	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC CARE SERVICES	NUMBER:	A.6.2
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1

RELATED SECTIONS: DSB P&P: M.37;
IN COMPLIANCE WITH: CCR TITLE 15, SECTION 1202, IMQ SECTIONS 106 AND 105; NCCHC J-A-06

PRPOSE

To describe internal and external audits performed within medical services division.

STANDARD

Audits shall be completed with the identified deficiencies communicated to the appropriate chain of command for corrective action.

PROCEDURE

- I. The audit may review a medical and/or a mental health process.
- II. Identified deficiencies shall be communicated to the appropriate manager or supervising nurse for a written plan of corrective action. The corrective action plan will be sent to the responsible health authority or designee.
 - A. The corrective action may result in recommendations for administrative operations manual change, purchase of equipment or supplies, in-service program to reinforce or teach new protocols, or an individual provider maybe requested to change behavior or correct the problem.
 - B. Where indicated a follow-up evaluation shall be conducted to verify success and compliance with recommendations made or correction of identified deficiencies.
 - C. The responsibility for implementation of recommendations rests with the responsible health authority and/or facility commander in charge as needed.
- III. Internal Audits
 - A. A variety of sources shall be used to identify health care delivery problems. The primary tools in evaluating care shall be individual patient's medical record, sick call lists, and other available logs.
 - B. Topics that may be used to identify problems in the delivery of health care includes but are not limited to the following:
 - 1. Outbreaks of illness such as diarrhea, flu, etc. (i.e. mortality review)
 - 2. Deaths in Custody (i.e. mortality review)
 - 3. Individual case review
 - 4. Monitoring activities of clinical staff (e.g. review of use of restraints, seclusion, hazardous procedures, etc.)
 - 5. Review of similar diagnoses (e.g. all diabetics)
 - 6. Review drug use (psychotropics, antibiotics, narcotics, etc.)
 - 7. Review of policies and practices

SUBJECT:	AUDITS	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC CARE SERVICES	NUMBER:	A.6.2
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	2

RELATED SECTIONS: DSB P&P: M.37;
IN COMPLIANCE WITH: CCR TITLE 15, SECTION 1202, IMQ SECTIONS 106 AND 105; NCCHC J-A-06

8. Suicides and attempts
 9. Liability claims review
 10. Data obtained from staff interview and observation of patient medical services
 11. Consideration of implementation and status of standing orders; and
 12. Review of patient complaints.
 13. Average daily occupancy for medical/psychiatric housing
 14. Record of patient transport for off-site health care
- C. A summary report of findings shall be shared and discussed with the facility captain.
- D. The results and reports of audits shall remain confidential. The health authority, chief medical officer and nursing director shall receive a copy of this report.
- E. Quality review and control must occur on an ongoing basis.

IV. Data Collection

- A. The medical staff shall keep statistical information which shall be shared at least annually with the facility commander. A written report shall be given to medical administrator, nursing director and chief medical officer.
- B. This information shall be used for accountability of services provided and future planning of services.
- C. The following statistics MAY be kept, but not limited to the following:
 1. Number of sick call visits by:
 - a. Physician, nurse practitioner
 - b. Nursing staff
 - c. Dentist
 - d. Mental health services staff
 2. Health Screening
 3. Food service worker screening
 4. Laboratory tests performed
 5. Prescriptions
 6. Medications doses administered
 7. Infectious diseases by diagnosis evaluated and treated
 8. Average daily occupancy "infirmery" for medical/mental health services
 9. Emergency department visits, specialty clinic service visits
 10. Laboratories, x-ray, electrocardiograms, and electroencephalograms visits
 11. Profile of hospital admission:
 - a. Number of admissions
 - b. Types of diagnosis
 - c. Total patient days
 - d. Average length of stay
 12. Dental Services provided, number seen on-site and number referred off-site.
 13. Safety & Sobering Cell Checks

SUBJECT:	AUDITS	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC CARE SERVICES	NUMBER:	A.6.2
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	3
RELATED SECTIONS:	DSB P&P: M.37;		
IN COMPLIANCE WITH:	CCR TITLE 15, SECTION 1202, IMQ SECTIONS 106 AND 105; NCCHC J-A-06		

14. Medical Services Staffing authorized

Implemented: 10/90
Reviewed: 9/19/97, 9/18/98, 8/11/99, 7/31/00, 9/19/02, 8/9/04, 8/12/05, 7/31/06, 7/31/07, 07/09/08, 7/14/09, 2/28/11, 2/2/12, 9/30/15, 8/5/2019, 8/10/21, 11/4/22
Revised: 3/23/92, 4/1/94, 5/22/95, 1/29/96, 8/10/01, 8/18/03, 3/4/13, , 6/5/2020

SUBJECT:	MEDICAL SURVEILLANCE OF INMATE WORKERS	DATE:	11/4/2022
STANDARD:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	B.4.1
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1

RELATED SECTIONS: DSB M.5, S.1;
IN COMPLIANCE WITH: CCR Title 15, Section 1230; Health & Safety Code, CA Uniform Retail Food Facilities, Section 114020, IMQ 206; NCCHC J-B-04 & C-06

PURPOSE

To standardize the health screening for all inmates wanting to become inmate workers.

STANDARD

The health and safety of the inmate worker population are protected.
Health Services are provided by staff and not inmate workers.

DEFINITIONS

Medical Surveillance – is a prevention-oriented public health assessment and analysis of health information in a population exposed to specific health risks, usually related to specific activities (e.g., occupation). Quality medical surveillance programs lead to the identification and reduction or elimination of health hazards.

Medical Screening – is a component of a medical surveillance program with an emphasis on clinical preventive activities. It is focused on identifying effects of exposures in specific patient and then preventing or reducing sequelae.

Reentry health care training program refers to established partnerships with community, state, or federal agencies that guide the course curriculum for inmate training in health care-related job skills.

PROCEDURE

- I. All prospective inmate workers (IW's) for kitchen and non-kitchen duties e.g. general utility or non-vocational programs shall be selected by the IW deputy.
- II. All prospective inmate workers shall complete and sign an Inmate Worker Questionnaire, J235 (see Appendix A). The completed form will be reviewed by the detention health staff prior to the inmate being screened and or cleared.
 - After reviewing the IW questionnaire form (J235), the detention facility health staff shall schedule the IW candidate for medical screening in TechCare. The screening process will include the following:
 - Review the medical history in TechCare for the following:
 - Current Chest x-ray: CXR older than six months. The health staff will schedule the

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT: MEDICAL SURVEILLANCE OF INMATE WORKERS
STANDARD: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: B.4.1
PAGE: 2

RELATED SECTIONS: DSB M.5, S.1;
IN COMPLIANCE WITH: CCR Title 15, Section 1230; Health & Safety Code, CA Uniform Retail Food Facilities, Section 114020, IMQ 206; NCCHC J-B-04 & C-06

- inmate for a CXR (TB Screening). The health staff will complete the J204A form if indicated for positive or abnormal CXR (J204A form) (see Appendix B) and fax to the Infection Control Nurse at 858-974-5917.
 - Medications (eMAR tab)
 - Health history and assessment
 - Immunizations and vaccination review
 - COVID-19 Testing (within 14 days of screening)
 - Mental Health screen- review of notes
 - Tuberculosis Risk Assessment review. If the inmate has an abnormal or positive CXR
- III. Depending on findings, may also screen for accommodation or alleged disability by completing a Function Performance Worksheet (see Appendix C).
- IV. Based on the results of the screen, the IW candidate will be subsequently triaged. Either they are identified for additional assessment by a qualified health provider (QHP) or cleared for general employment if there are no significant findings.
- V. IW candidates that require additional assessment will be scheduled for evaluation by a QHP. Some examples would be:
 - Potential/actual medical or behavioral health condition with accommodation e.g., orthopedic shoes, cane, or intermittent wheelchair use.
 - Medical or neurological condition, e.g. diabetes mellitus, congestive heart failure or multiple sclerosis that could require additional consideration for a disability.
- VI. The completed IW Screening Questionnaire (J235), TB Risk Assessment (J204A), Function Performance Worksheet (if applicable) and medical notes written and or scanned into TechCare prior to QHP encounter.
- VII. Requirements for IW Clearance by detention health staff:
 - Hepatitis A Vaccine (HAV) must have at least the first dose completed and or administered at time of screening (for food-handling/kitchen clearance no exceptions).
 - Influenza Vaccine recommended
 - COVID-19 Test within 14 days of screening
 - Negative COVID -19 Test
 - COVID-19 Vaccination (received one or both series of Pfizer/Moderna or a single dose of Johnson & Johnson)
 - Weekly COVID-19 Testing for duration of IW clearance status for inmates that refused the COVID -19 Vaccinations and if partially vaccinated (received only 1 dose of Pfizer/Moderna).
 - IW refusing weekly testing, will be considered voluntarily terminated and IW designation flag discontinued in TechCare.

SUBJECT: MEDICAL SURVEILLANCE OF INMATE WORKERS
STANDARD: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: B.4.1
PAGE: 3

RELATED SECTIONS: DSB M.5, S.1;
IN COMPLIANCE WITH: CCR Title 15, Section 1230; Health & Safety Code, CA Uniform Retail Food Facilities, Section 114020, IMQ 206; NCCHC J-B-04 & C-06

- VII. All prospective IW must receive training in the use of personal protective equipment (PPE) prior to the assigning of duties, and have it documented in the electronic health record.
- VIII. All IW candidates for employment in food services will be screened for the following:
- All prospective food handlers will be screened for vaccinations/titers to include Hepatitis A and influenza. All prospective food handlers MUST have confirmation of a completed Hepatitis A vaccination series.
 - All prospective food handlers shall undergo a physical exam to look for signs and symptoms of infectious disease e.g. rash, nausea, vomiting or diarrhea.
 - A visual assessment and examination to include infectious or draining skin lesions, tenderness of the liver, and jaundice.
 - A current chest x-ray (within the last six months).
 - A list of medically cleared prospective food handlers will be forwarded to the IW deputy.
- IX. Any current non-food handler IW transferring to be a food handler must undergo another medical screening before being eligible for food service employment.
- X. Sheriff's Inmate Services Vocational Programs
- All prospective inmates to be assigned to a vocational program will complete a health screening prior to the assignment.
 - Health screening assessments will provide information on inmate's physical abilities and limitations.
- XI. Documentation Requirements in the electronic health record:
- Select IW Screening encounter type in TechCare
 - Vital signs (temperature, pulse, blood pressure, and weight)
 - Flags as indicated for: OK for Kitchen, No Vocational (Rx psych medications), HIV/or HEP C (No kitchen), and any other applicable flags.
 - Sworn staff handling the assignment of positions will review limitations and make accommodations on a case-by-case basis.
 - Prospective workers would receive appropriate training for the use of personal protective equipment (PPE), occupational programs (heat stress and hearing conservation and appropriate safeguards) as needed for their vocational assignment. The corresponding training will be provided by the inmate worker deputy or program.
 - Due to safety concerns, inmates currently taking psychiatric medications shall not be assigned to the following vocational programs:
 - EMRF- Construction, Landscaping and Civics
 - LCDRF- Landscaping

SUBJECT: MEDICAL SURVEILLANCE OF INMATE WORKERS
STANDARD: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: B.4.1
PAGE: 4

RELATED SECTIONS: DSB M.5, S.1;
IN COMPLIANCE WITH: CCR Title 15, Section 1230; Health & Safety Code, CA Uniform Retail Food Facilities, Section 114020, IMQ 206; NCCHC J-B-04 & C-06

- XII. Sheriff's Food Service Personnel shall:
- Instruct all food IWs in good personal hygiene and food handling practices.
 - Inspect all food handler IW's daily to ensure there is no sign of illness.
 - Be alert and shall notify appropriate deputy immediately of any IW who complains of the following and should sign up for sick call:
 - Inmates with complaining of a cold or sore throat
 - Inmates complaining of diarrhea
 - Inmates with sores on their hands
 - Inmates with other medial complaints or injuries
 - No IW shall return to kitchen duty after an illness until cleared by the facility health staff

- XIII. In the event of an IW's injury
- IW's injured on the job shall be treated in accordance with sick call procedures and appropriate protocols related to occupational exposure or with occupational implications.
 - IW injuries will be logged and reviewed at monthly patient care coordination committee (PCCC) at individual facilities. (See Appendix D – IW Injury Log)
 - Information related to IW injuries with occupational implications will be provided to the quality improvement committee for review.

Implemented: 08/90
Reviewed: 3/93, 5/95, 9/98, 8/99, 9/1/04, 7/22/09, 8/20/2021, 11/4/22
Revised: 9/94, 1/96, 9/96, 9/97, 7/00, 8/01, 9/18/02, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 2/22/11, 2/29/12, 2/15/13, 8/4/14, 6/15/15, 10/16/17, 3/2/2020, 1/6/2022

APPENDIX A

Do you have any of the following?	Yes	No		Do you have any of the following?	Yes	No
Difficulty with vision				Current open areas of the skin		
Dizziness				Diagnosed with Hepatitis		
Difficulty hearing				Loss of an extremity or fingers		
A history of back injury				Loss of an eye		
Back pain				Psychiatric illnesses		
Epilepsy or seizures				Other medical problems (please list)		
Diagnosed with a hernia						
Diarrhea in the past month						
Skin problems (rashes, eczema)						

I certify that the above information is true and correct.

Inmate Signature _____ Booking No. _____ Date: _____

Referred to Medical Yes No

Reviewed by Medical (Name/ARJIS #) _____

WT: _____ HT: _____ BP: _____ (sitting) _____ (standing) Pulse: _____

Eye Exam: Snellen _____ (near) _____ (far) Evidence of icterus? Yes No

Gait and Balance: Stable Unsteady

Test of Physical Activity: 3 Jumping jacks without physical difficulty. Yes No

Joints/Mobility/Strength: Range of motion within normal limits.

Back

Knees

Arms

Hands

Date of last CXR (within 6 months) _____

Skin: Evidence of open lesions, cuts or draining wounds? Yes No

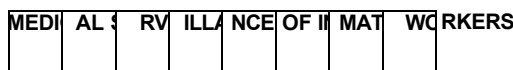
Inmate instructed on Standard Precautions and Hand Washing Techniques _____

Nurse (Print) _____ Signature _____ ARJIS # _____

Disposition:

Cleared for the following: Vocational Program Food Handling Non-Kitchen Assignment

Denied Clearance



TUBERCULOSIS ASSESSMENT

To be completed when Chest X-Ray results indicate POSITIVE or OTHER

TB Symptom Review		
Please check if applicable: <input type="checkbox"/> No symptoms stated		
<input type="checkbox"/> Cough	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Coughing up blood
<input type="checkbox"/> Fever	<input type="checkbox"/> Chills	<input type="checkbox"/> Night sweats
<input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Weight loss _____ # Lost
Other symptoms:		
Pertinent History		
Do you have a history of positive PPD?		
Have you received TB treatment in the past? If so where and when were you treated? Do you know what medications you took?		
Have you had any exposure to TB in the past?		
Have you travelled outside of U.S. in the past 6 months?		
Pertinent information if released from respiratory prior to completion of screening:		
Home Address:		
Home Phone Number:		
Family Address:		
Family Phone Number:		

O2 Sat: _____

Completed by:

Signature	Title
Print Name	ARJIS

FAX Assessment to Infection Control Nurse @(858) 974-5917.

Note: Place a copy of this form in inmate/patient's medical chart.



San Diego County
Sheriff's Department
Medical Services Department

Function Performance Worksheet
Assistance with Activities of Daily Living

Inmate Patient Information

Date of interview:

Reason for interview:

Eating:
 Independent Need Assistance

Walking:
 Independent Need Assistance

Mobility (going out of cell and getting about)
 Independent Need Assistance

Bathing (including getting supplies)
 Independent Need Assistance

Dressing:
 Independent Need Assistance

Toileting: (including help with clothes, or help with ostomy, catheter, etc.)
 Independent Need Assistance

Grooming:
 Independent Need Assistance

Use of Telephone:
 Independent Need Assistance

Other:
 Independent Need Assistance Na

Comments:

Interviewing Nurse (Initial and ARJIS):

Print Screen

Reset!

APPENDIX D

Log of Work-Related Injuries and Illnesses

Facility	Inmate's Name	Date of Injury	Where did the Event Occur?	Describe injury or illness, parts of body affected, and object substance that directly injured or made the inmate ill	Days away from Work	PCCC Discussion (Y/N)

SUBJECT: CLINICAL PERFORMANCE ENHANCEMENT
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: C.2.1
PAGE: 1

RELATED SECTIONS:
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1202, NCCHC-JC-02, NCCHC-JA-06

PURPOSE

To provide an overview for conducting clinical performance enhancement reviews.

STANDARD

Individuals delivering patient care are reviewed through an annual clinical performance enhancement process.

DEFINITIONS

Clinical performance enhancement – is the process of having a health professional's clinical work reviewed by another professional of at least equal training in the same general discipline, such as the review of the facility's physicians by the responsible physician.

Independent review – is the assessment of a health professional's compliance with discipline-specific and community standards. The review includes an analysis of trends in a practitioner's clinical practice.

PROCEDURE

- I. Clinical performance enhancement reviews are to be conducted annually part of the periodic professional performance evaluation for all individuals delivering patient care including full-time, part-time, per diem and contracted staff which may include but is not limited to:
 - Providers (e.g. MD, Psychiatrist, Dentist, NP)
 - Registered Nurses (RNs)
 - Licensed Vocational Nurses (LVNs)
 - Licensed Mental Health Clinicians
 - Psychologists
 - Psychiatric Technicians
 - Recreation Therapist
- II. Clinical performance enhancement reviews may be performed by a supervisor or a peer with equal training in the same general discipline.
- III. The clinical performance enhancement review process may contain but is not limited to the following:

SUBJECT: CLINICAL PERFORMANCE ENHANCEMENT
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: C.2.1
PAGE: 2

RELATED SECTIONS:
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1202, NCCHC-JC-02, NCCHC-JA-06

- A. A minimum of five patient health records (randomly selected) every six months utilizing the Periodic Performance Record Review Tool (see Appendix A).
 1. The review requirement for physician assistants (PA)/nurse practitioners (NP) chart assessments can be used to meet this requirement.
 2. Additional health records may be needed for the group's medical director review if a provider has a history of complaints/grievances, or a declining/poor trend of performance monitoring.
 - B. Morbidity and mortality studies.
 - C. Peer reviews.
 - D. Complaints/incident reports.
 - E. Tracked performance monitors/indicators.
 - F. References from proctors or other firsthand observers.
 - G. Malpractice suits.
 - H. Sentinel events/Root cause analysis.
- IV. Clinical performance enhancement reviews are kept confidential containing at a minimum the following information:
- The name and credentials of the individual being reviewed
 - The date of the review
 - The name and credentials of the reviewer
 - A summary of the findings and corrective action, if any
 - Confirmation that the review was shared with the individuals reviewed
- V. A written record listing the names of the individuals reviewed and the dates of their most recent review is maintained.
- VI. The responsible health authority (RHA) or designee implements an independent review when there is a concern about any individual's competence.
- VII. As necessary, the RHA or designee recommends an improvement plan to address the identified concern.

APPENDIX A
PERIODIC PERFORMANCE RECORD REVIEW

Month/year: _____ Provider/Title: _____ # Sick calls this period: _____

#	Requirements	Encounter	Findings/Corrective Actions (if any)
	Enter Booking number		
1	Reason for visit is clear?	Yes No N/A	
2	Is the history adequate? <ul style="list-style-type: none"> Recognizes complex relationships & development of unifying diseases 	Yes No N/A	
3	Meds, Immunizations and/or allergies are recorded in the record? <ul style="list-style-type: none"> Recognizes complex relationships & development of unifying diseases 	Yes No N/A	
4	Pain assessment/reassessment is addressed and documented? <ul style="list-style-type: none"> Clinically evaluates current medical information 	Yes No N/A	
5	Is the physical exam adequate? <ul style="list-style-type: none"> Recognizes complex relationships & development of unifying diseases 	Yes No N/A	
6	Are tests appropriate for the history and exam? <ul style="list-style-type: none"> Recognizes complex relationships & development of unifying diseases Uses Evidence Based Medicine in clinical judgement Compliance with new national measures Use of effective/appropriate clinical problem-solving skills Uses consultants, referrals and diagnostic tests appropriately 	Yes No N/A	
7	Pertinent findings in history and physical exam addressed? <ul style="list-style-type: none"> Recognizes complex relationships & development of unifying diseases Uses Evidence Based Medicine in clinical judgement Compliance with new national measures Use of effective/appropriate clinical problem-solving skills Uses consultants, referrals and diagnostic tests appropriately 	Yes No N/A	
8	Results of studies are addressed? <ul style="list-style-type: none"> Recognizes complex relationships & development of unifying diseases Uses Evidence Based Medicine in clinical judgement Compliance with new national measures Use of effective/appropriate clinical problem-solving skills Uses consultants, referrals and diagnostic tests appropriately 	Yes No N/A	
9	Is the plan of care (POC), treatment and disposition appropriate for the diagnosis? <ul style="list-style-type: none"> Use of effective/appropriate clinical problem solving skills. Recognizes complex relationships & development of unifying diseases Uses Evidence Based Medicine in clinical judgement Compliance with new national measures Uses consultants, referrals and diagnostic tests appropriately 	Yes No N/A	

Reviewed by (Name & Title): _____

Date of Review: _____

Date of Discussion: _____

SUBJECT: MEDICATION ADMINISTRATION	DATE: 11/4/2022
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES	NUMBER: C.5.1
DISSEMINATION: MEDICAL SERVICES DIVISION	PAGE: 1

RELATED SECTIONS:
IN COMPLIANCE WITH: NCCHC J-C-05, TITLE 15 1216

STANDARD

Personnel who administer or deliver prescription medication are appropriately trained and follow the same process for medication pass.

PURPOSE

To ensure that all safety practices are followed when administering medications to our patients. To ensure staff are knowledgeable of Administration's expectations of processes encompassing medication management and administration.

I. TYPES OF MEDICATIONS

- A. Medications come in different kinds and forms with most common being oral.
- B. Oral medications can be tablets, capsules, sustained released, suspension, elixir, and syrup.
- C. Parenteral preparations can be stored in ampules, vials, IV bags, prefilled syringes, and cartridges.
- D. Topical preparations include gels, creams, ointments, lotion, shampoo, powder, aerosol, and transdermal patches.
- E. Inhalants

II. ROUTES OF ADMINISTRATION

- A. Most common oral.
- B. Sublingual- dissolving under the tongue
- C. Intramuscular
- D. Intradermal
- E. Subcutaneously
- F. Intravenous
- G. Inhalation

III. FREQUENCY OF ADMINISTRATION

- A. Once Daily (QD) – medications prescribed for once daily will be administered at 0800 medication pass time.
- B. Twice Daily (BID) – medications prescribed for twice daily will be administered at 0800 and 2000 medication pass times.
- C. Three Times Daily (TID) – medications prescribed for three times per day will be administered at 0800, 1300 and 2000 medication pass times.

SUBJECT:	MEDICATION ADMINISTRATION	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	C.5.1
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	2

RELATED SECTIONS:
IN COMPLIANCE WITH: NCCHC J-C-05, TITLE 15 1216

D. Four Times Daily (QID) – medications prescribed for four times per day will be administered at 0800, 1300, 1700 and 2000 medication pass times.

E. Bedtime (QHS) – medications prescribed for bedtime will be administered at 2000 medication pass time.

NOTE: TID and QID are considered special schedules recommended for select patient care units, namely psychiatric stabilization unit (PSU) and medical observation bed (MOB). Alternative times not specified above are generally precluded for general use. Contact prescribing provider to change order or recommend transfer to the select patient care units if appropriate.

IV. METHOD OF ADMINISTRATION

- A. Watch Take – a thorough check for ingestion of a medication including direct visualization of a patient's mouth, checking the contents of the patient's drinking cup and patient's hands.
- B. Keep on Person (KOP) – patient self-administration of medications according to the directions provided.
- C. Routine – health staff administers medication to the patient.

V. PROCESS

- A. All medications passed by a nursing staff are pursuant to a direct medical order from a Provider or a verbal order that requires a co-signature the next working day.
- B. The proper administration of a medication is the responsibility of the nursing staff member.
- C. Every medication should bear the name of the medication, strength, lot number, expiration date, and name of the manufacturer.
 - 1. Patient specific medications will also bear the patient's name and booking number.
- D. Medications can be administered either individually (bed side/in the cell) or at a distribution point, such as a 'pill call' window; or in a group setting, such as in a housing unit with inmates lining up in a single line.
- E. Each patient should have a cup of water prior to medication pass.
- F. NEVER GIVE ANOTHER PATIENT'S MEDICATION TO ANOTHER PATIENT.
- G. NEVER USE A MEDICATION THAT IS EXPIRED.
- H. NEVER PRE-POUR AT MEDICATION PASS
- I. NEVER PLACE MEDICATIONS FROM A BLISTER PACK OR STOCK MEDICATION INTO AN ENVELOPE PRIOR TO A MEDICATION PASS.

SUBJECT: MEDICATION ADMINISTRATION	DATE: 11/4/2022
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES	NUMBER: C.5.1
DISSEMINATION: MEDICAL SERVICES DIVISION	PAGE: 3

RELATED SECTIONS:
IN COMPLIANCE WITH: NCCHC J-C-05, TITLE 15 1216

- J. NEVER carry a medication in a pocket to a patient's bedside. For safety purposes, utilize medication cart/carrier.
- K. Reconstituted drugs shall be labeled when it is opened. **Single dose reconstituted medication (if not entirely used at the time) should be thrown away after 8 hours of reconstitution.
- L. Any multi-dose vial once opened should be dated and discarded after 30 days.

VI. ADMINISTRATION OF MEDICATIONS

- A. The nurse assigned to pass medication
 - 1. Uses good hand hygiene prior to beginning her/his medication pass
 - 2. Verifies the product label with EMAR
 - 3. Verifies by visual exam that the packaging is not compromised, medications not discolored, and that medication has not expired.
 - 4. Wears gloves when handling medications and administers medications directly into a cup without handling medications.
 - 5. Opens unit dose at time and location of medication administration.
- B. Verifies the 5 Rights
 - 1. Right patient - using at least two identifying methods to ensure correct identity
 - a. Identification wristband, another form of identification (photo)
 - b. Verbally acknowledging name
 - 2. Right medication
 - 3. Right dose
 - 4. Right route
 - 5. Right time
- C. Staff will follow all the operations manual standards for refusals, storing medications, wastage, control medications, documentation, watch-take, and any other operations processes as it encompasses medications.

VII. DOCUMENTATION

- A. During medication pass
 - 1. The medication nurse will check the corresponding box in the EMAR
 - 2. Quick notes can be written if the medication is held because of a possible adverse side effect.

VIII. MISSING MEDICATIONS

SUBJECT: MEDICATION ADMINISTRATION

DATE: 11/4/2022

CATEGORY: MEDICAL & PSYCHIATRIC SERVICES

NUMBER: C.5.1

DISSEMINATION: MEDICAL SERVICES DIVISION

PAGE: 4

RELATED SECTIONS:

IN COMPLIANCE WITH: NCCHC J-C-05, TITLE 15 1216

-
- A. Medications not available
 - 1. If a medication is "not available" the medication nurse checks the invoice of received medications to locate the anticipated medication.
 - 2. If the patient's medication is not on the invoice-
 - a. The medication nurse researches to determine if the patient was transferred from another area.
 - b. If transferred from another facility, the nurse contacts that facility and to determine if the medication was sent with the patient.
 - c. The medication nurse contacts the contracted pharmacy by phone to inquire whether the medication ordered was received.
 - B. The medical Provider is contacted if a patient misses any does of the following medications, for any reason.
 - 1. Coumadin, Pradaxa, Eliquis, Xarelto, Coumadin or any blood thinning agent
 - 2. Active TB medications
 - 3. Librium for detox protocol
 - 4. Lactulose for liver disease
 - 5. Clozaril
 - 6. Medications for the treatment of Hepatitis C
 - 7. HIV medications
- IX. REPORTING A MEDICATION ERRORS (excerpts from Pharmaceutical Operations D.1.1)
- A. When a medication error occurs in a facility, the medication nurse shall communicate the occurrence of the error to the Supervising Nurse or designee and a Risk Occurrence Report is completed.
 - B. The Supervising Nurse shall investigate and make a recommendation to avoid injury or mitigate the medication error.
 - C. Any medication variance or error shall be reported to the Provider and documented in the patient's health record.
 - D. The Risk Occurrence Report may include but not limited to the following information:
 - 1. Date of occurrence
 - 2. Patient's name and booking number
 - 3. Location and participants involved in the incident
 - 4. All pertinent information, findings, and determinations related to the medication error.

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT:	MEDICATION ADMINISTRATION	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	C.5.1
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	5

RELATED SECTIONS:
IN COMPLIANCE WITH: NCCHC J-C-05, TITLE 15 1216

- E. An Internal Affairs Investigation may result if medication errors are not reported.
- F. Pertinent findings and corrective actions implemented from the investigation will be presented at the quarterly improvement committee meetings.
- G. Nurses have an obligation to look for risks, report errors or hazards, and help design safer systems.
- H. Nurses have a professional duty and moral obligation to report medication errors; not reporting medication errors increases liability and violates professional ethical standards.

Implemented: 8/11/2020
Reviewed: 1/10/22, 11/4/22
Revised: Enter Dates

SUBJECT: ORIENTATION FOR HEALTH STAFF
STANDARD: PERSONNEL AND TRAINING
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: C.9.1
PAGE: 1

RELATED SECTIONS:
IN COMPLIANCE WITH: NCCHC J-C-09

PROCEDURE

To provide an overview of the orientation for health staff to function safely and effectively at a detention facility.

STANDARD

Health staff are properly acclimated to work in the correctional environment and understand their roles and responsibilities.

DEFINITIONS

Basic Orientation – which is provided on or before the first day of on-site service, includes information necessary for the health staff member (e.g., full time, part time, consultant, per diem) to function safely in the facility. At a minimum, this addresses relevant security and health services policies and procedures, response to facility emergency situations, the staff member's functional position description, and inmate-staff relationships.

In-depth orientation – includes a full familiarization with the health services delivery system and focuses on the similarities and differences between providing health care in the community and in a correctional setting. At a minimum, this includes all health services policies and procedures not addressed in the basic orientation, health and age-specific needs of the inmate population, infection control including the use of standards precautions, and confidentiality of records and health information. The content may vary depending on the roles and responsibilities of the new staff member.

PROCEDURE

- I. Basic Orientation
 - A. Provided before first day of on-site service.
 - B. Includes information necessary to function safely in the facility related to:
 1. Security
 2. Staff member's functional position description
 3. Health services protocols outlined in Operations Manual
 4. Response to facility emergency situations
 5. Prohibited Association
 6. Prison Rape Elimination Act (PREA)
 7. Health Insurance Portability and Accountability Act (HIPAA)
 8. Roles and responsibilities
 9. Information systems and electronic health record

SUBJECT: ORIENTATION FOR HEALTH STAFF

STANDARD: PERSONNEL AND TRAINING

DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022

NUMBER: C.9.1

PAGE: 2

RELATED SECTIONS:

IN COMPLIANCE WITH: NCCHC J-C-09

II. In-Depth Orientation

- A. Completed within 90 days of employment including documented initial competency check list for registered nurses and licensed vocational nurses which will be filed at facility.
- B. Includes information related to the following:
 - 1. Comprehensive description of health services delivery system including but not limited to health and age-specific needs of the inmate population and similarities/differences between health care delivery in the community vs. corrections.
 - 2. Standard precautions related to infection control and prevention.
 - 3. Primary and secondary survey assessments per pre-hospital trauma life support curriculum (PHTLS).
 - 4. On-site orientation with a designated preceptor for up to 6 weeks, if needed.

III. Medication Administration Training which includes:

- A. Security
- B. Accountability
- C. Common Side Effects
- D. Documentation of administration of medicines

IV. Orientation Program is approved and reviewed annually by the responsible health authority, director of nurses and medical services administrator.

Implemented: 2/11/2020
Reviewed: 1/19/22, 11/4/22
Revised: Enter Dates

SUBJECT:	PHARMACEUTICAL OPERATIONS	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	D.1.1
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1
RELATED SECTIONS: IN COMPLIANCE WITH:	MSD D.1.2, S.13 CCR, TITLE 15, SECTION 1216; CALIFORNIA PHARMACY LAW; FEDERAL CONTROLLED SUBSTANCE ACT 1970; CFR TITLE 21, SECTION 312 PURSUANT TO P.C. 3502.5.; NCCHC J- D-01		

PURPOSE

To establish standardized procedures to comply with applicable state, federal laws and regulations regarding prescribing, dispensing, administering, procuring, and disposing of pharmaceuticals.

STANDARD

Pharmaceutical operations meet the needs of the facility and conform to legal requirements. Pharmaceutical services provided shall be sufficient to meet the medical and mental health needs of all patients.

DEFINITIONS

Dispensing – is the placing of one or more doses of a prescribed medication into containers that are correctly labeled to indicate the name of the patient, the contents of the container, and all other vital information.

Administering medication – is the act in which a single dose of an identified drug is given to a patient.

Procuring – is the act of ordering medications for the facility.

Disposing – is the destruction of medication after its expiration date or when retention is no longer necessary or suitable.

Distribution – is the system for delivering, storing, and accounting for medications from the source of supply to the nursing station or point where they are administered to the patient.

Accounting – is the act of recording, summarizing, analyzing, verifying, and reporting medication usage.

DEA-controlled substances – are the medications that come under the jurisdiction of the federal Controlled Substances Act.

Critical Medications - Encompasses all diabetic (including supplies), cardiac, anti-seizure and/or HIV medications.

SUBJECT:	PHARMACEUTICAL OPERATIONS	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	D.1.1
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	2
RELATED SECTIONS: IN COMPLIANCE WITH:	MSD D.1.2, S.13 CCR, TITLE 15, SECTION 1216; CALIFORNIA PHARMACY LAW; FEDERAL CONTROLLED SUBSTANCE ACT 1970; CFR TITLE 21, SECTION 312 PURSUANT TO P.C. 3502.5.; NCCHC J- D-01		

EMAR - Electronic Medication Administration Record

PROCEDURE

I. PROCUREMENT OF PHARMACEUTICALS

- A. Persons authorized to prescribe medications only when clinically indicated include:
 - 1. Physicians [MD, DO, Psychiatrists]
 - 2. Mid-level providers (Nurse Practitioners/Physician Assistants)
 - 3. Dentists
- B. All medication orders to contract pharmacy shall include the name of the drug, strength, dosage, route of administration, frequency, duration, date, time and correct professional title of the prescriber.
- C. Medications shall be correctly ordered into the health record in a timely manner by Prescriber or licensed nursing personnel when they are ordered verbally or by telephone.
 - 1. Prescriber must be contacted to clarify the order prior to transcription and administration should any order or directions for administration be unclear.
 - 2. Telephone/verbal orders shall be given by an authorized prescriber and accepted/transcribed in timely fashion by RN, LVN or Psychiatric Technician.
 - 3. All telephone/verbal orders are countersigned by a prescriber in the health record.
 - 4. Date, time, name and professional title of prescriber shall be documented in the health record.

II. LABELING/DISPENSING OF PHARMACEUTICALS

- A. Patient's personal medication(s) brought in at the time of incarceration or subsequently after shall not be administered, unless approved for administration by the chief medical officer (CMO) under special circumstances. **Note: Personal medication(s) shall be returned to patient's property after verification has been made.*
- B. All patient-specific and stock medications are dispensed, properly labeled, and sent to each of the facilities by contract pharmacy.
- C. Every medication container bears the appropriate:
 - 1. Name
 - 2. Strength
 - 3. Lot number

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RELATED SECTIONS: MSD D.1.2, S.13
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1216; CALIFORNIA PHARMACY LAW; FEDERAL CONTROLLED SUBSTANCE ACT 1970; CFR TITLE 21, SECTION 312 PURSUANT TO P.C. 3502.5.; NCCHC J-D-01

4. Expiration date
 5. Name of Manufacturer
- D. Any reconstituted drug shall be labeled with the date it was first opened and shall be discarded after 30 days.
 - E. Any multi-dose vial in use shall be labeled with the date it was first opened and shall be discarded after the appropriate expiration date.
 - F. Bulk tablets or capsules shall have the expiration date on the container.
 - G. All stock and patient-specific medications are accounted for through the Pharmacy Queue of the electronic the health record.
 - H. All medications are administered to the patient in alignment with the prescriber's orders by licensed health staff.

III. MEDICATION ERRORS

- A. When a medication error occurs in a facility, the medication nurse shall communicate occurrence of the error to the supervising nurse or designee and a Risk Occurrence Form (see Appendix A) is completed.
- B. The supervising nurse shall investigate and make a recommendation to avoid injury or mitigate the medication error.
- C. Any medication variance or error shall be reported to the physician and documented in patient's health record.
- D. A Risk Occurrence Report may include but not limited to the following information:
 1. Date of occurrence
 2. Patient's name and booking number
 3. Location and participants involved in the incident
 4. All pertinent information, findings, and determinations related to the medication error.
 5. An internal affairs investigation may result if medication error is not reported.
- E. Pertinent findings and corrective actions implemented from the investigation will be presented at the quarterly quality improvement committee (QIC) meetings.

IV. REFUSALS

- A. Patients refusing any medication(s)/treatment(s) shall sign a refusal form (electronic or paper form) including the medication/dose or treatment and witness signature.

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RELATED SECTIONS: MSD D.1.2, S.13
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1216; CALIFORNIA PHARMACY LAW; FEDERAL CONTROLLED SUBSTANCE ACT 1970; CFR TITLE 21, SECTION 312 PURSUANT TO P.C. 3502.5.; NCCHC J-D-01

1. If Patient refuses to sign Refusal form, two (2) witnesses, i.e. licensed nursing personnel and Deputy shall sign the Refusal form to include medication/dose or treatment and reason.
 2. If Patient is refusing any medication(s) indicated for a serious medical/psychiatric condition, he/she shall be scheduled for MD/Psych chart check as soon as possible.
 3. Refusals are monitored by Providers in the Doctor's Queue of the electronic health record.
- B. After three (3) consecutive refusals of all other medication(s)/treatments, patients are counseled by licensed nursing personnel and scheduled for provider chart check to determine if medication/treatment will continue to be offered.

V. STORAGE, SECURITY AND DISPOSAL

- A. Each Medical Unit shall have a designated medication room and/or carts with locks where medications shall be kept.
- B. Access to the medication room and/or carts shall be restricted to the health staff. All medications shall be locked in the medication room and/or cabinets/emergency response bags when not in use by designated staff. (B&PC 4059.5)
- C. All medications sent from contract pharmacy are "checked in" via Pharmacy Queue in the electronic health record.
- D. All medication returns are documented via contract pharmacy web portal, appropriately packaged and sent via mail.
- E. All drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.
- F. Drugs for external use shall be stored separately from drugs for internal use and injectable medications.
- G. DEA-Controlled substances are supplied by contract pharmacy under the jurisdiction of the Federal Controlled Substances Act and shall be:
 1. Kept in locked cabinets/drawers/boxes
 2. Stored separately from all other medications
 3. Inventory/Administration/Key logs for all Narcotics and Controlled medications are maintained, re-counted and signed every shift by two (2) nurses (nurse leaving shift and nurse starting new shift) on the NARCOTIC KEY AND SHIFT COUNT SIGN OFF RECORD.

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RELATED SECTIONS: MSD D.1.2, S.13
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1216; CALIFORNIA PHARMACY LAW; FEDERAL CONTROLLED SUBSTANCE ACT 1970; CFR TITLE 21, SECTION 312 PURSUANT TO P.C. 3502.5.; NCCHC J-D-01

4. Any wasted, destroyed, or expired controlled medication shall be removed from inventory stating reason, logged out, and signed by two (2) licensed nursing personnel.
 5. Any discrepancies are immediately investigated and reported to the charge nurse and supervisor.
 6. The nurse who discovered the discrepancy shall immediately fill out the Risk Occurrence Form.
- H. Antiseptics, disinfectants and other medications used for external use are stored separately from internal and injectable medications.
- I. An adequate supply of Emergency Medications and antidotes (e.g. naloxone, epinephrine) and related information are readily available to staff.
- J. Medications requiring refrigeration shall be stored in a separate refrigerator from any other refrigerators containing food or beverages within each medical unit.
1. The refrigerator temperature shall be maintained between 36-46° F per State issued Immunizations regulations.
 2. A daily temperature log shall be kept for 3 years.
- K. Test detergents, germicides, disinfectants and other substances such as these shall be stored separately from all drugs.
- L. All drug storage and medication areas shall be devoid of outdated, discontinued and recalled drugs.
- M. For vaccines, toxoids and tuberculin solutions, the manufacturer, lot number, and expiration date shall be documented.
- N. Routine checks are completed to assure all expired and unused patient-specific medications are returned to contract pharmacy or are properly disposed.
- O. Wastage of any Controlled Medication is documented by two nursing staff and disposed of in a NarcGone receptacle.
- P. Poison Control telephone number is posted in areas where overdoses or toxicologic emergencies are likely.
- Q. Quarterly inspections are conducted by contract pharmacists.
- R. Health staff shall maintain confidentiality of all medical information according to the Federal health Insurance Portability and Accountability Act – HIPAA.
- S. Accountability records are easily accessible on the electronic health record via Medication/Pharmacy Reports.

VI. KEEP ON PERSON [KOP]

SUBJECT:	PHARMACEUTICAL OPERATIONS	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	D.1.1
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RELATED SECTIONS: IN COMPLIANCE WITH:	MSD D.1.2, S.13 CCR, TITLE 15, SECTION 1216; CALIFORNIA PHARMACY LAW; FEDERAL CONTROLLED SUBSTANCE ACT 1970; CFR TITLE 21, SECTION 312 PURSUANT TO P.C. 3502.5.; NCCHC J- D-01		

- A. Medications which may be prescribed as KOP include:
 - 1. Inhalers, including Nasal Inhaler/Sprays. **NOTE: Used inhalers must be returned before new ones are given to Patients. All wasted oral inhalers shall be returned to the Medical for proper disposal.*
 - 2. OVER THE COUNTER [OTC] medications/products are determined and approved by the Chief Medical Officer. ** NOTE: All creams/ointments that come in metal or glass containers must be transferred to plastic containers before given to Patients.*
- B. KOP program expansion to include prescription medications is ongoing which may include but is not limited to the following:
 - 1. Nitroglycerin sublingual tablets (6 tablets)
 - 2. Antibiotic eye drops/ointment and Ear drops
 - 3. Topicals/Shampoo/Suppositories
 - 4. Non-formulary birth control pills
- C. All "Watch-Take medications, with the exception of those passed secondary to an emergency, shall be administered by licensed nursing staff. They shall watch patients take their medications.
- D. In compliance with Title 7 – Combat Methamphetamine Epidemic Act of 2005, the SD Sheriff's Detention's Facility Medical and Commissaries shall NOT sell any over-the-counter products containing ephedrine, pseudo-ephedrine, and phenylpropanolamine products.
- E. Patient verification shall be conducted before administration of any medication. Identity of patient shall be verified by viewing or scanning Patient's wristband.
- F. If Patient is not present or does not respond when called at his/her assigned housing unit, the medication shall be returned to the medical dispensary and appropriate circumstances documented in the health record.

VII. EMERGENCY MEDICATION ADMINISTRATION

- A. In the event health staff shortages or other emergency situations exist, as declared by the responsible health authority (RHA) or designee, the following options are available:
 - 1. Sworn staff may deliver medication. For sworn staff medication delivery procedure during an emergency, refer to detention services bureau (DSB) policy and procedure DSB M.19 Emergency Medication Administration.

SUBJECT:	PHARMACEUTICAL OPERATIONS	DATE:	11/4/2022
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RELATED SECTIONS: IN COMPLIANCE WITH:	MSD D.1.2, S.13 CCR, TITLE 15, SECTION 1216; CALIFORNIA PHARMACY LAW; FEDERAL CONTROLLED SUBSTANCE ACT 1970; CFR TITLE 21, SECTION 312 PURSUANT TO P.C. 3502.5.; NCCHC J- D-01		

2. Health staff may be allowed to deliver a twenty-four (24) hour dose of medication for self-administration to patients in the event of an emergency as defined by the responsible health authority (RHA) or designee with certain exceptions such as controlled medications.

B. The twenty-four (24) hour supply of medication shall be delivered to the inmate in a properly labeled package, to include the name of the individual for whom the drug is prescribed, the booking number and the location of the inmate.

VIII. INTER-FACILITY TRANSFER OF MEDICATIONS

- A. Inter-facility transfer of stock medications shall be allowed in any case that a medication shortage exists; EXCEPTION: CONTROLLED MEDICATIONS.
- B. All medication(s) to be transferred as a result of patient transfers shall be prepared by nursing staff and placed in locked red transport bag(s) and given to designated sworn personnel by Charge Nurse.

IX. DISCHARGE MEDICATIONS

- A. A 10-day supply of active psychotropic and/or critical medications will be prescribed by the on-duty MD, psychiatrist or psychiatric nurse practitioner not requiring face-to-face evaluation but following adequate chart review/verification to ensure continuity of care for patients leaving custody.
- B. On duty Charge Nurse facilitates review of pending releases with psychotropic medications to schedule Psychiatric chart checks and ensure discharge script is provided and placed into Patient's property.
- C. CMO approved HIV medication prescriptions for patients with pending release are faxed to Hillcrest Pharmacy.
- D. Medication prescriptions for patients in transition for extradition or on court ordered leave are submitted for CMO approval on a case by case basis.
- E. In accordance with AB2760 [741. (a)]; all individuals considered at elevated risk of an opioid withdrawal shall be offered a prescription for naloxone hydrochloride or another drug approved by the Food and Drug Administration (FDA) for the complete or partial reversal of opioid depression. (See MSD D.1.2 Discharge Prescription: Opioid Overdose Prevention)

X. COORDINATED RELEASE PROGRAM (CRP)

SUBJECT:	PHARMACEUTICAL OPERATIONS	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	D.1.1
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	8
RELATED SECTIONS: IN COMPLIANCE WITH:	MSD D.1.2, S.13 CCR, TITLE 15, SECTION 1216; CALIFORNIA PHARMACY LAW; FEDERAL CONTROLLED SUBSTANCE ACT 1970; CFR TITLE 21, SECTION 312 PURSUANT TO P.C. 3502.5.; NCCHC J- D-01		

For Coordinated Release Program (CRP) release notifications, the Medication Coordinator Pharmacy Liaison is responsible for faxing prescription(s) to specific CVS Pharmacy requested by the appropriate release designee for Patient to receive 10 days' supply of all active psychotropic and/or critical medications.

- A. Patients released to home detention receive 14-day supply of all active psychotropic and critical medications.
- B. Patients released to CPAC/RRC receive 10 days' supply of all active medications. For those in Alternative Custody Sites, the ordering and pick up of medication(s) process is as follows:
 - 1. Medication Coordinators are notified 7 business days prior to planned release to CPAC/RRC Program.
 - 2. Prescription is sent to contract pharmacy with the following information: Name, Dose, Frequency, Provider, Additional Information
 - a. Ship to CAMS for 10 days' supply with NO refill
 - 3. Prescribed medication(s) for patients released to CPAC/RRC programs are picked up by sworn designee at County Operations Center for distribution and release receipt signature.

XI. INTRAVENOUS (IV) THERAPY

- A. IV medications may be administered to patients in detention facilities as prescribed by provider.

Implemented: 10/1990

Reviewed: 1/29/1996, 8/9/2004, 8/12/2005, 7/30/2007, 3/14/2012, 3/4/2013, 11/4/22

Revised: 3/17/1992, 3/24/1993, 4/1/1994, 5/24/1995, 10/10/1996, 9/19/1997, 9/18/1998, 8/11/1999, 7/31/2000, 4/9/2001, 8/10/2001, 9/18/2002, 8/13/2003, 7/27/2004, 11/22/2004, 7/31/2006, 1/30/2007, 7/7/2010, 7/14/2016, 10/13/2016,6/5/2020, 1/14/22

SUBJECT:	OPIOID OVERDOSE PREVENTION	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	D.1.2
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1
RELATED SECTIONS: IN COMPLIANCE WITH:	MSD D.1.1 AB 2760		

PURPOSE

To establish a procedure in compliance with AB 2760 requiring all individuals considered at elevated risk of an opioid withdrawal to be offered a prescription for naloxone hydrochloride or another drug approved by the Food and Drug Administration (FDA) for the complete or partial reversal of opioid depression.

PROCEDURE

I. IDENTIFICATION

- A. During receiving screening, identify individuals that are potentially at risk for opioid withdrawal including but not limited to:
 - 1. History of heroin or opioid abuse.
 - 2. Current prescription of an opioid.
 - 3. Currently presenting with signs/symptoms consistent with opioid withdrawal.
- B. During incarceration, individuals may be identified through:
 - 1. Observed or witnessed overdose event.
 - 2. Subsequent withdrawal process due to previously undiagnosed or unrecognized substance use disorder.
 - 3. Patient requested based on participation in a medication assisted program (MAT) prior to incarceration.
 - 4. Procedure initiated due to post-operative pain management program.

II. COUNSELING

- A. Provide patient education on the following:
 - 1. Opioid overdose prevention.
 - 2. Signs and symptoms of opioid withdrawal.
 - 3. Substance use.

III. MATERIALS

- A. Identified individuals will be provided with a signed and dated naloxone hydrochloride (Narcan) voucher "After Release Medication Program" with a list of approved pharmacies for medication pick up. The voucher can be found in MedForms under the Z01 section for printing. (See Appendix A)
- B. Patient educational materials on the proper use of Narcan will also be provided.

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT:	OPIOID OVERDOSE PREVENTION	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	D.1.2
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	2

RELATED SECTIONS: MSD D.1.1
IN COMPLIANCE WITH: AB 2760

- C. Coordinate with inmate processing division (IPD) to ensure that the voucher, educational materials and instructions are placed in the identified individual's property.
- D. Document placement of the above-referenced materials in their property in the electronic health record. When available, a copy of the completed Incoming Property Slip (J53) is placed in the electronic health record for tracking and auditing purposes.

Implemented: 7/15/2020
Reviewed:9/1/21,11/4/22
Revised: Enter Dates

SUBJECT: RECEIVING SCREENING
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: E.2.1
PAGE: 1

RELATED SECTIONS: DSB P&P: M.9; M.39; MSD S.3
IN COMPLIANCE WITH: CCR TITLE 15 SECTION 1207; NCCHC J-E-02

PURPOSE

Describe the standard operating procedure for completing a receiving screening.

STANDARD

Screening is performed on all inmates upon arrival at the intake facility to ensure that emergent and urgent health issues are met.

DEFINITIONS

Medical Clearance – a documented clinical assessment of medical, dental, and mental status before an individual is admitted into the facility. The medical clearance may come from on-site health staff or may require sending the individual to the hospital emergency department (ED).

Receiving Screening – a process of structured inquiry and observation intended to identify potential emergency situations among new arrivals and to ensure that patients with known illnesses and those on medications are identified for further assessment and continued treatment.

Medication-Assisted Treatment (MAT) – the use of medications in combination with counseling and behavioral therapies to provide a "whole patient" approach to the treatment of substance use disorders.

PROCEDURE

I. MEDICAL CLEARANCE

- A. A registered nurse (RN) will perform a comprehensive clinical assessment at the time of booking prior to acceptance into the detention facility. Medical clearance into the detention facility is incumbent upon the individual's condition at the time of assessment.
- B. The RN will not conduct the clinical assessment while an individual is inside a vehicle.
- C. Individuals exhibiting signs of excited delirium, disorganization of thoughts, altered mental status and confusion will require medical and possible psychiatric evaluation prior to being accepted into the detention facility.

SUBJECT: RECEIVING SCREENING
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: E.2.1
PAGE: 2

RELATED SECTIONS: DSB P&P: M.9; M.39; MSD S.3
IN COMPLIANCE WITH: CCR TITLE 15 SECTION 1207; NCCHC J-E-02

- D. Individuals verbalizing a loss of consciousness at the time of their arrest will need to be cleared at the hospital ED prior to being accepted into the detention facility.
- E. Uses of force such as Taser deployment will need to be cleared at the hospital ED prior to being accepted into the detention facility.
- F. The RN will generally reject arrestees who are unable to ambulate into the detention facility on their own due to intoxication, drug influence, or other acute medical condition.
- G. An individual presenting with the following vital sign readings on two or more occasions during the receiving screening clinical assessment will need to be cleared by a community hospital or medical center's ED prior to being accepted into the detention facility:
 - 1. Sustained heart rate of (less than) < 50 beats per minute.
 - 2. Sustained heart rate of (equal or greater than) ≥ 150 beats per minute.
 - 3. Elevated systolic blood pressure of (equal or greater than) ≥ 180 mmHg
 - 4. Low systolic blood pressure of (less than) < 80 mmHg
 - 5. Elevated diastolic blood pressure of (equal or greater than) ≥ 120 mmHg
 - 6. Oxygen saturation of (less than) < 93%
- H. An individual reported to have ingested "baggies" of illicit drugs will need to be cleared at the hospital ED prior to being accepted into the detention facility.
- I. A paramedic's evaluation is not a replacement for a hospital emergency department's evaluation or clearance.

II. RECEIVING SCREENING

- A. The RN will ask the arresting officer (AO) a series of questions surrounding the arrest. The AO's observation and engagement are essential in obtaining pertinent history such as any statements expressed by the individual that may be indicative of an injury or risk for self-harm.

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RELATED SECTIONS: DSB P&P: M.9; M.39; MSD S.3
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- B. The clinical assessment includes but is not limited to a series of health questions, a review of available past medical history on record, vital sign measurements, observation and a physical assessment (if necessary).
- C. The following physical conditions may necessitate further evaluation at the hospital ED prior to being accepted into the detention facility:
 - 1. Trauma (motor vehicle accident, falls, altercation with head, chest or abdominal injury).
 - 2. Obvious signs of deformity on an extremity to suggest a possible fracture.
 - 3. Signs of bleeding, vomiting blood, bleeding from one or both ears, severe acute epistaxis.
 - 4. Extreme drowsiness and difficult to arouse.
 - 5. Active seizure activity or post seizure activity.
 - 6. Difficulty breathing
 - 7. Ingestion of foreign object.
 - 8. Suicide attempt prior to booking with ligature marks, deep lacerations, or signs of overdose.
- D. The following behaviors may necessitate further evaluation at the hospital ED or at the psychiatric hospital of San Diego County prior to being accepted into the detention facility:
 - 1. Thought disorganization
 - 2. Nonsensical communication
 - 3. Altered mental status
 - 4. Confusion
 - 5. Psychosis
- E. Individuals requiring a clinical assessment to be performed in the sally port area outside of the detention facility will need to have a booking number assigned for documentation purposes.
- F. If an individual is placed in a WRAP restraint, the RN can request for the AO to loosen the restraint to a point that will allow the RN to assess the individual's mobility.

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IN COMPLIANCE WITH: CCR TITLE 15 SECTION 1207; NCCHC J-E-02

III. GATE REFUSAL (NOT FIT FOR JAIL)

- A. The RN will complete the Gate Refusal Form (Appendix A) for individuals identified as needing clearance at the hospital ED prior to being accepted into the detention facility.
- B. The AO will be advised to present the Gate Refusal Form to the hospital ED staff for documentation of findings & treatment rendered. The completed Gate Refusal Form is to accompany the individual upon return to the detention facility.
- C. The RN will notify inmate processing division (IPD) and sworn staff of the gate refusal determination.
- D. In the event an individual refuses treatment or ignores the treatment recommended by the hospital ED provider, a copy of the signed hospital's form indicating that the individual is acting against medical advice (AMA) will accompany the individual upon return to the detention facility. Receiving screening for this individual will follow the procedure for a clinically indicated assessment (CIA) in section IV.C below.
- E. If an AMA form is not received, hospital ED records should be requested upon clinical assessment.
- F. If AO questions a gate refusal determination, notify immediate supervisor. If needed, the immediate supervisor will contact the facility watch commander.
- G. Individuals needing wheelchair accommodation will be redirected for booking to San Diego Central Jail (SDCJ) for males or Las Colinas Detention and Reentry Facility (LCDRF) for females.

IV. ACCEPTANCE INTO THE DETENTION FACILITY (FIT FOR JAIL)

- A. Individuals that do not require clearance at the hospital ED will be accepted into the detention facility.
- B. The RN will stamp "Medical Cleared" on the Booking Intake/Personal Property Inventory (J-15) form if there are no significant health findings noted during the clinical assessment.

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- C. All arrestee with mild or moderate clinical signs and symptoms noted during the screening will be identified for Nurse Assessment Protocol (NAP).

The RN will:

1. Place a red wrist band on identified individual
 2. Staple the blue "Proceed" slip to the J-15 form
 3. Notify the NAP RN
 4. Notify the intake deputy
 5. Schedule the individual in the electronic medical record under NAP medical encounter; indicating "PROCEED" and additional information as needed.
 6. The "PROCEED" individual will be seen by the RN for assessment and evaluation no later than 2 hours from the stamp time noted on the J-15 form
- D. All other Individuals identified as needing NAP that do not have a "PROCEED" slip stapled to the J-15 form, will be scheduled to see the RN as a "ROUTINE" in a timely manner not to exceed 10 hours from the time stamped on the J-15 form.
- E. The facility charge nurse or designee will monitor the queue for all individuals identified as "PROCEED" to ensure evaluation no later than two hours.
- F. The charge nurse or designee will utilize and initial the "PROCEEDS LOG" every two hours beginning at 0600. Example of rounds (06, 08, 10). See APPENDIX B.
- G. After providing the NAP screening, the RN will remove the red wristband.
- H. The RN will place a pink wrist band for "Inmate Safety Program (ISP)" on individuals at risk for self-harm based on clinical assessment findings or arrest charges and refer to the facility gatekeeper for further evaluation.
- I. The RN will immediately notify sworn staff of the need for the facility gatekeeper's evaluation.
- J. The facility gatekeeper will evaluate the need for ISP housing placement.
- K. The pink wristband will be removed by the facility gatekeeper after the individual is cleared or removed by sworn staff after placement into ISP housing.

*NOTE: Each detention facility will detail specific processes for CIA and ISP evaluations in their respective green sheets.

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RELATED SECTIONS: DSB P&P: M.9; M.39; MSD S.3
IN COMPLIANCE WITH: CCR TITLE 15 SECTION 1207; NCCHC J-E-02

- L. The RN will make a referral to a qualified mental health provider (QMHP) gatekeeper for a priority evaluation prior to housing placement with one of the following conditions:
 - 1. Client of the Regional Center for Developmentally Disabled (RCC)
 - 2. History of hospitalization in a psychiatric hospital.
 - 3. Observed with delusional statements e.g. "I am Jesus", I know you are a CIC agent.
 - 4. Observed responding to internal stimuli; talking to self
 - 5. History of psychiatric stabilization unit (PSU) admission, state hospital admission, or ISP placement within the past year.
 - 6. History of in-custody suicide attempt (ISA).

- M. An inventory of the individual's prescription medication (if any) will be completed by the RN and stored in the individual's property.
- N. The RN will obtain a signed release of information (ROI) for outside records and medication verification as needed.
- O. The RN will note all applicable patient flags including but not limited to pertinent durable medical equipment (DME), disability accommodation or necessary precautionary measures in the health record.
- P. Individuals reporting to be a victim of sexual assault will be referred to the QMHP for appropriate intervention and to jail population management unit (JPMU) staff for appropriate housing. The RN will notify the facility watch commander of the reported incident. See MSD.P.18 Prison Rape Elimination Act – Inmate Sexual Abuse for additional information.
- Q. Individuals enrolled in a MAT program for opioid addiction prior to incarceration will be referred to NAP for further evaluation. See MSD.A.2 Addicted Arrestee Care or SNP.H.4 Heroin/Opiate Withdrawal for additional information.
- R. Advise Reentry Services Division (RSD) of the individual's MAT participation as needed.

V. NURSE ASSESSMENT PROTOCOL

- 1. Perform a focused physical assessment based on the individual's clinical presentation.
- 2. Initiate appropriate nursing assessment protocol as indicated.
- 3. Schedule necessary medical chart review for medication ordering or doctor sick call for further evaluation and treatment.

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VI. DOCUMENTATION

- A. All documentation of findings and intervention will be reordered in the electronic health record.
- B. A random review of completed receiving screenings will be conducted for timely and appropriate follow-up through a peer review process.

Implemented: 11/4/2019
Reviewed: 6/16/2021, 11/4/22
Revised: 6/23/2020, 10/13/2021



Central Jail
 1173 Front Street
 San Diego, CA 92101
 619-6152454

**APPENDIX A - SAMPLE TECH CARE
 FORM PRINTOUT**

GATE REFUSAL - Created on

Patient:	#: TEST (TEST)	Class:
DOB: (Age=47)	Sex: Female	Race:
Housing:	Court Date:	Type:
Status: NOT ACTIVE		

One or more medical or psychiatric conditions have been identified during the intake screening process that raise potential concerns about the patient's medical condition, and the ability to safely provide for the health and welfare of the patient within a correctional environment. Due to the functional restrictions of an outpatient primary care facility, we request further medical review and assessment for the following observed medical conditions

Situation/Background:

Atypical values

Neurologic condition (Altered mental status, affected cognition, r/o head injury or neurologic deficit)
 Elevated blood pressure (R/O illicit substances, coarctation, stroke, s/s of end organ system damage)
 Low blood pressure (concern for distributive shock [sepsis, anaphylaxis, adrenal crisis, etc.])
 Tachycardia/bradycardia Poor oxygen saturation Other concerns:
 Elevated blood glucose (concern for DKA, HHS)

Other:

Patient Refused

BP	Temp	Pulse	Resp	SaO2	BS	Pain	Height(ft)
/							0
Height(in)	Weight	BMI	MAP				
0							

Emergency Room

Facility: Provider:
 Clinical findings: Discharge diagnosis:

Discharge summary/Narrative:

Admitted AMA Medically/Psychiatrically cleared

Recommendation:

SUBJECT: MENTAL HEALTH SCREEN AND EVALUATION
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: E.5.1
PAGE: 1

RELATED SECTIONS: MSD E.5.2
IN COMPLIANCE WITH: NCCHC J-E-05, CCR TITLE XV SECTIONS 1206, 1208 & 120

PURPOSE

To outline procedure for mental health screening and evaluation while in custody.

STANDARD

Mental health screening is to be completed to ensure that urgent mental health needs are met to prevent deterioration in level of functioning and to receive necessary treatment in a timely fashion.

DEFINITION

Qualified mental health professionals (QMHP) – include psychiatrists, psychologists, psychiatric social workers, licensed mental health clinicians (e.g. LCSW, MFT, etc.), psychiatric nurses, and others who by their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.

Violent behavior – is defined as expressive violence initiated as a result of an interpersonal altercation where the goal is to injure the other person, or as instrumental violence where the goal is to get something from the person (usually the result of criminal intent). An understanding of the history of either form of violence and the circumstances leading to the specific behavior is helpful in assessing the patient's potential for further violent behavior.

Screening for intellectual functioning – includes inquiry into history of developmental and educational difficulties and, when indicated, referral for application of standardized psychological intelligence tools.

GENERAL PROCEDURE

All incarcerated individuals entering into custody will have a mental health screening completed during the intake process by a qualified health care professional who have received documented training. Those who yield positive mental health screenings will be required to have a follow up with a QMHP within 30 days when clinically indicated. For patients who require acute mental health services; a gatekeeper is notified for assessment and treatment recommendations.

PROCEDURE

- I. Upon booking into facility, all incarcerated individuals will complete the intake process. This process will include a mental health screening and evaluation with inquiries into the following:
 - A. A history of:
 1. Psychiatric hospitalizations and outpatient treatment
 2. Substance use inpatient, outpatient, and detoxification

MENTAL HEALTH SCREEN AND EVALUATION

SUBJECT: MENTAL HEALTH SCREEN AND EVALUATION
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RELATED SECTIONS: MSD E.5.2
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3. Withdrawal symptoms, including report of seizures
 4. Suicidal behavior
 5. Violent behavior
 6. Victimization
 7. Special education classes/placement
 8. Cerebral trauma
 9. Sexual abuse
 10. Sexual offenses
- B. The status of:
1. Any psychotropic medications
 2. Current suicidal ideation
 3. Drug or alcohol use, intoxication and/or withdrawal
 4. Orientation to person place and time
- C. Emotional response to incarceration
- D. Screening for intellectual functioning (developmental disabilities, learning disabilities, RCC clients)
- II. Individual patients who screen positive to mental health concerns will be scheduled by intake nursing staff for "30-day QMHP" clinic type for further assessment.
- A. The nurse scheduling the encounter must:
1. Note the reason relating back to the screening question for the referral.
 2. Select the designated "30-day QMHP" clinic type for appropriate tracking.
- III. QMHPs will evaluate the patients with positive screens within 30 days or sooner.
- IV. QMHPs will complete appropriate documentation within the patient's chart and schedule any needed ongoing follow up and/or refer to psychiatric services if clinically indicated.
- V. Random audit will be conducted by the group program manager or designee to monitor compliance with the 30-day evaluations and follow-up as indicated.

Implemented: 6/23/2020
Reviewed: 11/4/22
Revised: 2/01/22

SUBJECT:	STATE HOSPITAL RETURNEES	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	E.9.2
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1

RELATED SECTIONS:
IN COMPLIANCE WITH: NCCHC J-E-09

PURPOSE

To establish intake and follow-up procedures of patients that are returning from state hospital for continuity of care.

PROCEDURE

I. INTAKE

- A. At receiving screening, health staff will review all available transfer/discharge paperwork brought in with patient.
- B. Add patient flag "State Hospital Returnee" on the health record.
- C. Schedule patient for a gatekeeper evaluation.
- D. Schedule patient for a psychiatrist's initial evaluation marked as "PRIORITY" within 24 hours with reason "state hospital returnee".
- E. Schedule patient for a physician's initial evaluation as needed to address any medical issues identified or reported.
- F. Receiving screening staff will inform psychiatric stabilization unit (PSU) charge nurse of the returning patient. Transfer/discharge paperwork is scanned into the health record. If no accompanying transfer/discharge paperwork, PSU charge nurse will contact state hospital and request for a copy.
- G. PSU charge nurse will contact psychiatric provider on-site or on-call to review active medications and obtain orders as needed.

II. CARE MANAGEMENT IN-CUSTODY

- A. State hospital returnee patient will be followed by a qualified mental health provider (QMHP) for the duration of Sheriff's custody. The interval between follow-up appointments will not exceed two weeks.
- B. The QMHP conducting the gatekeeper evaluation will schedule the next follow-up.
- C. Ongoing care management will be provided by the QMHP assigned to the housing module where patient is currently housed.
- D. A referral to the multidisciplinary group (MDG) will be on an as needed basis particularly in cases where patient is not maintaining or is housed in segregation.
- E. At any time, a segregation placement is deemed inappropriate, it must be communicated immediately to watch commander or designee by health staff completing the assessment.

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT:	STATE HOSPITAL RETURNEES	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	E.9.2
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	2

RELATED SECTIONS:
IN COMPLIANCE WITH: NCCHC J-E-09

Implemented: 7/31/2020
Reviewed: 1/5/2022, 11/4/22
Revised: Enter Dates

SUBJECT:	LOWER BUNK/ LOWER TIER	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.F.1.2
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1

RELATED SECTIONS: DSB I.22; DSB O.1
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208 & 1210; NCCHC J-F-01

PURPOSE

To ensure that patients with medical problems will be housed in the bunk and/or tier appropriate to the need assessed by health staff.

To clarify criteria for lower bunk and/or lower tier when entering patient flags in the health record.

To emphasize that a qualified health provider's order for lower bunk and/or lower tier housing is recommended to minimize the risk of injury to patient meeting criteria.

To ensure patient's with physical impairments or mobility issues be accommodated for their safety and appropriate bed assignment.

PROCEDURE

- I. Criteria for placement as follows:
 - A. Patients having physical disabilities or limitations but ambulating without the use of crutches, walker or wheelchair, may be housed on an upper tier.
 - B. Patients requiring a cane for ambulation will be assessed on a case by case basis by health staff to determine their ability to safely use the stairs.
 - C. Patients with the following conditions must be placed in a lower bunk and on the lower tier:
 1. Seizures
 2. Active alcohol withdrawal treatment. (*time limited)
 3. Active heroin withdrawal treatment. (*time limited)
 4. Pregnancy
 5. Status post caesarian-section
- II. Notification and Documentation:
 - A. Adding patient flag in the health record should include the following:
 1. Enter reason for recommending lower bunk/lower tier in the comment field.
 2. Add expiration date as needed for time limited conditions.
 - B. Notify the corresponding housing deputies of the restriction.
- III. Compliance and monitoring:
 - A. Sworn staff will routinely monitor compliance of bed assignments.
 - B. Inmates shall accept bunk assignments as directed by staff and shall be subject to disciplinary action for refusing a bunk assignment (see DSB I.22 and DSB O.1).

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT:	LOWER BUNK/ LOWER TIER	DATE:	11/4/2022
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DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	2
RELATED SECTIONS:	DSB I.22; DSB O.1		
IN COMPLIANCE WITH:	CCR, TITLE 15, SECTION 1208 &1210; NCCHC J-F-01		

Reviewed: 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 7/10/08, 8/13/09, 1/10/22, 11/4/22
Revised: 7/01, 4/8/11, 12/21/11, 6/15/16, 11/2/2020, 12/09/2020

SUBJECT: FEMALE INCARCERATED, PRENATAL, AND POST PARTUM
CARE
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 08/24/2023
NUMBER: MSD.F.5.1
PAGE: 1

RELATED SECTIONS: DSB P&P: M.11 & M.38; MSD P&P: P.6

IN COMPLIANCE WITH: CA Penal Code Sections 4023.6, 4028 and 6030(e); CCR Title 15, Section 1206, CA H&S Code 25950-25957, IMQ section 107; PC 3440, AB 732, NCCH J-F-05

PURPOSE

To protect the rights and provide quality medical care for all incarcerated individuals in custody. Incarcerated pregnant persons "in labor" (e.g., contractions, water breaking, childbirth) is considered a medical emergency, and requires that the person be transported to a hospital in the least restrictive manner possible ' when they are in labor.

STANDARD

Pregnant incarcerated persons are given comprehensive counseling and care in accordance with national standards and their expressed desires regarding their pregnancy. Incarcerated persons will be provided with information and education regarding the availability of family planning services. Family planning services shall be offered to each incarcerated person at least 60 days prior to a scheduled release date. Upon request, any incarcerated person shall be furnished by the county with the services of a licensed physician, or they shall be furnished by the county or by any other agency which contracts with the county with services necessary to meet their family planning needs at the time of their release.

All pregnant patients shall be provided with information regarding prenatal care, their rights to receive an abortion, family planning and post-partum care. In accordance with California Penal Code 4028, a condition or restriction upon the obtaining of an abortion by an incarcerated person, pursuant to the Reproductive Privacy Act, other than those contained in that act, shall not be imposed, i.e., imposing gestational limits inconsistent with state law, unreasonably delaying access to the procedure, or requiring court-ordered transportation.

Nonmedical (custody) jail staff is not involved in the decision or discussion on the patient's decision on whether to have an abortion and the jail shall not confer authority or discretion to nonmedical jail staff to decide if a pregnant person is eligible for an abortion. Incarcerated persons found to be pregnant and desiring abortions shall be permitted to determine their eligibility for an abortion pursuant to state and federal law, and if determined to be eligible, shall be permitted to obtain an abortion, after being provided informed consent, at no cost to the patient.

Patients who wish to continue their pregnancy will receive a balanced, nutritious diet and prenatal vitamins as approved by the advanced clinical provider. The patient will receive prenatal and postnatal health care and information pertaining to childbirth education and infant care according to California Penal Code Section 6030(e). The rights provided by Penal Codes 4023 and 4028 shall be posted in a conspicuous place to which all incarcerated persons capable of becoming pregnant have access. In accordance with California Law, MSD staff is prohibited from urging, forcing, or

SUBJECT: FEMALE INCARCERATED, PRENATAL, AND POST PARTUM CARE

DATE: 08/24/2023

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RELATED SECTIONS: DSB P&P: M.11 & M.38; MSD P&P: P.6

IN COMPLIANCE WITH: CA Penal Code Sections 4023.6, 4028 and 6030(e); CCR Title 15, Section 1206, CA H&S Code 25950-25957, IMQ section 107; PC 3440, AB 732, NCCH J-F-05

influencing a pregnant person's decision about their abortion choices.

DEFINITION

Postpartum period is the first six weeks after delivery. Postpartum care includes an examination at two weeks after cesarean delivery, six weeks after a vaginal delivery or as specified by hospital staff. It addresses symptoms of breast engorgement and perineal or postoperative pain, provides lactation support for breastfeeding women, and includes screening for postpartum depression and discussion of family planning. Patients electing to breast feed will receive education, counseling and care related to initiation, cessation of lactation, and weaning.

PROCEDURE

- I. Prenatal Care/Abortion:
 - A. Urine pregnancy test is offered to all females capable of becoming pregnant at the time of receiving screening. Pregnancy testing is also offered to victims of sexual abuse without cost and regardless of whether the victim cooperated with any investigation. (PREA per Penal Code 4023.8). Pregnancy testing is offered throughout detainment to all incarcerated females upon request free of charge.
 1. If emergency contraception is requested and indicated (unprotected intercourse within the past 72 hours), the incarcerated patient is scheduled to see a provider (MD/RNP).
 2. Incarcerated persons that are victims of sexual assault shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis when medically appropriate. These services are offered free of charge to all incarcerated individuals, regardless of whether the incarcerated person agrees to cooperate with an investigation.
 3. If the urine test is negative and pregnancy is still suspected, the patient shall be referred to MDSC or OB/GYN for assessment/need for further testing.
 4. Patients testing positive shall be scheduled for the next provider's sick call (within seven days of booking) to confirm pregnancy by exam, determine gestational age, estimated due date.
 5. The qualified health provider (QHP) will offer comprehensive and unbiased counseling of options including information about prenatal

SUBJECT: FEMALE INCARCERATED, PRENATAL, AND POST PARTUM CARE

DATE: 08/23/2023

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NUMBER: MSD.F.5.1

DISSEMINATION: MEDICAL SERVICES DIVISION

PAGE: 3

RELATED SECTIONS: DSB P&P: M.11 & M.38; MSD P&P: P.6

IN COMPLIANCE WITH: CA Penal Code Sections 4023.6, 4028 and 6030(e); CCR Title 15, Section 1206, CA H&S Code 25950-25957, IMQ section 107; PC 3440, AB 732, NCCH J-F-05

health care, adoption, and abortion to the pregnant patient.

6. Patients who refuse pregnancy testing will be counseled in reference to the test and sign an "Informed Refusal of Pregnancy" test form.
7. Patients who are interested in terminating their pregnancy shall be referred to Planned Parenthood for further information, as to all options available to them.

II. Family Planning:

- A. Patients who wish to continue with the pregnancy shall be started on a prenatal care program with an established plan of care including referrals for specialty and other services to evaluate for the presence of chronic medical conditions or infectious diseases.
- B. The frequency of prenatal care visits for an uncomplicated pregnancy will typically follow the schedule below:
 1. Every four weeks for the first 28 weeks of gestation
 2. Every two weeks until 36 weeks gestation
 3. Weekly after 36 weeks until delivery
- C. Patients may request to see their own physician, physician assistant, midwife, or nurse practitioner at their own expense. Refer to MSD.P.6: Private Physician.
- D. Pregnant patients shall have the opportunity to discuss options available for feeding, placement, and care of the child after birth, including the benefits of breast milk collection.
- E. To facilitate newborn placement, Form J239C Information on Pregnant Inmate Patient is completed as it gets closer to patient's delivery date. The completed form is provided to the hospital at the time of admission.

III. Post-Partum:

- A. After discharge from the hospital patients are housed in the medical observation bed (MOB) unit for observation.
 1. Patients shall be scheduled for sick call at week one and week six, with additional sick call appointments as needed.
 2. Care should be appropriate, timely, culturally responsive, medically accurate and comprehensive.
 3. Care may include treatment of existing or newly

SUBJECT: FEMALE INCARCERATED, PRENATAL, AND POST PARTUM CARE

DATE: 08/24/2023

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PAGE: 4

RELATED SECTIONS: DSB P&P: M.11 & M.38; MSD P&P: P.6

IN COMPLIANCE WITH: CA Penal Code Sections 4023.6, 4028 and 6030(e); CCR Title 15, Section 1206, CA H&S Code 25950-25957, IMQ section 107; PC 3440, AB 732, NCCH J-F-05

diagnosed chronic conditions, mental health disorders and infectious diseases.

4. Plastic breast pumps may be used by patient for milk collection for breast feeding. See MSD policy F.5.2 Breast Feeding (Milk Collection).
5. Sanitary supplies shall be available as needed.
6. When external perineum care is prescribed by a physician, the supplies will be given to the patient.

B. After an abortion (**either spontaneous or elective**) is performed, the patient shall be seen in follow-up for an evaluation and all aftercare will be endorsed by the nursing staff.

C. The patient's housing will be designated based on the staff's assessment post procedure. Follow-up appointments will be scheduled as ordered by the physician/provider.

1. Family planning services shall be offered to each female patient at least 60 days prior to a scheduled release date in accordance with Penal Code 4023.5.
2. **Sterilization for the purpose of birth control, including, but not limited to, immediately after delivery**, of an individual while in custody is prohibited except for specific circumstances as outlined in MSD.S.14 Sterilization.

IV. Postpartum Psychosis:

- A. During Intake Screening, any female patients who have had a birth in the last 12 months shall be screened and referred to Mental Health or Counseling staff when the penal charges indicate murder or attempted murder (P.C. 187 & 664) of their children.

V. Psychiatric Referrals:

- A. All female patients prior to receiving psychotropic medication shall undergo pregnancy testing.

VI. Personal Care Items:

- A. Sanitary supplies shall be made available to all female patients. In accordance with California Penal Code 4023.5, any person confined in the detention facility shall, upon request, be allowed to continue to use materials necessary for personal hygiene regarding their menstrual cycle and reproductive system, including but not limited to, sanitary pads and tampons, at no cost to the incarcerated person. The incarcerated female, upon request shall be allowed the continuation of birth control measures as

SUBJECT: FEMALE INCARCERATED, PRENATAL, AND POST PARTUM
CARE

DATE: 08/24/2023

CATEGORY: MEDICAL & PSYCHIATRIC SERVICES

NUMBER: MSD.F.5.1

DISSEMINATION: MEDICAL SERVICES DIVISION

PAGE: 5

RELATED SECTIONS: DSB P&P: M.11 & M.38; MSD P&P: P.6

IN COMPLIANCE WITH: CA Penal Code Sections 4023.6, 4028 and 6030(e); CCR Title 15, Section 1206, CA H&S
Code 25950-25957, IMQ section 107; PC 3440, AB 732, NCCH J-F-05

prescribed by a physician, nurse practitioner, certified nurse midwife, or
physician assistant. These services and supplies are provided free of
charge.

Implemented: 12/90

Reviewed: 9/17/96, 8/10/01, 9/18/02, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 7.22.09, 2/28/11, 9/16/19,
1/10/22, 11/4/22

Revised: 4/1/92, 4/1/94, 5/24/95, 1/29/96, 9/19/97, 9/18/98, 8/11/99, 7/31/00, 8/18/03, 3/22/05,
9/22/06, 4/20/10, 10/12/13, 2/29/16, 6/15/16, 1/1/21, 11/16, 7/22, 1/3/2023,
1/13/2023, 3/08/2023, 8/24/2023

SUBJECT: BREAST FEEDING MILK COLLECTION

DATE: 4/19/2023

STANDARD: MEDICAL & PSYCHIATRIC SERVICES

NUMBER: MSD.F.5.2

DISSEMINATION: MEDICAL SERVICES DIVISION

PAGE: 1

RELATED SECTIONS: DSB P&P M.11 & M.38 MSD OPERATIONS MANUAL F.5.1

IN COMPLIANCE WITH: CA PENAL CODE 4002.5 NCCHC-J-05

STANDARD

I. Purpose:

To develop and implement an infant and toddler breast milk feeding policy for detained lactating persons in accordance with Penal Code 4002.5. To establish guidelines for breast milk expression, collection, storage, and release to an approved person when breast feeding mothers are in custody.

II. Criteria:

- A. Individuals who wish to breast feed after a live birth.
- B. A newly incarcerated individual who is breast feeding.
- C. Breast feeding/pumping must begin on a regular schedule within 24-48hours of delivery.
- D. Weekenders can be included in this program if currently breast feeding.

III. Contraindications:

- A. HIV/AIDS
- B. Security or behavioral issues that would preclude following instructions or regular pumping schedule.
- C. Advanced clinical providers (MD/NP) should make a case-by-case assessment to determine whether a woman's environmental exposure, her own medical condition, or the medical condition warrants cessation, weaning, or preclude breast feeding.

SUBJECT: BREAST FEEDING MILK COLLECTION

DATE: 4/19/2023

STANDARD: MEDICAL & PSYCHIATRIC SERVICES

NUMBER: MSD.F.5.2

DISSEMINATION: MEDICAL SERVICES DIVISION

PAGE: 2

RELATED SECTIONS: DSB P&P M.11 & M.38 MSD OPERATIONS MANUAL F.5.1

IN COMPLIANCE WITH: CA PENAL CODE 4002.5 NCCHC-J-05

PROCEDURE

IV. Procedure:

A. After delivery and once transferred back to the facility, the individual will be seen in next MDSC sick call and as needed for up to 12 weeks postpartum for:

1. A general health evaluation
2. A pregnancy diet and prenatal vitamins will be maintained.
3. Drug screening (done at hospital after delivery): additional screening ordered as needed for a urine drug screen by the provider (MD/RNP) upon return to the detention facility.
4. RNs, please refer to: MSD.F.51 Female Incarcerated Prenatal and Post-Partum Care and instructions.
5. Provide education and review of breast pump instructions, storage of breast milk, disposal, same day storage for later retrieval of breast milk by an approved person.
6. The rights provided by Penal Codes 4002.5 shall be posted in all locations in the jail where medical care is provided. The provisions of this policy shall be communicated to all staff persons who interact with or oversee pregnant or lactating incarcerated individuals.

B. If the person is on psychiatric medications, clearance by the psychiatrist will be required prior to participation in the Breast Milk Collection Program.

1. Schedule the patient to see a psychiatrist in order that the breast feeding/pumping can begin within 24-48 hours of delivery and discharge from the hospital.
2. In the event that the psychiatrist is not available, call the on-call psychiatrist for a phone consultation.

BREAST FEEDING (MILK COLLECTION)

SUBJECT: BREAST FEEDING MILK COLLECTION

DATE: 4/19/2023

STANDARD: MEDICAL & PSYCHIATRIC SERVICES

NUMBER: MSD.F.5.2

DISSEMINATION: MEDICAL SERVICES DIVISION

PAGE: 3

RELATED SECTIONS: DSB P&P M.11 & M.38 MSD OPERATIONS MANUAL F.5.1

IN COMPLIANCE WITH: CA PENAL CODE 4002.5 NCCHC-J-05

C. The patient should not be transferred to another County detention facility while participating in the breast milk collection program. This procedure will only be available in Las Colinas Detention Facility. The handling and storing of breast milk follow the Center for Disease Control (CDC) Proper Storage and Preparation of Breast Milk, and the 2019 Best Practice Guidelines from the Human Milk Banking Association of North America.

D. The lactating person will receive breast pump hygiene education from nursing staff.

1. Hand hygiene

- a) Actively lather hands with soap and water for 30 seconds with particular attention around the fingernails.
- b) Dry hands with an unused disposable towel
- c) Use the disposable towel to turn off the faucet
- d) If water is not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol

2. A clean plastic breast pump will be available for the individual to use for 10-15 minutes every 3-4 hours as needed in a designated medical area

- a) Before use cleaning- the outer surface of the pump should be cleaned before use, as per manufacturer recommendations.
- b) After use cleaning
 - 1. Place all pieces of equipment that come in contact with the milk in a pre-designated clean container.
 - 2. Rinse equipment in cold water to remove residue
 - 3. Wash with warm soapy water (dish soap is acceptable)
 - 4. Rinse thoroughly
 - 5. Dry with a clean paper towel
 - 6. Inspect tubing for moisture and clean, if applicable.
- c) Sterilization: Nursing staff will sterilize breast pump equipment in accordance with manufacturing recommendations.

BREAST FEEDING (MILK COLLECTION)

SUBJECT: BREAST FEEDING MILK COLLECTION
STANDARD: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 4/19/2023
NUMBER: MSD.F.5.2
PAGE: 4

RELATED SECTIONS: DSB P&P M.11 & M.38 MSD OPERATIONS MANUAL F.5.1
IN COMPLIANCE WITH: CA PENAL CODE 4002.5 NCCHC-J-05

3. The person's breast milk will be placed into a clean disposable container provided by medical, and placed into a medical freezer for storage (33– 39-degree Fahrenheit). Ensuring proper refrigeration of breast milk will require logging the temperature of the designated refrigerator every 24 hours.
4. The lactating individual will place a seal on the extracted breast milk container indicating her name, booking number, time, and date of collection/pumping.
5. The seal will not be opened by anyone except the designated authorized individual to receive and transport the container.
- E. The LCDF medical staff will provide information on hygiene and breast pumping (this may also be provided by the UCSD/Grossmont Lactation Nurse).
- F. The lactating individual will designate a responsible party to pick up the breast milk.
- G. Both the lactating person and the approved responsible party will sign "Authorization for Consent Assume Custody of Breast Milk" form.
- H. The approved responsible party is required to pick up the expressed milk at least every 3 days but may come as often as daily. Breast milk that is not picked up after 3 days will be discarded.
- I. Transporting breast milk:
 1. The responsible party will need to have an insulated cooler, ice, or frozen gel packs when picking up the breast milk.
 2. To prevent bacterial growth breast milk should be maintained at a temperature 33–39-degree Fahrenheit during transport.
 3. Dry ice is a hazardous substance and should not be used.
 4. Medical Services will provide a portable cooler for transporting breast milk, if the responsible party does not have one, or comes to the facility without one.
- J. The responsible party will be given the instructional handout "Human Milk Storage Guidelines" and staff will be available to provide additional education and answer questions if needed.

BREAST FEEDING (MILK COLLECTION)

SUBJECT: BREAST FEEDING MILK COLLECTION
STANDARD: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

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RELATED SECTIONS: DSB P&P M.11 & M.38 MSD OPERATIONS MANUAL F.5.1
IN COMPLIANCE WITH: CA PENAL CODE 4002.5 NCCHC-J-05

V. Documentation:

Document in the individual's medical record:

- a) That she is participating in breast feeding/breast pumping program.
- b) That she has received hygiene education
- c) That a consent form has been signed by the lactating individual and the responsible party; and
- d) That the responsible party has received the instructional hand out "How to Store Breast Milk" and verbalizes understanding.

References

Best Practices for Expressing, Storing, and Handling Human Milk in Hospitals, Homes, and Child Care Settings Retrieved from www.hmbana.org on February 15, 2022

Proper Storage and Preparation of Breast Milk Retrieved from www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm on February 15, 2022

Implemented: 07/31/06, 02/15/2022, 01/17/2023

Reviewed: 06/04/07, 07/05/07, 07/10/08, 08/10/09

Revised: 06/04/07, 07/05/07, 02/15/2022 (From Archive 0/08/2021), 1/17/2023, 4/19/2023

SUBJECT:	SEGREGATED INMATES	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	G.2.1
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1
RELATED SECTIONS:	DSB J.3		
IN COMPLIANCE WITH:	NCCHC J-G-02		

PURPOSE

To ensure appropriate segregation practice.

STANDARD

Any practice of segregation should not adversely affect an inmate's health.

DEFINITIONS

Segregated inmates – are those isolated from the general population and who receive services and activities apart from other inmates. Facilities may refer to such conditions as administrative segregation, protected custody, or disciplinary segregation. For the purpose of this standard, the living and confinement conditions define the segregated status, not the reason an inmate was placed in segregation.

Solitary confinement – (also referred to as isolation) is an extreme form of segregation where an inmate is isolated and encounters staff or other inmates fewer than three times a day. NOTE: This type of segregation is referenced in NCCH J-G-02 standard but it is not a practice within the San Diego Sheriff's Department Detention Services Bureau.

PROCEDURE

- I. Sworn staff shall notify the charge nurse or designee when placing an inmate in segregation. Upon notification, health staff will complete the following:
 - A. Review the patient's health record to determine whether existing medical, dental, or mental health needs require accommodation. Health staff shall document the review in the health record and notify the watch commander of any accommodation needed.
- II. Inmates housed in segregation will be monitored by health staff based on established frequency.
 - A. Inmates who are segregated and receive services and activities apart from other inmates shall be monitored three days a week by nursing staff and a minimum of once a week by a qualified mental health provider (QMHP).
 - B. Documentation of segregation rounds (also known as "wellness checks") will be made in the "Segregation Admissions Management Queue" of the inmate's health record using the AdSeg Template for mental health clinicians (MHC) and creating a "Segregation Nursing" note type for nursing staff.

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT:	SEGREGATED INMATES	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	G.2.1
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RELATED SECTIONS: DSB J.3
IN COMPLIANCE WITH: NCCHC J-G-02

- C. Documentation should include any significant health findings, signs of physical and/or psychological deterioration, other signs of failing health, the date and time of contact, and the signature or initials of the health staff member making the rounds. In addition to documenting in the health record, documentation may also be made on individual logs or cell cards.
- D. Health staff will promptly identify and inform custody staff of inmates who are physically or psychologically deteriorating and those exhibiting other signs or symptoms of failing health.

Implemented: 2/12/2020
Reviewed: 11/4/22
Revised: 10/30/2020, 1/5/22

SUBJECT:	EMERGENCY PSYCHOTROPIC MEDICATION	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	G.3.1
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1

RELATED SECTIONS: MSD G.3.2
IN COMPLIANCE WITH: NCCHC J-G-03

PURPOSE

To establish procedure for the use of forced sedation using psychotropic medication in the event of a behavioral health/ mental health emergency.

STANDARD

Health staff follow procedures developed for the emergency use of forced psychotropic medications as governed by the laws applicable in the jurisdiction.

DEFINITION

Emergency forced psychotropic medications – the administration of Central Nervous System (CNS) depressant medication to induce sedation (e.g. Forced Sedation), given without the patient's consent for the purpose of rapid sedation in the event of a mental health/behavioral health emergency, where the health and welfare of the patient and others are considered to be threatened. This standard does not apply to the forced dosing of medications as a result of legal competency evaluation, or to the involuntary long-term administration of medications.

PROCEDURE

- I. In the absence of informed consent, the presence of emergency criteria must be documented. "Emergency" means a situation in which action to impose treatment over the person's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the patient or others. It is not necessary for harm to take place before or become unavoidable prior to treatment. Under these circumstances, psychotropic medication may be given when it is impractical to first obtain consent in ways that could affect the personal liberties of the patient. Furthermore, emergencies are finite. Once the emergency has passed, the exception no longer applies. At that point, medication may not be continued without the informed consent of the patient.
- II. One of the following treatment options shall be ordered by a qualified health provider (psychiatrist, psych NP, or other licensed medical provider with MH/BH experience), with such dosing and duration limited as to what is required to treat the emergency condition:
 - A. 5mg Haloperidol IM + 2 mg Lorazepam IM

SUBJECT: EMERGENCY PSYCHOTROPIC MEDICATION

DATE: 11/4/2022

CATEGORY: MEDICAL & PSYCHIATRIC SERVICES

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RELATED SECTIONS: MSD G.3.2

IN COMPLIANCE WITH: NCCHC J-G-03

- B. 5mg Haloperidol PO + 2mg Lorazepam PO
- C. 2mg Lorazepam IM OR 2mg Lorazepam PO
- D. 2mg Risperidone PO + 2mg Lorazepam PO

- III. After the administration of treatment, the patient will be assessed at specific time intervals. Assessment will include but is not limited to the following:
 - A. Vital signs and pulse oximetry monitoring
 - B. Recommended monitoring intervals:
 - 1. Within the first 15 minutes after administration
 - 2. Then **every 30 minutes** until the patient is transferred to an in-patient setting or no longer requires monitoring.
 - C. Capillary blood glucose levels may be monitored if indicated as well as collection of urine toxicology or other labs when ordered by a provider.
 - D. Once the patient is calm, obtain vital signs to include pulse oximetry.
 - E. Complete J282 Sedation Grid Form (see Appendix A) and scan into the medical record

- Once clinically and/or emotionally stable, the patient will be reassessed by medical
- IV. to determine disposition (Including, but not limited to (1) change in medications/treatment plan; (2) housing placement, (3) travel/transport considerations, (4) consideration for potential hospitalization.

Implemented: 4/27/2020

Revised: 1/25/22,

Reviewed: 11/4/22

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

SUBJECT: EMERGENCY PSYCHOTROPIC MEDICATION
 CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
 DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
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 PAGE: 3

RELATED SECTIONS: MSD G.3.2
 IN COMPLIANCE WITH: NCCHC J-G-03

APPENDIX A: SEDATION GRID (Form J282)

Interval/ Time	Within 15min/ :	30 min/ :	30 min/ :	30 min/ :	30 min/ :	30 min/ :	30 min/ :	Treatment Intervention Plan
VS Taken at each assessment	Y/N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
Is patient combative, danger to self or others, uncooperative, verbally threatening?								If answer is Yes – after 1hr, I/P is not meeting goals of the treatment – Advise MD
Is patient drowsy but cooperative?								
Is patient stuporous as evidenced by eyes open but not responding to verbal stimuli.								If answer is Yes after 15 minutes, contact MD
Is patient drowsy but cooperative and allowing staff to take vitals and be assessed?								Expected outcome at 30 minutes to 1 hour depending on administration method of medication
Is patient alert, calm, cooperative allowing staff to take vital signs and be assessed?								

*****Additional observation time may be required based on the patient's clinical condition**

SUBJECT:	PSYCHOTROPIC MEDICATION	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	G.3.2
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1
RELATED SECTIONS: IN COMPLIANCE WITH:	MSD G.3.1 CCR, TITLE XV SECTIONS 1214, 1216, 1217; PC 1026, 1370 & 2970; WELFARE AND INSTITUTION CODES 5256 & 5350		

PURPOSE

To establish procedure for the use of maintenance psychotropic medication.

PROCEDURE

I. General Consideration

- A. All psychotropic medications shall be administered on a voluntary basis, with the exception of those patients under the jurisdiction of penal codes 1370, 1370.01 or as described below.
- B. Patients receiving care under permanent conservatorship do not have the right to refuse psychotropic medications, as they have been deemed not to have the capacity to refuse medications and treatments. However, there is a need for the conservator to acknowledge the involuntary treatment. In addition, if a Riese petition is upheld, this allows administration of involuntary psychotropic medication.
- C. Involuntary administration of psychotropic medication is limited to above-mentioned exceptions, emergency use as detailed in MSD.G.3.1 and/or pursuant to court orders.
- D. All psychotropic medications shall be prescribed for therapeutic purposes only and shall be monitored by a qualified health provider.
- E. Psychotropic medications shall not be used for disciplinary purposes.
- F. Female patients considered for treatment with psychotropic medications shall have their pregnancy status assessed prior to starting treatment.
- G. Psychotropic medications shall be placed on hold if a pregnant patient can be safely managed without their use. If a pregnant patient's behavior is posing a potential danger to self or others and the behavior is believed to be due to a psychiatric disorder, the patient shall be referred to a qualified health provider for evaluation and possible treatment. Collaboration with OB/GYN should be considered.

II. Voluntary Treatment

- A. Informed consent shall be obtained by the qualified health provider prior to use of psychotropic medications. When applicable, the conservator must be contacted

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RELATED SECTIONS: MSD G.3.1
IN COMPLIANCE WITH: CCR, TITLE XV SECTIONS 1214, 1216, 1217; PC 1026, 1370 & 2970; WELFARE AND INSTITUTION CODES 5256 & 5350

prior to obtaining consent for psychotropic medication to provide explanation including but not limited to medication indication, type, dosage, benefits and side effects. The signed consent form shall be placed in the patient's health record.

- B. The treating health provider is responsible for verbally informing the patient, including Conserved/REISED patients concerning the following:
 - 1. The nature of the mental illness or behavior i.e. the reason or indication for the medication.
 - 2. The likelihood of clinical improvement with and without medication.
 - 3. The name, dose, frequency, method of administration and the duration of treatment.
 - 4. The potential side effects or adverse drug reactions.
 - 5. The risks and benefits of medication therapy.
- C. As new medications are ordered, the prescriber shall be responsible for obtaining consent and providing the same information as outlined above.
- D. A finding that a patient is not competent to give informed consent must be a judicial determination. Criteria for assessing capacity to consent are:
 - 1. Whether the patient is aware of their situation and condition.
 - 2. Whether the patient is able to understand the risks and benefits of treatment.
 - 3. Whether the patient is able to understand and evaluate the information provided and to rationally participate in treatment decisions.

III. Involuntary Treatment

- A. Patients meeting criteria for involuntary treatment under the Welfare Institution Code are admitted to the psychiatric stabilization unit (PSU) under the direct order of an affiliated psychiatric provider (see MSD P.8 Psychiatric Stabilization Unit).
- B. Patients under penal commitment with a court order authorizing involuntary medication to aid with competency restoration will be evaluated by onsite psychiatrist to determine appropriate treatment plan. Recommended treatment plan may be administered on an outpatient basis without the need for PSU admission.
- C. Appropriate nursing and security measures are to be taken in the administration of injectable medication. Recommended monitoring for potential side effects after administration are to be initiated as needed. If compliance concerns arise, notify facility supervising nurse and onsite psychiatrist.

SUBJECT:	PSYCHOTROPIC MEDICATION	DATE:	11/4/2022
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RELATED SECTIONS: MSD G.3.1
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IV. Medication Management

- A. All psychotropic medications shall be ordered by a psychiatric provider. A medical provider may order psychotropic medications in the following situations:
 - 1. Refill requests
 - 2. Patients admitted from the street with confirmed active psychotropic prescription.
- B. The medical provider should make certain that the patient is followed up by the psychiatric provider in 2-3 days. The medical provider can contact the psychiatric specialist directly to ensure follow up/continuity of care. The other administrative means of follow up (contacting charge nurse, submitting an alert) are back up means of ensuring the creation of an appointment.
- C. If the patient refuses the appointment with the psychiatric provider, the psychiatric provider on a clinical (and case by case) basis should decide whether to continue or discontinue the medication that has been prescribed.
- D. Medication orders from a patient's private physician may be continued after verification and new orders from Sheriff's psychiatric provider or medical doctors are obtained.
- E. Medications shall be reviewed, and orders renewed by a psychiatric provider.
- F. All psychotropic medications shall be INITIALLY ordered for a minimum of 30 days until patient is determined stable by the ordering psychiatrist (even if the patient had been on the same psychotropic medications before incarceration). Once stable the order shall not exceed ninety (90) days.
 - 1. Telephone psychotropic medication orders must be signed by a psychiatric provider within seventy-two (72) hours.
 - 2. Medication administration shall end on the day of medication order expiration date unless a renewal is written by a psychiatric provider.
 - 3. Psychotropic medications shall only be discontinued by a psychiatric provider, unless a medical condition due to psychotropic medication has occurred.
 - 4. Involuntary detained patients who refuse the administration of psychotropic medication and who do not meet emergency criteria may not be medicated absent an adjudication of incompetency.
- G. Psychotropic medication is not administered to a patient unless:
 - 1. The patient has given informed consent in accordance with WIC 5326.2.

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RELATED SECTIONS: MSD G.3.1
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2. The patient has been found to lack the capacity to give consent pursuant to the County's hearing procedures under the LPS Act for handling capacity determinations and subsequent reviews.

V. Medication Monitoring

- A. All patients are monitored for medication compliance by health staff. All outpatients receiving psychotropic medications shall be scheduled for outpatient psychiatric appointment every two to three months, or more frequently as needed.
- B. In the event a patient refuses medication, the psychiatric provider is notified and involuntary placement and medications in a W/PSU is considered and additional supportive counseling may be ordered to facilitate medication compliance.
- C. If a patient is in custody pursuant to penal code 1370 and refuses medications on a voluntary basis, a court order must be obtained authorizing the defendant to be involuntarily medicated to aid in his return to competency to start trial.

VI. Medication Refusal

- A. Patient shall sign a refusal form for medication(s) being refused.

VII. Cheeking, Hoarding or Selling

- A. When a patient is brought to MDSC with a history of non-consumption, cheeking, hoarding, or selling of prescribed medication, the provider shall:
 1. Review the pertinent documentation and the Inmate Status Report (ISR) about such conduct, as part of the clinical evaluation of the patient's course of treatment.
 2. The provider will consider and decide depending upon the patient's clinical condition if any further treatment is needed.
 3. If the provider decides to continue the medication that has been cheeked, hoarded, or sold, the provider may advise the patient that if this occurs again the medicine could be discontinued and based on the patient's psychiatric condition the absence of the medication could result in a worsening of the patient's psychiatric condition.

NOTE: Depending on the patient's psychiatric condition, it is at the provider's discretion to give this admonition.

4. Prescribing an alternative treatment plan may be considered which can include alternative forms of the initial medication administered to the

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RELATED SECTIONS: MSD G.3.1
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patient, including but not limited to crushed/suspension forms of the medication for the patient's consumption. The provider will document this information in the health record.

5. When the procedure is not followed; the facility Nursing Supervisor, the facility Jail Clinic Medical Director and the Sheriff's Chief Medical Officer shall be notified by e-mail.

VIII. Discharge Medications

- A. A minimum of a 10-day prescription for psychotropic medications will be made available upon release to all patients receiving psychotropic medications while in custody.
- B. If a patient is released without a prescription within seven days of the released date, a 10-day supply will be provided. Staff will advise the patient of the importance of following up with an outside provider for further treatment.

Implemented: 1992

Reviewed: 7/31/2000, 9/6/2000, 8/18/2003, 8/9/2004, 8/12/2005, 7/30/2007, 7/9/2008, 7/21/2009, 2/28/2011, 2/14/2012, 11/4/22

Revised: 4/1/1992, 8/1/1994, 5/24/1995, 1/29/1996, 8/11/1999, 4/17/2000, 5/10/2000, 9/6/2000, 8/10/2001, 9/18/2002, 5/21/2004, 7/31/2006, 9/22/2006, 1/20/2010, 3/29/2012, 5/3/2013, 4/29/2016, 11/30/2016, 4/24/2020, 11/15/2021

SUBJECT:	ADDICTED ARRESTEE CARE	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.A.2
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1

RELATED SECTIONS:
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208 & 1210; CALIFORNIA HEALTH AND SAFETY CODE SECTION AND IMQ SECTIONS 303 AND 322.

PURPOSE

To ensure that individuals with substance use disorders are identified during the course of the detention admission process, and to coordinate initial medical care and treatment.

POLICY

Medical care shall be provided to patients exhibiting symptoms of addiction from recreational drugs, controlled substances or alcohol.

PROCEDURE

- I. During receiving screening, identify individuals that are potentially at risk for opioid withdrawal including but not limited to:
 - A. History of heroin or opioid abuse.
 - B. Current prescription of an opioid.
 - C. Currently presenting with signs/symptoms consistent with opioid withdrawal.
 - D. Patient request or notification from Drug court– prior participation in a community medication assistance program (MAT) [continuity of care]
- II. A subsequently identified individual will be monitored for signs, symptoms and complications of withdrawal. [See CIWA/COWS]
- III. An arrestee who prior to their incarceration was being treated at an Outpatient Treatment Center (Methadone clinic) for heroin dependence will have the opportunity to continue treatment (dosing) according to the Methadone Clinic's protocols.
- IV. The following processes should be followed when an individual state that they are currently in a Methadone Treatment Program.
 - A. Obtain permission from the patient to establish contact with the outpatient treatment center (methadone clinic). Obtain clinical information, to include quantity and date of last dose.
 - B. On those occasions when assistance is needed, the nursing staff may assist the patient.
 - C. Methadone programs will only provide treatments for patients at the three booking detention facilities (SDCJ, LCDRF and VDF). Patients identified as requiring methadone treatment will not be eligible for transfer.
 - D. Patient's medical record shall be flagged as an Outpatient Treatment Center (Methadone clinic) patient and updated as needed.

ADDICTED ARRESTEE CARE

SUBJECT:	ADDICTED ARRESTEE CARE	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.A.2
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	2

RELATED SECTIONS:
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208 & 1210; CALIFORNIA HEALTH AND SAFETY CODE SECTION AND IMQ SECTIONS 303 AND 322.

- E. The Methadone Clinic Program will be responsible for supplying and administering Methadone as well as maintaining required records.

- F. The following are approved Outpatient Treatment Centers (Methadone clinics):
 - 1. San Diego Health Alliance (San Diego)
7020 Friars Road, San Diego, CA 92123
(619) 718-9890
 - 2. San Diego Health Alliance (El Cajon)
234 N. Magnolia Avenue, El Cajon, CA 92020
(619) 579-8373
 - 3. San Diego Health Alliance (San Marcos)
1560 Capalina Street, San Marcos, CA 92069
(760) 744-2104
 - 4. Home Avenue Clinic
3940 Home Avenue, San Diego, CA 92105
(619) 262-8000
 - 5. SOAP MAT, LLC
3230 Waring Court Suite A Oceanside, CA 92056
(760) 305-7528
 - 6. Third Ave. St. Clinic (San Diego Treatment Services)
1161 3rd Avenue, Chula Vista, CA 91911
(619) 498-8260

- G. Additional processes must be followed upon incarceration if the female patient is pregnant and heroin dependent and is not currently in a Methadone Treatment Program.
 - 1. Determine the patient's physical condition and estimated (fetal) gestational age.
 - 2. Contact the on-site provider or on-call physician to evaluate for potential emergency medication assisted therapy (MAT) or other treatment.

- H. In the event the female patient is pregnant and currently in a Methadone Treatment Program:
 - 1. Obtain Treatment Program's information and call the agency and advise them of their patient's incarceration.
 - 2. Arrange for the patient to continue receiving methadone treatment from the clinic.

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

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SUBJECT:	ADDICTED ARRESTEE CARE	DATE:	11/4/2022
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RELATED SECTIONS:
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208 & 1210; CALIFORNIA HEALTH AND SAFETY CODE SECTION AND IMQ SECTIONS 303 AND 322.

- I. Case manager will assist in coordinating services for the pregnant patient. In the event a pregnant patient is transferred from a prison or agency and is currently receiving Methadone:
 1. Review transfer medication information.
 2. Notify the facility nursing supervisor and the director of nursing.
 3. Call the El Cajon Health Alliance Clinic at (619) 579-8373 and give them a brief medical history of the patient. Included in this information should be a booking number.
 4. Complete a form letter and fax to (619) 579-8155 together with the order for Methadone from prison or outside county/state agency.
 5. Notify facility on-site or on-call medical provider to obtain order for recommended treatment while awaiting appointment with the Methadone clinic.

- J. In the event the pregnant patient is scheduled for court:
 1. Provide notification via Chain of Command and recommend patient for remote/video court.
 2. If remote/ video court is not available: Notify facility on site or on-call provider about situation and obtain recommendations re: Methadone dose for the day.

- K. In the event the pregnant patient comes into custody over a weekend:
 1. Obtain the name and phone number of the patient's Methadone Clinic.
 2. Contact San Diego Health Alliance. at (619) 579- 8373
**SD Health Alliance has limited hours on the weekends. **
 3. After hours, notify on call provider and obtain treatment recommendations.
 4. MSD staff member will fax information, including a release of information (ROI) to SD Health Alliance.
 5. A follow-up call will be made by facility medical staff member to SD Health Alliance to arrange dosing.

Implemented: 1/90

Reviewed: 9/19/97, 8/10/01, 9/18/02, 8/9/04, 8/12/05, 7/31/06, 7/31/07, 07/09/08, 7/13/09, 2/2/12, 2/12/13, 9/10/15, 8/1/9, 8/10/21, 11/4/22

Revised: 3/18/92, 2/26/93, 4/11/94, 5/24/95, 1/29/96, 9/17/96, 9/18/98, 8/11/99, 7/31/00, 8/18/00, 5/21/07, 2/28/11, 9/30/15, 10/30/20

ADDICTED ARRESTEE CARE

SUBJECT:	MEDICALLY SUPERVISED WITHDRAWAL and TREATMENT	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.A.3
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1
RELATED SECTIONS: IN COMPLIANCE WITH:	MSD A.2, MSD. F.5.1, DSB M. TITLE 15, SECTION; NCCHC MH G-05		

PURPOSE

To establish guidelines for the observation and treatment of patients manifesting symptoms of intoxication or withdrawal from alcohol and/or drugs.

POLICY

All patients entering the County of San Diego Sheriff's Detention facilities, will be screened for any history of manifesting symptoms of intoxication or withdrawal from alcohol and or other drugs. Patients who may be intoxicated or experiencing withdrawal symptoms will be identified and managed in accordance with their medical needs. Pregnant patients with opioid history will be maintained on appropriate Substance Abuse and Mental Health Services Administration (SAMHSA) approved medications.

PROCEDURE

- 1) Upon entry to the County of San Diego Sheriff's Detention facilities, the patient's medical history of alcohol and drug use will be obtained by San Diego County health staff as an integral part of the intake/booking procedure to identify and manage any intoxication or withdrawal symptoms. This will include any substance used, last time used, quantity used, and duration of use, along with obtaining a urine drug screen as indicated below.
- 2) Protocols are consistent with nationally accepted guidelines and will be utilized as written. Any alteration to the assessments must be preapproved by the corporate Chief Medical Officer or designated medical staff.
- 3) Protocols for intoxication and medically supervised withdrawal are established by the CMO and approved by the responsible physician.
- 4) Medically supervised withdrawal will be done under the supervision of an advanced clinical provider in accordance with local, state, and federal laws, and follow corporate approved protocols.
- 5) Health staff will encourage that patients be housed in an area that is safe and effective for monitoring of possible withdrawal symptoms.
- 6) A patient exhibiting severe, life-threatening symptoms will be transferred to the nearest emergency department based on the paramedic's assessment, which may include a contracted, licensed hospital or outside medical facility for stabilization.
- 7) Individuals identified at risk for progression to more severe levels of withdrawal are kept under close observation by health care staff and admitted to the infirmary level of care (MOB), or designated area, and if severe withdrawal symptoms are observed, the advanced clinical provider is consulted promptly.
- 8) If a pregnant patient is admitted with a history of any alcohol or drug use, an immediate referral will be made to the advanced clinical provider so that the dependence can be assessed and treated appropriately. See Pregnancy Management Section below.
- 9) A patient who appears to be intoxicated or experiencing symptoms of drug or alcohol withdrawal will be referred to the health care staff for evaluation of symptoms, including, but not limited to:
 - a) Drowsiness
 - b) Agitation/Anxiety
 - c) Nausea/Vomiting/Diarrhea
 - d) Odor of alcohol;
 - e) Slurred speech;
 - f) Disorientation to person, place, or timeline.

MEDICALLY SUPERVISED WITHDRAWAL AND TREATMENT

SUBJECT: MEDICALLY SUPERVISED WITHDRAWAL and TREATMENT

DATE: 11/4/2022

CATEGORY: MEDICAL & PSYCHIATRIC SERVICES

NUMBER: MSD.A.3

DISSEMINATION: MEDICAL SERVICES DIVISION

PAGE: 2

RELATED SECTIONS: MSD A.2, MSD. F.5.1, DSB M.
IN COMPLIANCE WITH: TITLE 15, SECTION; NCCHC MH G-05

- g) Lack of coordination.
 - h) Change in pupil size; or
 - i) Psychosis.
- 10) The Health Services Administrator will ensure training in the recognition of signs and symptoms for chemical dependency and withdrawal for health care staff during the orientation process, and with updates to protocols.
 - 11) The advanced clinical provider may keep a patient who is exhibiting mild to moderate symptoms of withdrawal or acute intoxication under observation as deemed necessary.
 - 12) All initial and ongoing assessments will be documented in TechCare by San Diego County health staff.
 - 13) A patient's suicide risk increases during the withdrawal period. In order to assist with identification of at-risk individuals, the Columbia -Suicide Severity Rating Scale (C-SSRS) can be accessed in TechCare via the forms tab.
 - A. Health staff will perform the C-SSRS as clinically indicated during the withdrawal period:
 - a. At a minimum the C-SSRS will be completed:
 - i. At the Receiving Screening-regardless of substance abuse identification on screening.
 - ii. At each AM medication administration while on detoxification medications (Buprenorphine, Diazepam, Methadone). Patients on comfort meds only do not apply.
 - 14) Health staff will obtain vital signs at each AM medication administration while on the detoxification medications (Buprenorphine, Diazepam, Methadone). Patients on comfort meds do not apply.
 - 15) The patient's individual treatment plan will include a referral to mental health/behavioral health consultation.
 - 16) Appropriate sworn staff will be notified when a patient requires specialized placement and observation. Health staff will add the appropriate flags for example, COWS/CIWA, No Transfers in TechCare for 5 days.
 - 17) Disorders associated with alcohol and other drugs are recognized and treated as medically indicated.

SUBJECT: MEDICALLY SUPERVISED WITHDRAWAL and TREATMENT
 CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
 DISSEMINATION: MEDICAL SERVICES DIVISION
 RELATED SECTIONS: MSD A.2, MSD. F.5.1, DSB M.
 IN COMPLIANCE WITH: TITLE 15, SECTION; NCCHC MH G-05

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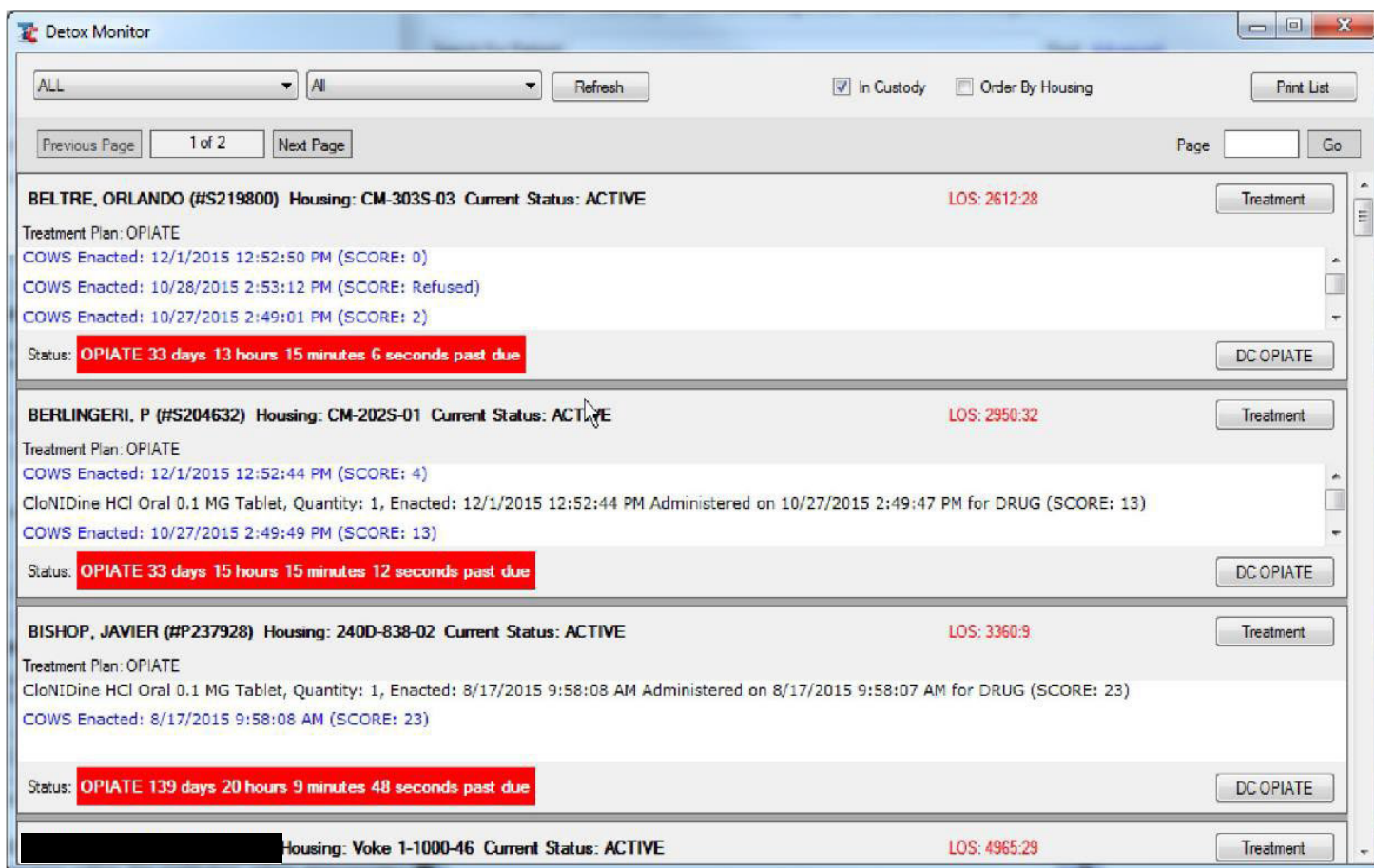


Figure: TechCare screenshot showing a portion of the Detox Dashboard used to monitor patients on CIWA and COWS

ALCOHOL WITHDRAWAL

Patients with a history of significant and/or frequent alcohol use on the Receiving Screening will have a Comprehensive Detox Screen completed during the booking process, along with a Urine Drug Screen. An alert or call will be sent to StatCare for chart review and further orders.

- 1) Unless there are allergies or contraindications, patients are placed on:
 - a) Comfort medications to aid with symptom management. Comfort medications for alcohol withdrawal may include Zofran, Maalox, Imodium, and Bentyl;
 - b) Thiamine and a prenatal multivitamin (for folate supplementation) daily x 7 days; and/or

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RELATED SECTIONS: IN COMPLIANCE WITH:	MSD A.2, MSD. F.5.1, DSB M. TITLE 15, SECTION; NCCHC MH G-05		

- c) Keppra 500 mg BID x 14 days for seizure prophylaxis.
- d) These medication protocols can be found in the guidelines section of TechCare and are started under the order of an advanced clinical provider only.
- 2) Patients with significant history of alcohol use disorder and/or history of complex withdrawal from alcohol will be placed on a 5-day taper of Diazepam by order of an advanced clinical provider after chart review. The taper is as follows:
 - a) Day 1: 10 mg three times a day.
 - b) Day 2: 10 mg twice a day.
 - c) Day 3: 10 mg twice a day.
 - d) Day 4: 10 mg once a day; q am
 - e) Day 5: 10 mg once a day; q am

BENZODIAZEPINE WITHDRAWAL

- 1) Patients with a history of significant and/or frequent benzodiazepine use on the Receiving Screening will have a Comprehensive Detox Screen completed during the booking process along with a Urine Drug Screen, either an alert or call to StatCare for chart review and further orders.
- 2) Unless there are allergies or contraindications, patients are placed on:
 - a) Comfort medications to aid with symptom management. Comfort medications for benzodiazepine withdrawal may include Zofran, Maalox, Imodium, Ibuprofen, and Bentyl; and/or
 - b) Keppra 500 mg BID x 14 days for seizure prophylaxis.
 - c) These medication protocols can be found in the guidelines section of TechCare and are started under the order of an advanced clinical provider only.
- 3) Patients with significant history of benzodiazepine use disorder and/or history of complex withdrawal from benzodiazepines will be placed on a 5-day Diazepam taper by order of an advanced clinical provider after chart review. The taper is as follows:
 - a) Day 1: 10 mg three times a day.
 - b) Day 2: 10 mg twice a day.
 - c) Day 3: 10 mg twice a day.
 - d) Day 4: 10 mg once a day; q am
 - e) Day 5: 10 mg once a day; q am

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RELATED SECTIONS: IN COMPLIANCE WITH:	MSD A.2, MSD. F.5.1, DSB M. TITLE 15, SECTION; NCCHC MH G-05		

OPIOID WITHDRAWAL

- 1) Patients with a history of significant and/or frequent opioid use on the Receiving Screening will have a Comprehensive Detox Screen completed during the booking process along with a Urine Drug Screen. An alert or call will be sent to StatCare for chart review and further orders.
- 2) Unless there are allergies or contraindications, patients are placed on comfort medications to aid with symptom management. Comfort medications for opioid withdrawal may include Zofran, Maalox, Imodium, Ibuprofen, and Bentyl.
- 3) Patients with significant history of opioid use disorder and/or history of complex withdrawal from opioids will be placed on a 5-day Buprenorphine taper by order of an advanced clinical provider after chart review and sufficient time has passed to avoid risk of precipitated withdrawal.
 - a) The buprenorphine taper is as follows:
 - i. Days 1 and 2: 8mg Daily, qam
 - ii. Days 3 and 4: 4mg Daily, qam
 - iii. Day 5: 2 mg Daily, qam
 - b) Where methadone is not able to be maintained in custody with a community partner, patients verified with high, or maintenance doses of methadone can be placed on an extended buprenorphine taper per template guideline in TechCare and dosed as follows by an advanced provider:
 - i. 8mg x 1 day,
 - ii. 8mg BID for 7 days
 - iii. 8mg once a day for 3 days, qam
 - iv. 4mg once a day for 3 days, qam then stop
 - v. This extended taper should be considered for patients verified in a community program on higher doses (i.e., over 60mg) of methadone or those established with a community program on methadone for several weeks. These patients will tend to have delayed and more severe symptoms of withdrawal necessitating a higher dose of buprenorphine spread out over a longer time frame.
 - vi. Caution should be used with starting the first dose of buprenorphine to avoid precipitated withdrawal. Providers are advised to wait at least 72 hours from last dose of methadone before first dose of buprenorphine.

PREGNANCY MANAGEMENT

- 1) At intake, usual procedures will be followed to identify pregnant patients and obtain a history of drug and /or other alcohol use.
 - a. Obtain pregnancy test and urine drug screen; and
 - b. Completion of receiving screening, mental health, C-SSRS, comprehensive detox screen, and physical assessment.
 - c. For a positive pregnancy test, a pregnancy flag will be entered into TechCare by health staff.
- 2) If a pregnant patient is entering the detention facility with a history of any alcohol or drug use, an immediate referral will be made to the advanced clinical provider so that the dependence can be assessed and treated appropriately.

MEDICALLY SUPERVISED WITHDRAWAL AND TREATMENT

- a. Other protocol comfort medications should be assessed for safety in pregnancy by the clinical provider

3) SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

Operations Manual

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RELATED SECTIONS: IN COMPLIANCE WITH:	MSD A.2, MSD. F.5.1, DSB M. TITLE 15, SECTION; NCCHC MH G-05		

prior to administration.

- 3) If a provider is present at the facility, the nurse should contact the provider to evaluate the patient and provide recommendations. Contact the on-call provider or referral to StatCare via an alert or call in the absence of the on-site provider.
- Check fetal heart tones and record results in TechCare. If no fetal heart tones are detected, or there is a concern for fetal well-being, the patient should be sent to the local ER for further assessment.
 - If the patient claims to be enrolled in an Opioid Treatment Program (OTP), verification from the OPT will be immediately attempted. If verified, information will be obtained verbally and documented in the medical record, with proper records requested.
 - Opioid positive pregnant females should never undergo medically supervised withdrawal during pregnancy. They should continue buprenorphine or methadone at least until delivery.

POST-PARTUM PERIOD

- If the patient receiving maintenance treatment gives birth while still incarcerated, medically supervised withdrawal may be carried out as ordered by the advanced clinical provider as clinically indicated.

OVERDOSE

See MEDICAL DIRECTIVE #3- NALOXONE (Narcan) INTERVENTION

Forms

Columbia-Suicide Severity Rating Scale (C-SSRS): Screening Version found in TechCare

SUBJECT: MEDICALLY SUPERVISED WITHDRAWAL and TREATMENT

CATEGORY: MEDICAL & PSYCHIATRIC SERVICES

DISSEMINATION: MEDICAL SERVICES DIVISION

RELATED SECTIONS: MSD A.2, MSD. F.5.1, DSB M.
IN COMPLIANCE WITH: TITLE 15, SECTION; NCCHC MH G-05

DATE: 11/4/2022

NUMBER: MSD.A.3

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References

Medically Supervised Withdrawal and Treatment (J-F-04). National Commission on Correctional Health Care: Standards for Health Services in Jails, 2018.

Medically Supervised Withdrawal and Treatment (P-F-04). National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2018.

Patients with Alcohol and Other Drug Problems (MH-G-05). National Commission on Correctional Health Care: Standards for Mental Health Care in Correctional Facilities, 2015.

Lighthouse Project:

<https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/evidence/>

Detoxification (4-ALDF-4C-36); Management of Chemical Dependency (4-ALDF-4C-37). American Correctional Association: Performance Based Standards for Adult Local Detention Facilities, Fourth Addition, 2004.

American Correctional Association: Standards Supplement, 2016.

Florida Model Jail Standards, 2015.

Implemented	4-18-2022, 4-19-22, 5-11-22
Reviewed	11/4/22
Revised	

SUBJECT:	CLASSIFICATION OF PATIENTS	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC CARE SERVICES	NUMBER:	MSD.C.1
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1
RELATED SECTIONS:	DSB P&P: J.7 & R.1; MSD P&P: S.3		
IN COMPLIANCE WITH:	CCR Title 15, Sections 1206, 1208, 1209, and 1210. IMQ section110		

PURPOSE

To insure that patients needing medical and mental health services are housed in facilities where they can receive prescribed treatment.

POLICY

Patient's having a medical or psychiatric condition that requires special housing, durable medical equipment or prosthetics will be identified by the nursing staff.

PROCEDURE

- I. A patient identified as having a medical or psychiatric condition that requires special housing, durable medical equipment or prosthetics.
- II. To avoid unnecessary housing movement, once the medical or psychiatric needs are determined, the staff will immediately enter information into TechCare.
- III. As part of the treatment plan, nursing staff will determine the patient's needs and notify Classification utilizing the Medical Flags in TechCare.
- IV. At Medical Screening, 2nd stage/NAPS, each patient's previous instructions shall be reviewed and acted upon accordingly.
- V. Medical Flags entered and or discontinued in TechCare will be communicated to sworn as Medical Instructions in JIMS.
 - A. All Medical Instructions added in TechCare are viewable by all Sheriff's Detention Staff.
- VI. Psychiatric conditions specific to suicide attempts/gestures
 - A. All patients identified with a previous suicide attempt/gesture (PSA) either from a previous history or a current assessment shall be coded with a "PSA" flag classification/instruction in TechCare.
 - B. If not previously identified, the nurse /qualified mental health provider (QMHP) will enter this in the TechCare Flag Screen.
 - C. The discontinuation of a PSA instruction flag will be evaluated by a QMHP.

Reviewed: 8/11/99, 7/31/00, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 07/31/07, 07/09/08, 7/14/09, 2/14/11, 2/2/12, 2/13, 9/30/15
8/5/2019, 11/4/22
Revised: 4/1/92, 11/93, 4/1/94, 5/24/95, 1/29/96, 9/19/96, 7/26/99, 8/10/01, 9/23/02, 3/22/05, 1/12/22

SUBJECT: CODE BLUE: LIFE THREATENING EMERGENCIES
CATEGORY: MEDICAL & PSYCHIATRIC CARE SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.C.2
PAGE: 1

RELATED SECTIONS: DSB P&P: M.5 & M.6; MSD P&P: F.2
IN COMPLIANCE WITH: CCR Title 15, Section 1208, NCCHC-J-D-07

PURPOSE

To provide guidelines for handling a CODE BLUE, a life threatening emergency of a patient, staff, and/or visitors within the detention facilities.

POLICY

Emergency Response Staff (911) will be called to provide Advanced Cardiac Life Support (ACLS) for CODE BLUE: Life threatening emergency. A physician (MD), registered nurse practitioner (RNP), or registered nurse (RN) shall evaluate patients with any medical emergency and request appropriate transportation. First responders shall provide Basic Life Support (BLS Class "C") and first aid medical care to stabilize the condition.

PROCEDURE

- I. NOTE: IF THERE IS A PHYSICIAN /RNP IN THE FACILITY, THEY SHALL BE CALLED TO THE SCENE.
- II. Personnel responding to a **CODE BLUE** in the event of a cardiac arrest should follow the following:
 - A. The **FIRST PERSON** on the scene or to discover victim shall:
 1. Assess situation.
 2. Without leaving patient, immediately request for help by notifying control deputy to activate 911 and contacting medical staff as needed.
 3. Start Cardiopulmonary Resuscitation (CPR) as needed.
 - B. The Medical staff shall take appropriate emergency equipment such as: the Emergency Response or Code Blue cart or bag, AED, Oxygen tank, Ambu bag, suction machine, back board and cervical collar.
 1. One of the responding medical staff will take the role of the Scene Manager / Team Leader for the duration of the emergency response.
 2. Assess situation immediately.
 3. Provide appropriate interventions and monitor patient status.
 4. Delegate as necessary. Physicians/RNPs who are ACLS certified may use their respective ACLS protocols in accordance to their professional licensure.
 5. Endorse clinical assessment and patient status to incoming providers assuming care.
 - C. Document the sequence of events in TechCare the following (utilizing the Mandown Template):
 1. Location of the rescue/mandown, CPR assessment including time started and patient's response to resuscitation efforts.
 2. Treatment given and response prior to arrival of emergency response staff.
 - a. Time of emergency response team arrival & transfer of patient out of facility.
 - b. Disposition of patient

CODE BLUE: LIFE THREATENING EMERGENCIES

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT:	CODE BLUE: LIFE THREATENING EMERGENCIES	DATE:	11/4/2022
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RELATED SECTIONS:	DSB P&P: M.5 & M.6; MSD P&P: F.2		
IN COMPLIANCE WITH:	CCR Title 15, Section 1208, NCCHC-J-D-07		

- D. If the victim is a patient, medical staff shall notify the charge and supervising nurse.
- E. If the victim is a visitor or employee, medical staff shall submit a written progress note to the facility supervising nurse identifying the individual as a visitor or employee. The progress note summarizing the incident and nursing actions.

III. The following are examples of (but not limited to) conditions that require 911 Paramedic Emergency Response.

- A. Cardiac or Respiratory Arrest
- B. Status Epilepticus
- C. Stab wounds with symptomatic vital signs.
- D. Blunt trauma to the chest, abdomen or back with symptomatic vital signs.
- E. Head trauma with altered mental status.
- F. Chest pain with symptomatic vital signs.
- G. Any emergency situation that the MD, NP, RN/LVN or sworn staff deems necessary; and when they feel the patient's health may be compromised if there is a delay in treatment.
- H. Emergency transport by air is also available when needed.

Implemented: 7/91
Reviewed: 9/19/97, 9/18/98, 7/31/00, 9/18/02, 8/9/04, 8/12/05, 7/31/06, 7/31/07, 07/09/08, 7/14/09, 2/28/11, 2/3/12, 2/12/13, 8/5/2019, 11/4/22
Revised: 4/1/92, 4/1/94, 5/22/95, 1/19/96, 8/11/99, 8/10/01, 8/18/03, 10/04/07, 10/30/15, 12/23/15, 1/12/22

CODE BLUE: LIFE THREATENING EMERGENCIES

SUBJECT:	INFECTIOUS DISEASE PREVENTION AND CONTROL	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.C.3
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1

RELATED SECTIONS: DSB P&P: M.37; MSD P&P: I.1 & R.1
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1206, CALIFORNIA HEALTH AND SAFETY CODE, TITLE 17, FEDERAL REGISTER 56 (235): 64004, 1991; U.S. DEPARTMENT OF LABOR/OSHA, NCCHC J-B-02

PURPOSE

To provide guidelines for identification, transmission, surveillance, and prevention of infectious/contagious condition. To provide guidelines for follow-up care in the community in the event the patient is released from custody.

POLICY

Communicable diseases should be handled following the local, State and Federal Health and Human Services Agency's guidelines. Treatment for these conditions should follow the treatment guidelines recommended by the Centers for Disease Control and Prevention (CDC).

PROCEDURE

- I. Screening
 - A. All patients shall be assessed for evidence of active communicable diseases at the time they are booked into a detention facility.
 - B. Patients identified with symptoms of potential communicable diseases will be isolated and brought to the attention of the on-duty physician, Supervising Nurse for Infection Control and Infection Control Nurse. Symptoms will include but not limited to:
 1. Fever
 2. Rash
 3. Pustules
 4. Cough
 5. Draining wounds
- II. Surveillance
 - A. Communicable diseases shall be identified by self-reporting, as a positive radiological study or laboratory result, by an assessment by a Medical Services Division (MSD) or contracted healthcare provider or by notification by Public Health.
 - B. The Infection Control Nurse (ICN) should be notified if there is a patient who is a suspect of a contagious disease.
 - C. MSD's Infection Control Nurse will review all results and handle all notifications/consultations. Dependent on the mode of transmission of the disease, the ICN shall recommend the following steps (when appropriate).
 1. The segregation from general detention population.
 2. The separation of a patient in a negative pressure room.

INFECTIOUS DISEASE PREVENTION AND CONTROL

SUBJECT:	INFECTIOUS DISEASE PREVENTION AND CONTROL	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.C.3
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	2

RELATED SECTIONS: DSB P&P: M.37; MSD P&P: I.1 & R.1
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1206, CALIFORNIA HEALTH AND SAFETY CODE, TITLE 17, FEDERAL REGISTER 56 (235): 64004, 1991; U.S. DEPARTMENT OF LABOR/OSHA, NCCHC J-B-02

3. The evaluation of the patient by a physician.

III. Prevention

- A. Annual influenza Immunizations are offered to all patients, including patients that are:
 - 1. Medically compromised
 - 2. Pregnant
- B. Hepatitis B vaccine is available on patient's request or by MD's order.

IV. Reporting

- A. Reportable conditions will follow the MSD's Operations Manual R.1.
- B. Reporting will be the responsibility of the Infection Control Nurse.
- C. Communicable disease outbreaks will be reported to MSD's Infection Control Nurse who will report, manage, and collaborate with the Department of Health Services.

V. Treatment

- A. The physician will evaluate and recommend treatment.
- B. If applicable, the nurse will follow the SNP for treatment.
- C. Treatment of communicable diseases will be done in conjunction with the Department of Human Services (DHS) Epidemiology Unit, when appropriate, to ensure follow-up treatment in the community.

VI. The Medical Condition Weekly Report (MMWR) is a record of currently incarcerated patients with contagious disease with newly reportable diseases, or with contagious diseases previously diagnosed and treated but requiring additional medical intervention since their incarceration.

- A. MMWR is a confidential document and will be handled in the same manner as any medical records.
- B. Shall be maintained by the facility's supervising nurse
- C. A copy of this report shall be sent weekly to the:
 - 1. Facility commander
 - 2. MSD's administrators
 - 3. Sheriff's chief medical officer
 - 4. Facility supervisors
 - 5. Infection control supervising nurse
 - 6. Infection Control Nurse

VII. Housing

- A. Special housing for infection control and prevention shall be utilized by:
 - 1. Separation
 - a. The utilization of negative pressure rooms.

INFECTIOUS DISEASE PREVENTION AND CONTROL

SUBJECT: INFECTIOUS DISEASE PREVENTION AND CONTROL
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.C.3
PAGE: 3

RELATED SECTIONS: DSB P&P: M.37; MSD P&P: I.1 & R.1
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1206, CALIFORNIA HEALTH AND SAFETY CODE, TITLE 17, FEDERAL REGISTER 56 (235): 64004, 1991; U.S. DEPARTMENT OF LABOR/OSHA, NCCHC J-B-02

- b. The utilization of positive pressure rooms for immune-compromised patients.
 - c. Single cell
 - B. Segregation
 - 1. Module
 - 2. Shared cell
 - 3. Single cell

VIII. Equipment

- A. Personal protective equipment (PPE) such as gloves, masks, gowns, goggles, and face shield will be available for staff use.
- B. Staff will follow Standard Precautions found in MSD and DSB's P&P's when handling any potentially or confirmed infectious body fluids.

IX. Transportation/Movement

- A. Personal protective equipment (PPE) and practices will be utilized when the movement of a contagious patient is required.
 - 1. Airborne/droplet transmission precautions
 - a. Patient will wear a surgical mask.
 - b. Staff who transports infectious patients will wear N95 masks.
 - c. When feasible, vehicle windows should be open during transport.
 - d. Contagious patients should be transported alone.

X. Contact transmission

- A. Standard precautions should always be practiced, and disinfectant solutions used when contamination is suspected.

XI. Transfers to other agencies

- A. Upon notification of a pending transfer, the Confidential Medical Mental Health Information Transfer Summary form will be completed by the nursing staff.
- B. Nursing will advise sworn staff when respiratory or contact precautions are required.
- C. Ensure that medical confidentiality is maintained.
- D. Pending prison transfers will be held until the patient is cleared from airborne precaution.

XII. Releases

- A. Patients released while on airborne precaution will be given a surgical mask to don when released back into the community.
 - 1. Patients will be advised to follow-up at the local Public Health Department for additional care.

INFECTIOUS DISEASE PREVENTION AND CONTROL

SUBJECT:	INFECTIOUS DISEASE PREVENTION AND CONTROL	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.C.3
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	4

RELATED SECTIONS: DSB P&P: M.37; MSD P&P: I.1 & R.1
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1206, CALIFORNIA HEALTH AND SAFETY CODE, TITLE 17, FEDERAL REGISTER 56 (235): 64004, 1991; U.S. DEPARTMENT OF LABOR/OSHA, NCCHC J-B-02

2. Staff will advise the infection control nurse of the release of patients housed in a negative pressure room and released to the streets.
 - a. Infection control nurse will advise Public Health and forward pertinent medical information.

XIII. Patient Education

- A. Education begins during screening process by the nurse and continues at Housing Unit Rounds and Lab and Treatment.
- B. Potential inmate workers will be educated regarding the importance of good hand washing and not working when they are ill or have open draining wounds.
- C. HIV and sexual disease classes are scheduled at regular intervals by correctional counselors.

XIV. Staff Training

- A. Orientation of all new employees will include a review of Standard Precautions.
- B. Staff will be knowledgeable of where Personal Protective Equipment is located at their worksite.
- C. Training on Standard Precautions is done on an annual basis.

XV. Sheriff's Medical Liaison Unit (MLU)

- A. The prevention, screening and treatment of staff in the event of an exposure is handled through MLU and reported promptly.

Implemented: 8/11/99
Reviewed: 8/09/04, 8/12/05, 7/31/06, 7/31/07, 07/09/08, 7/14/09, 2/15/11, 2/12/13, 9/30/15, 8/5/2019, 11/4/22
Revised: 7/3/00, 8/10/01, 9/18/02, 8/18/03, 02/03/12, 10/11/12, 9/13/21

SUBJECT: CONSENT FOR TREATMENT
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.C.4
PAGE: 1

RELATED SECTIONS: MSD P&P: P.9 & S.3
IN COMPLIANCE WITH: CCR Title 15, Section 1214, IMQ section 602

PURPOSE

To establish a method to provide patients with information necessary to make informed decisions, as applicable, regarding consent to medical, mental health, dental and nursing care.

To delineate guidelines to obtain authorization to provide routine (not life threatening) medical care to patients who may lack the mental capacity to give informed consent.

POLICY

The San Diego County Sheriff's Department (SDSD), Medical Services Division (MSD), shall secure the patient's consent to medical, mental health, dental and nursing care during the booking process or first medical/mental health encounter.

Written or verbal consent from the patient is not required when patient is under the jurisdiction of P.C. 1026, 2970. Ability of Patients under Probate Conservatorship or Lanterman Petris Short (LPS) Conservatorship may be limited and should be ascertained

- Consent for treatment from the patient's conservator shall be secured.
- A court order must be in the medical record for penal committed patients.

RECOMMENDED PROCEDURE

I. Consent for Treatment

- A. A J226 or J226S (Spanish) CONSENT FOR MEDICAL DENTAL & MENTAL HEALTH TREATMENT form for all voluntary, medical, dental and mental health examinations, treatments and procedures will be signed during the intake screening process.
 1. All examinations, procedures and treatments affected by the informed consent will follow the standards of care in the community.
- B. The failure of patient to sign the consent form will not prevent medical interventions when a medical emergency exists.

II. Refusal of Treatment

- A. In general, absent an emergency or court order to the contrary, all patients are presumed competent to give or withhold consent to dental and medical treatment. A patient may refuse emergency and non-emergency medical care, dental, mental health, and nursing care by signing a refusal statement on the J226 or J226S (Spanish) CONSENT FOR MEDICAL DENTAL & MENTAL HEALTH TREATMENT form.
- B. Absent a court order to the contrary, a patient may withdraw consent for treatment to any form of medical, dental, mental health and nursing care at any time by stating such intention to any member of the treatment team. The J-223 and J-223S

CONSENT FOR TREATMENT

SUBJECT: CONSENT FOR TREATMENT
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RELATED SECTIONS: MSD P&P: P.9 & S.3
IN COMPLIANCE WITH: CCR Title 15, Section 1214, IMQ section 602

(Spanish) REFUSAL TO ACCEPT MEDICAL CARE - TREATMENT must include the patient stating the reason for the refusal and their signature. If the patient refuses to write the reason and/or sign the refusal form, the corresponding check box is marked by staff and is signed by two witnesses. Two witnesses to the patient's verbal withdrawal of consent are required to sign and date the form. If a second witness to the verbal refusal is not available, the single witness shall write "Not Available" on the related signature line. (RN signature on patient name)

Penalty committed patients (P.C. 1026, 1370 and 2970) who refuse medications, medical and dental care shall be referred immediately to the psychiatrist or PSU Nurse for follow-up.

- C. In the event an arrestee refuses treatment and ignores the recommendations of the emergency department physician and/ or the recommendations of a treating physician in a hospitalized patient, a copy of the refusal form indicating that he/she acted against medical advice (AMA) will accompany the patient back to detention. The patient should be housed in one of the Medical Observation Bed(s) (MOB) for monitoring until seen by MD at sick call.

III. Consent for Minor Procedures – Procedures done under local anesthesia.

- A. J201 or J201S (Spanish) CONSENT FOR OPERATION, TREATMENT OR SPECIAL PROCEDURE FORM shall be signed by a patient consenting to a minor procedure.
- B. The nature and consequences, risks and alternatives concerning the proposed operation, treatment, examination or special procedure shall be explained to the patient in terms which can be understood by the patient.

IV. Consent for Voluntary Use of Psychotropic Medication

- A. Following explanation of recommended psychotropic medications, (see MSD P&P: P.9) an J261 or J261S (Spanish) INFORMED CONSENT FOR THE USE OF PSYCHOTROPIC MEDICATIONS form shall be signed by all patients not subject to penal commitment or LPS Conservatorship consenting to the use of psychotropic medications.
- B. The attending psychiatrist shall co-sign the forms with the patient.

V. Consent for Digital Genitalia Examination

- A. When a physician determines the indication for a digital rectal examination or genital examination to complete the evaluation of a medical condition, a J221 or J221S (Spanish) DIGITAL GENITALIA EXAMINATION CONSENT form shall be signed by the patient prior to the examination.
- B. As part of the examination, the physician will have a chaperone/witness present in the room who will also sign the consent form.

VI. Mental Capacity to Give or Withhold Consent for Psychiatric Treatment

- A. Patients who have been found "Incompetent to Stand Trial" pursuant to Penal Code 1370 and/or patients who have been found to be "Not Guilty by Reason of Insanity" pursuant to Penal Code 1026, mentally disordered offenders pursuant Penal Code 2970 or patients on an LPS Conservatorship may not have the legal capacity to give written

CONSENT FOR TREATMENT

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT: CONSENT FOR TREATMENT
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
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PAGE: 3

RELATED SECTIONS: MSD P&P: P.9 & S.3
IN COMPLIANCE WITH: CCR Title 15, Section 1214, IMQ section 602

consent or refusal of treatment. If such patients refuse treatment, the attending psychiatrist and the conservator will be promptly notified by the PSU Charge Nurse.

- B. When a patient requires routine medical care, and it appears that he/she lacks the capacity to give informed consent, Detention Medical Services staff shall:
1. Request a mental health evaluation to determine if the patient meets the criteria for WIC (Welfare & Institutions Code) 5150.
 2. Contact the conservator's office to determine if the patient has a current LPS Conservatorship in place. Ascertain whether patient is under Probate Conservatorship. If yes, determine whether LPS or Probate Conservator has authority to consent to routine medical care. Conservator may be requested to authorize medical care or obtain authorization from appropriate court to authorize such care.
- C. When a patient's evaluation does not meet the WIC 5150 or WIC 5350 criteria and is not under Probate Conservatorship, the Detention Medical Services staff shall petition the Probate Court under (Probate Code 3201) to obtain permission to provide medical care to the patient by:
1. Contacting the Sheriff's Legal Advisor.
 2. Completing a petition request.
 3. Submitting this request to the public guardian. The public guardian will arrange for a judicial review of the petition for adjudication and obtain a court order.
 4. Assisting in scheduling a mental health evaluation through the Forensic Evaluation Unit (FEU) by court order. The Probate Court will be requested to issue the "Order for Transport" of the patient to the FEU.
- D. In the event of a medical emergency, Medical Services Staff shall follow MSD P&P: M.1.

- VII. The consent for treatment shall be explained in a language and/or modality understood by the patient. If the patient does not understand English or Spanish the following are available:
- A. The Sheriff's Communication Center Staff shall be contacted at (858) 565-5030 for assistance in obtaining a translator.
 - B. Immediate assistance is available at (800) 448-3003. Sheriff's Client ID# 901419.
 - C. Translation services are available for ensuring rights, notifications, advisements, and treatment information. Translation services are communicated in a language and modality accessible to the patient. All available modalities, i.e., sign language is included.

Implemented: 12/90
Reviewed: 9/19/02, 8/9/04, 8/12/05, 7/31/06, 7/31/07, 7/9/08, 7/14/09, 2/15/11, 8/5/2019
Revised: 2/23/94, 4/1/94, 5/25/95, 1/29/96, 9/17/96, 9/19/96, 9/19/97, 9/18/98, 8/11/99, 5/11/00, 7/31/00, 11/4/22
8/10/01, 1/31/12, 8/18/03, 3/6/07, 07/01/08, 2/12/13, 10/30/15, 11/15/2021

CONSENT FOR TREATMENT

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT:	COURT REFERRALS FOR EVALUATION	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.C.6
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1

RELATED SECTIONS: MSD P&P: M.10
IN COMPLIANCE WITH: CCR Title 15, Sections 1206, 1208, and 120; P.C. 4011.6

PURPOSE

To satisfy requirements in evaluating and treating referrals under Penal Code §4011.6 for patients in custody of the San Diego Sheriff's Department (SDSD).

BACKGROUND

Penal Code §4011.6 authorizes the detention commander and the courts to transport patients who may be mentally disordered to an LPS designated facility for evaluation and treatment. The same section requires certain reporting by that facility and provides for ultimate disposition of the patient referred.

The provisions herein are intended to carry out, but in no way supersede, requirements of the Penal Code, to which reference should be made for further guidance.

A Penal Code §4011.6 is a court order for a psychiatric evaluation of a patient to determine their need for inpatient treatment. In San Diego County the order is virtually always issued by a judge who documents their probable cause for believing the individual may meet the criteria for involuntary treatment under the provisions of WIC §5150(a). This document should be afforded the same confidential treatment as any mental health record.

POLICY

The Detention Outpatient Psychiatric Services (DOPS) unit staff shall arrange for a psychiatrist to evaluate a patient in compliance with court ordered evaluation, Penal Code §4011.6

In the event of the unavailability of a psychiatrist to conduct such a mandated court order, arrangements shall be made by DOPS unit staff to transfer the patient to the San Diego County Psychiatric Hospital (SDCPH) Emergency Psychiatric Unit (EPU).

COURT REFERRALS FOR EVALUATION

SUBJECT: COURT REFERRALS FOR EVALUATION
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.C.6
PAGE: 2

RELATED SECTIONS: MSD P&P: M.10
IN COMPLIANCE WITH: CCR Title 15, Sections 1206, 1208, and 120; P.C. 4011.6

RECOMMENDED PROCEDURE

- I. The ordering of a Penal Code §4011.6 is conveyed to the DOPS unit staff at any of the detention facilities offering psychiatric and mental health services in one of the following ways:
 - A. The judge or his clerk telephones the DOPS staff directly or faxes court order.
 - B. A telephone call is made from any one of the detention facilities from the person who received the court order to DOPS unit staff. This could be a clerk, a watch commander, a deputy or medical services staff.
 - C. The court order arrives via County mail. (In this case it may be late and the court should be notified of this fact).
- II. Once informed that the Penal Code §4011.6 court order has been issued, the evaluation shall be done without delay.
- III. The evaluation may be performed at SDCJ, LCDRF, GBDF, VDF or at SDCPH EPU. A DOPS' psychiatrist shall evaluate the patient and prepare the required report for court.
- IV. After hours, on weekends and holidays, and at detention facilities when no DOPS staff is present, the patient shall be transported to SDCPH EPU by the Sheriff's Department. The medical staff shall call SDCPH EPU and notify them of the pending arrival of the patient for evaluation.
- V. The court order shall be examined to obtain the reasons for the referral, the name of the judge, and the date and time that the case is to be heard in court. This is also the date and time that the report is due in court.
 - A. The SDCPH EPU front-line assessment form has been determined to be acceptable to the court as the mandated report when the evaluation is performed at SDCPH EPU.
 - B. The evaluation shall be done in the same manner as all referrals to SDCPH EPU, with admission, when indicated, to PSU or SDCPH EPU.
 - C. If admission is not necessary, the patient is returned to the detention population with ample documentation to the court supporting this clinical decision.
 - D. Furthermore, the SDCPH EPU psychiatrist may recommend psychotropic medication and housing unit placement.
- VI. The detentions psychiatrist shall prepare a written report addressing the reasons for court ordered evaluation with a final paragraph of "Recommendation to the Court", this last paragraph shall be added to the SDCPH EPU assessment report, stating clearly and concisely the clinician's findings and recommendations in terms easily understood by the court.
- VII. The prepared report shall be sent to the court.
 - A. A copy of the report and any orders for psychotropic medications or recommendations for housing placement shall be given to the psychiatrist for follow up.
 - B. These reports shall be kept in the patient's medical record.

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: COURT REFERRALS FOR EVALUATION
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.C.6
PAGE: 3

RELATED SECTIONS: MSD P&P: M.10
IN COMPLIANCE WITH: CCR Title 15, Sections 1206, 1208, and 120; P.C. 4011.6

- VIII. Subsequent reports to the court when the patient is admitted are mandated by statute and shall be sent to the referring judge by the attending psychiatrist. This includes notice of all changes in legal status such as, but not limited to, the following:
- A. Certification for 14 days of intensive treatment.
 - B. Initiation of conservatorship proceedings.
 - C. Conversion to voluntary inpatient status.
 - D. Discharge to regular detention population.

Revised: 4/1/92, 6/4/93, 4/1/94, 5/24/95, 1/29/96, 9/19/96, 8/11/99
Reviewed: 7/31/00, 8/10/01, 9/18/02, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 7/14/09, 2/15/11, 2/6/12, 3/6/13, 10/30/15, 8/5/2019, 1/12/22

Reviewed: 11/4/22

COURT REFERRALS FOR EVALUATION

SUBJECT: CHEEKING, HOARDING OR SELLING
MEDICATIONS BY PATIENTS IN DETENTION
CATEGORY: MEDICAL & PSYCHIATRIC CARE SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.C.8
PAGE: 1

RELATED SECTIONS: DSB M.18; MSD M.12, P.5, D.1.1, C.5.1,G.3.2
IN COMPLIANCE WITH: CCR Title 15 Section 1216

PURPOSE

To provide physicians/registered nurse practitioners (RNP) and medical staff a method to address patients caught cheeking, hoarding or selling their medication in the San Diego County Sheriff's detention facilities.

POLICY

At the time that a patient is prescribed any medication; they need to be made aware that non-consumption, in the form of cheeking, hoarding or selling of a prescribed medication will be interpreted by medical staff as refusal/non-compliance.

All physicians/RNPs and medical staff will use the process noted below when treating a patient who is cheeking, hoarding or selling medication in the detention facilities.

Where other MSD operations manual (MSD.C.5.1 Medication Administration including Opioids and MSD.G.3.2 Psychotropic Medications) sections address the cheeking, hoarding or selling of specific categories of medicine, those specific operation manuals shall prevail over this general procedure.

PROCEDURE

- I. Cheeking, Hoarding or Selling
 - A. When a patient is identified as having a history of non-consumption cheeking, hoarding or selling of prescribed medication,
 - B. Medical staff (RN/LVN) that observed the cheeking, hoarding, or selling of medications by the patient, will document in the patient's chart and schedule the patient for provider review MDSC.
 - C. The Provider shall:
 - 1. Review the documentation in TechCare and the Inmate Status Report (ISR) in JIMS about such patient conduct, as part of the clinical evaluation of the patient's course of treatment.
 - 2. The provider will consider and decide depending upon the patient's clinical condition if any further treatment is needed.
 - 3. Patients identified as violating the zero tolerance pain standard are to be referred to the detention clinic medical director for record review.
 - 4. If an alternative treatment plan should be prescribed for the management of psychiatric conditions; alternative treatment plan can include alternative forms of the initial medication administered to the patient, including but not limited to crushed or suspension forms of the medication for the patient's consumption. The psychiatric provider will document this information in TechCare

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT:	CHEEKING, HOARDING OR SELLING MEDICATIONS BY PATIENTS IN DETENTION	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC CARE SERVICES	NUMBER:	MSD.C.8
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	2
RELATED SECTIONS: IN COMPLIANCE WITH:	DSB M.18; MSD M.12, P.5, D.1.1, C.5.1,G.3.2 CCR Title 15 Section 1216		

Implemented: 4/26/10

Reviewed: 10/30/15, 8/5/2019, 11/4/22

Revised: 2/8/13, 3/28/13, 5/3/13, 1/3/14, 2/13/15, 10/30/2015,
1/12/22

CHEEKING, HOARDING OR SELLING MEDICATIONS BY PATIENTS IN DETENTION

SUBJECT:	COURT ORDERS	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.C.10
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1

RELATED SECTIONS: DSB F.3
IN COMPLIANCE WITH:

PURPOSE

To establish a standard operating procedure for the processing of court orders received on "In Custody" patients.

POLICY

Per DSB P&P F.3, every effort will be made to comply with valid court orders. Court orders are subject to amendment or denial by the facility commander in certain situations as specified in DSB.F.3. Court orders for a particular method of treatment or a specific medication will not be followed, and will be referred to Sheriff's Legal Affairs.

PROCEDURE

- I. Inmate Processing Division (IPD) receives a court order and routes to the facility's medical unit.
- II. A staff member will enter the court order on the "Court Ordered" log sheet.
- III. Once the desk nurse has received the court order they shall
 - A. Advise the charge nurse or designee and facility supervisor.
 - B. Advise the sheriff's chief medical officer and director of nursing.
- IV. Dependent on the court order, the charge nurse or designee will schedule the appropriate request. Requests can include but not limited to-
 - A. A medical evaluation by a facility provider (physician /nurse practitioner)
 - B. An evaluation by the facility dentist
 - C. An evaluation by the facility psychiatrist
 - D. An evaluation by one of the facility's qualified mental health providers or counselor
 - E. An evaluation by an outside provider
 - F. Procurement of durable medical equipment, prosthesis, or false teeth.
 - G. For patient to attend a medical education class.
- V. Documentation of the receipt of the court order and the scheduling of the court ordered request(s) shall be documented in a TechCare encounter.
- VI. A copy of the court order shall be scanned into the patient's medical chart.

Implemented: 2/29/12
Reviewed: 2/27/13, 8/5/2019, 11/4/22
Revised: 10/30/15, 1/12/22

COURT ORDERS

SUBJECT: CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) ADMINISTRATION FOR PATIENTS WITH SLEEP APNEA
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.C.11
PAGE: 1

RELATED SECTIONS: MSD PTG.E.1
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208 & 1210

PURPOSE

To establish a standard procedure for prescribing and continuing CPAP machine for treatment of sleep apnea in the detentions.

POLICY

Medical Services Division will identify the need for CPAP machine. CPAP machine shall be ordered by a medical provider (MD/RNP).

PROCEDURE

See CPAP Algorithm below

- I. Patients who request a CPAP must sign a release of information (ROI) to verify diagnosis of sleep apnea or sleep study within the past 12 months.
- II. Physician /NP needs verification from outside medical records within the past 12 months to verify diagnosis of sleep apnea prior to ordering a continuation order for CPAP. The provider (MD/RNP) can order CPAP machine if there is prior history of sleep apnea in previous incarceration (verified in TechCare within the past 12 months).
- III. If patient claims snoring or other symptoms of sleep apnea, and is requesting a CPAP machine:
 - A. Physician /RNP to order overnight continuous O2 saturation monitoring in MOB.
 - B. Physician /RNP to review overnight O2 saturation results to identify readings at or below 88%.
 - C. If abnormal O2 saturation levels of 88% or below are present, physician/nurse practitioner will complete referral for a sleep study in TechCare.
- IV. If patient has a CPAP machine at home, family can bring it to the facility. If no machine is brought into the facility, nor verification with outside medical records for sleep apnea can be confirmed, patient will be treated as a new referral as per section III of Procedure.
- V. A patient with a personal CPAP machine in the facility will need to have their family provide replacement parts to keep the CPAP machine operational, such as masks and tubing. If family is unable to provide replacement parts, MSD will issue standard parts as replacement. If patient's own CPAP machine becomes non-functional, MSD will issue standard rental CPAP machine and parts.

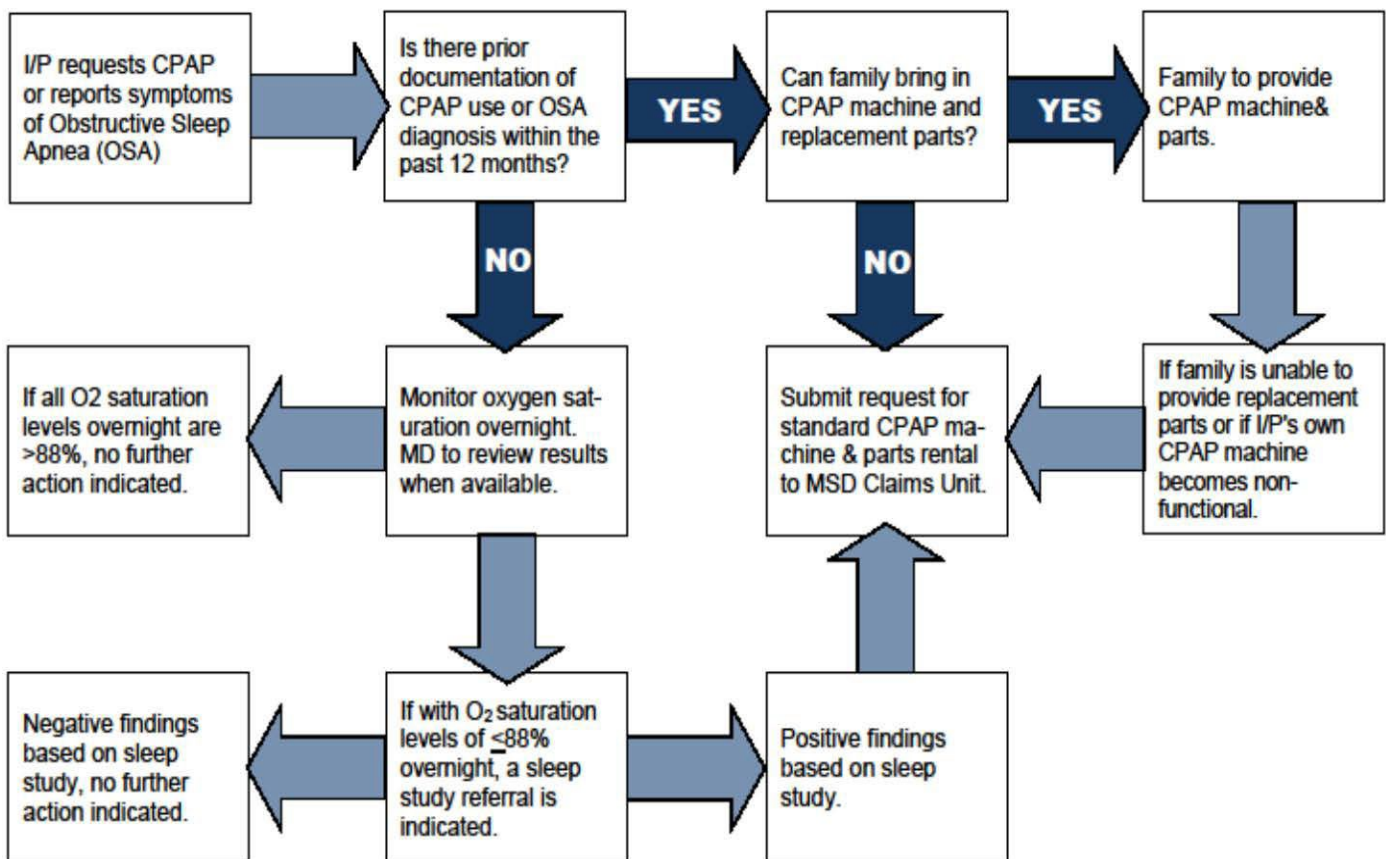
CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) ADMINISTRATION FOR PATIENTS WITH SLEEP APNEA

SUBJECT: CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) ADMINISTRATION FOR PATIENTS WITH SLEEP APNEA
 CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
 DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
 NUMBER: MSD.C.11
 PAGE: 2

RELATED SECTIONS: MSD PTG.E.1
 IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208 & 1210

CPAP Algorithm



Implemented: 6/2/14
 Reviewed: 12/15/15, 8/5/2019, 11/4/22
 Revised: 1/12/22

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT:	DEATH OF AN INMATE ON SITE	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.D.1
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1

RELATED SECTIONS: DSB P&P: M.7; MSD P&P: C.2 & M.4
IN COMPLIANCE WITH: CCR Title 15, Section 1046, CA Civil Code 56.10, W&I 4515 & 5328.8, NCCHC J-A-09

PURPOSE

To provide clear instructions to Medical Services Division (MSD) personnel responding and reporting an inmate's death on site.

To provide a mechanism to insure that a medical review of every in-custody inmate's death is conducted.

POLICY

- I. A medical review of every in-custody patient's death shall be conducted within 30 days.
- II. A death review consists of an administrative review, a clinical mortality review and a psychological autopsy if death is by suicide.
- III. Treating staff are informed of the clinical mortality review and administrative review findings.
- IV. An patient who is absent of rigor mortis or post mortem lividity, with a potential for resuscitation shall be transferred to the nearest hospital emergency room.
- V. When the patient has been declared deceased by a physician, the following procedure will be followed:

PROCEDURE

- I. In the event a patient is a potential for resuscitation, on-site medical staff shall initiate MSD.C.2 Code Blue: Life Threatening Emergency.
- II. In the event a patient is declared deceased by a physician, the body will be released to the medical examiner's representative.
- III. The MSD on-site staff shall notify the following department personnel as soon as possible:
 - A. Facility watch commander.
 - B. Medical Services Division (MSD) captain.
 - C. Facility supervising nurse (or designee).
 - D. Medical services administrator (or designee).
 - E. Chief of Health Information Management (or designee).
- IV. The MSD Facility or On-Call Supervisor will notify the captain in charge of Medical Services via-email with all pertinent information and follow up with a phone call.
- V. Medical staff shall complete the following documentation in patient's medical record which includes but not limited to:
 - A. Date, time, location of incident, and individual making and receiving notification.
 - B. Patient's condition at time of arrival of medical staff and other subsequent clinical changes.
 - C. Identification of medical staff responding

DEATH OF AN INMATE ON SITE

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT: DEATH OF AN INMATE ON SITE
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.D.1
PAGE: 2

RELATED SECTIONS: DSB P&P: M.7; MSD P&P: C.2 & M.4
IN COMPLIANCE WITH: CCR Title 15, Section 1046, CA Civil Code 56.10, W&I 4515 & 5328.8, NCCHC J-A-09

- D. Medical actions taken subsequent to notification of the emergency.
- E. Actions taken at scene by medical staff until paramedics assume care.
- F. Paramedic arrival and departure time.
- G. Date and time of notification of-
 - 1. Facility watch commander
 - 2. MSD captain
 - 3. Facility supervising nurse
 - 4. Medical services administrator
 - 5. Chief of health information management (HIM)
- VI. Staff involved in the emergency response shall remain at the work place until released by homicide investigators.
- VII. The Chief HIM will provide copies of the patient's medical record the next working day. Two (2) copies of all records will be provided on CD to Homicide and one (1) CD copy to Division of Inspectional Services (DIS) and Detention Investigations Unit (DIU). A copy of the medical record will be provided to the Medical Examiner upon request.
- VIII. Medical Review of patient's Death
 - A. The sheriff's medical services administrator is responsible for reviewing all inmate deaths, in consultation with the sheriff's chief medical officer.
 - B. Circumstances surrounding the death are to be evaluated.
 - C. The sheriff's chief medical officer will present a verbal summary of the review findings to the affected facility manager, treating staff and DSB command staff.
 - D. A meeting shall be held after all autopsy and other pertinent reports have been received to discuss findings with DSB and facility command staff, sheriff's legal counsel, and medical services administration. As appropriate, the detention facility supervising nurse, psychiatric director and other staff who are relevant to the incident, as deemed appropriate by the medical services administrator, shall also be included.

Implemented: 6/85
Reviewed: 7/00, 9/18/02, 8/9/04, 8/12/05, 07/09/08, 2/17/11, 2/6/12, 2/12/13, 8/15/19, 9/1/21, 11/4/22
Revised: 4/94, 5/95, 1/96, 9/96, 9/97, 9/98, 8/99, 8/01, 8/18/03, 7/31/06, 7/30/07, 7/14/09, 6/2/14, 12/23/15, 3/30/17, 9/1/21

DEATH OF AN INMATE ON SITE

SUBJECT: DENTAL SERVICES: EMERGENCY & ROUTINE
CATEGORY: MEDICAL & PSYCHIATRIC CARE SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.D.2
PAGE: 1

RELATED SECTIONS: MSD P&P: M.5, P.7 & S.3.
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1215, 1206

PURPOSE

To delineate and define dental services responsibilities available in the detention facilities.

POLICY

Emergency and necessary dental care for the immediate welfare of the patients shall be provided upon request or referrals, under the direction and supervision of a dentist licensed in the State of California.

PROCEDURE

- I. A patient requiring emergency care may access dental services in accordance with facility emergency care procedures.
- II. A patient may request a scheduled visit for dental care by signing the Sick Call Request Form J212 or J212S (Spanish) and noting their dental complaint/problem.
- III. A patient can be referred for dental care by other medical providers. The patient is responsible to keep appointments, maintain a basic level of oral hygiene and proper care for dental appliances.
- IV. The facility onsite dentist will coordinate requests for oral surgery evaluation.
- V. The need for dental prosthetic appliance shall be determined by the facility onsite dentist.
- VI. Classification of dental services offered in the facilities are:
 - A. Emergency dental treatment:
Treatment is limited to that necessary for acute trauma, significant infection or uncontrolled bleeding that is determined to be a serious life threat to health or endangering life.
 - B. Immediate dental care:
Treatment of an acute oral or maxillofacial condition which is likely to remain acute, worsen, or become life threatening without immediate intervention.
 - C. Urgent dental care within one day:
Treatment for a sudden onset or severe pain which prevents patient from carrying out essential activities of daily living. Dental treatment is limited to the elimination of symptoms and/or foci of infection that addresses acute pain, post-operative discomfort, minor trauma or minor bleeding.
 - D. Urgent dental care within 30 calendar days:
Treatment for a sub-acute hard or soft tissue condition that is likely to become acute without early intervention. Dental treatment is limited to treatment of specific pain and related care by palliative means or extraction when symptoms continue that affect the essential activities of daily living.
 - E. Urgent dental care within 60 calendar days:

DENTAL SERVICES: EMERGENCY & ROUTINE

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: DENTAL SERVICES: EMERGENCY & ROUTINE
CATEGORY: MEDICAL & PSYCHIATRIC CARE SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.D.2
PAGE: 2

RELATED SECTIONS: MSD P&P: M.5, P.7 & S.3.
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1215, 1206

Treatment for unusual hard or soft tissue pathology. Dental treatment is limited to obtaining tissue samples for laboratory procedures for confirmation of needed diagnosis.

F. All other dental care will be provided on a case by case basis.

It will be determined based on the patient's symptoms, oral pathology, and treatment required to restore the patient's ability to function including but not limited to the patient's ability to chew and maintain adequate nutrition.

Implemented: 11/90
Reviewed: 8/11/99, 7/31/00, 9/18/02, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 7/9/08, 2/3/12, 2/12/13, 12/15/15, 8/15/19, 8/11/21, 11/4/22
Revised: 4/3/92, 2/26/93, 4/1/94, 5/24/95, 1/29/96, 9/19/97, 9/18/98, 8/10/01, 7/28/09, 2/1/11, 10/1/11

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT:	DETENTION FACILITY: TYPE IV	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC CARE SERVICES	NUMBER:	MSD.D.3
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1

RELATED SECTIONS: MSD P&P: P.6 & S.3.
IN COMPLIANCE WITH: CCR TITLE 15, SECTION 1201

PURPOSE

To delineate and define medical and mental health services in a type IV facility, specific to patients eligible for work furlough and/or other programs in the community.

POLICY

Patients in a work furlough program shall have access to medical services.

PROCEDURE

- I. Access to medical and health care services.
 - A. Patients in work furlough programs have access to medical sick call.
 1. Patient must sign individual sick call request form stating medical need/problem.
 - B. Patient may request to see their private physician. Refer to MSD Operations Manual: Private Physician.
 - C. If a patient is injured at job site, follow job site's policy and procedure regarding injuries on the job.

Implemented: 10/90
Reviewed: 9/17/96, 9/19/97, 9/18/98, 8/11/99, 7/31/00, 8/10/01, 9/18/02, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 7/09/08, 7.22.09, 2/17/11, 2/3/12, 2/12/13, 12/15/15, 8/15/19, 1/10/22, 11/4/22
Revised: 3/20/92, 2/26/93, 5/24/95, 1/29/99

DETENTION FACILITY: TYPE IV

SUBJECT:	DETENTION OUTPATIENT PSYCHIATRIC SERVICES (DOPS)	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.D.4
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1

RELATED SECTIONS: DSB P&P: R.3; MSD P&P: C.1, E.5.1, M.10. P.19, S.3,
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208, 1210, 1211, AND 1219; WIC 5150.

PURPOSE:

To define the nature and extent of outpatient clinic based mental health services offered in the detention facilities.

POLICY:

Mental Health services shall be provided to a patient identified with Mental Health issues by qualified mental health professionals (QMHP).

Staff shall consist of, but not be limited to, psychiatrists, psychologist, detentions licensed mental health clinicians, psychiatric registered nurse practitioners (PRNP), licensed vocational and registered nurses.

PROCEDURE:

- I. Criteria for placement in Detention Outpatient Psychiatric Services (DOPS) housing:
 - A. In custody of the San Diego County Sheriff
 - B. Based on clinical information, the patient may be able to benefit from being housed with other patients who has been diagnosed with a psychiatric condition in designated facilities (OPSD).
 - C. Patient may be housed in mainline housing.

- II. Placement procedure:
 - A. Sources of referral:
 1. Medical staff
 2. Deputy
 3. Self
 4. Others: family, friends, counselors, chaplains, court, attorneys, etc.

 - B. Following the initial mental health screening, a search shall be done to ascertain if:
 1. Patient has been assigned a Mental Health Services (MHS) number as assigned by Cerner Community Behavioral Health (CCBH) system.
 1. The designated detention facility staff has printed the CCBH(Cerner) data summary of previous psychiatric history when available.

DETENTION OUTPATIENT PSYCHIATRIC SERVICES (DOPS)

SUBJECT:	DETENTION OUTPATIENT PSYCHIATRIC SERVICES (DOPS)	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.D.4
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	2
RELATED SECTIONS: IN COMPLIANCE WITH:	DSB P&P: R.3; MSD P&P: C.1, E.5.1, M.10, P.19, S.3 CCR, TITLE 15, SECTION 1208, 1210, 1211, AND 1219; WIC 5150.		

III. Mode of Treatment:

A. Pharmacotherapy:

1. Psychiatric outpatients are examined by the psychiatrists/prnp during voluntary psychiatric specialty clinic and during inmate safety program evaluations.
2. Monitoring patient's compliance to treatment i.e. taking of psychotropic medication, treatment, and laboratory work-up
3. Monitoring of patient's who require special treatment modalities i.e. Clozaril Therapy.
4. Psychiatric outpatient medication records:
 - a. Record of psychiatrist/prnp medication orders and medication administration can be accessed in TechCare.
 - b. Other records of administered psychotropic medications are kept in the patient's medical record with appropriate physician's orders and progress notes written by the mental health clinical staff while in custody in the electronic health record.
5. Informed consent for psychotropic medications:
 - a. All patients are requested to sign an informed consent (J-261) form for voluntary use of psychotropic medications.
 - b. If patient refuses to sign but verbally agrees to continue treatment, psychiatrist/prnp shall document in the informed consent form and the progress notes.
 - c. Psychiatrist/PRNP will discuss with patient the benefits and risks of the prescribed medications.
6. Compliance to treatment:
 - a. Patients are monitored for medication compliance. Patients in custody pursuant to Penal Codes 1370 with SELL orders, may not refuse psychotropic medication according to the terms of their commitment. When a patient refuses medications, the attending psychiatrist is notified and involuntary placement and medication administration in a W/PSU is considered and additional supportive counseling may be ordered to facilitate medication compliance.
 - b. A patient who refuses medication will receive psychiatric evaluation and be assessed for appropriate placement.

Possible outcomes are:

- Involuntary care (W&I 5150)
- Additional supportive counseling
- Appropriate medication management

DETENTION OUTPATIENT PSYCHIATRIC SERVICES (DOPS)

SUBJECT:	DETENTION OUTPATIENT PSYCHIATRIC SERVICES (DOPS)	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.D.4
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	3

RELATED SECTIONS: DSB P&P: R.3; MSD P&P: C.1, E.5.1, M.10, P.19, S.3
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208, 1210, 1211, AND 1219; WIC 5150.

B. Crisis intervention:

1. Patients identified by sworn staff needing immediate mental health assessment are to be referred to the facility gatekeeper. The Gatekeeper will determine the appropriate available provider to evaluate patient.
2. In the absence of safety cell availability, patient's at risk of suicide who are identified at intake may be admitted to W/PSU by a detention psychiatrist. If a detention psychiatrist is not available, the patient is assessed by the Gatekeeper for treatment recommendations. The patient may be diverted to Emergency Psychiatric Unit (EPU) for evaluation and for possible admission to the W/PSU pursuant to WIC 5150.
3. All housing of outpatient psychiatric patients shall be the decision of security personnel in collaboration with recommendations from the Medical/Mental Health staff.

C. Release from outpatient service:

1. When further treatment is not necessary it shall be documented in the progress note in the patient's medical record.
2. Patients who are released from custody and may require continuing care, may be referred to community mental health clinics and other community based programs.
3. A prescription for psychotropic medications shall be given to the patient or placed in the patient's property pursuant to MSD Operations Manual Policy: Pharmaceutical Operations

Reviewed: 9/18/02, 8/12/05, 7/31/06, 07/30/07, 07/09/08, 2/28/11, 2.6.12, 3/7/13, 12/15/15, 8/15/19, 11/4/22

Revised: 4/3/92, 6/4/93, 4/1/94, 5/24/95, 1/29/96, 9/19/96, 8/11/99, 5/10/00, 7/31/00, 8/10/01, 8/18/03, 8/9/04, 9/30/05, 7/21/09, 9/30/14, 2/01/22

SUBJECT: DIETS, MEDICAL
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.D.5
PAGE: 1

RELATED SECTIONS: DSB P&P: K.7 , K.8 & K.27. MSD. F.3
IN COMPLIANCE WITH: CAC Title 15, Sections 1241 and 1248, NCCHC J-B-01

PURPOSE

To provide medically prescribed diets to patients.

To monitor patients with food allergies.

POLICY

Medical diets for patients shall be provided as prescribed by a providers (doctor/nurse practitioner) orders including the type of diet, the duration for which it is to be provided, and special instructions, if any.

Medical diets and menus are to be reviewed for nutritional adequacy at least every 6 months and whenever a substantial change in the menus is made. Written documentation of menu reviews includes the date, signature, and title of the consulting dietitian.

When a patient refuses a prescribed diet, follow-up nutritional counseling by the dietitian is provided.

PROCEDURE

I. Medical Diets

- A. Medical diets shall be prescribed by a facility doctor or nurse practitioner
- B. Medically prescribed diets shall be entered in TechCare .
- C. Religious diets or disciplinary diets may be contraindicated with prescribed diets. Consultation with the doctor /nurse practitioner and dietitian is recommended prior to initiating religious diet or disciplinary diet. The facility correctional counselor will be notified of the determination regarding religious diet requests (see DSB.K.8).
- D. If MSD personnel determines that a patient's medical needs are such that the patient must be kept on a medical diet, then medical staff will schedule a MDSC encounter to discuss with the patient the following:
 - 1. Whether the patient's religious beliefs are sincerely held and if so:
 - a. How the patient's sincerely held religious beliefs can be reconciled with the dietary restrictions prescribed by MSD.

After making a decision, MSD personnel will notify counseling staff if the patient has been approved or denied.

- E. Patients who want to appeal the denial decision due to a medically prescribed diet will have to speak with medical personnel regarding their need for a religious diet. The patient must submit a request to medical services.
- F. Medical staff will schedule a MDSC encounter to discuss with the patient risks and concerns. If after consultation with medical staff, the patient insists in terminating their medical diet in order to receive a religious diet, medical staff shall document the patient's understanding and refusal in the medical record. The patient must sign a Refusal to Accept Medical Care-Treatment (J-233) form. See Section C below for the termination of a prescribed diet.

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT: DIETS, MEDICAL
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.D.5
PAGE: 2

RELATED SECTIONS: DSB P&P: K.7 , K.8 & K.27. MSD. F.3
IN COMPLIANCE WITH: CAC Title 15, Sections 1241 and 1248, NCCHC J-B-01

- G. Medical staff will forward a copy of the signed J-233 form to the designated correctional counselor. The correctional counselor will initiate enrollment of the patient into the Religious Diet Program as outlined in DSB.K.8.
 - H. Medically prescribed diets, and allowable substitutes, are described in the Medical Diet Manual.
 - I. Medical diets shall be planned, prepared and served with consultation from a registered dietitian.
 - J. Workers who prepare medical diets are supervised in preparing the diets, including appropriate substitutions and portions.
 - K. It is the responsibility of the food services supervisor, or designee, at each facility to review the medical diet trays for compliance with the medical diet menu prior to the serving of each meal.
 - L. Medical diets are available in all facilities.
 - M. The Medical Diet Manual is available on the sheriff's intranet under the food services website.
- II. Allergy Diets
- A. At intake, the RN will obtain a history of any food allergies.
 - B. patient's may disclose a food allergy at any time during incarceration.
 - C. When a patient claims an allergy refer to MSD.F.3 for food allergy testing and the appropriate intervention.
 - D. The RN will inform patient if the claimed food allergies are not served by the sheriff's detention food services.
 - 1. Sheriff's detentions food services does not provide meals that include tree nuts, shellfish, pork, strawberries, coconut, pineapple, and fish.
 - E. Medical staff member will advise patient that they are responsible for being aware of the ingredients in the items they purchase in their commissary orders.
 - F. When medical staff receives information from the dietitian, food services supervisor and/or sworn staff that casts doubt upon the patient's claimed allergy, medical staff will interview the patient, educate them regarding the ingredients contained in commissary food(s) specific to their allergy and document the encounter. A Food Allergy Non-Compliance form in TechCare will be completed, and a copy will be given to the patient. If the dietitian or food services supervisor sees no change in the ordering of commissary foods, the patient will be removed from the allergy diet.
- III. Termination of a prescribed diet:
- A. If a patient requests to terminate or refuses a prescribed diet, patient must sign Refusal to Accept Medical Care/Treatment form (J223). A signed copy of form J223 will be forwarded to the facility medical staff for action and follow-up nutritional counseling.
 - B. The patient will continue on the prescribed diet until the order is terminated by the provider.
 - C. The doctor or nurse practitioner may also terminate the prescribed diet if the patient violates the requirements of the prescribed diet.
- IV. See DSB.K.27 Special disciplinary separation diet for the bureau's policy and procedure on disciplinary diets.
- V. See DSB.K.8 Religious diets for the bureau's policy and procedure on religious diets.

Implemented: 1991
Reviewed: 9/97, 9/98, 8/99, 7/00, 8/01, 8/9/04, 8/12/05, 7/22/09, 2/17/11, 2/6/12, 2/15/13, 8/15/19, 11/4/22
Revised: 3/92, 9/96, 9/18/02, 8/18/03, 7/31/06, 7/30/07, 07/09/08, 4/26/10, 6/20/11, 9/28/11, 8/27/13, 9/30/15, 11/15/17, 1/20/22

DIETS, MEDICAL

SUBJECT: DISASTER PLAN
CATEGORY: MEDICAL & PSYCHIATRIC CARE SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.D.6
PAGE: 1

RELATED SECTIONS: DSB P&P: H.2, H.3, MSD P&P: C.2, M.1
IN COMPLIANCE WITH: CCR TITLE 15, SECTION 1208, NCCHC-J-D-07

PURPOSE

To provide a plan for the provision of health care services in the event of a disaster.

POLICY

Medical staff upon notification of the sworn staff shall respond to any medical emergency during a disaster without compromising the security and safety of anyone in the workplace.

PROCEDURE

- I. Medical staff shall be informed of any disaster/evacuation plan by the sworn staff.
 - A. Facility supervising nurse/designee shall notify medical administrator/designee of the incident.
 - B. Depending on the severity of the disaster, medical staff shall inform off duty medical staff by using the fan-out list of all medical employees that have emergency contact phone numbers.
 - C. A clearly visible map of evacuation route specific for each facility shall be posted in the Medical Area.
 - D. Medical staff should be familiar with all of the exit locations in their working area.
 - E. Exit signs should be clear and visible to all medical staff.
 - F. Sworn personnel will direct medical staff to move to the designated evacuation holding area.
 - G. Medical staff shall inform sworn staff of the patients who have special needs:
 1. Medical equipment i.e. oxygen, intravenous infusion, etc.
 2. Ambulation assistance i.e. wheelchair, walker, cane, etc.
 - H. Follow instructions as directed by sworn personnel.
- II. Under the direction of sworn or emergency personnel, medical staff shall triage patient in the facility's designated evacuation holding areas.
 - A. Request for transport of injured patient via life flight, paramedics, EMT, or deputy car as appropriate. Refer to MSD P&P: C.2 Code Blue: Life Threatening Emergency.
 - B. Initiate emergency SNPs as needed.
 - C. Document as appropriate.
- III. Bring Emergency Response Bags and other portable emergency equipment allowed by sworn staff to be moved during evacuation.
- IV. Personal Protective Equipment (PPE) shall be available in the facility for any bioterrorism emergencies. Medical services shall be responsible to maintain ample supplies of N-95 masks for all medical staff.

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: DISASTER PLAN
CATEGORY: MEDICAL & PSYCHIATRIC CARE SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.D.6
PAGE: 2

RELATED SECTIONS: DSB P&P: H.2, H.3, MSD P&P: C.2, M.1
IN COMPLIANCE WITH: CCR TITLE 15, SECTION 1208, NCCHC-J-D-07

V. Training:

- A. Newly hired medical staff shall be informed of this policy.
- B. Medical staff shall participate in any emergency drills in their respective facilities.

Implemented: 7/31/06
Reviewed: 7/30/07, 07/09/08 and 7/22/09, 2/17/11, 2/6/12, 2/14/13, 12/15/15, 8/15/19, 11/4/22
Revised: 1/10/22

SUBJECT: DO NOT ATTEMPT TO RESUSCITATE
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.D.7
PAGE: 1

RELATED SECTIONS: NCHCC J-F-07
IN COMPLIANCE WITH:

PURPOSE

To provide guidelines to follow in those circumstances where the appropriateness of a DO NOT ATTEMPT TO RESUSCITATE (DNAR) order must be considered.

POLICY

It is the policy of San Diego County Sheriff's Medical Services Division as well as community standard to respect patient rights, in conjunction with their treating physicians, to refuse cardiopulmonary resuscitation. This decision has no effect on any other therapy undertaken for the relief of suffering; it does not limit care such as nutritional support, or antibiotics. A patient with decision-making capacity has the ultimate authority.

In instances where the patient has a physician orders for life-sustaining Treatment documented, the wishes of the patient expressed in that document must be honored.

Advanced directives or medical living wills and other such documents are not authorized to be completed by MSD Staff. If it is the desire of the patient to exercise such a document the patient's attorney must complete the document and obtain all witness signatures.

The terms "DNAR" (Do Not Attempt to Resuscitate) and "DNR" (Do Not Resuscitate) are intended to mean the same thing, and the use of either these terms in any forms or documents shall be construed to refer to a patient-directed limitation on the provision of emergency medical services intended to restart breathing or restore heart functioning.

DEFINITIONS

- I. **CARDIOPULMARY RESUSCITATION:** Those measures, including closed chest compressions, ventilation, intubation, electrical or chemical defibrillation and appropriate pharmacology used to treat cardiac or respiratory arrest.
- II. **DECISION MAKING CAPACITY:** The patient is considered to possess decision-making capacity if the patient:
 - A. Understands the nature of the medical condition and its prognosis.
 - B. Is able to use the information regarding their condition to arrive at a reasoned decision.
 - C. Is able to express that the decision in an understandable manner
 - D. Communicates consistent wishes over time.
 - E. Document the information in the medical record.

DO NOT ATTEMPT TO RESUSCITATE

SUBJECT: DO NOT ATTEMPT TO RESUSCITATE
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.D.7
PAGE: 2

RELATED SECTIONS: NCHCC J-F-07
IN COMPLIANCE WITH:

- III. **DECISIONALLY INCAPACITATED:** The patient is decisionally incapacitated to make a health care decision if he/she is unable to understand their medical condition. At the discretion of the treating physician, a psychiatric evaluation may be considered.
- IV. **TREATING OR RESPONSIBLE PHYSICIAN:** The physician who has primary responsibility of the patient's care.
- V. **MEDICALLY FUTILE:** No realistic chance of providing a benefit that the patient has the capacity to perceive and appreciate, such as merely preserving the physiological functions of a permanently unconscious patient, or has no realistic chance of achieving the medical goal of returning the patient to a level of health that permits survival outside the acute care setting.

PROCEDURE

- I. Before writing the DNAR order, the responsible physician will discuss the DNAR order with the patient or if the patient is decisionally incapacitated, with the patient's surrogate decision-maker and/or family member(s), if available.
- II. Once the DNAR decision has been made, the patient or the patient's recognized representative (named in a Durable Power of Attorney for Health Care) shall sign a form that includes all of the following:
 - A. A recitation that the patient understands DNAR to mean that if the patient's heart stops beating or the patient stops breathing, no medical procedure to restart breathing or heart functioning will be instituted.
 - B. A recitation that the patient understands that the decision will not prevent the patient from obtaining other emergency medical care by pre-hospital emergency medical care personnel and/or medical care directed by a physician.
 - C. A recitation that the patient understands that he or she may revoke this directive at any time by destroying the signed DNAR form and removing any "DNAR" medallions.
 - D. A grant of permission for the DNAR information to be given to the pre-hospital emergency care personnel, doctors, nurses or other health personnel as necessary to implement the directive.
 - E. A statement agreeing to the DNAR order.

The form must also be signed by the responsible physician, affirming that the patient or patient's representative is making a clear and informed decision and that the directive represents the expressed wish of the patient or the patient's representative. The responsible physician shall not sign the form unless he or she believes the patient to possess decision-making capacity, or the order has been signed by the patient's representative who is named in the patient's durable power of attorney for health care.

After the form has been signed as directed above, the responsible physician shall write the order into TechCare. Telephone or verbal orders will not be accepted.

DO NOT ATTEMPT TO RESUSCITATE

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: DO NOT ATTEMPT TO RESUSCITATE
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.D.7
PAGE: 3

RELATED SECTIONS: NCHCC J-F-07
IN COMPLIANCE WITH:

- III. Staff will assist the patient in completing the PREHOSPITAL DO NOT RESUSCITATE FORM (located on MSD SharePoint Medical Forms). A copy of this form will remain at the facility and in the event the patient is transferred to an acute care setting, this document will accompany the patient.
- IV. The progress note should contain the:
 - A. Circumstances and medical reasons for the DNAR order
 - B. Diagnosis and prognosis that supports the treating physician's determination of medically futile.
 - C. Discussion with the competent patient/patient's wishes, or in the case of an incompetent patient, the surrogate's wishes.

Implemented: 6/25/13
Reviewed: 8/15/19, 11/4/22
Revised: 2/29/16, 1/10/22

DO NOT ATTEMPT TO RESUSCITATE

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT: EMPLOYEE STANDARDS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
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RELATED SECTIONS: SAN DIEGO COUNTY SHERIFF'S DEPARTMENT: DETENTION POLICY AND PROCEDURE SECTIONS AND MSD OPERATIONS MANUAL: L.1.
IN COMPLIANCE WITH: CCR TITLE 15, SECTION 1203; MOA: SECTION, ARTICLE 5, PART D; BUSINESS AND PROFESSIONS CODE OF CALIFORNIA, SECTION 2700 NURSING PRACTICE ACT; W&I CODE SECTION 15630; CA PENAL CODE SECTION 11166.

PURPOSE

To provide consistent standards for the Sheriff's Medical Services Division (MSD) employees that are shared with the Sheriff's Detentions Policy and Procedure standards. Any specific Sheriff's Detention Policy and Procedures not addressed in this document can be found in the official document located within the Sheriff's Web site.

SDSD procedure sections for reference: 3.2 Complaints against Sheriff's Employees; 3.3 Disciplinary Procedures; 3.4 Reporting Non-Work Related Absences; 3.5 Employee Performance Appraisals; 3.6 Grievance Records; 3.7 Outside Employment; 3.8 Jury Duty; 3.13 Dress Code for Professional Staff and Sworn Staff Out-Of-Uniform; 3.16 Occupational Injuries, Illness or Death; 3.20 Departmental Personnel/ Employee Performance / Training Files; 3.23 Awards Programs; 3.26 Badges and Identification Cards; 3.31 Procedure on Death or Injury of Employee; 3.33 Arrest and/or Booking of Employee by Another Agency; 3.34 Temporary Limited Duty Program for Injured or Ill Sheriff's Employees; 3.37 Emotional Stress Procedure; 3.38 Use of Tobacco; 3.39 Donations/Solicitation; 3.42 Procedure upon Retirement of Employee; 3.43 Fair Labor Standards Act (FLSA) Work Rules; 3.44 Peer Support Unit; 3.45 Bilingual Premium; 3.46 Payroll Procedures; 3.47 Discrimination and Sexual Harassment; 3.49 Employee Recognition Program; 3.50 Sick Leave; 3.52 Annual Vacation Scheduling; 3.53 Compensatory Time Off Requests; 3.54 Overtime Management; and 3.55 Use of English Language in the Work Place

POLICY

All MSD employees are expected to know and to comply with the division's policies, procedures, rules and regulations, , applicable Memorandum of Agreement (MOA) and Sheriff's Detentions Policy and Procedures for Members of the San Diego County Sheriff's Department. All licensed personnel shall be expected to perform all duties and assignments within their individual scope of practice.

PROCEDURE

- I. Attendance
 - A. Each employee shall work shifts as assigned. Meal breaks vary according to classification and assignment. Each employee is expected to be ready for work at the beginning of each shift.
 - B. Excused tardiness may be made up or charged to earned leave with approval of the immediate or facility supervisor/designee. Unexcused absences shall be charged as absent without leave (AWL) time.

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- C. Habitual tardiness will result in corrective action and shall be reflected on employee's performance rating and may be grounds for disciplinary action.
- D. Each employee shall notify their immediate supervisor within 10 days of name, address, and phone number changes. Complete a County of San Diego Employee Personal Data Worksheet (DHR – 124B).

II. Sick Leave

Definition:

Sick Leave is a paid leave earned and granted to an eligible employee for absences from work due to medical or dental reasons relating to themselves or their immediate family. For purposes of this policy, "immediate family", includes husband, wife, child, stepchild, brother, stepbrother, sister, stepsister, parent, stepparent or any person serving as a parent, or who has served as a parent, or any other person living in the same household as the employee. Medical or dental reasons are described as: personal illness or injury.

- Receipt of emergency or routine medical or dental cares, including prenatal and postnatal care, and reasonable travel time to and from health care facilities.
- Responsibility to take an immediate family member to routine medical or dental appointments, including prenatal and postnatal cares
- Responsibility to care for an ill or injured immediate family member or because the critical or terminal illness of an immediate family member necessitates the employee's presence.
- Need to discharge the necessary obligations that arise from the death of a member of the employee's immediate family, for which two days of sick leave may be combined with bereavement leave. "Immediate Family" for purposes of bereavement leave is expanded from the above definition to include grandmother, grandfather, grandchild, mother-in-law and father-in-law.

Requesting Sick Leave

An employee requesting sick leave shall state the reason for the request (personal sick, family sick, work related injury, etc. The type of illness should not be specified), identify the eligible family member (if applicable), and adhere to the conditions required below: Guidelines should be consistent from facility to facility. What applies to VDF should apply to SDCJ.

- Requests due to illness: All supervisors are expected to establish and communicate guidelines for employee notification of an absence based on their specific operational needs. These guidelines could include, but are not limited to
 - o Notify the on-duty facility shift Charge Nurse
 - o If the facility Nursing Supervisor has cause, the supervisor may contact the employee during the scheduled shift to verify the legitimacy and length of the absence
- Requests due to an emergency:

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- o When an employee cannot call in because of an accident or emergency the employee's supervisor should accept reasonable notification on behalf of the employee. The supervisor shall verify the accident or emergency with the employee as soon as possible
- Requests due to scheduled appointments:
 - o The employee should make every reasonable attempt to make appointments outside of scheduled work hours. When that is not possible, approval for routine medical and dental appointments shall be requested as far in advance as possible. Employees are encouraged to schedule appointments at the beginning or end of their workday.

Prolonged Illness or Surgery

Requests for more than five (5) consecutive workdays of sick leave shall be accompanied by the physician's verification or other evidence satisfactory to the appointing authority, which demonstrates the employee's incapacity to work or necessity to be absent.

In cases of prolonged illness or surgery, an employee need not call in daily if there is an agreement with their supervisor on a date (or estimated date) of return.

Whenever practical, supervisors are encouraged to obtain a leave slip with the expected date of return signed by the employee.

An employee returning from extended medical leave may be required by their supervisor to provide a physician's medical release indicating the employee's fitness to return to work.

Use of Alternative Leave Balances

If an employee is ill or injured while on paid vacation, the appointing authority may substitute sick leave in accordance with the employee's Memorandum of Agreement, providing the employee furnishes a physician's statement or other satisfactory evidence.

On occasion, an employee without a sick leave balance may request vacation or compensatory time off in lieu of sick leave. Such a request shall be made in writing to the appointing authority or designee. The appointing authority may grant the request, but is under no obligation to do so. If the use of alternative leave is not approved, the employee will be notified and the absence will be recorded as "leave without pay." The supervisor shall document the incident consistent with the procedures for disapproving sick leave (see subsection G).

Supervision and Review of Sick Leave Balances

It is the responsibility of all supervisors to monitor and review the sick leave usage of their subordinates. Abuse of sick leave has a severe impact on operations, productivity and morale. It may result in staff conflict regarding replacement, workload, and shift coverage, and makes scheduling difficult causing delays or missed deadlines on important assignments.

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To facilitate the supervisor's review the Payroll Unit shall provide quarterly reports of sick leave usage to each command. The reports shall include individual employee's usage and balances, and unit/division/detail use.

Other factors to consider in evaluating a potential sick leave use problem are:

- Repetitive uses of sick leave in conjunction with holidays or days off
- Repetitive uses of sick leave on the same day of the week
- Use of sick leave for frequently arriving at work late or leaving early
- Consistently low sick leave balances or use of sick leave as quickly as it is earned
- Low sick leave balance relative to tenure and absent mitigating factors
- Consistent use of sick leave offset by scheduled overtime
- A combination of above factors or other demonstrable patterns of usage

Resolving Department and Employee Concerns

If a supervisor has cause to suspect an employee is abusing sick leave, the supervisor shall notify and conduct a review with the employee. The supervisor should meet with the employee to resolve the issue. This may include:

- Providing the employee with a copy of this policy and clarifying expectations regarding sick leave use
- Referring the employee to appropriate county and department assistance programs
- Obtaining agreement from the employee to work within department policies and procedures and advising the employee that finding of sick leave abuse could result in consequences consistent with progressive discipline guidelines.
- Requiring the employee to submit written verification from a physician for each subsequent sick leave absence.

The supervisor taking the action outlined above shall document the steps taken and follow-up within an established time frame to insure satisfactory resolution. If an employee continues to exhibit a pattern of alleged abuse, the supervisor shall then pursue progressive discipline.

When a supervisor does not approve an employee's use of sick leave, the number of days absent, the employee's request, the supervisor's reason for disapproval, and any other information required to support the supervisor's decision shall be documented and placed in the employee's facility or station file.

Employee's Right to Appeal

Any dispute that arises concerning the application or interpretation of this policy is reviewable via the employee grievance procedures detailed in the appropriated Memorandums of Agreement.

Leave Requests Guidelines

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- A. Annual vacation sign up lists will be available at the beginning of each calendar year.
- B. The employees are responsible for ensuring, at time of vacation sign up, that they sign up for a sufficient amount of vacation time off so as to allow for continued accrual of vacation time..
- C. The maximum amount of time an individual may sign up for shall not exceed their vacation hours accrued annually:
 - 1. Less than five years of service = 80 hrs. / 10 work days
 - 2. Five to fifteen years of service = 120 hrs. / 15 work days.
 - 3. Fifteen or more years of service = 160 hrs. / 20 work days
- D. There is no minimum an individual must sign up for. An individual may sign up for all or any portion of each block of time. If an employee signs up for a portion of a block, such as two (2) days, it will count as an opportunity towards a full block.
- E. After the vacation schedules have been routed through all eligible employees, individuals may sign up for additional vacation if vacant blocks exist. This additional sign up will be allowed on a first come first served basis and is contingent on operational needs.
- F. Day-to-day requests for vacation will be considered on a case-by-case basis according to minimum staffing and relief factors involved for requested time block.
- G. Vacation hours may be substituted with compensatory time, at time of usage
- H. Vacation requests are based on:
 - 1. Sheriff's Department Seniority
 - 2. In the event that two employees have the same department seniority, then County seniority will be used as a tiebreaker.
- I. Educational Leave Requests:
 - 1. Education Leave may be approved according to MOA. Submit Educational Leave form to the facility supervising nurse.

III. Duty Time Schedule

- A. Schedules shall be posted 14 calendar days in advance.
- B. Employees shall rotate shifts as dictated by the operational needs of the Division and/or Unit.
- C. Request for special days off are honored whenever staffing permits.
- D. All employees shall rotate to another work area as determined by the medical administrator/nursing director based on operational needs of Medical Services Division.
- E. Mealtime is not included in the duty day.

IV. Jury Duty

- A. A photo copy of the "Summons to Appear for Jury Duty" must be submitted to charge nurse/designee.
- B. Upon return to work, the employee will submit a Jury time card stamped with arrival and departure times.

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- C. Any Jury duty hours short of the employee's regular duty hours will be charged from employee's vacation or comp time or employee has the option to return to workplace to complete their scheduled hours.

V. Overtime

- A. Overtime shall be approved by the detention supervising nurse prior to being worked and shall be kept to a minimum.
- B. Cash shall be the default payment for overtime rendered. Employees will be required to specifically request compensatory time in lieu of paid overtime.
- C. Employee shall be responsible to complete Payroll Exception Time Report for overtime worked as well as completing it when they return from an absence.

VI. Time Card Approval

- A. Each employee is responsible for approving their own time record.
- B. Check record for accurate recording of time worked during each pay period.
- C. The Supervisor/designee verifies and approves employee's time record.
- D. If the time record is not accurate notify immediate supervisor.
- E. On the first day back following an absence, the employee is responsible for completing and submitting a PAYROLL EXCEPTION TIME REPORT to their supervisor.

VII. Meals and Coffee Breaks

- A. Mealtime (unpaid) of one-half hour or one hour is allowed.
- B. Mealtime and break time shall not be accumulated.
- C. Employees shall not eat food nor drink beverages provided for patients.
- D. Employees shall not eat or store food or personal items in any area where patient care is provided or laboratory and pharmacy items are stored.
- E. Employees shall not store personal food items in patient's snack/juice refrigerators.
- F. Employees shall not remove food items from the Detention Facility Staff Dining Room without prior and appropriate approval from the watch commander.

VIII. Personal Conduct

- A. Employees are required to visibly wear a County of San Diego Sheriff's identification tag in any Sheriff's facility above the waist at all times while on duty.
- B. Professional staff may, while working in a detention facility, conceal their first name by placing their department issued identification card in an authorized plastic I.D. cardholder and covering their first name with a correction tape. The staff member will then mark legibly in black permanent marker their Employee Identification Number. Upon request from a patient, all professional staff will be required to provide them with name and Employee Identification Number.

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DO NOT DEFACE SHERIFF'S ID

- C. The detention facilities' telephones are to be used to conduct official medical services business only. Personal calls cannot be accepted during work hours except for emergency calls. Use of personal cell phones are limited to break room area and not in patient areas.
- D. The use of headphones and listening devices for entertainment is not allowed during work hours. Radios are allowed as long as the level is kept at a level that is not disruptive.
- E. Detention facilities are to be smoke free. Staff is not allowed to smoke within any detention facility or County vehicles.
- F. Refer to SDSD P&P Section 2.2 "Rules of Conduct for Members of the San Diego County Sheriff's Department".
- G. Support staff dress code and grooming shall be business dress casual. For further details refer to SDSD P&P Section 3.13 "Dress Code for professional staff and Sworn Staff Out-Of-Uniform". For support staff working in the detention facilities, there is a requirement to wear sturdy shoes with closed toes and heels for safety reasons. Examples of never-appropriate clothing include, but are not limited to:
 - Culottes, split skirts and skorts (unless fully cut to resemble a skirt)
 - Overalls
 - Clothing with inappropriate or offensive logo/advertising
 - Sweatpants or workout attire (to include stretch-type pants such as spandex, leggings and bike or running pants)
 - Shorts
 - Beach attire
 - Halter or tank tops
 - Dresses or skirts that are excessively short (the length should be long enough to appropriately cover the wearer's body when bending, stretching, kneeling and sitting)
 - Sheer clothes or clothing that is otherwise revealing
 - Flip-flops or beach-type sandals
 - Patched or torn clothing

Exceptions may be made by the manager/supervisor due to medical or safety reasons. Verification will be required.

- H. Professional dress and grooming for RN and LVN working in the detention facilities include:
 1. White lab coat to be worn as the top or outer layer of clothing at all times. A lab coat with Sheriff's logo is acceptable. White vests can be worn in lieu of a white lab coat during summer months. Aprons are not allowed.
 2. Printed or solid colored scrubs. Printed scrubs should not contain caricatures, sayings, seasonal wear or symbols. White pants with collared shirts with Sheriff's

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logo may be worn. Avoid using patient's uniform colors such as tan, navy blue and bright green scrubs.

3. Sturdy shoes; closed toes and heels are required.
4. A colored sweater under the white lab coat and colored turtleneck shirt may be worn optionally during cold weather and/or cold environmental conditions.
5. Hair longer than shoulder length must be pulled and secured away from face.
6. For safety and security reasons, head coverings, including but not limited to baseball caps, ski caps, hats, veils, bandanas, scarf, and head cloak of any kind are not allowed.
7. Facial Hair
 - a. Mustaches are permitted to extend no further than the smile crease line and not more than one-quarter inch below the corner of the mouth. Mustaches are not to extend below the upper lip line, and shall be neatly trimmed at all times.
 - b. Beards are not permitted.
8. Non-uniformed professional staff may wear earrings in the ear lobe. No more than two earrings per ear. All other visible pierced jewelry will be removed while on duty.
9. Artificial nails shall not be worn by staff providing direct patient care.

- I. Any employee who fails to comply with the dress code guidelines will be sent home to change into appropriate attire. The time required to go home and return will be charged to the employee's vacation or comp time, or charged to leave without pay if the employee is out of vacation or comp time.

IX. Primary Language (Refer to Sheriff's Department P&P 3.55 Use of English Language in the Work Place)

- A. English is the primary language used in transacting business with the County of San Diego. English must be used by all Department employees when engaged in county business and when it is deemed a "business necessity" to do so.

The following are examples of business necessity:

- For communications with customers, co-workers, or supervisors who only speak English or who do not speak the language being spoken.
- In emergencies or other situations in which employees must speak a common language to promote safety.
- To enable a supervisor who does not speak the language being spoken, to monitor the performance of an employee whose job duties require communication with co-workers or customers.
- Communication while patients are present.
- When completing department forms and reports.

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- B. All employees must be courteous and respectful of their fellow co-workers. Employees must respect cultural differences and maintain a work atmosphere where no employee is made to feel inferior, isolated, intimidated or harassed on the basis of their national origin.
 - C. While off duty, on rest breaks or meal periods and in employee lounges, cafeteria and other non-work areas, any language may be spoken.
- X. Only work related information and displays are authorized in any work area.
- XI. Public Relations
- A. Telephone are to be answered courteously, stating name and area. EXAMPLE: SDCJ Sheriff's Medical Services, this is Jane Doe.
 - 1. Confidentiality shall be adhered to when receiving telephone calls requesting information about patients. It is illegal to reveal a psychiatric patient is a patient without a signed release. DO NOT give any health related information to persons calling without a signed release.
 - 2. Information about detention facilities or inmate/patient's condition is PRIVILEGED AND CONFIDENTIAL and shall not be discussed outside of the detention facility.
 - 3. Staff shall accept and document information and follow-up as appropriate.
 - B. Visitor and family members are often under emotional stress when visiting or calling detention facilities. Treat them in a professional manner with kindness and respect.
- XII. Relationships with patients
- A. All patients are to be treated and spoken to with respect.
 - B. Abuse of patients is not tolerated and is a basis for disciplinary action, which may result in termination.
 - C. Each and every employee is responsible for reporting immediately, any behavior which could be perceived as abuse of patients to their immediate supervisor.
 - D. Financial dealings with patients, such as lending, borrowing, accepting or giving gifts or money compromise security of the institution, and are prohibited. Such dealings are the basis for disciplinary action.
 - E. Personal, nonprofessional, relationships with patients is prohibited. Violation of this ruling compromises security of the institution and is grounds for an internal investigation and disciplinary action.
- XIII. Safety Programs
- A. All employee accidents, no matter how slight, must be reported immediately to the supervisor or designee. The employee is responsible for completing the appropriate written reports. (Refer to SDSD P&P: Section 3.16, "Occupational Injuries, Illness or Death".)

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- B. Each employee is responsible for reporting unsafe working conditions, or unsafe patient care conditions to their immediate supervisor. The supervisor shall take action as appropriate.

XIV. Professional Standards

- A. Employees with license shall maintain a copy of their current licensure in the facility where assigned and at Medical Services Administration.
 - General Guidelines for nurses are set-forth by the California Nurse Practice Act issued by the Board of Registered Nursing. General Guidelines for nurses are listed within the Scope and Standards of Practice in Correction facilities authored by the American Nurses Association.
- B. Nursing employees shall maintain a current CPR certification. Recertification shall be conducted through the American Heart Association. Nursing employees shall maintain a copy of current AMLS and PHTLS cards or training certificates in the facility where assigned. A copy will also be submitted to the Medical Services Division office.
- C. Employees shall maintain a copy of current training certifications, as appropriate in the facility where assigned.
- D. All staff shall attend mandatory in-service trainings scheduled by the Department.

XV. Mandatory Reporting of Abuse (Child and/or Adult)

- A. MSD employees who, in the event suspect of any child and/or adult abuse in the workplace, shall report/notify the Sheriff's Department through their chain of command.

XVI. Training

- A. Telecommuting (working at home) is not supported by the department.
- B. Home study hours charged against County time for purposes of earning continuing education units (CEU's) are not allowed by the Department.
 - 1. Only Department approved courses, seminars, workshops or conventions relative to the employee's County employment are considered for Educational Release Time and subject to approval of the employee's immediate supervisor or designee.
 - a. Supervisor approved travel request must be received in Medical Admin Office at least 60 days prior to the first day of travel. This will ensure division approval/disapproval and routing to the commander, occurs within the allotted time frame.
 - b. It is the sole discretion of the medical services administrator to approve or disapprove any and all requests.
 - 2. Medical Services Division may provide training with CEU's.
- C. Competency testing will be required for all nursing staff working in the Sheriff's Department.

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XVII. Requests for transfer of assignment within Medical Services Division

- A. Vacancies shall be filled at the facility internally by the supervising nurse (including shift changes in 24 hour facilities).
- B. Any remaining vacancy(ies) shall be "Posted" by the nursing director or designee at all detention facilities for 7 days (7 days = M.O.A. language). The "Posting" information shall contain the name of the facility where the vacancy exists, the usual duty hours of that vacancy and who may respond. The request for transfer must be in writing, e-mail is acceptable, within the time frame stated in the vacancy posting
- C. All applicants shall be interviewed by the supervising nurse with the vacancy. If two or more people are equally qualified, the most senior (continual county service) employee shall have the position. (Equally qualified shall be the judgment of the supervising nurse and/or the nursing director).
- D. Actual date of the transfer shall be mutually determined by the transferring and the receiving supervising nurses, with the approval of the nursing director.
- E. If no County employee chooses to apply for the vacancy, it shall be filled with a new hire.

XVIII. Termination/Resignation

- A. Written notification at least two weeks in advance is appreciated, if an employee finds it necessary to leave employment.
- B. One week notice is required by Civil Service to maintain a good work record with the County of San Diego.
- C. It is the responsibility of the employee to schedule an exit interview with the Sheriff's Medical Services Division personnel officer.
- D. County property such as keys, identification badges, facility access cards, pagers, cell phones and the SDSD Policy and Procedure Manual must be returned to Sheriff's personnel on the last day of duty.

Implemented: 6/11/91
Reviewed: 9/17/96, 8/11/99, 8/12/05, 7/30/07, 2/17/11, 2/6/12, 2/14/13, 9/20/19, 1/14/22, 11/4/22
Revised: 3/20/92, 4/1/94, 5/23/95, 1/29/96, 7/26/96, 9/19/97, 9/18/98, 7/31/00, 8/10/01, 9/18/02, 8/18/03, 8/09/04, 2/22/05, 7/31/06, 11/9/06, 3/20/07, 4/16/08, 7/09/08, 3/11/09, 4/20/09, 12/16/09, 8/4/14, 12/23/15,

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT: EMERGENCY DEPARTMENT (ED) SEND OUT
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.E.2
PAGE: 1

RELATED SECTIONS: MSD M.1; MSD C.2
IN COMPLIANCE WITH: CCR, Title 15, Section 1208 &1210

PURPOSE

To establish a standard procedure for determining the mode of transport to the emergency department (ED) from on-site medical sick call clinics (MDSC) or after hour emergencies located in San Diego County detention facilities.

POLICY

The on-site provider (physician/ nurse practitioner)/on-call physician will determine the /patient's stability for transfer and mode of transport. 911 ambulance transfers will be transferred to the closest emergency department as per county emergency medical services (EMS) protocols. All trauma activation cases will be transferred to the nearest trauma center as per county EMS protocols.

All patients that are stable for deputy car transport will be transported to Tri-City Medical Center (default destination) or one of the following based on facility location and specific physician request:

- I. GBDF/EMRF/SBDF = Sharp Chula Vista Emergency Department
- II. SDCJ = UCSD Emergency Department
- III. LCDRF = Sharp Grossmont Emergency Department
- IV. VDF = Tri-City Medical Center

If a patient requires admission from the ED, and if stable for transport, the patient will be transferred to a contracted Sheriff's Department Hospital:

- I. Tri-City Medical Center Hospital Guard Unit (default location)
- II. UCSD Medical Center

PROCEDURE

- I. During MDSC operating hours, the on-site physician/NP will need to complete the ER Referral form in TechCare attesting to patient's clinical condition and mode of transport. If TechCare not available the provider and or registered nurse will complete the J232A form. Additional call to the receiving ED may be done by the MD as indicated.
 - A. A copy of the signed form will be scanned into the patient's chart (if J232A utilized).
 - B. The MDSC call physician/NP will document a medical encounter in TechCare including the indication for the transfer.
 - C. The charge nurse or designee will refer to the posted reference guide that will identify the nearest ED for 911 transfers.
 - D. The reference guide will need to be posted in a minimum of two visible locations at the clinic.
 - E. The charge nurse or designee will directly notify the MDSC deputy and the facility watch commander of the location of the transport, and confirm agreement by the physician.

EMERGENCY DEPARTMENT (ED) SEND OUT

SUBJECT: EMERGENCY DEPARTMENT (ED) SEND OUT
 CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
 DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
 NUMBER: MSD.E.2
 PAGE: 2

RELATED SECTIONS: MSD M.1; MSD C.2
 IN COMPLIANCE WITH: CCR, Title 15, Section 1208 &1210

- F. At a minimum, transfer paperwork should include a completed ER Referral, (J232A if form utilized), J232B Discharge Summary for completion by ED provider at the completion of the visit and the "Advisement of Forensic Unit Contract" letter for the receiving facility's reference. If Tri-City Medical Center ED is the receiving facility, it is not necessary to include a completed "Advisement of Forensic Unit Contract" letter.
- G. It is an expectation for facility staff to send notifications of ED send out and the outcome of the ED evaluation to appropriate parties.

- II. After hours the charge nurse or designee will document in the patient's medical record as a verbal order from the on call physician, the mode of transport and condition based on chief complaint, history of present illness, and vitals.
 - A. The charge nurse or designee will be required to obtain this information prior to making the phone call to the on call physician.
 - B. The charge nurse or designee will confirm deputy car transfer hospital destination with the on call physician.
 - C. These verbal orders will be transcribed in the patient's medical record and signed by the appropriate on call physician or designee within 30 days.
- III. After hours: In cases for obvious signs of clinical instability such as: hypotension, acute blood loss, altered mental status, penetrating trauma, blunt head trauma, and open fractures; the charge nurse or designee will make the assessment and immediately activate 911 **then notify the on call physician.**
- IV. Documentation
 - A. Completion of ER referral form in TechCare
 - B. J232A Request for Service (if TechCare not available, or if ER Referral form not utilized)
 - C. J232B Discharge Summary
 - D. Advisement of Forensic Unit Contract Letter
 - E. Emergency Department Reference Guide

Implemented: 11/30/14
 Reviewed: 8/15/19, 11/4/22
 Revised: 2/13/15, 2/29/16, 1/20/22

SUBJECT: FIRST AID KITS/EMERGENCY RESPONSE BAGS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.F.2
PAGE: 1

RELATED SECTIONS: DSB P&P: M.3
IN COMPLIANCE WITH: CCR Title 15, Section 1220, IMQ Section 112

PURPOSE

To standardize the contents of both first aid kits and emergency response bags/carts.

POLICY

First aid kits will be available in designated areas of each detention facility. Contents of the first aid kits will be approved by the Medical Director. First aid kits are intended to be used in the absence of trained medical staff and for staff use.

Emergency response bags shall supersede the availability of a first aid kit when a medical staff member is responding.

PROCEDURE

- I. Emergency response bag shall include but is not limited to:
 - A. 1 Stethoscope
 - B. 2 Blood pressure cuff (regular and thigh size)
 - C. 1 Rescue mask
 - D. 2 Ace wrap 4"
 - E. 4 Sterile 4X4
 - F. 1 Tape
 - G. 2 Scissors
 - H. 1 Box Ammonia inhaler
 - I. 3 Blood stopper
 - J. 2 Abdominal pad
 - K. 2 Kerlix
 - L. 1 12"X16" Water Jel
 - M. 3 4"X4" Water Jel
 - N. 1 Burn dressing
 - O. 5 Alcohol pads
 - P. 1 Eye stream 4oz
 - Q. 2 IV start kit
 - R. 8 IV catheters#16,18,20,22
 - S. 1 IV Solution – NS 1000 cc
 - T. 2 IV Tubing 10 gtt/min
 - U. 3 IV transparent dressing
 - V. 1 Set Nasal airway
 - W. 5 K Y Jelly Packets
 - X. 1 Set Oral airway
 - Y. 1 Flashlight
 - Z. 1 Box Gloves
 - AA. 1 IM Benadryl 50mg/ml
 - BB. 1 SC Epi 1:1000/ml
 - CC. 1 Narcan injection 4mg/ml
 - DD. 2 Wet Dressing
 - EE. 1 Sharp container
 - FF. 1 911 knife
 - GG. 1 Hard Cervical collar
 - HH. 1 Glucagon IM
 - II. 1 Glucose Gel
 - JJ. Syringes with needles (3cc, 5cc and 10cc)

FIRST AID KITS/EMERGENCY RESPONSE BAGS

SUBJECT: FIRST AID KITS/EMERGENCY RESPONSE BAGS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.F.2
PAGE: 2

RELATED SECTIONS: DSB P&P: M.3
IN COMPLIANCE WITH: CCR Title 15, Section 1220, IMQ Section 112

- II. The following emergency equipment/supplies will be kept near the emergency response bag if available in the facility:
 - A. OB kit (for facilities housing or temporary holding female inmates)
 - B. Ambu Bag
 - C. Cervical collar
 - D. O2 tank with mask, cannula and key
 - E. Suction machine
 - F. AED
 - G. Back board
 - H. Airway bag
 - I. Emergency Medication Box
 - J. Tape for C-Spine
 - K. Pulse Oximeter (portable)
 - L. Glucometer

- III. Emergency response bag shall be checked after each use, no less than each month using the EMERGENCY RESPONSE BAG CHECK LIST FORM.

- IV. Charge nurse/designee shall be responsible to stock and maintain emergency response bag.

- V. Each facility commander shall place a first aid kit at each of the inmate housing units within the facility. Medical shall place a first aid kit in each nursing station.
 - A. Contents, number, location and maintenance of first aid kits shall be the responsibility of the facility commander and facility supervising nurse and will be replaced on a yearly basis.
 - B. First aid kit contents list shall be approved by the Medical Director, Medical Services Division:
 - 1. 25 adhesive bandages (plastic)
 - 2. 7 alcohol pads
 - 3. 5 antiseptic towelettes
 - 4. 2 fingertip bandages
 - 5. 2 knuckle bandages
 - 6. 8 non-adherent pads 2"x3"
 - 7. 1 scissors
 - 8. 1 tape
 - 9. 1 triangular bandage (aka Cravat)
 - 10. 3 pairs of latex gloves
 - 11. 8 sterile, wrapped 4"x4" pads
 - 12. 1 Epi-pen (in select locations within the facility)

FIRST AID KITS/EMERGENCY RESPONSE BAGS

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: FIRST AID KITS/EMERGENCY RESPONSE BAGS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.F.2
PAGE: 3

RELATED SECTIONS: DSB P&P: M.3
IN COMPLIANCE WITH: CCR Title 15, Section 1220, IMQ Section 112

Implemented: 12/90
Reviewed: 7/31/00, 8/18/03, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 7/22/09, 2/28/11, 2/6/12, 8/15/19, 8/11/21, 11/4/22
Revised: 3/23/92, 6/4/93, 4/1/94, 5/24/95, 1/29/96, 9/17/96, 9/19/97, 9/18/98, 8/11/99, 8/10/01, 9/18/02, 7/15/04,
8/9/04, 9/26/05, 07/31/06 , 7/23/09, 2/28/13, 9/4/13,6/5/16

FIRST AID KITS/EMERGENCY RESPONSE BAGS

SUBJECT: FOOD ALLERGIES
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.F.3
PAGE: 1

RELATED SECTIONS: MSD. D.5, NCCHC J-F-01
IN COMPLIANCE WITH:

PURPOSE

To ensure that patients with legitimate food allergies are identified.

To provide a process to be utilized to identify these legitimate allergies.

POLICY

Patients will be offered an IMCAP IgE blood test to identify true allergies.

IMCAP IgE allergen testing should include ONLY ingredients used on the set menu.

**Sheriff's Detentions Food Services does not provide meals that include tree nuts, shellfish, pork, strawberries, coconut, pineapple and fish.*

PROCEDURE

- I. Food allergy screening
 - A. Patients having legitimate allergies will provide medical history. The past medical history may include:
 1. Past symptoms of allergic or anaphylactic response.
 2. Past medical treatment of an allergic/anaphylactic response including:
 - a. The name of the MD and/or emergency department treating the patient?
 - b. The last time the patient had an allergic/anaphylactic response to the food?
 - c. What medications were used for the allergy?
 - d. What pharmacy provided the medication?
- II. While most allergies are disclosed at receiving screening, patient may disclose a food allergy at any time during incarceration.
 - A. Open an RN encounter and list the claimed allergies and reactions in TechCare. Schedule the patient for lab and treatment for the IMCAP IgE blood test for the reported allergen.
- III. The patient reporting allergy to tree nuts, shellfish, seafood, pork, strawberries, coconut will be advised as follows:
 - A. The patient is advised that sheriff's detention food services diets do not include tree nuts, shellfish, seafood, pork, strawberries, coconut, pineapples, or fish.
 - B. There is no indication for allergy testing for these allergens for they are not used as ingredients on the set menu.
 - C. Reported allergy is recorded in TechCare under allergies tab and diet list.

FOOD ALLERGIES

SUBJECT: FOOD ALLERGIES
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.F.3
PAGE: 2

RELATED SECTIONS: MSD. D.5, NCCHC J-F-01
IN COMPLIANCE WITH:

- IV. If the patient discloses an alternate food allergy, other than tree nuts, shellfish, seafood, strawberries, coconut, pineapple or fish and reliably answers the food allergy screening questions:
- A. Record the alternate food allergy in TechCare under medical allergies.
 - B. Schedule an IMCAP IgE blood test for the food allergy claimed.
 - C. If patient refuses the IMCAP IgE test, the first time counsel on the importance/benefits of the IMCAP IgE, complete the J-283 form and document in the medical record counseling completed.
 - D. If patient refuses the test a second time, inform patient the special diet will be discontinued and a regular diet will be ordered and delete the TechCare allergy instructions. Add TechCare flag REFUSED LAB DRAW-REGULAR DIET ORDERED for refusal of IMCAP IgE testing.
 - E. IMCAP IgE test result that is $<.10$ (Absent/ undetectable) will be considered negative. Advise the patient and delete the allergy instruction. If results are Negative- list Negative results in TechCare as prior allergy testing negative results- regular diet ordered.
 - F. IMCAP IgE test result if the allergen is detectable $>.10$ will be considered positive. Enter allergy in TechCare and schedule patient for counseling and or diet change by the provider (MD/NP). List the said allergy under Allergy section in TechCare.
 - G. Test results requiring further investigation will be assigned to a dietitian to interview patient. The dietitian will then determine if the allergy diet is appropriate or unnecessary. Dietitian will notify medical staff of findings, and it will be documented in patient's chart and will make their recommendations to the Doctor and/or registered nurse.
- V. If the patient is unable to reliably answer the screening questions, the nurse shall:
- A. Order a regular diet
 - B. Counsel the patient that food preference is not the same as a food allergy but that food allergy testing is available.
 - C. Counsel the patient to report symptoms of food intolerance should they occur
 - D. Document in patient's medical record.

Implemented: 09/04/13
Reviewed: 8/15/19, 11/4/22
Revised: 09/30/15, 10/16/17, 1/20/22

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT: GRIEVANCE PROCEDURES

STANDARD: MEDICAL & PSYCHIATRIC SERVICES

DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022

NUMBER: MSD.G.1

PAGE: 1

RELATED SECTIONS: DSB P&P: N.1; MSD P&P: S.4, M.4
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1073; PC SECTION 6030., NCCHC J-A-11.

PURPOSE

To establish uniform procedures for the resolution of patient's grievances relating to conditions of incarceration as it relates to medical care.

POLICY

Medical services staff shall attempt to resolve patient grievances in compliance with CCR Title 15, Section 1073 and the Prison Rape Elimination Act of 2003, Section 115-52.

Informal resolution is recommended and desirable. Every effort will be made to resolve the issue at the lowest level of supervision.

Once formally filed as a grievance, all related actions and responses will be documented in TechCare and copies maintained and provided to the patient.

When an emergency grievance is received alleging that an inmate is subject to substantial risk of imminent sexual abuse, the registered nurse shall immediately forward the emergency grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the watch commander or designee, at which time immediate corrective action (separate the alleged victim) may be taken.

MSD's Grievance Procedure P&P does not preclude San Diego County's HHSA Grievance Policy. The County BHS Beneficiary and Client Problem Resolution Process will be followed for patients admitted to the Psychiatric Stabilization Units (W/PSU).

PROCEDURE

- I. Patients may submit their grievances on a regular Inmate Grievance Form J-22 G or any other suitable writing material.
- II. Written grievances can be submitted in one of two ways by placing in the locked grievance box or handing it directly to a deputy or other staff member (see DSB.N.1).
- III. Medical staff response

GRIEVANCE PROCEDURES

SUBJECT: GRIEVANCE PROCEDURES

DATE: 11/4/2022

STANDARD: MEDICAL & PSYCHIATRIC SERVICES

NUMBER: MSD.G.1

DISSEMINATION: MEDICAL SERVICES DIVISION

PAGE: 2

RELATED SECTIONS: DSB P&P: N.1; MSD P&P: S.4, M.4

IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1073; PC SECTION 6030., NCCHC J-A-11.

- A. After grievance forms have been collected, the medical staff shall write the date received by hand or stamp on both pages of the 2-part NCR form.
 - B. Registered nurses will review the grievance. If redirection is necessary, appropriate action will be taken. The grievance will be routed to the appropriate staff i.e.; contractor detention medical director/designee, sworn, dietary, or counseling.
 - C. A response to the grievance will be entered into JIMS under incident/grievance reports. The assigned JIMS grievance number is written in the designated area of the original hard copy grievance.
 - D. Two copies of the response shall be printed out. The staff member delivering the response to the inmate will have the inmate sign and date one copy of the response.
 - E. The signed copy will serve as an acknowledgement that a written response was delivered to the inmate. In the event the inmate refuses to sign the response, the staff member and a witness will notate the refusal on the copy of the grievance. The signed copy of the response along with the original grievance (J-22 form) shall be filed in the patient's chart.
 - F. *Note: There may be instances that will prevent the action officer from delivering a grievance response to the IP (i.e., the action officer is assigned to another division, facility, etc.). In those situations, the action officer may request assistance or designate someone from their classification (i.e., sworn, counseling, food services, medical services, etc.) to deliver the response to the inmate.
- IV. Grievance review
- G. A grievance not resolved to the patient's satisfaction by the staff will be directed in writing by the patient through successive levels of command until a resolution is obtained, or the Medical Administrator reviews the grievance.
 - H. The reviewing staff member at any level can affect a resolution of the grievance with the exception of an emergency grievance which is to be forwarded immediately to the watch commander or designee.
- V. Each level of review, which acts on the grievance, will provide a written response containing the resolution or the reasons for denial.
- a. The level of review time frames are:

GRIEVANCE PROCEDURES

SUBJECT: GRIEVANCE PROCEDURES

DATE: 11/4/2022

STANDARD: MEDICAL & PSYCHIATRIC SERVICES

NUMBER: MSD.G.1

DISSEMINATION: MEDICAL SERVICES DIVISION

PAGE: 3

RELATED SECTIONS: DSB P&P: N.1; MSD P&P: S.4, M.4

IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1073; PC SECTION 6030., NCCHC J-A-11.

- i. First level - The Charge Nurse/designee will investigate the grievance and direct a written response to the patient within seven (7) calendar days of the receipt of the grievance. ***First level response on complaints about care received from treating physician: Contracted detention medical director/designee shall, within no more than seven (7) calendar days and in accordance with its regular procedure, investigate such complaints and use its best efforts to resolve them in a fair and equitable manner. Contracted detention medical director/designee shall submit copy of response to facility supervising nurse. ***

**NOTE: When a grievance alleges that the patient's health or safety is being threatened by a condition of his or her confinement or that the conditions of confinement prevent his or her effective communication or participation in a court or administrative proceeding (including a CDCR parole revocation hearing), the period for response shall be reduced to four (4) calendar days.*

- ii. Second level - The Supervising Nurse/Manager will have ten (10) calendar days to respond.
- iii. Third level - Medical Services Administrator or Chief Medical Officer will have 10 calendar days response time. The decision of the administrator is final.

- b. Once a resolution has been obtained or the review process exhausted, the patient will be given a copy of the findings.

C. The facility Supervising Nurse or designee is expected to keep track of their facility's pending grievances to ensure that medical does not have any that have not been completed.

VI. Records

- a. Patient's grievance reports will be retained as imaged into the medical record.

VII. "Grievance" as distinguished from a "Personnel Complaint"

- a. Many grievances submitted by patients are actually complaints about employee misconduct. Conversely, many allegations of employee misconduct are, in effect, grievances about detention conditions and practices. The procedures

GRIEVANCE PROCEDURES

SUBJECT: GRIEVANCE PROCEDURES

DATE: 11/4/2022

STANDARD: MEDICAL & PSYCHIATRIC SERVICES

NUMBER: MSD.G.1

DISSEMINATION: MEDICAL SERVICES DIVISION

PAGE: 4

RELATED SECTIONS: DSB P&P: N.1; MSD P&P: S.4, M.4

IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1073; PC SECTION 6030., NCCHC J-A-11.

described in this section apply only to grievances. Supervisors must be able to effectively distinguish between grievances that are truly grievances, and grievances that are complaints alleging misconduct by personnel.

- b. If the inmate is alleging that a particular detention practice is unfair or unlawful, this is a grievance. If the inmate is alleging that an employee's actions violated policy, this is a Personnel complaint.
- c. Naming a specific MSD employee does not automatically turn the grievance into a personnel complaint. Often, patients will file complaints against an MSD Sheriff's employee for enforcing a MSD policy, standard nursing procedure or guideline that the inmate believes is unlawful or unfair. Such complaints are grievances rather than personnel complaints, because the patients' issue is with the MSD Policy, SNP or guideline itself, and not the MSD employee who enforces these documents.
- d. If it is to be handled as a complaint against staff, the supervisor will contact the complainant to obtain a detailed statement about the allegation(s), document it on the grievance form, omitting the names(s) of the subject employee and determine the appropriate action. If a formal investigation is warranted, the supervisor will forward the complaint to the administrator for review. If a formal investigation is recommended, the supervisor will complete the IA-1 Complaint Form and forward it to Internal Affairs who will determine if the personnel complaint should be handled at the facility level or internal affairs.

Implemented: 9/18/02

Reviewed: 8/9/04, 8/12/05, 07/09/08, 7/22/09, 2/22/11, 2/6/12, 6/15/15, 8/15/19, 11/4/22

Revised: 8/18/03, 7/15/04, 7/31/06, 7/30/07, 8/17/09, 11/30/09, 12/16/09, 4/23/10, 7/10/13, 6/2/14, 7/29/16, 7/31/17, 1/3/2022

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: GRIEVANCES, APPEALS, EXPEDITED APPEALS AND STATE FAIR HEARINGS; MONITORING THE BENEFICIARY & CLIENT PROBLEM RESOLUTION PROCESS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.G.2
PAGE: 1

RELATED SECTIONS: MHS- 01-06-207
IN COMPLIANCE WITH: WELFARE AND INSTITUTIONS CODE 5150

PURPOSE

To establish procedures for the monitoring of the Mental Health Plan (MHP) Beneficiary & Client Problem Resolution Process. To ensure that client rights are maintained to their fullest extent, and to ensure MHP compliance with federal, state and contract regulations.

BACKGROUND:

Title 42, Section (§) 438.400 of the Code of Federal Regulations details the requirements for grievance systems and the handling of grievances and appeals. Title 9 of the California Code of Regulations, Chapter 11, §1850.205 details the requirements for problem resolution processes as required in California. These include regulations regarding access to State Fair Hearings for Medi-Cal beneficiaries who want to have a ruling on an MHP service decision by an Administrative Law Judge.

The MHP maintains a process for addressing and resolving the grievances, appeals, expedited appeals, and requests for State Fair Hearings of all consumers utilizing county and contracted mental health services in accordance with applicable federal and state regulations. This process is included as part of the Organizational Provider Operations Handbook, and as such, is a part of every provider contract.

POLICY

The MHP Quality Improvement (QI) Unit shall be responsible for monitoring grievances, appeals, expedited appeals, and State Fair Hearings emanating from usage of the Beneficiary and Client Problem Resolution Process in order to identify trends and issues and make recommendations for needed system improvements. The QI Unit shall submit any required reports on grievances, appeals, expedited appeals and State Fair Hearings to the Department of Mental Health (DMH).

PROCEDURE

- I. The QI Unit shall keep a centralized record of all grievances, appeals and expedited appeals from advocacy contractors. The QI Unit shall also keep a record of all State Fair Hearings. The Beneficiary and Client Problem Resolution Process shall reflect the following:

**GRIEVANCES, APPEALS, EXPEDITED APPEALS AND STATE FAIR HEARINGS;
MONITORING THE BENEFICIARY & CLIENT PROBLEM RESOLUTION PROCESS**

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: GRIEVANCES, APPEALS, EXPEDITED APPEALS AND STATE FAIR HEARINGS; MONITORING THE BENEFICIARY & CLIENT PROBLEM RESOLUTION PROCESS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
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PAGE: 2

RELATED SECTIONS: MHS- 01-06-207
IN COMPLIANCE WITH: WELFARE AND INSTITUTIONS CODE 5150

- A. County clinics and each contracted organizational provider shall have processes in place for informal, quick resolution of client concerns and suggestions. These shall be reviewed by QI staff during the annual site visit and upon request.
- B. The county shall contract with an advocacy program to provide services to consumers in MHP inpatient and residential facilities and with a second advocacy program to provide services for consumers in outpatient and all other types of mental health programs, hereafter referred to as "advocacy organizations." These organizations shall be designated and publicized as points of contact for clients experiencing problems with the MHP. The MHP shall ensure that all provider staff, beneficiaries and clients have adequate information explaining the Grievances, Appeals and Expedited Appeals procedures through the processes detailed in Title 9, CCR, Chapter 11, §1850.205(1)
- C. The advocacy organizations shall complete and submit the required Grievance and Appeal Log to the QI Unit within the required time frame each month. The logs shall include the client name or other identifier, date of receipt of the grievance or appeal, date logged, description of the problem, and date and description of the resolution. Grievances and appeals pertaining to children shall be differentiated from those pertaining to adults.
- D. QI Unit staff shall review logs and verify that the above required information is present and compile the log information into a QI Unit database.
- E. Since timeliness of resolution is a key issue for beneficiaries, QI Unit staff shall monitor the timeliness of the advocacy organization's resolution of grievances and appeals, and make recommendations for improvements where needed. This shall include ensuring that:
 1. Grievances and appeals are recorded in the log within one (1) working day of the date of receipt;
 2. The advocacy organization provides the client with written acknowledgement of receipt of grievance or standard appeal within three (3) working days, and expedited appeal within two (2) working days. A reasonable effort shall be made to provide clients with prompt oral notice of expedited appeal resolution;
 3. The advocacy organization contacts the provider within three (3) working days of the receipt of the client's written permission to represent the client for a grievance or standard appeal, and within no longer than two (2) working days of the receipt of an expedited appeal;
 4. The advocacy organization contacts the QI Unit within three (3) working days of receipt of a standard appeal, and immediately upon receipt of an expedited appeal;
 5. The grievance disposition is provided by the advocacy organization to the client, the provider and the QI Unit within 60 calendar days of receipt. If

**GRIEVANCES, APPEALS, EXPEDITED APPEALS AND STATE FAIR HEARINGS;
MONITORING THE BENEFICIARY & CLIENT PROBLEM RESOLUTION PROCESS**

SUBJECT: GRIEVANCES, APPEALS, EXPEDITED APPEALS AND STATE FAIR HEARINGS; MONITORING THE BENEFICIARY & CLIENT PROBLEM RESOLUTION PROCESS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.G.2
PAGE: 3

RELATED SECTIONS: MHS- 01-06-207
IN COMPLIANCE WITH: WELFARE AND INSTITUTIONS CODE 5150

an extension was made (up to maximum of 14 calendar days) for good cause, documentation is present showing the client's agreement to that extension; and if a timeframe extension was not at the request of the client, the advocate shall provide the client written notice of the reason for the delay, using a Notice of Action-D form (NOA-D);

6. The appeal disposition is provided by the advocacy organization to the client, the provider, and the QI Unit within 45 calendar days of receipt. If an extension was made (up to maximum of 14 calendar days) for good cause, documentation is present showing the client's agreement to that extension; and if a timeframe extension was not at the request of the client, the advocate shall provide the client written notice of the reason for the delay;
7. Concurrence of the MHP shall be obtained by the advocacy organization prior to denying classification of any appeal as an "expedited appeal"; expedited appeal denials shall be provided by the advocacy organization to the client, the provider, and the QI Unit within two (2) calendar days of denial; and
8. The expedited appeal disposition shall be provided by the advocacy organization to the client, the provider, and the QI Unit within three (3) working days of receipt. If an extension was made (up to maximum of 14 calendar days) for good cause, documentation is present showing the client's agreement to that extension; and if a timeframe extension was not at the request of the client, the advocate shall provide the client written notice of the reason for the delay.

II. Each advocacy organization shall ensure that clients are able to check the status of a grievance, appeal or expedited appeal. The program managers for these organizations shall be the designated contact persons, with the understanding that all staff can provide status reports through usage of a computerized case activity logs.

III. MHP Quality Improvement Monitoring Process

- A. QI Unit staff shall monitor documentation by the advocacy organization showing that the client and provider was notified in writing of the resolution of any grievance. The documentation shall include the date of notification of the parties involved. If the advocacy organization was unable to successfully contact the client with this information, the advocacy organization shall show evidence of efforts to do so.
- B. QI Unit staff shall monitor all aspects of the Beneficiary Problem Resolution Process through oversight of the advocacy organization, including on-site audits and review of

**GRIEVANCES, APPEALS, EXPEDITED APPEALS AND STATE FAIR HEARINGS;
MONITORING THE BENEFICIARY & CLIENT PROBLEM RESOLUTION PROCESS**

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: GRIEVANCES, APPEALS, EXPEDITED APPEALS AND STATE FAIR HEARINGS; MONITORING THE BENEFICIARY & CLIENT PROBLEM RESOLUTION PROCESS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
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RELATED SECTIONS: MHS- 01-06-207
IN COMPLIANCE WITH: WELFARE AND INSTITUTIONS CODE 5150

- files, to ensure the client's rights are safeguarded. This shall include ensuring that the utmost level of client confidentiality is maintained. It shall also include ensuring that:
1. A client may authorize another person to act on their behalf and that this representative may use the grievance or appeal process at the client's request;
 2. A client may choose a support person to accompany them to any meetings or hearings regarding a grievance or appeal;
 3. A client or their representative may examine the case file, including medical records and any other documents or records considered during the grievance or appeal process, before and during the process;
 4. A client is not subject to any penalty for filing a grievance, appeal or expedited appeal, nor does any provider have punitive action taken against it for supporting/requesting an expedited appeal;
 5. A client is not required to file a grievance or appeal in writing, and will be assisted, if necessary, in completing the required written appeal; no written copy is necessary for an expedited appeal;
 6. A Medi-Cal beneficiary has the right to request a fair hearing when dissatisfied with the resolution of an appeal or when the grievance or appeal has not been completed within mandated timelines. Beneficiaries must otherwise exhaust the MHP's appeal process prior to filing for a State Fair Hearing;
 7. The grievance or appeal decision maker shall be a health care professional with the appropriate clinical expertise in treating the client's condition, when the grievance or appeal is about a clinical issue;
 8. The grievance or appeal decision maker shall be an outside contractor staff person not involved in any previous level of review or decision making;
 9. Personnel have been identified to assist the client with these processes at the client's request;
 10. Personnel have been identified to provide information regarding the status of a client's grievance or appeal; and
 11. All aspects of the grievance and appeals processes protect the beneficiary's right to confidentiality.
- C. A pattern of non-compliance with regulations regarding processing of client grievances and appeals may result in QI staff instituting a Quality Improvement Plan or Plan of Correction with the advocacy organization or provider.
- D. QI Unit staff shall prepare a summary of grievances, appeals, expedited appeals, and State Fair Hearings on a semi-annual basis. In addition, QI Unit staff shall prepare any required reports on grievances, appeals, and expedited appeals and State Fair Hearings for DMH.

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MONITORING THE BENEFICIARY & CLIENT PROBLEM RESOLUTION PROCESS**

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SUBJECT: GRIEVANCES, APPEALS, EXPEDITED APPEALS
AND STATE FAIR HEARINGS; MONITORING THE
BENEFICIARY & CLIENT PROBLEM
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CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
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- E. Trends including the frequency of occurrence of a particular issue and the frequency of involvement of a particular provider or client in grievances, appeals, expedited appeals, and State Fair Hearings will be analyzed. Identified issues will be reported to the Quality Review Council, the MHP director, behavioral health administration, and other oversight committees for recommendations or action, as needed.

IV. TRAINING PLAN:

Each new, revised, or renewed policy shall be emailed to all Managers. Upon receipt, manager(s) shall forward the email to each impacted staff, and post for staff that do not use email. The updates and/or changes shall also be verbally communicated during supervision and/or staff meetings, as needed.

Implemented: 8/13/13
Reviewed: 12/15/15, 8/15/19, 9/1/21, 11/4/22
Revised: Enter Dates

**GRIEVANCES, APPEALS, EXPEDITED APPEALS AND STATE FAIR HEARINGS;
MONITORING THE BENEFICIARY & CLIENT PROBLEM RESOLUTION PROCESS**

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT: HIPAA 1 – MINIMUM NECESSARY USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION
CATEGORY: FEDERAL HEALTH INSURANCE PORTABILITY
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.1
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RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: FEDERAL PRIVACY REGULATIONS, 45 C.F.R. SUBTITLE A, SUBCHAPTER C, PARTS 160 AND 164, VOL 65, NO. 250, DECEMBER 28, 2000 AT 82819.
FEDERAL PRIVACY REGULATIONS, 45 C.F.R. SUBTITLE A. SUBCHAPTER C, PARTS 160 AND 164, VOL. 67, NO. 157, AUGUST 14, 2002 AT 53195-53199.
CALIFORNIA CIVIL CODE, DIVISION 1, PART 2, CONFIDENTIALITY OF MEDICAL INFORMATION, SECTIONS 56-56.37

PURPOSE

To ensure employees of the San Diego County Sheriff's Department (Sheriff) understand how to apply the Minimum Necessary standard to uses of protected health information.

BACKGROUND

Sheriff will comply with privacy regulation promulgated under the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Sheriff must also comply with California laws and regulations pertaining to the use and disclosure of individually identifiable health information, unless such state laws and regulation are preempted by HIPAA. However, there is an exception to preemption if the provision of state law is more stringent than the comparable HIPAA Privacy Rule.

Sheriff has created and implemented a series of policies & procedures that serve to address the many detailed requirements for protecting the confidentiality as outlined by the federal regulations for protected health information and state regulations for medical information.

POLICY

Sheriff and business associates of Sheriff must take reasonable steps when health information is requested, used, or disclosed to limit the amount of health information only to that which is relevant and necessary to accomplish the intended purpose.

DEFINITIONS

Business Associates - a person or entity that performs functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity.

HEALTH INFORMATION MANAGEMENT

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SUBJECT:	HIPAA 1 – MINIMUM NECESSARY USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION	DATE:	11/4/2022
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RELATED SECTIONS: IN COMPLIANCE WITH:	NCCHC J-A-08 FEDERAL PRIVACY REGULATIONS, 45 C.F.R. SUBTITLE A, SUBCHAPTER C, PARTS 160 AND 164, VOL 65, NO. 250, DECEMBER 28, 2000 AT 82819. FEDERAL PRIVACY REGULATIONS, 45 C.F.R. SUBTITLE A. SUBCHAPTER C, PARTS 160 AND 164, VOL. 67, NO. 157, AUGUST 14, 2002 AT 53195-53199. CALIFORNIA CIVIL CODE, DIVISION 1, PART 2, CONFIDENTIALITY OF MEDICAL INFORMATION, SECTIONS 56-56.37		

Covered Entity - a healthcare provider, health plan, or healthcare clearing house that electronically transmits protected health information for transactions for with the Department of Health and Human Services has adopted standards. Sheriff is a covered entity.

Electronic Health Information – Any protected health information or medical information that is produced, saved, transferred, or received in any electronic format or media.

Health Information - Any name in combination with any other information related to the provision of health care that can lead a person to reasonably identify the patient. This definition incorporates and synthesizes State of CA and federal definitions, including:

- Protected Health Information
- Electronic Health Information
- Individually Identifiable Health Information
- Personal Information
- Medical Information
- Confidential and Private Information

Individually Identifiable Health Information – Information that is a subset of health information, including demographic information, collected from a patient; and is created or received by a health care provider, health plan, employer or health care clearinghouse; and relates to past, present, or future physical or mental health or condition of a patient; or the past, present, or future payment for the provision of health care to a patient; and identifies the patient, or with respect to which there is a reasonable basis to believe the information can be used to identify the patient.

Medical Information - Any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient's medical history, mental or physical condition, or treatment. Individually Identifiable means that the medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity.

HEALTH INFORMATION MANAGEMENT

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

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SUBJECT:	HIPAA 1 – MINIMUM NECESSARY USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION	DATE:	11/4/2022
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RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: FEDERAL PRIVACY REGULATIONS, 45 C.F.R. SUBTITLE A, SUBCHAPTER C, PARTS 160 AND 164, VOL 65, NO. 250, DECEMBER 28, 2000 AT 82819.
FEDERAL PRIVACY REGULATIONS, 45 C.F.R. SUBTITLE A. SUBCHAPTER C, PARTS 160 AND 164, VOL. 67, NO. 157, AUGUST 14, 2002 AT 53195-53199.
CALIFORNIA CIVIL CODE, DIVISION 1, PART 2, CONFIDENTIALITY OF MEDICAL INFORMATION, SECTIONS 56-56.37

Protected Health Information (PHI) - individually identifiable health information that is transmitted by electronic media; maintained in electronic media; or transmitted or maintained in any other form or medium.

PROCEDURE

1. Sheriff and business associates of Sheriff are responsible for:
 - a. Limiting the use and disclosure of health information to the minimum amount of information necessary to accomplish the intended purpose.
 - b. Asking for only the information needed to accomplish the purpose when requesting protected health information from another covered entity or business associate.
2. Exemptions to the minimum necessary requirement. The minimum necessary requirement does not apply to the following:
 - a. Disclosures to or requests by providers for treatment purposes.
 - b. Disclosures made to the patient who is the subject of the record, when requested or required.
 - c. Uses or disclosures made pursuant to a valid authorization.
 - d. Uses or disclosures required for compliance with the HIPAA Administrative Simplification Rule.
 - e. Disclosures to the Secretary of the U.S. Department of Health and Human Services when disclosure of information is required under the Privacy Rule for enforcement purposes.
 - f. Uses or disclosures required by state or federal law.
3. The Minimum Necessary standard applies to all forms of information as related to health information, e.g. electronic health information; individually identifiable health information; medical information; personal information; and protected health information.

Implemented: 4/15/03
Reviewed: 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 7.20.09, 2/14/11, 2/3/12, 2/14/13, 12/15,15, 12/26/18, 9/16/19, 11/4/22
Revised: 9/20/21

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SUBJECT: DISCLOSURE OF HEALTH INFORMATION TO
FAMILY MEMBERS, FRIENDS, AND
REPRESENTATIVES OF PATIENT
CATEGORY: HEALTH INSURANCE PORTABILITY AND
ACCOUNTABILITY (HIPAA) AND HEALTH
INFORMATION MANAGEMENT
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.2
PAGE: 1

RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: 45 C.F.R. §§ 160.101-164.534
CA CIVIL CODE § 56, ET SEQ.
CA CONSTITUTION, ARTICLE 1, § 1
P&P MSD.N.1

PURPOSE

Establish a process for the employees of the County of San Diego Sheriff's Department (Sheriff) to provide guidance regarding a patient's opportunity to agree or object to certain uses or disclosures of his or her health information.

BACKGROUND

Sheriff will comply with privacy regulation promulgated under the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Sheriff must also comply with California laws and regulations pertaining to the use and disclosure of health information, unless such state laws and regulation are preempted by HIPAA. However, there is an exception to preemption if the provision of state law is more stringent than the comparable HIPAA privacy rule.

Sheriff has created and implemented a series of policies & procedures that serve to address the many detailed requirements for protecting patient confidentiality as outlined by federal regulations for protected health information and state regulations for medical information.

POLICY

Sheriff will ensure health information is only shared with individuals such as family, friends, and representatives of patients as authorized by the patient when the use and disclosure is not otherwise required by law.

DEFINITIONS

Electronic Health Information – Any protected health information or medical information that is produced, saved, transferred, or received in any electronic format or media.

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SUBJECT: DISCLOSURE OF HEALTH INFORMATION TO FAMILY MEMBERS, FRIENDS, AND REPRESENTATIVES OF PATIENT
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DISSEMINATION: MEDICAL SERVICES DIVISION

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RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: 45 C.F.R. §§ 160.101-164.534
CA CIVIL CODE § 56, ET SEQ.
CA CONSTITUTION, ARTICLE 1, § 1
P&P MSD.N.1

Health Information - Any name in combination with any other information related to the provision of health care that can lead a person to reasonably identify the patient. This definition incorporates and synthesizes State of CA and federal definitions, including:

- Protected Health Information
- Electronic Health Information
- Individually Identifiable Health Information
- Personal Information
- Medical Information
- Confidential and Private Information

Special note: Health Information as used in this policy does not include information and records covered by other federal or state laws regarding substance use disorder treatment records, mental/behavioral health records, developmental services records, HIV, genetic information. Reference the policies specific to those types of health information.

Individually Identifiable Health Information - Information that is a subset of health information, including demographic information, collected from a patient; and is created or received by a health care provider, health plan, employer or health care clearinghouse; and relates to past, present, or future physical or mental health or condition of a patient; or the past, present, or future payment for the provision of health care to a patient; and identifies the patient, or with respect to which there is a reasonable basis to believe the information can be used to identify the patient.ⁱ

Medical Information - Any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient's medical history, mental or physical condition, or treatment. Individually Identifiable means that the medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity.ⁱⁱ

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RELATED SECTIONS: NCCHC J-A-08
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Patient Representative – defined by California Health and Safety Code section 123105(e) as a parent or guardian of a minor who is a patient; the guardian or conservator of the person of an adult patient; an agent as defined in Section 4607 of the Probate Code, to the extent necessary for the agent to fulfill his or her duties as set forth in Division 4.7 (commencing with Section 4600) of the Probate Code; the beneficiary as defined in Section 24 of the Probate Code or personal representative as defined in Section 58 of the Probate Code, of a deceased patient.

Personal Representative – defined by California Probate Code section 58(a) as an executor, administrator, administrator with the will annexed, special administrator, successor personal representative, public administrator acting pursuant to Section 7660, or a person who performs substantially the same function under the law of another jurisdiction governing the person's status.

Protected Health Information (PHI) - individually identifiable health information that is transmitted by electronic media; maintained in electronic media; or transmitted or maintained in any other form or medium.

PROCEDURE

- I. Responding to patient care inquiries and other notification(s): Sheriff may disclose to a family member, other relative, close personal friend of the patient, or any other person identified by the patient, the health information directly relevant as per a signed patient authorization form or under other specified circumstances.ⁱⁱⁱ
 - a. Sheriff will provide individuals an opportunity to agree or object to having their health information shared with family and/or friends (in the absence of a prior valid authorization).
 - b. Disclosing health information to family, friends, and personal representatives from nursing stations and clinical areas over the phone, Sheriff will:
 - i. Present the patient with a patient authorization form to indicate the individual authorized to receive her or his health information (Form J224 – Authorization for Use and Disclosure of Protected Health Information).

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RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: 45 C.F.R. §§ 160.101-164.534
CA CIVIL CODE § 56, ET SEQ.
CA CONSTITUTION, ARTICLE 1, § 1
P&P MSD.N.1

- ii. Scan completed J224 form into TechCare.
 - iii. Verify the caller is identified on the J224 authorization form in TechCare once a phone call is received from an authorized individual.
 - iv. Attempt to verify the caller by verifying a detail such as address, phone number, etc. in SD Law or JIMS (see I(c) below).
 - v. Verify the J224 form has a valid date and has not expired.
 - vi. Only release information to the extent specified by the signed J224 authorization form.
 - vii. Enter a quick note into TechCare to document the call, identifying caller and providing a brief note of health information discussed.
- c. Sheriff is not specifically required to verify the identity of relatives or other persons authorized to receive health information over the phone as per a signed authorization. However, personnel will attempt to verify in good-faith as to the extent reasonable.^{iv}
- d. If the patient declines to sign a J224 authorization form:
 - i. Stamp "Declined To Sign" both at the top of the form and on the signature line at the bottom of the form (on second page).
 - ii. Scan the declined J224 form into TechCare, denoting the term "DECLINED" in the naming convention (e.g. Scanned ROI DECLINED Mother).
- e. It shall be the responsibility of the Detention Facility Watch Commander to notify patient's next of kin, friend or personal representative of serious injury, grave illness, or danger of dying while in custody in accordance with the provisions of P&P MSD.N.1.^v

SUBJECT: DISCLOSURE OF HEALTH INFORMATION TO FAMILY MEMBERS, FRIENDS, AND REPRESENTATIVES OF PATIENT
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RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: 45 C.F.R. §§ 160.101-164.534
CA CIVIL CODE § 56, ET SEQ.
CA CONSTITUTION, ARTICLE 1, § 1
P&P MSD.N.1

II. Limited uses and disclosures when the patient is not present:

- a. If the individual is not present, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual's incapacity or an emergency circumstance, Sheriff may, in the exercise of professional judgment, determine whether the disclosure is in the best interests of the individual and disclose the PHI that is directly relevant to the person's involvement with the individual's health care or for notification purposes.
- b. If the patient is deceased, such uses or disclosures may be made unless doing so is inconsistent with any prior expressed preference of the patient that is known to Sheriff.

III. Uses and disclosures for disaster relief purposes: Sheriff may use or disclose health information to a public or private entity, authorized by law or its charter to assist in disaster relief efforts; to notify or assist in the notification of the patient's general condition, or death to any of the following persons:

- a. Family member
- b. Patient representative
- c. Another person responsible for the patient.^{vi}

The requirements in this section relating to disclosures when the individual is present and limited disclosures when the individual is not present apply to such uses and disclosure to the extent that the Sheriff, in the exercise of professional judgment, determines that the requirements do not interfere with the ability to respond to the emergency circumstances.

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RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: 45 C.F.R. §§ 160.101-164.534
CA CIVIL CODE § 56, ET SEQ.
CA CONSTITUTION, ARTICLE 1, § 1
P&P MSD.N.1

Implemented: 4/15/2003

Reviewed: 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 7.20.09, 2/14/11, 2/3/12, 2/14/13, 12/15/15, 12/26/18,
9/16/19, 7/31/06, 11/4/22

Revised: 5/6/2021, 4/26/2022

ⁱ 45 C.F.R. § 160.103.

ⁱⁱ CA Civil Code § 56.05.

ⁱⁱⁱ 45 C.F.R. § 164.510(b)(1)(i).

^{iv} 45 C.F.R. § 164.514(h).

^v Sheriff's Medical Services Division P&P MSD.N.1; 45 C.F.R. § 164.510(b)(1)(ii).

^{vi} 45 C.F.R. § 164.510(b)(4).

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SUBJECT:	USES AND DISCLOSURES FOR WHICH AN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT IS NOT REQUIRED	DATE:	11/4/2022
CATEGORY:	FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA)	NUMBER:	MSD.H.3
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1

RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: FEDERAL PRIVACY REGULATIONS, 45 C.F.R. SUBCHAPTER C, PARTS 160 AND 164
California Civil Code, Division 1, Part 2, Confidentiality of Medical Information, Sections 56-56.37
California Penal Code, Part 2, Title 12, Chapters 3 and 3.5

PURPOSE

To establish a process for employees of the San Diego County Sheriff's Department (Sheriff) to ensure compliance when required to use or disclose a patient's protected health information without the written authorization of the individual or the opportunity for the patient to agree or object is NOT required.

BACKGROUND

Sheriff will comply with privacy regulation promulgated under the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Sheriff must also comply with California laws and regulations pertaining to the use and disclosure of health information, unless such state laws and regulation are preempted by HIPAA. However, there is an exception to preemption if the provision of state law is more stringent than the comparable HIPAA Privacy Rule.

Sheriff has created a series of policies & procedures that serve to address the many detailed requirements for protecting patient confidentiality as outlined by federal regulations for protected health information and state regulations for medical information.

DEFINITIONS

Abuse, Neglect, or Domestic Violence - The willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain or mental anguish, or deprivation by an individual including a caretaker, or goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.

Correctional Institution - Any penal or correctional facility, jail, reformatory, detention center, work farm, halfway house, or residential community program center operated by, or under contract to, the United

**USES AND DISCLOSURES FOR WHICH AN AUTHORIZATION OR OPPORTUNITY TO
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SUBJECT:	USES AND DISCLOSURES FOR WHICH AN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT IS NOT REQUIRED	DATE:	11/4/2022
CATEGORY:	FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA)	NUMBER:	MSD.H.3
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	2

RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: FEDERAL PRIVACY REGULATIONS, 45 C.F.R. SUBCHAPTER C, PARTS 160 AND 164
California Civil Code, Division 1, Part 2, Confidentiality of Medical Information, Sections 56-56.37
California Penal Code, Part 2, Title 12, Chapters 3 and 3.5

States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, for the confinement or rehabilitation of persons charged with or convicted of a criminal offense or other persons held in lawful custody. Other persons held in lawful custody includes juvenile offenders adjudicated delinquent, aliens detained awaiting deportation, persons committed to mental institutions through the criminal justice system, witnesses, or others awaiting charges or trial.

Health Care Facility – Any clinic, health dispensary, or health facility, licensed pursuant to the California Health and Safety Code, or any mental hospital, drug abuse clinic, or detoxification center.

Health Oversight Activities - The watchful care of management of health care systems and government health benefit programs.

Individually Identifiable Health Information – Information that is a subset of health information, including demographic information, collected from a patient; and is created or received by a health care provider, health plan, employer or health care clearinghouse; and relates to past, present, or future physical or mental health or condition of a patient; or the past, present, or future payment for the provision of health care to a patient; and identifies the patient, or with respect to which there is a reasonable basis to believe the information can be used to identify the patient.

Law Enforcement Agency – The Attorney General of the State of California, every district attorney, and every agency of the State of California expressly authorized by statute to investigate or prosecute law violators.

Medical Information - Any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient's medical history, mental or physical condition, or treatment. Individually Identifiable means that the medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity.

**USES AND DISCLOSURES FOR WHICH AN AUTHORIZATION OR OPPORTUNITY TO
AGREE OR OBJECT IS NOT REQUIRED**

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SUBJECT:	USES AND DISCLOSURES FOR WHICH AN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT IS NOT REQUIRED	DATE:	11/4/2022
CATEGORY:	FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA)	NUMBER:	MSD.H.3
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RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: FEDERAL PRIVACY REGULATIONS, 45 C.F.R. SUBCHAPTER C, PARTS 160 AND 164
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California Penal Code, Part 2, Title 12, Chapters 3 and 3.5

Protected Health Information (PHI) - Individually identifiable health information that is transmitted by electronic media; maintained in electronic media; or transmitted or maintained in any other form or medium.

Public Health Authority - An agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents or such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.

Public Health Activities - Activities for the purpose of preventing or controlling disease, injury, or disability. Activities include reporting disease/injury, births, deaths, public health surveillance, public health investigations, and public health information.

POLICY

Sheriff may use or disclose health information without the written authorization of the individual in certain circumstances when permitted by law.

Health information must be disclosed by Sheriff when required by state or federal law and limited to the extent only required by law. Health information may be disclosed by Sheriff, without the patient's authorization, to a government authority authorized by law to receive reports when it's reasonably believed that the patient is the victim of abuse, neglect, or domestic violence.

Health information shall be disclosed in the course of a judicial or administrative proceeding without a patient authorization if disclosure is compelled, such as in response to a court order, valid subpoena, or other compulsory legal process. However, prior to disclosing the information, Sheriff is responsible for reasonably assuring notice was provided to the patient who is the subject of the compelled information, if the notification is not prohibited.

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PROCEDURE

- I. Uses and Disclosures Required by Law
 - a. Prior to disclosure of health information, Sheriff must verify the identity and authority/credentials of the requestor.
 - b. Sheriff can disclose health information under any of the following circumstances without patient authorization as required by law:
 - i. When oversight requires health information to determine compliance with the Privacy Rule.
 - ii. By court order pursuant to an order of that court.
 - iii. By a board, commission, or administrative agency for adjudication.
 - iv. By a warrant, subpoena, or summons issued by the court. This includes a subpoena to produce evidence, a notice to appear which has been served, or any provision authorizing discovery in a proceeding before a court or administrative agency.
 - v. By a board, commission, or administrative agency pursuant to an investigative subpoena.
 - vi. By an arbitration panel, to produce specific documentation, in a proceeding before an arbitration panel.
 - vii. By a search warrant lawfully issued to a governmental law enforcement agency.
 - viii. By the patient or the patient's representative.
 - ix. By a coroner, medical examiner, or forensic pathologist, when requested in the course of an investigation by the coroner's office to identify a deceased person, determine cause of death, or other duties approved by law.
 - x. To the U.S. Department of Health and Human Services (HHS), when disclosure is required to investigate and determine a state entity's compliance with HIPAA, with disclosure limited to information pertinent to determine compliance.
 - xi. When otherwise specifically required by law.

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II. Uses and Disclosures for Public Health Activities

a. Sheriff may disclose PHI for the public health activities and purposes described in this procedure to:

- i. A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority;
- ii. A public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect;
- iii. A person subject to the jurisdiction of the Food and Drug Administration with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety, or effectiveness of product or activity:
 - A. To report adverse events (or similar reports with respect to food or dietary supplements), product defects or problems (including problems with the use or labeling of a product), or biological product deviations if the disclosure is made to the person required or directed to report such information to the Food and Drug Administration;
 - B. To track products FDA-regulated products;
 - C. To enable product recalls, repairs, or replacement (including locating and notifying individuals who have received products of products recalls, withdrawals, or other problems); or
 - D. To conduct post marketing surveillance to comply with requirements or at the direction for the Food and Drug Administration.
 - E. A person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition as required by law.

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- iv. A person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition as required by law.

III. Disclosures About Victims of Abuse, Neglect, or Domestic Violence

- a. Sheriff may disclose protected health information about an individual whom the Sheriff reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence:
 - i. To the extent the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law;
 - ii. To the extent the disclosure is expressly authorized by statute or regulation and:
 - A. Sheriff, in the exercise of professional judgment, believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or
 - B. If the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the protected health information for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.
- b. Informing the individual of disclosure.
 - i. If Sheriff makes a disclosure permitted by this section, Sheriff must promptly inform the individual that such a report has been or will be made, except if:
 - A. In the exercise of professional judgment, Sheriff believes informing the individual would place the individual at risk of serious harm; or
 - B. It would be informing a personal representative that Sheriff reasonably believes is responsible for the abuse, neglect, or other injury, and that

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informing such person would not be in the best interests of the individual as determined by Sheriff, in the exercise of professional judgment.

IV. Uses and Disclosures for Health Oversight Activities

- a. Sheriff may disclose PHI to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:
 - i. The health care system;
 - ii. Government benefit programs for which PHI is relevant to beneficiary eligibility;
 - iii. Entities subject to government regulatory programs for which PHI is necessary for determining compliance with program standards; or
 - iv. Entities subject to civil rights laws for which PHI is necessary for determining compliance.
- b. Exception to health oversight activities. For the purpose of the disclosures permitted by this section, a health oversight activity does not include an investigation or other activity in which the individual is the subject of the investigation or activity and such investigation or other activity does not arise out of and is not directly related to:
 - i. The receipt of health care;
 - ii. A claim for public benefits related to health; or
 - iii. Qualification for, or receipt of, public benefits or services when an individual's health is integral to the claim for public benefits or services.
- c. Joint activities or investigations. Notwithstanding the limitations on the disclosures set forth in subsection (b) of this section, if a health oversight activity or investigation is conducted in conjunction with an oversight activity or investigation relating to a claim for public benefits not related to health, the joint activity or investigation is considered a health oversight activity for purposes of paragraph (d) in this section.

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- V. Disclosures for Judicial and Administrative Proceedings
- a. Sheriff may disclose PHI in the course of any judicial or administrative proceeding:
 - i. In response to an order of a court or administrative tribunal, provided that the Sheriff discloses only the PHI expressly authorized by such order; or
 - ii. In response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal, if:
 - A. The Sheriff receives satisfactory assurance, as described in this section, from the party seeking the information that reasonable efforts have been made by that party to ensure that the individual whose PHI has been requested has been given notice of the request; or
 - B. The Sheriff receives satisfactory assurance, as described in this section, from the party seeking the information that reasonable efforts have been made by the party to secure a qualified protective order; or
 - C. The Sheriff may disclose PHI without receiving satisfactory assurance, if the Sheriff makes reasonable efforts to provide notice to the individual sufficient to meet the requirements of satisfactory assurances as described in this section.
 - iii. For the purposes of this section, Sheriff receives satisfactory assurances from a party seeking PHI if the covered entity receives from such party a written statement and accompanying documentation demonstrating that:
 - A. The party requesting the information has made a good faith attempt to provide written notice to the individual (or, if the individual's location is unknown, to mail a notice to the individual's last known address);
 - B. The notice included sufficient information about the litigation or proceeding in which the PHI is requested to permit the individual to raise an objection to the court or administrative tribunal; and
 - C. The time for the individual to raise objections to the court or administrative tribunal has elapsed; and
 - 1. No objections were filed; or

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- 2. All objections filed by the individual have been resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.
- iv. The Sheriff shall have received satisfactory assurances from a party seeking PHI if Sheriff received from such party a written statement and accompanying documentation demonstrating that:
 - A. The parties to the dispute giving rise to the request for information have agreed to a qualified protective order and have presented it to the court or administrative tribunal with jurisdiction over the dispute; or
 - B. The party seeking the PHI has requested a qualified protective order from such court or administrative tribunal.
- v. The term "qualified protective order" means for purposes of this section, an order of a court or of an administrative tribunal or a stipulation by the parties to the litigation or administrative proceeding that:
 - A. Prohibits the parties from using or disclosing the PHI for any purpose other than the litigation or proceeding for which such information was requested; and
 - B. Requires the return to Sheriff the PHI or the destruction of the PHI (including all copies made) at the end of the litigation or proceeding.
- vi. The provisions of this section do not supersede other uses or disclosures for which an authorization or opportunity to agree or object is not required.
- vii. A subpoena that complies with the Notice to Consumer requirements set forth in California Code of Civil Procedure section 1985.3 or any similar federal or state statute or rule of procedure shall meet the satisfactory assurances requirement of this section.

VI. Disclosures for Law Enforcement Purposes

- a. Records of the identity, diagnosis, prognosis, or treatment of any patient maintained by a health care facility which are not privileged records required to be secured by the special master search warrant issuance procedure per the California Penal Code, or records

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required by law to be confidential, shall only be disclosed to law enforcement agencies pursuant to this section:

- i. In accordance with the prior written consent of the patient; or
- ii. If authorized by an appropriate order of a court of competent jurisdiction in the county where the records are located, granted after application showing good cause therefor. In assessing good cause, the court:
 - A. Shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services;
 - B. Shall determine that there is a reasonable likelihood that the records in question will disclose material information or evidence of substantial value in connection with the investigation or prosecution; or
- iii. By a search warrant obtained pursuant to the California Penal Code.
- b. The prohibitions of this section continue to apply to records concerning any individual who has been a patient, irrespective of whether or when he or she ceases to be a patient.
- c. Except where an extraordinary order, delaying the notice of the application to the health care facility for a period of 30 days, is granted or a search warrant is obtained pursuant to the California Penal Code search warrant issuance procedure, any health care facility whose records are sought under this chapter shall be notified of the application and afforded an opportunity to appear and be heard thereon.
- d. Both disclosure and dissemination of any information from the records shall be limited under the terms of the order to assure that no information will be unnecessarily disclosed and that dissemination will be no wider than necessary.

This chapter shall not apply to investigations of fraud in the provision or receipt of Medi-Cal benefits, investigations of insurance fraud performed by the Department of Insurance or the California Highway Patrol, investigations of workers' compensation insurance fraud performed by the Department of Corrections and conducted by peace officers specified in the California Penal Codes, and investigations and research

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regarding occupational health and safety performed by or under agreement with the Department of Industrial Relations. Access to medical records in these investigations shall be governed by all laws in effect at the time access is sought.

- e. Nothing in this chapter shall prohibit disclosure by a medical facility or medical provider of information contained in medical records where disclosure to specific agencies is mandated by statutes or regulations.
- f. This section shall not be construed to authorize disclosure of privileged records to law enforcement agencies by the procedure set forth in this chapter, where the privileged records are required to be secured by the special master procedure set forth by an extraordinary order or required by law to be confidential.
- g. A law enforcement agency applying for disclosure of patient records under an extraordinary order may petition the court to delay the notice of the application to the health care facility required by California Penal Code for a period of 30 days, upon a showing of good cause to believe that notice would seriously impede the investigation.
- h. Correctional institutions and other law enforcement custodial situations – See section IX(d).

VII. Uses and Disclosures about Decedents

- a. Coroners and Medical Examiners. Sheriff may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
- b. Funeral Directors: Sheriff may disclose PHI to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.

VIII. Uses and Disclosures to Avert a Serious Threat to Health or Safety

- a. Sheriff may, consistent with applicable law and standards of ethical conduct that may apply to the type of PHI at issue (e.g. psychotherapy records), use or disclose PHI, if Sheriff, in good faith, believes the use or disclosure:

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- i. Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and
- ii. Is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or
- iii. Is necessary for law enforcement authorities to identify or apprehend an individual;
 - a. Because of a statement by an individual admitting participation in a violent crime that the covered entity reasonably believes may have caused serious physical harm to the victim; or
 - b. Where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody.
- iv. A use or disclosure under this section may not be made if Sheriff learns of the information:
 - A. In the course of treatment to affect the propensity to commit the criminal conduct that is the basis for the disclosure under this section, or counseling or therapy; or
 - B. Through a request by the individual to initiate or to be referred for the treatment, counseling, or therapy to affect the propensity to commit the criminal conduct that is the basis for the disclosure under this section.

IX. Uses and Disclosures for Specialized Government Functions

a. Military and Veterans Activities.

- i. Armed Forces personnel: Sheriff may use and disclose the PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, if the appropriate military authority has published by notice in the Federal Register the following information:
 - A. Appropriate military command authorities; and
 - B. The purposes for which the PHI may be used or disclosed.

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- ii. Foreign military personnel. Sheriff may use and disclose the PHI of individuals who are foreign military personnel to their appropriate foreign military authority for the same purpose. Uses and disclosures are permitted for Armed Forces personnel under the notice published in the Federal Register pursuant to this section.
- b. National Security and Intelligence Activities:
 - i. Sheriff may disclose PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act (50 U.S.C. 401 et seq.) and implementing authority (e.g., Executive Order 12333).
- c. Protective services for the President and Others:
 - i. Sheriff may disclose PHI to authorized federal officials for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 and 879.
- d. Correctional Institutions and Other Law Enforcement Custodial Situations:
 - i. Sheriff may disclose to other correctional institutions or other law enforcement officials having lawful custody of an inmate or other individual PHI about such inmate or individual, if the correctional institution of such law enforcement official represents that such PHI is necessary for:
 1. The provision of health care to such individuals;
 2. The health and safety of such individual or other inmates;
 3. The health and safety of the officers or employees of or others at the correctional institution;
 4. The health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another;
 5. Law enforcement on the premises of the correctional institution; and

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- 6. The administration and maintenance of the safety, security, and good order of the correctional institution.
 - i. A covered entity that is a correctional institution may use protected health information of individuals who are inmates for any purpose for which such protected health information may be disclosed.
 - ii. No application after release. For the purposes of this section, an individual is no longer an inmate when released on parole, probation, supervised release, or otherwise is no longer in lawful custody.
- e. Government Programs Providing Public Benefits
 - i. Sheriff may disclose PHI relating to eligibility for or enrollment in the health plan to another agency administering a government program providing public benefits if the sharing of eligibility or enrollment information among such government agencies of the maintenance of such information in a single or combined data system accessible to all such government agencies is required or expressly authorized by statute or regulation.
 - ii. Sheriff may disclose PHI relating to the program to another covered entity that is a government agency administering a government program providing public benefits if the programs serve the same or similar populations and the disclosure of PHI is necessary to coordinate the covered functions of such programs or to improve administration and management relating to the covered functions of such programs.
- X. Disclosures for Worker's Compensation
 - a. Sheriff may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

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- b. The Workers' Compensation Appeals Board is authorized to issue subpoenas for the attendance of witnesses and the production of records in any worker's compensation inquiry, investigation, hearing or proceeding in California.

XI. Treatment, Payment, and Operations – See policy MSD.H.6, Use and Disclosure of PHI to Carry Out Treatment, Payment, and Health Care Operations.

Implemented: 4/15/03

Reviewed: 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 7.20.09, 2/14/11, 2.3.12, 2/14/13, 12/15/15, 9/19/19, 11/4/22

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SUBJECT: HIPAA - AUTHORIZATION FOR USE &
DISCLOSURE OF PROTECTED HEALTH
INFORMATION

DATE: 11/4/2022

CATEGORY: FEDERATION HEALTH INSURANCE PORTABILITY
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NUMBER: MSD.H.4

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IN COMPLIANCE WITH: FEDERAL PRIVACY REGULATIONS, 45 C.F.R. SUBTITLE A, SUBCHAPTER C, PARTS 160 AND
164, VOL. 65, NO. 250, DECEMBER 28, 2000 AT 82798-82829.

FEDERAL PRIVACY REGULATIONS, 45 C.F.R. SUBTITLE A, SUBCHAPTER C, PARTS 160 AND
164, VOL. 67, NO. 157, AUGUST 14, 2002 AT 53219-53226.

PURPOSE

To assist Sheriff of San Diego (hereinafter "the Sheriff") employees in understanding when written authorization from the individual (incarcerated person) or his or her authorized representative is required for the use and disclosure of protected health information.

BACKGROUND

Sheriff will comply with privacy regulation promulgated under the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). They must also comply with California laws and regulations pertaining to the use and disclosure of individually identifiable health information, unless such state laws and regulation are preempted by HIPAA.

HIPAA's privacy regulations outline many detailed requirements protecting the confidentiality of health information and providing individuals significant rights with respect to their health information. Compliance with these regulations is addressed in a series of Sheriff policies and procedures.

DEFINITIONS

Health Care Operations: administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and support the core functions of treatment and payment. It may include any of the following activities:

- Internal performance improvement activities, excluding research;
- Reviewing the competence or qualifications of health care professionals;
- Medical review, legal services, and auditing;
- Business planning and development; and
- Business management and general administrative activities.

HIPAA - AUTHORIZATION FOR USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

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SUBJECT: HIPAA - AUTHORIZATION FOR USE &
DISCLOSURE OF PROTECTED HEALTH
INFORMATION

DATE: 11/4/2022

CATEGORY: FEDEREA HEALTH INSURANCE PORTABILITY
AND ACCOUNTABILITY (HIPAA)

NUMBER: MSD.H.4

DISSEMINATION: MEDICAL SERVICES DIVISION

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**RELATED SECTIONS:
IN COMPLIANCE WITH:** NCCHC J-A-08
FEDERAL PRIVACY REGULATIONS, 45 C.F.R. SUBTITLE A, SUBCHAPTER C, PARTS 160 AND
164, VOL. 65, NO. 250, DECEMBER 28, 2000 AT 82798-82829.

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Individually Identifiable Health Information: information that is a subset of health information, including demographic information, collected from a patient; and is created or received by a health care provider, health plan, employer or health care clearinghouse; and relates to past, present, or future physical or mental health or condition of a patient; or the past, present, or future payment for the provision of health care to a patient; and identifies the patient, or with respect to which there is a reasonable basis to believe the information can be used to identify the patient.

Payment: various activities of health care providers to obtain payment or be reimbursed for services. This includes, determining eligibility or coverage under a plan; billing and collection activities; reviewing health care services for medical necessity, coverage, and justification of charges; and utilization review activities.

Protected Health Information (PHI): Individually identifiable health information that is transmitted by electronic media; maintained in electronical media; or transmitted or maintained in any other form or medium.

Treatment: the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

POLICY

In compliance with state and federal laws and regulations, the Sheriff will obtain written authorization from the individual or his or her authorized representative for uses and disclosures of PHI unless the Sheriff is allowed or required to disclose the information without an authorization.

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Note: the Sheriff will not condition the provision of treatment to an individual on signing an authorization.

PROCEDURE

I. Authority to Grant Authorization

Authority to grant authorization for use or disclosure of PHI resides with:

- The individual, if the individual is a competent adult.
- The individual's legal representative if the individual is deceased or lacks the ability to authorize the disclosure on his or her own behalf.

II. Valid Authorizations

A valid authorization must contain at least the following elements:

- A description of the information to be used or disclosed that identifies the information in a specific and meaningful way;
- The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure;
- The name or other specific identification of the person(s), or class of persons, to whom the facility may make the requested use or disclosure;
- A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is sufficient when the individual initiates the authorization and chooses not to describe the purpose of the request;
- An expiration date or expiration event that relates to the individual or the purpose of the use or disclosure;
- A statement of the individual's right to revoke the authorization in writing and the exceptions to the right to revoke, along with a description of how the individual may revoke the authorization;

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- A statement that the Sheriff may not condition treatment on whether the individual signs the authorization, unless the authorization involves participation in a research study;
- A statement that the information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected by the federal privacy regulations;
- Be handwritten by the same person who signs it or be in typeface of at least 12 point;
- Signature of the individual and date;
- If the authorization is signed by a personal representative of the individual, a description of the representative's authority to act for the individual; and
- Advise the individual signing of the right to receive a copy of the authorization.

The authorization must be written in plain language.

Additional requirements for particular conditions and procedures:

- Mental Health and Psychotherapy notes: If the authorization seeks the disclosure of mental health or psychotherapy records, please refer to Policy # MSD.H.8, Use and Disclosure of Mental Health Records.
- HIV and AIDS related test results: A separate authorization is required for each separate disclosure of test results.
- Substance abuse records: The authorization must accompany the records released along with a statement that prohibits the receiving person or entity from further disclosing the records unless the authorization or subsequent authorization expressly permits the further disclosure or the disclosure is specifically allowed under federal and state law.
- Authorization for release of medical records to decedent's personal representative, patient representative, beneficiary, or heir will be done so with direction from the HIM Services Officer or Legal Affairs.

If the Sheriff asks the individual for written authorization for use or disclosure of protected health information, the individual must be given a copy of the completed authorization form. The Sheriff will

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document and retain any signed authorization for at least seven (7) years, in compliance with federal law and regulation.

III. Outside Authorizations

A written authorization provided by the individual or an outside requester is acceptable if it contains all of the elements described in the "Valid Authorizations" sections above. If the authorization is missing one or more of the required elements, the individual or his or her legal representative will be asked to sign the Sheriff form for "Authorization to Use or Disclose Protected Health Information."

IV. Combined Authorizations

An authorization for use or disclosure of PHI may not be combined with any other document to create a compound authorization except as follows:

- An authorization for the use or disclosure of PHI created for research that includes treatment of the individual may be combined.

V. Invalid Authorizations

An authorization is not valid if the document has any of the following defects:

- The expiration date has passed or the expiration event is known by the Sheriff to have occurred;
- The authorization has not been filled out completely;
- The authorization is known by the Sheriff to have been revoked;

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- The authorization lacks a required element, as described in the “Valid Authorizations” section above; or
- Any material information in the authorization is known by the Sheriff to be false.

VI. Timeframes for Authorizations

The individual’s authorization to use or disclose PHI must be obtained at or after the date of service. Unless the individual specifies an earlier expiration date or event, the Sheriff will honor an authorization for up to twelve (12) months after the date it was signed by the individual or his authorized representative. If the authorization is for research, the expiration date may state “end of the research study,” “none,” or similar language.

VII. Retrieval/Copy Fees

Fees will be charged for retrieving records and making copies in accordance with the Sheriff’s customary practices as prescribed by California law.

VIII. Record of Authorization and Disclosure (Accounting of Disclosure)

Following disclosure of information, the signed authorization form should be filed with the individual’s record along with an entry into the Correspondence log of what specific information was disclosed, the date of the disclosure, and the printed name and signature of the employee who made the disclosure. This information will be kept for at least seven (7) years.

IX. Revocation of Authorizations

An individual may revoke his or her authorization in writing at any time, except to the extent the Sheriff has already taken action in reliance on the authorization. (For example, if the Sheriff has already used or disclosed information to an outside party based on the individual’s prior authorization, this use or disclosure is allowed by the authorization because the authorization was valid at the time of the use or disclosure. Once the authorization is revoked, it cannot be used for any future uses or disclosures of

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PHI. An individual or his or her authorized representative who wishes to revoke their authorization will be asked to do so in writing.

Implemented: 4/15/03

Reviewed: 08/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 2/14/11, 2/3/11, 2/14/13, 12/15/15, 9/20/19, 11/4/22

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RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: Federal Privacy Regulations, 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164, Vol. 65, No. 250, December 28, 2000 at 82823-82824.
California Health and Safety Code sections 123110(a) and (b), and 123130(a).

PURPOSE

To establish a process for the employees of the Sheriff (hereinafter the "Sheriff Detention Division and/or Medical Services Division") based on delineation of duties on how to handle requests from individuals (incarcerated persons) or their legal representatives to access or obtain copies of protected health information in designated record sets.

BACKGROUND

Sheriff will comply with privacy regulation promulgated under the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). They must also comply with California laws and regulations pertaining to the use and disclosure of individually identifiable health information, unless such state laws and regulation are preempted by HIPAA.

HIPAA's privacy regulations outline many detailed requirements protecting the confidentiality of health information and providing individuals significant rights with respect to their health information. Compliance with these regulations is addressed in a series of Sheriff policies and procedures.

DEFINITIONS

Designated Record Set:

Incarcerated persons records maintained by or for the Sheriff that are:

- Medical records, including images (e.g. radiology films, fetal monitor strips, electrocardiograph (EKG) tracings, electroencephalograph (EEG) tracings, imaged records of procedures, and the like);
- Records used, in whole or in part, by or for the Sheriff to make decisions about individuals.

Records maintained by or for the Sheriff that are for:

- Claims adjudication;
- Case or medical management systems; or

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- Records used, in whole or in part, by or for the Sheriff to make decisions about individuals.

The designated record set **excludes** information compiled by the Sheriff that is not used to make decisions about specific individuals, and includes, but is not limited to, information compiled for peer review, quality assurance, and business operation.

Individually Identifiable Health Information: Information that is created or received by the Sheriff, that identifies an individual (or could reasonably be used to identify an individual) and that:

- Relates to the past, present, or future physical or mental health or condition of an individual; or
- Related to the provision of health care to an individual.

This includes demographic information (such as name, address, date of birth, social security number, sex, and race) collected from an individual.

Legal Representative: An individual's legal representative may include the following:

- Conservator of the Person – Court appointed;
- Attorney-in-Fact for Health Care – Holder of a valid Durable Power of Attorney for Health Care;
- Guardian of the Person – Court appointed;
- Decedent's Personal Representative – Court appointed;
- Executor of a Decedent's Estate – Court appointed;
- Administrator of a Decedent's Estate – Court appointed;
- Personal Representative – Court appointed; or
- Beneficiary of a Decedent's Estate – Must provide adequate documentation that the person is a beneficiary of the decedent's estate and that no other person has the authority to prevent the release of the PHI.

Note: This policy uses the term "legal representative." That term is meant to be synonymous with the Privacy Rule term "personal representative." This policy used the term "legal representative" because the term "personal representative" has a separate and distinct legal meaning under California law.

Protected Health Information (PHI): "Individually identifiable health information that is transmitted or maintained electronically or by another medium. PHI does not include educational records of students

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maintained by federally funded educational agencies or institutions or persons acting for these agencies or institutions. PHI also does not include records of (1) students who are 18 years or older or are attending post-secondary educational institutions, (2) maintained by a physical or mental health care provider, (3) that are made, maintained, or used only in connection with the treatment of the student, and (4) that are not available to anyone, except a health care provider or appropriate professional reviewing the record as designated by the student.”

Psychotherapy Notes: Notes recorded in any medium by a mental health professional documenting or analyzing the contents of conversations during a private, joint, family, or group counseling sessions that are filed separately from the rest of the individual’s medical record.

Psychotherapy notes **exclude:**

- Medication prescription and monitoring records;
- Counseling session start and stop times;
- Modalities and frequency of treatment;
- Results of clinical tests; and
- Summaries of diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

POLICY

In compliance with State and Federal laws and regulations, individuals or their legal representatives will be given the opportunity to obtain a copy of their PHI in the designated record set.

Individuals or their legal representatives may be denied access to or prevented from obtaining copies of their PHI where:

Providing the information to an individual or his or her personal representative will endanger the life or physical safety of the individual or another person;

The information was provided in confidence to the health care provider by someone other than another health care provider;

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Providing the information to an incarcerated person of a correctional institution, where the covered entity is the correctional institution or a covered health care provider acting under the direction of the correctional institution, would jeopardize the health, safety, security, custody or rehabilitation of the individual or incarcerated persons, or the safety of any officer, employee, or other person at the correctional institution or person responsible for transporting the incarcerated individual; or

The records are subject to the Privacy Act, 5 U.S.C. 553a, and the denial of access is allowable under the law.

It is the professional obligation to keep protected health information confidential to secure at all times according to American Health Information Association code of conduct and ethics.

- Employees can only have access to incarcerated person's record when there is direct care or fulfill their duties.
- Employees are required to request release of information should they want to have the copy of PHI.
- Employees must request release of information should they be interested to see their family members or loved one's record.
- Co-workers must refrain from providing PHI to colleagues.
- Release of Information can only be done by HIM staff or designee unless it is for emergency treatment.

PROCEDURE

- I. Requests for Copy
 - A. To obtain a copy of PHI in the designated record set, an individual or his or her legal representative must submit a written request that includes all required elements for a valid authorization. This may be done by completing the Sheriff's form entitled "Request for Access and Copy of Protected Health Information" or through use of another acceptable form submitted by the individual or his or her legal representative. In the event an individual's legal representative seeks to obtain a copy of the PHI in the designated record set, the legal representative must explain in the written request what information is needed and how it is relevant to his or her duties as the legal

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representative of the individual. The individual or his or her legal representative pays the fees required for preparing the copy.

II. Timely Action

- A. The Sheriff must act on a request to obtain copies of PHI in the designated record set and ensure that the copy is transmitted within fifteen (15) calendar days of receipt of the written request and payment of the appropriate fees. Individuals will be given a written notice that their request to obtain a copy of their record has been granted.
- B. If the records have been destroyed in accordance with the Sheriff's record retention policies and California statute of limitation, the program/unit manager or designee will provide a certification of no records explaining why the request cannot be fulfilled.

III. Form of Copy

- A. The Sheriff will provide a legible paper copy of the portions of the record(s) requested, and in situations where the records are requested by an individual's legal representative, only those records requested and relevant to the person's duties as legal representative of the individual will be provided. Online access will not be provided for computer-based records. Images will be provided on paper printouts or film copies, as appropriate. CD copies are available upon request.

IV. Copy Fees

- A. An appropriate fee will be charged to individuals or their legal representatives for retrieving records.
- B. An individual who does not have the ability to pay may be given copies of records in the designated record set upon providing proof of economic need. Such proof may include, but is not limited to, participation in the State Medi-Cal or charity care programs. The manager of the program/unit releasing the information or designee may make this determination, based on information provided by the individual or his or her legal representative.
- C. The individual or his or her legal representative shall be entitled to one copy, at no charge, the relevant portion of the individual's records upon presenting to the Sheriff a written request and proof that the records are needed to support a claim or appeal regarding eligibility for one of the following public benefit programs: Medi-Cal, social security disability benefits, Supplemental Security Income/State Supplemental Program for the Aged, Blind and Disabled. The phrase "relevant portion of the individual's records" means those records regarding services rendered to the individual during the time period beginning with the date of the individual's initial application for public benefits

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up to and including the date that a final determination is made by the public benefits program with which the individual's application is pending. The individual is entitled to one free copy of the records pursuant California Health and Safety Code.

V. Denial of Copy

- A. Individuals or their legal representatives may be denied a copy of the records under certain circumstances, as outlined below. If the Sheriff denies copying of some information in the designated record set, it must make other information available if it does not have grounds to deny access to that information.

VI. Reviewable Grounds for Denial: The Sheriff may deny an individual's access, provided the individual is given a right to have the denial reviewed, in the following circumstances:

- A. A licensed healthcare professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life, physical safety, or mental health of the individual or another person;
- B. The PHI makes reference to another person (unless the other person is a healthcare provider) and a licensed healthcare professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to the other person; or
- C. The request for access is made by the individual's legal representative, and a licensed healthcare professional has determined, in the exercise of professional judgment, that the provision of access to such representative is reasonably likely to cause substantial harm to the individual or another person.

If access is denied on these grounds, the individual has the right to have the denial reviewed by a licensed healthcare professional designated by the Sheriff who did not participate in the original decision. The Sheriff must provide prompt, written notice of the reviewer's decision to the individual and must comply with the reviewer's decision.

VII. Unreviewable Grounds for Denial: The Sheriff may deny an individual access without providing an opportunity for review if:

- A. The PHI is exempted from the right of access;
- B. The Sheriff is acting under the direction of a correctional institution, and the information could jeopardize the health, safety, security, custody, or rehabilitation of the person, any officer, employee, or other incarcerated individual;
- C. The PHI was obtained from someone other than a healthcare provider under a promise of confidentiality and the access would reveal the source of the information;

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- D. The information contained in the designated record is subject to the Privacy Act, 5 U.S.C. 553a, and the individual's access to the information may be denied under that act; or
 - E. The request is to review the record versus receiving a copy. No incarcerated person or former incarcerated individual is allowed to review their medical record.
- VIII. Written Notice: When access is denied, the Sheriff will provide individuals with timely, written notice of the denial. This notice must be in plain language and include the following:
- A. The basis for denial;
 - B. A statement of the individual's right to request a review (for reviewable grounds of denial); and
 - C. A description of how the individual may complain to the Sheriff or the U.S. Department of Health and Human Services.
- IX. The Sheriff will provide written notice by using these form letters:
- A. Reviewable Denial of Access to Protected Health Information
 - B. Unreviewable Denial of Access to Protected Health Information.
- X. Required Documentation
- A. The Sheriff must document and retain the following:
 - 1. The designated record set subject to individual access; and
 - 2. The titles of the persons or offices responsible for receiving and processing requests for access by individuals. This information will be provided to the Sheriff's Privacy Officer and will be updated as necessary.
 - B. All correspondence and associated documentation related to individual access, including denials, must be maintained for seven (7) years or as prescribed by California law for record retention.

**INDIVIDUAL ACCESS TO PROTECTED HEALTH INFORMATION IN THE DESIGNATED
RECORD SET**

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: INDIVIDUAL ACCESS TO PROTECTED HEALTH INFORMATION IN THE DESIGNATED RECORD SET
CATEGORY: FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.5
PAGE: 8

RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: Federal Privacy Regulations, 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164, Vol. 65, No. 250, December 28, 2000 at 82823-82824.
California Health and Safety Code sections 123110(a) and (b), and 123130(a).

REFERENCES

<http://bok.ahima.org/doc?oid=105098#.WwWEr9KWy9J>

Implemented 4/15/2003
Reviewed: 8/18/2003, 8/9/2004, 8/12/2005, 7/31/2006, 7/30/2007, 7/9/2008, 7/20/2009, 2/14/2011, 2/3/2012, 2/14/2013, 12/15/2015, 5/1/2018, 9/21/19, 11/4/22
Revised: 7/23/2018, 1/31/2022

**INDIVIDUAL ACCESS TO PROTECTED HEALTH INFORMATION IN THE DESIGNATED
RECORD SET**

SUBJECT: USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION TO CARRY OUT TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS
CATEGORY: FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA)
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.6
PAGE: 1

RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: Federal Privacy Regulations, 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164, Vol. 67, No. 157, August 2002.

PURPOSE

To ensure that employees of the Sheriff of San Diego (hereinafter “the Sheriff”) understand when uses and disclosures of PHI are permitted for treatment, payment, and health care operations.

BACKGROUND

Sheriff will comply with privacy regulation promulgated under the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). They must also comply with California laws and regulations pertaining to the use and disclosure of individually identifiable health information, unless such state laws and regulation are preempted by HIPAA.

HIPAA’s privacy regulations outline many detailed requirements protecting the confidentiality of health information and providing individuals significant rights with respect to their health information. Compliance with these regulations is addressed in a series of Sheriff policies and procedures.

DEFINITIONS

Note: The definitions below are in compliance with HIPAA and the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule).

Health Care Operations: Any of the following activities:

- Internal performance improvement activities, excluding research;
- Reviewing the competence or qualifications of health care professionals;
- Medical review, legal services, and auditing;
- Business planning and development; and
- Business management and general administrative activities.

Individually Identifiable Health Information: Information that is created or received by the Sheriff, identifies an individual (or could reasonably be used to identify an individual) and that:

USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION TO CARRY OUT TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION TO CARRY OUT TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS
CATEGORY: FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA)
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.6
PAGE: 2

RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: Federal Privacy Regulations, 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164, Vol. 67, No. 157, August 2002.

- Relates to the past, present, or future physical or mental health or condition of an individual;
- Relates to the provision of health care to an individual; or
- Relates to the past, present, or future payment for the provision of health care to an individual.

This includes demographic information (such as name, address, date of birth, sex, social security number, and race) collected from an individual.

Payment: Activities undertaken to obtain or provide reimbursement for health care services, including:

- Billing, claims management, and collection activities;
- Review of health care services for medical necessity, coverage, appropriateness, or charge justification;
- Utilization review activities.

Protected Health Information (PHI): "Individually identifiable health information that is transmitted by electronic media; maintained in electronic media; or transmitted or maintained in any other form or medium.

Psychotherapy Notes: Notes recorded in any medium by a mental health professional documenting or analyzing the contents of conversations during a private, joint, family, or group counseling session that are filed separately from the rest of the individual's medical record.

Psychotherapy notes exclude:

- Medication prescription and monitoring records;
- Counseling session start and stop times;
- Modalities and frequency of treatment;
- Results of clinical tests; and
- Summaries of diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

**USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION TO CARRY OUT
TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT: USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION TO CARRY OUT TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS
CATEGORY: FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA)
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.6
PAGE: 3

RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: Federal Privacy Regulations, 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164, Vol. 67, No. 157, August 2002.

Treatment: Provision, coordination, or management of health care and related services by one or more health care providers, including:

- Management of care by a provider with a third party;
- Consultation between health care providers relating to an individual; or
- Referral of an individual from one provider to another.

POLICY

In compliance with state and federal laws and regulations, the Sheriff will permit use and disclosure of PHI for treatment, payment, or health care operations. Since these uses and disclosures are permitted under federal and state privacy laws, no consent or authorization from the individual (inmate) is needed. Special procedures, however, do apply to psychotherapy records and notes.

The Sheriff will not condition the provision of treatment to an individual on signing an authorization.

PROCEDURE:

- I. Use and Disclosure
 - A. The Sheriff will use or disclose PHI for its own treatment, payment, or health care operations.
 - B. The Sheriff will disclose PHI for treatment activities of a health care provider.
 - C. The Sheriff will disclose PHI to another covered entity or a health care provider for the payment activities of the entity that receives the PHI.
 - D. The Sheriff will disclose PHI to covered entity for health care operation activities of the entity that receives the PHI, if each entity either has or had a relationship with the individual who is the subject of the PHI being requested, the PHI pertains to such relationship, and the disclosure is for the purpose of:
 1. Conducting quality assessment and improvement activities, including outcome evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case

USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION TO CARRY OUT TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

SUBJECT: USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION TO CARRY OUT TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS
CATEGORY: FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA)
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.6
PAGE: 4

RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: Federal Privacy Regulations, 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164, Vol. 67, No. 157, August 2002.

-
- management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;
2. Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care professionals, accreditation, certification, licensing, or credentialing activities; or
 3. Health care fraud and abuse detection or compliance.
- II. Special Procedures Relating to Psychotherapy Records
- A. Federal and state law provides special protections to psychotherapy records and notes. (see Policy # MSD.H.8, Use and Disclosure of Mental Health Records).
 - B. Accounting of Disclosures
 1. In compliance with federal regulations, uses and disclosures of PHI for treatment, payment, and health care operations will not be included in any accounting of disclosures provided to the individual or his/her legal representative.

Implemented: 4/15/03

Reviewed: 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 7.20.09, 2/14/11, 2/3/12, 2/14/13, 12/15/15, 9/21/19, 11/4/22

Revised: 1/28/22

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT:	USE & DISCLOSURE OF MENTAL HEALTH RECORDS	DATE:	11/4/2022
CATEGORY:	FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA)	NUMBER:	MSD.H.8
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1
RELATED SECTIONS: IN COMPLIANCE WITH:	NCCHC J-A-08 Health Insurance Portability and Accountability Act, 45 C.F.R. §§ 160, 162, 164; and California Welfare & Institutions Code § 5328 et seq.		

PURPOSE

To ensure the employees of the San Diego County Sheriff's Department, Medical Services Division (Sheriff) understand the conditions required pursuant to federal and state laws and regulations for use and disclosure of mental health records and psychotherapy notes.

BACKGROUND

Sheriff will comply with privacy regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and California laws & regulations pertaining to the use and disclosure of medical information, unless such state laws and regulations are preempted by HIPAA.

DEFINITIONS

Covered Entity - a healthcare provider, health plan, or healthcare clearing house that electronically transmits protected health information for transactions for with the Department of Health and Human Services has adopted standards.

Operations – administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and support the core functions of treatment and payment.

Payment – various activities of health care providers to obtain payment or be reimbursed for services. This includes, determining eligibility or coverage under a plan; billing and collection activities; reviewing health care services for medical necessity, coverage, and justification of charges; and utilization review activities.

Protected Health Information - individually identifiable health information that is transmitted by electronic media; maintained in electronic media; or transmitted or maintained in any other form or medium.

Psychotherapy Notes – (HIPAA specific) notes recorded, in any medium, by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or group, joint, family counseling session and that are separated from the rest of the individual's medical record.

USE & DISCLOSURE OF MENTAL HEALTH RECORDS

SUBJECT:	USE & DISCLOSURE OF MENTAL HEALTH RECORDS	DATE:	11/4/2022
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RELATED SECTIONS:	NCCHC J-A-08		
IN COMPLIANCE WITH:	Health Insurance Portability and Accountability Act, 45 C.F.R. §§ 160, 162, 164; and California Welfare & Institutions Code § 5328 et seq.		

Treatment - the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

POLICY

Incarcerated patients or their personal representatives will be given the opportunity to access and obtain a copy of their mental health records in accordance with federal and state laws and regulations.

PROCEDURE

I. Mental Health Records (California Specific)

- A. Disclosures Permitted by Lanterman-Petris-Short (LPS) Act with Patient Authorization
 - A. Disclosure to professionals not employed by facility who do not have responsibility for patient's care.
 - B. Disclosure authorized by a patient representative.
 - i. LPS protected information may be disclosed if the recipient of services is a minor, ward, dependent, conservatee, and his or her parent, guardian, guardian *ad litem*, conservator, or authorized representative designates so in writing.
 - ii. Information provided in confidence by members of a patient's family cannot be compelled for release.
 - C. Disclosure for life or disability insurance
 - D. Disclosure to patient's attorney
 - E. Disclosure to probation officer
 - F. Disclosure for genetic counseling
 - G. Disclosure to employer
 - H. Other patient-authorized disclosures
 - i. Incarcerated patient may authorize others (e.g., self, third parties) to receive records, however the release/disclosure will require prior approval from the psychiatrist of record (if unavailable, the chief psychiatrist or designee).
 - ii. Documented approval by the psychiatrist is required prior to such release/disclosure.

USE & DISCLOSURE OF MENTAL HEALTH RECORDS

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

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SUBJECT:	USE & DISCLOSURE OF MENTAL HEALTH RECORDS	DATE:	11/4/2022
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RELATED SECTIONS:	NCCHC J-A-08		
IN COMPLIANCE WITH:	Health Insurance Portability and Accountability Act, 45 C.F.R. §§ 160, 162, 164; and California Welfare & Institutions Code § 5328 et seq.		

- a. HIM shall send psychiatrist of record or designee a release of mental health records request.
- b. Psychiatrist may either approve; not approve; approve in part; or indicate specific records that may be released/disclosed.
- c. Psychiatrist's response to request will be scanned into TechCare by HIM under "scanned psych" and named appropriately with respect to the psychiatrist's response (i.e. scanned psych ROI Approval for Mental Health Records).
- d. Mental health records approved for release by psychiatrist are to be released in accordance with departmental procedures.
- e. Inmate patient will be notified by HIM if psychiatrist denies the release of mental health records request.

B. Disclosures Permitted by LPS Act without Patient Authorization

A. Treatment

B. Payment

C. Conservatorship proceedings.

D. Coroner

- i. Patient death in a state mental hospital – if a patient dies in a state mental hospital, the California Department of State Hospitals, the physician in charge of the patient, or the professional person in charge of the facility, or their designee, must release the patient's medical record to the medical examiner, forensic pathologist, or coroner, upon request.
- ii. Patient death in other locations – acute care hospitals, acute psychiatric hospitals, skilled nursing facilities, health or behavioral health facilities and clinics, the physician in charge of the patient must release the patient's medical to a medical examiner forensic pathologist, or coroner, upon request.

II. Psychotherapy Notes (HIPAA Specific)

A. Use or disclosure of psychotherapy notes with valid authorization

A. An individual does not have the right of access to inspect and obtain a copy of protected health information regarding psychotherapy notes (see Psychotherapy Notes II(A), II(B)).

B. Sheriff must obtain an authorization for any use or disclosure for psychotherapy notes unless an exception applies pursuant to HIPAA.

USE & DISCLOSURE OF MENTAL HEALTH RECORDS

SUBJECT:	USE & DISCLOSURE OF MENTAL HEALTH RECORDS	DATE:	11/4/2022
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DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	4
RELATED SECTIONS:	NCCHC J-A-08		
IN COMPLIANCE WITH:	Health Insurance Portability and Accountability Act, 45 C.F.R. §§ 160, 162, 164; and California Welfare & Institutions Code § 5328 et seq.		

- B. Use or disclosure of psychotherapy notes exceptions to patient authorization requirement:
 - A. To carry out the following treatment, payment, or healthcare operations:
 - i. Use by the originator of the psychotherapy notes for treatment;
 - ii. Use or disclosure by Sheriff for its own use in training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or
 - iii. Use or disclosure by Sheriff to defend a legal action or other proceeding brought by the individual.
 - C. Authorization is not needed for uses or disclosures required by law:
 - A. To the Secretary of the United States Department of Health and Human Services to investigate or determine Sheriff's compliance regarding this policy.
 - B. To a government authority, including a social service or protective services agency, authorized by law to receive reports of abuse, neglect, or domestic violence if Sheriff reasonably believes an individual to be a victim of abuse, neglect, or domestic violence.
 - C. For judicial or administrative proceedings. Sheriff is permitted to disclose PHI in response to a court order that expressly authorizes it; or in response to a subpoena that is not accompanied by a court order if notice has been provided to the individual and no objections were filed;
 - D. For law enforcement purposes (permissive).
 - i. Sheriff may disclose protected health information for a law enforcement purpose to a law enforcement official if:
 - a. As required by law including laws that require the reporting of certain types of wounds or other physical injuries;
 - b. In compliance with a court order (or court ordered warrant or subpoena issued by a judicial officer); grand jury subpoena; or administrative subpoena (provided that information is relevant and material to law enforcement inquiry; request is limited in scope; and de-identified information could not be reasonably used).
 - ii. In response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person – may provide name, address, DOB, SSN, blood type, injury, date & time of treatment, date & time of death, and distinguishing physical characteristics.

USE & DISCLOSURE OF MENTAL HEALTH RECORDS

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT:	USE & DISCLOSURE OF MENTAL HEALTH RECORDS	DATE:	11/4/2022
CATEGORY:	FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA)	NUMBER:	MSD.H.8
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RELATED SECTIONS: NCCHC J-A-08

IN COMPLIANCE WITH: Health Insurance Portability and Accountability Act, 45 C.F.R. §§ 160, 162, 164; and California Welfare & Institutions Code § 5328 et seq.

- iii. If information requested is about an individual who is or is suspected to be a victim of a crime, if:
 - a. The individual agrees to the disclosure; or
 - b. Sheriff is unable to obtain the individual's agreement because of incapacity, or other emergency circumstance, provided that:
 - 1. The law enforcement official represents that such information is needed to determine whether a violation of law by a person other than the victim has occurred, and such information is not intended to be used against the victim;
 - 2. The law enforcement official represents that immediate law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure; and
 - 3. The disclosure is in the best interests of the individual as determined by Sheriff, in the exercise of professional judgment.
 - iv. If the protected health information is about an individual who has died for the purpose of alerting law enforcement of the death of the individual if Sheriff has a suspicion that such death may have resulted from criminal conduct.
 - v. If there is a crime on premises. Sheriff may disclose to a law enforcement official protected health information that the covered entity believes in good faith constitutes evidence of criminal conduct that occurred on the premises of the covered entity.
 - vi. If reporting a crime in emergencies. A Sheriff health care provider providing emergency health care in response to a medical emergency, other than such emergency on the premises of the covered health care provider, may disclose protected health information to a law enforcement official if such disclosure appears necessary to alert law enforcement to:
 - a. The commission and nature of a crime;
 - b. The location of such crime or of the victim(s) of such crime; and
 - c. The identity, description, and location of the perpetrator of such crime.
- E. To health oversight agency activities for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:
- i. The health care system;

USE & DISCLOSURE OF MENTAL HEALTH RECORDS

SUBJECT:	USE & DISCLOSURE OF MENTAL HEALTH RECORDS	DATE:	11/4/2022
CATEGORY:	FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA)	NUMBER:	MSD.H.8
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	6

RELATED SECTIONS: NCCHC J-A-08

IN COMPLIANCE WITH: Health Insurance Portability and Accountability Act, 45 C.F.R. §§ 160, 162, 164; and California Welfare & Institutions Code § 5328 et seq.

- ii. Government benefit programs for which health information is relevant to beneficiary eligibility;
 - iii. Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or
 - iv. Entities subject to civil rights laws for which health information is necessary for determining compliance.
 - F. For disclosures to the coroner or medical examiner. Sheriff may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
 - G. For disclosures to avert a serious threat to the health or safety. Sheriff may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information, if the covered entity, in good faith, believes the use or disclosure:
 - i. Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and
 - ii. Is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- III. Grounds for Denial of Mental Health Records/Psychotherapy Notes (HIPAA specific – applies to all medical records/PHI)
 - A. Unreviewable grounds for denial – Sheriff may deny an individual access without providing the individual an opportunity for review if the covered entity is a correctional institution or a covered health care provider acting under the direction of the correctional institution. In such a case, the covered entity may deny, in whole or in part, an individual's request to obtain a copy of protected health information, if obtaining such copy would jeopardize the health, safety, security, custody, or rehabilitation of the individual or of other inmates, or the safety of any officer, employee, or other person at the correctional institution or responsible for the transporting of the inmate.
 - B. Reviewable grounds for denial – Sheriff may deny an individual access in the following circumstances:

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SUBJECT:	USE & DISCLOSURE OF MENTAL HEALTH RECORDS	DATE:	11/4/2022
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RELATED SECTIONS:	NCCHC J-A-08		
IN COMPLIANCE WITH:	Health Insurance Portability and Accountability Act, 45 C.F.R. §§ 160, 162, 164; and California Welfare & Institutions Code § 5328 et seq.		

1. A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person; or
2. The protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
3. The request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

Implemented: 4/15/03

Reviewed: 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 7.20.09, 2/14/11, 2/3/12, 2/14/13, 12/15/15, 9/22/19, 11/4/22

Revised: 1/27/2022

USE & DISCLOSURE OF MENTAL HEALTH RECORDS

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION
CATEGORY: FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA)
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.9
PAGE: 1

RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: Federal Privacy Regulations, 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164, Vol. 65, No. 250, December 28, 2000 at 82826.
Federal Privacy Regulations, 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164, Vol. 67, No. 157, August 14, 2002, at 53243-53247.

PURPOSE

To ensure that the Sheriff of San Diego (hereinafter "Sheriff") responds appropriately to individuals who request an accounting of the disclosures of their protected health information.

BACKGROUND

Sheriff will comply with privacy regulation promulgated under the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). They must also comply with California laws and regulations pertaining to the use and disclosure of individually identifiable health information, unless such state laws and regulation are preempted by HIPAA.

HIPAA's privacy regulations outline many detailed requirements protecting the confidentiality of health information and providing individuals significant rights with respect to their health information. Compliance with these regulations is addressed in a series of Sheriff policies and procedures.

DEFINITIONS

Note: The definitions below are in compliance with HIPAA and the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule).

Health Care Operations: Any of the following activities:

- Internal performance improvement activities, excluding research;
- Reviewing the competence or qualifications of health care professionals;
- Medical review, legal services, and auditing;
- Business planning and development; or

Business management and general administrative activities.

Individually Identifiable Health Information: Information that is created or received by the Sheriff, identifies an individual (or could reasonably be used to identify an individual) and that:

ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

SUBJECT:	ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION	DATE:	11/4/2022
CATEGORY:	FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA)	NUMBER:	MSD.H.9
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	2
RELATED SECTIONS:	NCCHC J-A-08		
IN COMPLIANCE WITH:	Federal Privacy Regulations, 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164, Vol. 65, No. 250, December 28, 2000 at 82826. Federal Privacy Regulations, 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164, Vol. 67, No. 157, August 14, 2002, at 53243-53247.		

- Relates to the past, present, or future physical or mental health or condition of an individual; or
- Relates to the provision of health care to an individual.

This includes demographic information (such as name, address, date of birth, social security number, sex, and race) collected from an individual.

Payment: Activities undertaken to obtain or provide reimbursement for health care services, including:

- Billing, claims management, and collection activities;
- Review of health care services for medical necessity, coverage, or appropriateness; or
- Utilization review activities.

Protected Health Information (PHI): "Individually identifiable health information that is transmitted or maintained electronically or by another medium. PHI does not include educational records of students maintained by federally funded educational agencies or institutions or persons acting for these agencies or institutions. PHI also does not include records of (1) students who are 18 years or older or are attending post-secondary educational institutions, (2) maintained by a physical or mental health care provider, (3) that are made, maintained, or used only in connection with the treatment of the student, and (4) that are not available to anyone, except a health care provider or appropriate professional reviewing the record as designated by the student."

Treatment: Provision, coordination, or management of health care and related services by one or more health care providers and clinicians, including:

- Management of care by a provider with a third party;
- Consultation between health care providers and clinicians relating to an individual; or
- Referral of an individual from one provider to another.

SUBJECT: ACCOUNTING OF DISCLOSURES OF
PROTECTED HEALTH INFORMATION
CATEGORY: FEDERAL HEALTH INSURANCE PORTABILITY
AND ACCOUNTABILITY (HIPAA)
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.9
PAGE: 3

RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: Federal Privacy Regulations, 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164, Vol. 65, No. 250, December 28, 2000 at 82826.
Federal Privacy Regulations, 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164, Vol. 67, No. 157, August 14, 2002, at 53243-53247.

POLICY:

The Sheriff will track disclosures of PHI, as required by HIPAA, and provide accountings of such disclosures to individuals upon written request.

PROCEDURE**I. Contents of Accounting**

A. The accounting will be in writing and include the following information for each disclosure:

1. Date of the disclosure;
2. Name of the person or entity who received the PHI and the address, if known;
3. A brief description of the PHI disclosed; and
4. A brief statement of the purpose for the disclosure. (In lieu of a statement, the Sheriff may, at its option, provide a copy of the written request for disclosure.)

II. Unless otherwise specified in the request for an accounting, all disclosures within the previous six (6) years for which the Sheriff must account will be provided in the accounting. If the individual asks for an accounting covering a period of less than the previous six (6) years, the Sheriff will provide an accounting as appropriate.

III. Handling Requests for Accounting

A. All requests for accountings for disclosure will be handled through the Medical Record Unit Health Information Management. Disclosures for which an accounting must be made will be recorded into the program/unit's computer database or by using the Sheriff's form for each disclosure. These records will be maintained for at least seven (7) years from the date of the disclosure.

IV. Fees

A. The first accounting in any 12-month period will be provided without charge. The actual cost incurred by the Sheriff will be charged for each subsequent accounting requested during the 12-month period. The Sheriff, however, will inform the individual in advance of the fee and provide the individual with an opportunity to withdraw or modify the request for the subsequent accounting so that the individual may avoid or reduce the applicable fee.

ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION****Operations Manual**

SUBJECT:	ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION	DATE:	11/4/2022
CATEGORY:	FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA)	NUMBER:	MSD.H.9
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	4
RELATED SECTIONS:	NCCHC J-A-08		
IN COMPLIANCE WITH:	Federal Privacy Regulations, 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164, Vol. 65, No. 250, December 28, 2000 at 82826. Federal Privacy Regulations, 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164, Vol. 67, No. 157, August 14, 2002, at 53243-53247.		

V. Multiple Disclosures

- A. If the Sheriff has made multiple disclosures of PHI to the same person or entity for the same purpose during the accounting period, it may account for these disclosures as follows:
 - 1. For the first disclosure, the information described in the "Contents of Accounting" section will be provided;
 - 2. For subsequent disclosures, the frequency or number of disclosures will be provided; and
 - 3. For the last disclosure in the accounting period, the date of the disclosure will be provided.

VI. The Sheriff may only utilize this Multiple Disclosures procedure if the disclosure was for one of the following purposes:

- A. Uses or Disclosures for Public Health Activities.
- B. Disclosures About Victims of Abuse, Neglect or Domestic Violence.
- C. Uses and Disclosures for Health Oversight Activities Disclosures for Judicial and Administrative Proceedings.
- D. Disclosures for Law Enforcement Purposes.
- E. Uses and Disclosures about Decedents.
- F. Uses and Disclosures to Avert a Serious Threat to Health or Safety.
- G. Uses and Disclosures for Military and Veterans Activities.
- H. Uses and Disclosures for Protective Services of the President and others.
- I. Uses or Disclosures for Government Programs Providing Public Benefits.
- J. Disclosures to the Secretary of the U.S. Department of Health and Human Services to investigate or determine the Sheriff's compliance with 45 Code of Federal Regulations Part 160, subpart C (MSD P&P: H.10 Disclosures to the Secretary of the United States Department of Health and Human Services).

VII. The following disclosures of an individual's PHI do not have to be tracked or accounted for if the disclosure was an appropriate disclosure within one of the following areas:

- a. Disclosures made for treatment, payment, or other health care operations;
- b. Disclosures authorized by the individual;

ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

SUBJECT: ACCOUNTING OF DISCLOSURES OF
PROTECTED HEALTH INFORMATION
CATEGORY: FEDERAL HEALTH INSURANCE PORTABILITY
AND ACCOUNTABILITY (HIPAA)
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.9
PAGE: 5

RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: Federal Privacy Regulations, 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164, Vol. 65, No. 250, December 28, 2000 at 82826.
Federal Privacy Regulations, 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164, Vol. 67, No. 157, August 14, 2002, at 53243-53247.

- c. Disclosures made for national security or intelligence purposes;
- d. Disclosures to other correctional institutions or other law enforcement officials for individuals who were imprisoned or in police custody;
- e. Disclosures made prior to April 14, 2003;
- f. Disclosures that do not identify individuals;
- g. Disclosures that are part of a limited data set;
- h. Disclosures that are incidental to another permitted use or disclosure;
- i. Disclosures that are required by law (including reports of suspected adult abuse/neglect, suspected child abuse/neglect, domestic violence, communicable diseases, animal bites, and disclosures relating to workers' compensation);
- j. Disclosures for judicial or administrative proceedings.

VIII. Requests for Accounting

- A. Requests for accounting of disclosures must be made in writing. The individual or his legal representative will be asked to complete the Sheriff form "Request of Accounting of Disclosures of Protected Health Information."

IX. Response Time

- A. The Sheriff shall respond no later than sixty (60) days after the request is received. This deadline may be extended for no more than thirty (30) days by providing the individual with a written statement of the reason for the delay and the date on which the Sheriff will complete its action. Any notice that the Sheriff will take longer than sixty (60) days to respond must be provided to the individual within sixty (60) days of receiving the request.

X. Temporary Suspension of Accounting Rights

- A. The Sheriff may temporarily suspend an individual's right to obtain an accounting of disclosures made to a health oversight agency or law enforcement official, if requested by the agency or official. The agency or official must provide a written statement that such an accounting to the individual would be reasonably likely to impede the agency's activity and specify a time period for which the suspension is required. If the agency or official makes the representation orally, the Sheriff must:

ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: ACCOUNTING OF DISCLOSURES OF
PROTECTED HEALTH INFORMATION
CATEGORY: FEDERAL HEALTH INSURANCE PORTABILITY
AND ACCOUNTABILITY (HIPAA)
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.9
PAGE: 6

RELATED SECTIONS: NCCHC J-A-08
IN COMPLIANCE WITH: Federal Privacy Regulations, 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164, Vol. 65, No. 250, December 28, 2000 at 82826.
Federal Privacy Regulations, 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164, Vol. 67, No. 157, August 14, 2002, at 53243-53247.

1. Document the statement, including the agency's or official's identity who made the statement;
2. Temporarily suspend the individual's right to the accounting of the disclosures subject to the statement; and
3. Limit the temporary suspension to no longer than thirty (30) days from the date of the oral statement, unless a written statement as provided for in this section is submitted to the Sheriff during that time.

Implemented: 4/15/03

Reviewed: 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 7.20.09, 2/14/11, 2/3/12, 2/14/13, 12/15/15, 9/23/19, 11/4/22

Revised: 1/27/22

ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

SUBJECT: HUMAN IMMUNODEFICIENCY VIRUS (HIV)
TESTING
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.11
PAGE: 1

RELATED SECTIONS: DSB P&P: I.95; M.42; MSD C.3
IN COMPLIANCE WITH: CCR Title 15, Section 1206; P.C. 7500, 243.9; California Health and Safety Code Sections 120261-2, 21050-70, CDC MMWR 9-22-06/55(RR14); 1-17

PURPOSE

To comply with the mandated requirements for HIV testing.

POLICY

Sheriff's Medical Services nursing staff will provide counseling to patients requesting HIV testing in accordance with San Diego County Public Health Guidelines.

PROCEDURE

- I. HIV testing may be indicated as a result of patient's current medical condition, lifestyle, court order, at the voluntary request of the patient, or initiated at the request of HHSA, HIV/STD Clinic, other healthcare agency, patient or personnel who believe they have been exposed to patient's bodily fluids.
- II. HIV testing referral may be initiated by any of the following:
 - A. Patient
 - B. Qualified health provider (QHP)
 - C. Qualified mental health provider (QMHP)
 - D. Correctional counselor
 - E. Court order
 - F. Local healthcare agency
 - G. Sheriff's personnel pursuant to P.C. 7500, P.C. 243.9, H&S 120261-2, 121050-70.
- III. Except where stated otherwise herein, all HIV testing shall be voluntary and undertaken with the patient's knowledge and understanding that HIV testing is planned and in accordance with the process.
- IV. HIV testing shall be done using venous blood. Oral specimen kits shall be made available if patient prefers this type of testing. However, the patient must be advised that confirmatory testing will be done using venous blood. Court ordered HIV testing will consist of a blood draw.
- V. No sample shall be taken forcibly
 - A. With the exception of when it is court ordered, directing sworn staff in cooperation with the DSB's contracted phlebotomist to acquire the sample in accordance to DSB P&P: I.95 Forcible Blood Sample Taking.
 - B. Sheriff's medical personnel shall not participate in court ordered or other forensic lab sample acquisition including obtaining specimen sample related to a blood borne pathogen exposure incident of a Sheriff's employee. The contracted phlebotomist shall obtain the blood sample as per DSB's Administrative Blood Draw Process and in accordance with DSB P&P 6.100 Blood Borne Pathogen Exposure/ Control. Pursuant to Health & Safety Code 120262, patients will be offered medically appropriate HIV counseling whether or not patient consent's to testing.

SUBJECT: HUMAN IMMUNODEFICIENCY VIRUS (HIV)
TESTING
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.11
PAGE: 2

RELATED SECTIONS: DSB P&P: I.95; M.42; MSD C.3
IN COMPLIANCE WITH: CCR Title 15, Section 1206; P.C. 7500, 243.9; California Health and Safety Code Sections 120261-2, 21050-70, CDC MMWR 9-22-06/55(RR14); 1-17

1. Testing/Counseling:
 - a. Patient will be scheduled for a clinic:
 - b. HIV Pre-counseling
 - c. Acknowledge full understanding of the HIV testing/ counseling by signing the Consent for HIV Antibody Test
 - d. Obtain blood sample for HIV testing to obtain the specimen.
 - e. Patient will be given the information to read regarding HIV.
 - f. Patient notification of HIV test result will be performed as follows:
 - g. Upon receipt of HIV test result:
2. If negative, Medical Services will provide the result to the patient in a confidential manner either by written or verbal notification. A written copy shall placed in property upon patient's request.
3. For a Positive test result:
 - a. Patient must appear at the next available sick call for clinical assessment, additional labs as indicated, and ID/HIV Clinic referral. Patient shall be scheduled for a follow-up MD/NP sick call for initiation of HIV medications following provider's review of patient's current medical record/ medication list or as per treatment recommendations of ID/HIN Clinic.
 - b. HIV Case Report Form shall be completed by MSD Infection Control Nurse and must be submitted to the County of San Diego HHS A Epidemiology Program. A copy of this form is scanned into the patient's medical record.
4. Released From Custody Prior to HIV Test Report:
 - A. If patient was released from custody with negative HIV result, medical staff will note date of release on form J-244 and the laboratory report. The results are kept in patient's electronic health record.
 - B. Patient with positive HIV test result shall be reported to the San Diego County HHS A Community Health Program Specialist HIV, STD, and Hepatitis Branch. The laboratory report is kept in patient's electronic health record.
5. Confidentiality and Release of Information:
 - A. HIV results are protected by various state regulations, which prohibit its release without the express written consent of the person to whom the information pertains.
 - B. Results shall be given to the court according to P.C. 7500 ordinance when requested.
 - C. In accordance with H&S 1202612; the chief medical officer or their designee may disclose, without consent, the HIV status of an inmate to whom an employee has had a significant exposure to.
 - D. All other requests for verbal and written reports on the HIV status of a patient shall be referred to health information management (HIM) for processing and release.
6. Documentation:
 - A. Document in patient's health record all pertinent information in accomplishing this procedure.

Implemented: 1/96

Reviewed: 9/96, 9/98, 7/00, 8/01, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 7/9/08, 7/28/09, 2/7/12, 8/26/19 9/97, 8/99, 9/18/02, 8/18/03, 3/22/05, 9/30/05, 7/31/06, 6/2/10, 2/1/11, 3/4/13, 2/29/16, 11/4/22

Revised: 1/18/22

SUBJECT: HUNGER STRIKES
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.12
PAGE: 1

RELATED SECTIONS: MSD P&P: S.9., M.29
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1206

PURPOSE

To provide guidelines for the care of patients who refuses to eat and initiates a “hunger strike”.

POLICY

Patients who refuse to eat and state they are on a hunger strike will be monitored medically.

PROCEDURE

I. Identification

A. Medical staff can be notified by:

1. Patient
2. Sworn staff
3. Counselor
4. Religious leaders
 - If diet has to do with religious belief, refer the patient to the dietician.
5. Referrals from family, attorneys, etc.

II. Notification

A. The following will be notified of a patient that is stating that they are on a hunger strike.

1. Chief medical officer
2. Director of nursing services
3. Facility supervisor
4. Facility charge nurses
5. Facility Captain
6. All four facility watch commanders
7. Dietician

III. Evaluation

A. The medical staff shall evaluate and assess the patient.

1. RN staff will do an assessment to evaluate the medical & psychiatric history. The assessment is to include weight and vital signs.
2. The patient shall be scheduled for psychiatric sick call. At that time the psychiatrist will determine whether the refusal of food is based on mental illness.
3. The patient shall be scheduled for RNSC daily to monitor weight, medical condition and hydration status.
4. The patient shall be scheduled for MDSC to assess for any acute or chronic medical condition weekly and as needed (PRN).

HUNGER STRIKES

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: HUNGER STRIKES
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.12
PAGE: 2

RELATED SECTIONS: MSD P&P: S.9., M.29
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1206

If necessary, specialized housing may be recommended to jail population management unit (JPMU). The patient may be housed in Administrative Segregation or medical observation bed (MOB) for closer monitoring.

- IV. Oral intake monitors
 - A. Deputies shall continue to offer meals and record patient's responses.
 - B. Deputies will monitor other sources of food, including the patient's stores and food "passes" from other inmates.
 - C. Medications shall be offered to the patient on hunger strike. If refused, refusal slip shall be signed and patient will be scheduled for doctor's sick call (MDSC) for counseling.
 - D. If housed in MOB, the nurse will note the percentage of food and fluid intake.
- V. Documentation
 - A. Document in patient's health record all observations, nursing assessments and all contacts with the patient.
 - B. All refusals should be documented.
 - C. Counseling and health education done by the medical staff shall be documented in the patient's health record.

Implemented: 5/18/04

Reviewed: 8/9/04, 8/12/05, 7/31/06, 7/30/07, 7/09/08, 2/22/11, 2/7/12, 2/15/13, 8/26/19, 1/10/22, 11/4/22

Revised: 7/28/09, 6/15/15

HUNGER STRIKES

SUBJECT: HOUSING RECOMMENDATIONS FOR REGIONAL CENTER CLIENTS (RCC) PATIENT BOOKED INTO SAN DIEGO COUNTY SHERIFF FACILITY
CATEGORY: MEDICAL & PSYCHIATRIC CARE SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.13
PAGE: 1

RELATED SECTIONS: M.9, MSD.1.3
IN COMPLIANCE WITH: CCR TITLE 15, SECTION 1057, IMQ 109

PURPOSE

To assist jail population management unit (JPMU) in determining appropriate level of housing for RCC patients. To identify RCC patients and address the safety of each patient according to their disability.

PROCEDURE

I. IDENTIFICATION OF RCC INDIVIDUAL:

- A. RCC patients are identified by medical, sworn and professional staff. Once an RCC patient is identified by staff other than medical staff, it should be reported to the shift charge nurse for further follow-up.
- B. As soon as possible the involved nursing staff is to notify The facility licensed mental health clinician (LMHC) via Sheriff's email database (MSD, MHC's SDCJ, VDF, etc.) indicating an RCC patient has been booked in the facility.
 - 1. Nursing staff should include a release of information (ROI) which enables the LMHC to contact RCC social worker/case manager or care giver.
- C. Utilizing the J200E RCC Assessment & Housing Recommendation form the LMHC will assess the patient and will collaborate with JPMU on housing recommendations and scan into the medical record.
- D. RCC patients' health records are flagged accordingly. Web reports are available for review as needed.

II. LMHC DUTIES:

- A. The LMHC is to assess the RCC patient for housing recommendations in a timely manner and collaborate with JPMU.
- B. Web reports are available for the facility LMHC review in order to ascertain if an RCC patient has entered their facility.
- C. It may be advantageous to complete an assessment before the RCC patient is moved elsewhere pending a housing recommendation from the LMHC.
- D. The LMHC will notify JPMU, via email or phone call, that the assessment has been completed along with their housing recommendation.
- E. The final housing decision rests with JPMU.

III. ASSESSMENT/EVALUATION CRITERIA:

- A. The patient's level of Intellectual functioning
- B. The patient's ability to comprehend current conversation and can state circumstances leading to arrest including charges and where they are located
- C. The patient's ability to respond in a coherent manner and/or voice needs
- D. The patient's current mood and behavior

**HOUSING RECOMMENDATIONS FOR REGIONAL CENTER CLIENTS (RCC) PATIENT
BOOKED INTO SAN DIEGO COUNTY SHERIFF FACILITY**

SUBJECT: HOUSING RECOMMENDATIONS FOR REGIONAL CENTER CLIENTS (RCC) PATIENT BOOKED INTO SAN DIEGO COUNTY SHERIFF FACILITY
CATEGORY: MEDICAL & PSYCHIATRIC CARE SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.13
PAGE: 2

RELATED SECTIONS: M.9, MSD.I.3
IN COMPLIANCE WITH: CCR TITLE 15, SECTION 1057, IMQ 109

- E. The patient's ability to follow directions/impulse control (by direct observation or from other sources)
- F. The patient's level of education and where, for example Special Education or Mainstream
- G. The patient's residence before arrest and their level of independence in the community
- H. The patient's knowledge of their diagnosis(es)
- I. The patient's history of employment
- J. Collateral information regarding history, functioning, compliance, AOD use, IQ, diagnosis, etc.

IV. FOLLOW-UP REQUIREMENTS

- A. Any follow-up on collateral information, if needed, will require the completion (and signature) of an ROI(s). The gathering of collateral information is not required at the time of the initial assessment process.
- B. The decision for housing should be made on clinical judgment. The Outpatient Step Down (OPSD) Unit and or protective custody ought to be recommended. The overriding concern is RCC safety. However, if the RCC patient can function in mainline, this should be the suggestion.

V. DOCUMENTATION:

- A. RCC Assessment & Housing Recommendation (J200E) is to be scanned in the patient's health record with a documentation of patient encounter in TechCare.
 - 1. Suggested health record documentation, select "RCC": Clinical assessment for placement recommendation conducted by this writer and JPMU notified recommending (OPSD, Protective Custody, Administrative Separation is most appropriate setting) (Mainline housing is an appropriate setting). Assessment documented in the medical chart. Collateral information...ROI signed for..."

Implemented: 9/6/11
Reviewed: 2/6/12, 2/15/13, 8/26/19 2/29/16, 11/4/22
Revised: 1/24/22

SUBJECT: HYPERTENSION CLINICAL PATHWAY
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.14
PAGE: 1

RELATED SECTIONS: SNP.H.6 (ARCHIVED) & PTG.H.3 (ARCHIVED)
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208 &1210

PURPOSE

To establish a standard clinical pathway for the management of acute and chronic hypertension for the general patient population. This clinical pathway is not applicable to certain populations, i.e. pregnancy, under the influence of drugs, symptomatic for chest pain or respiratory distress.

POLICY

Identify and manage patients with hypertension accordingly while in custody.

PROCEDURE

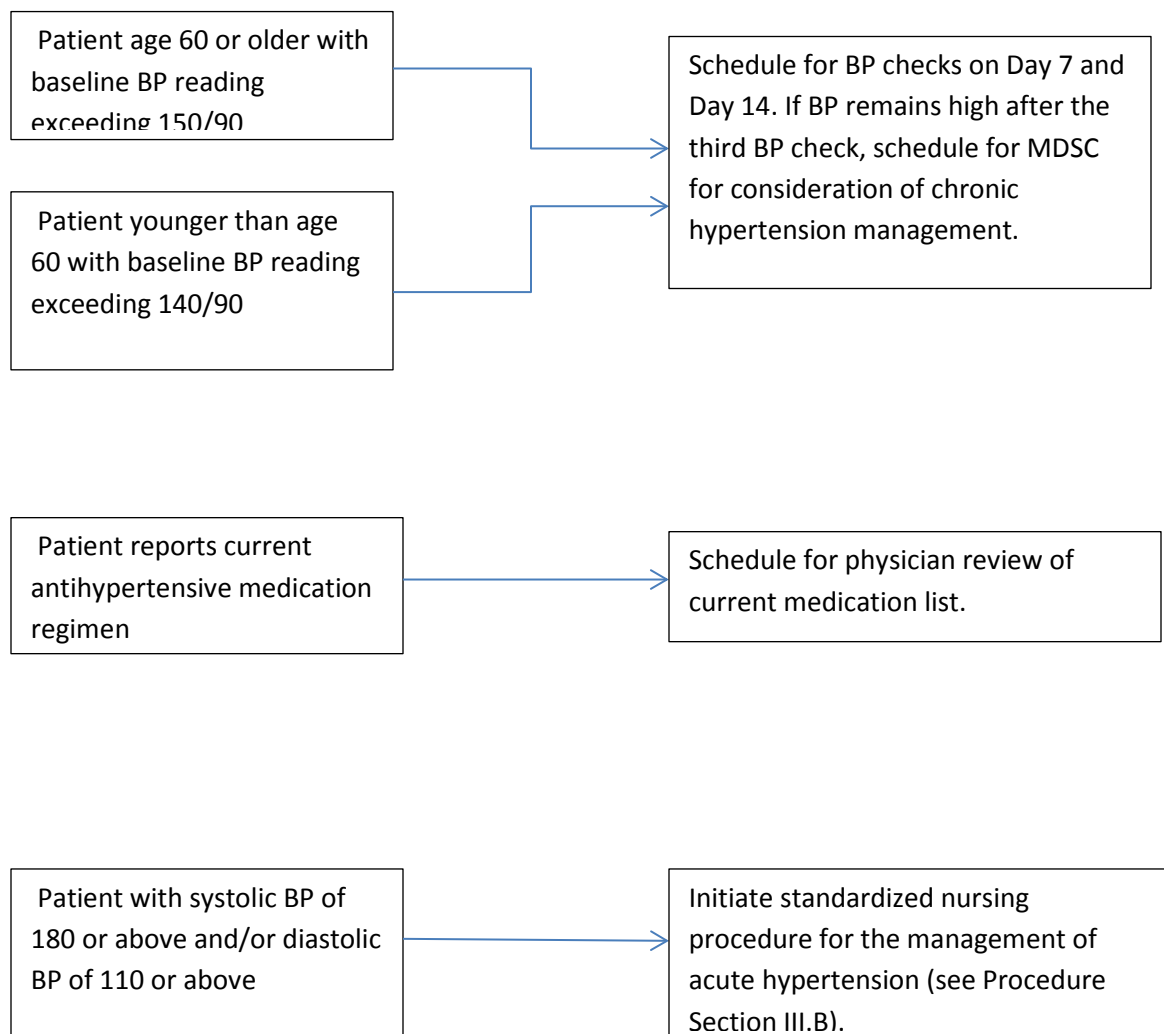
- I. Screening and Identification:
 - A. For patients under age 60 with or without co-morbidity, elevated blood pressure (BP) reading is defined as BP exceeding 140/90.
 - B. For patients aged 60 or over, elevated BP reading is defined as exceeding 150/90.
 - C. If the patient's baseline BP reading meets above parameters, schedule for BP check on Day 7 at 1300 and repeat on Day 14 at 1300.
 - D. Schedule for MDSC if BP remains high after the third BP check for consideration of chronic hypertension management (see Chronic Hypertension Algorithm).
 - E. For patients reporting current antihypertensive medication regimen, schedule for physician review of current medication list.
 - F. For patients presenting with a systolic blood pressure of 180 mm Hg and above and/or the diastolic pressure is 110 mm Hg and above, initiate standardized nursing procedure (SNP) for treatment of acute hypertension state (see Acute Hypertension Algorithm).

SUBJECT: HYPERTENSION CLINICAL PATHWAY
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.14
PAGE: 2

RELATED SECTIONS: SNP.H.6 (ARCHIVED) & PTG.H.3 (ARCHIVED)
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208 &1210

Hypertension Screening & Identification Algorithm



SUBJECT: HYPERTENSION CLINICAL PATHWAY
 CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
 DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
 NUMBER: MSD.H.14
 PAGE: 3

RELATED SECTIONS: SNP.H.6 (ARCHIVED) & PTG.H.3 (ARCHIVED)
 IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208 & 1210

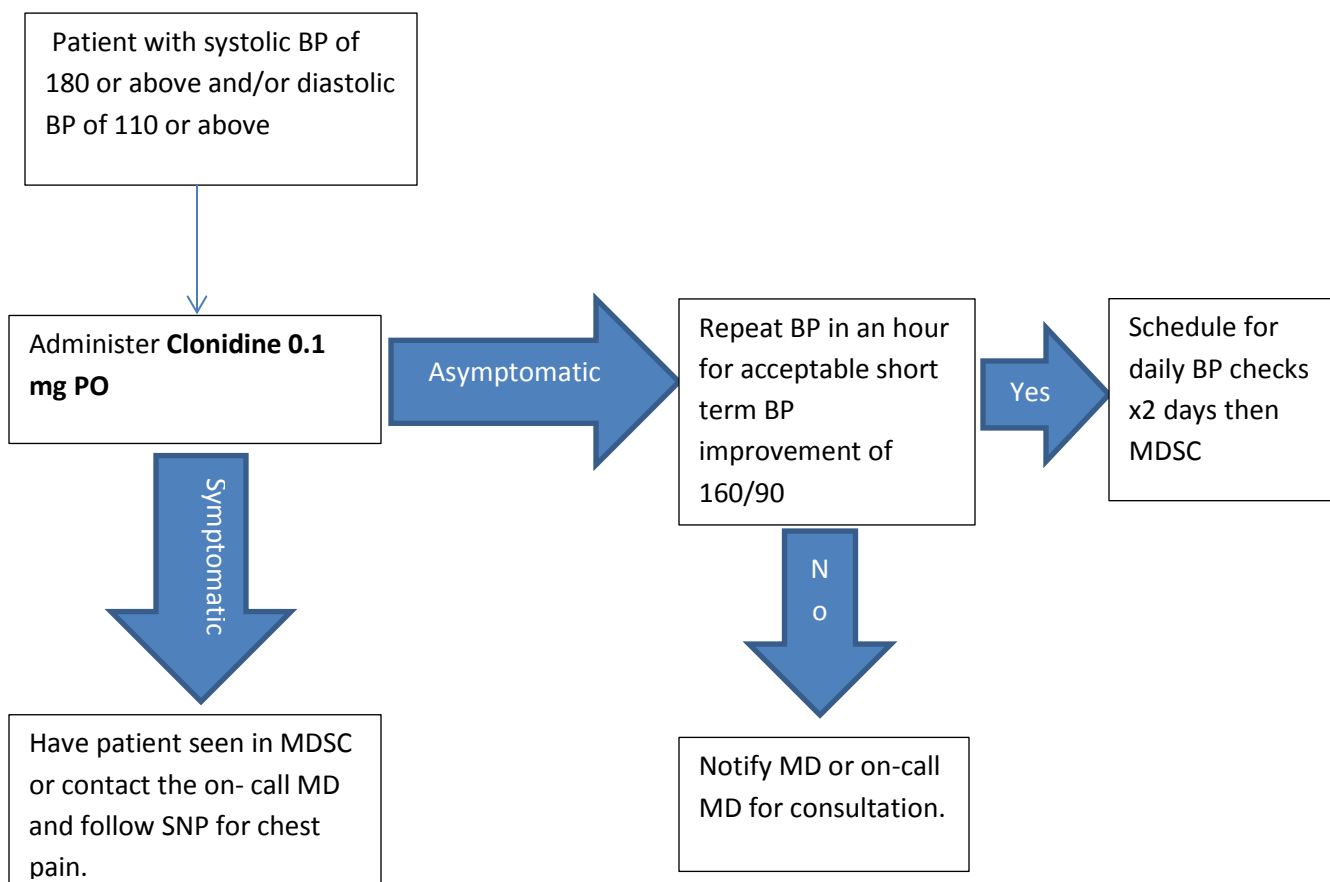
- II. Standardized Nursing Procedure (SNP) for the management of acute hypertension (BP 180/110) [see enclosed acute hypertension management algorithm].
- A. Subjective:
 1. Note complaint(s) of severe headache, visual changes, irregular heart rate, dizziness, flushing, unilateral weakness, abdominal pain or upper back pain. **If these symptoms are present notify in house physician or on call physician.**
 - B. Objective:
 1. Obtain vital signs, including blood pressure recordings in each arm.
 2. Examine for edema and/or confusion.
 - C. Assessment:
 1. Risk of ineffective cerebral perfusion
 2. Risk of decreased cardiac tissue perfusion
 - D. Treatment plan:
 1. Administer **Clonidine 0.1 mg PO.**
 2. Assess for signs and symptoms of headache, dizziness, and/or chest pain. If symptomatic, have patient seen in MDSC or contact the on- call MD and follow SNP for chest pain.
 3. Repeat BP in 1 hour
 4. If in 1 hour there is improvement in BP, schedule patient for daily BP checks X2 and then schedule for MDSC.
 5. Acceptable improvement (short term) is 160/90
 6. If in 1 hour there is no improvement in either the systolic or diastolic BP, notify the MD or the on-call MD afterhours.
 - E. Patient education:
 1. Assess patient's knowledge of their medical history.
 2. Teach importance of compliance with medication and medical regime, i.e.; diet, rest, exercise.
 3. Instruct patient to notify staff if any of the following occur:
 - a. Dizziness
 - b. Headache
 - c. Chest pain
 - d. Back pain
 4. Teach importance of a low sodium diet with education on commissary item purchases, e.g. instant noodles which contain large amount of sodium.
 5. Encourage patient not to use drugs or alcohol.

SUBJECT: HYPERTENSION CLINICAL PATHWAY
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.14
PAGE: 4

RELATED SECTIONS: SNP.H.6 (ARCHIVED) & PTG.H.3 (ARCHIVED)
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208 &1210

Acute Hypertension Management Algorithm



SUBJECT: HYPERTENSION CLINICAL PATHWAY
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.14
PAGE: 5

RELATED SECTIONS: SNP.H.6 (ARCHIVED) & PTG.H.3 (ARCHIVED)
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208 &1210

- III. Physician treatment guideline for the management of chronic hypertension (see enclosed chronic hypertension management algorithm):
- A. Start antihypertensive regimen if 3 or more BP readings as defined in Procedure Section III.A.
 - B. Initiate a low sodium diet with patient education on commissary item purchases, e.g. instant noodles which contain large amount of sodium.

References

Moser, M., Izzo, J., & Bisognano, J. (2006). Hypertensive emergencies. *Journal of Clinical Hypertension*, 8(4), 275-281.

Varon, J., & Marik, P. (2003). Clinical review: The management of hypertensive crises. *Critical Care*, 7(5), 374-384.

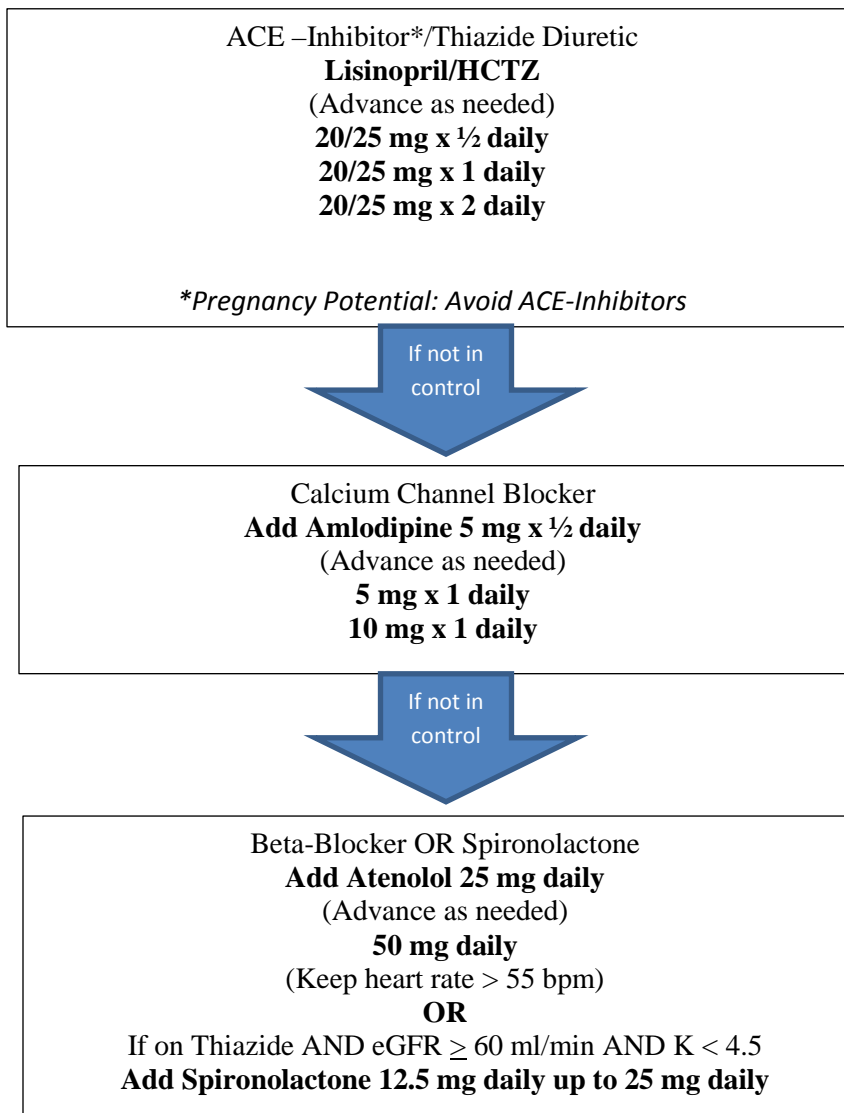
Youn, S., & Pham, D. (n.d.). Pharmacist rounds: Hypertensive crisis in the health system. *Pharmacy Times*. Retrieved May 10, 2012, from www.pharmacytimes.com/publication

SUBJECT: HYPERTENSION CLINICAL PATHWAY
 CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
 DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
 NUMBER: MSD.H.14
 PAGE: 6

RELATED SECTIONS: SNP.H.6 (ARCHIVED) & PTG.H.3 (ARCHIVED)
 IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208 & 1210

Chronic Hypertension Management Algorithm



*For those with high cardiovascular risk consider adding a Statin according to guidelines which can result in an additional 25% reduction in cardiovascular events (Lancet. 2010; 376: 1670-1681).

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: HYPERTENSION CLINICAL PATHWAY
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.14
PAGE: 7

RELATED SECTIONS: SNP.H.6 (ARCHIVED) & PTG.H.3 (ARCHIVED)
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208 &1210

Implemented: 06/23/2014
Reviewed: 8/30/2019, 1/10/22, 11/4/22
Revised: Enter Dates

Hypertension Clinical Pathway

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: HEALTHCARE INFORMATION EXCHANGE USER ACCESS POLICY
CATEGORY: MEDICAL & PSYCHIATRIC CARE SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.15
PAGE: 1

**RELATED SECTIONS:
IN COMPLIANCE WITH:** MSD.H.1 MINIMUM NECESSARY USES AND DISCLOSURES OF PROTECTED HEALTH CALIFORNIA HEALTH & SAFETY CODE, SECTION 120440, CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 14, CHAPTER 1, §126055 CALIFORNIA OFFICE OF HEALTH INFORMATION INTEGRITY ("CALOHII"), CALIFORNIA HEALTH AND SAFETY CODE §§130277, 130278

PURPOSE

To establish a policy for the effective management of access to the San Diego Regional Health Information Exchange (San Diego Health Connect) including permitted use, privacy, misuse, retention, and system access support.

POLICY

The Health Information Technology for Economic and Clinical Health (HITECH) Act was enacted as part of the American Recovery and Reinvestment Act of 2009 to advance technology within the healthcare infrastructure. The U.S. Department of Health and Human Services (HHS) was tasked with the responsibility of promoting the adoption and meaningful use of health information technology and supported this mission by encouraging the use of Health Information Exchanges (HIEs) and Electronic Health Records (EHRs). An HIE allows health care professionals access to available patient electronic healthcare records. Together, effective use of the HIE and EHR has the potential to improve the speed, quality, and safety of patient care by allowing transparency and joint decision-making. Cost may also be reduced by reducing electronic health record redundancy, decreasing staff time in obtaining and transferring paper records, and eliminating duplicative tests.

The HHS Office of National Coordinator provided \$250 million from 2010 to 2013 to the Beacon Community Cooperative Agreement Program to fund 17 communities with confirmed progress in developing a secure, private, and accurate HIE and EHR systems. The Beacon communities selected demonstrated the vision of patient-centered care, while achieving better health and better care at lower cost.

As one of the selected 17 communities, San Diego County is continuing to build and strengthen its health Information Technology (IT) infrastructure and testing innovative approaches to make measurable improvements in healthcare cost through the HIE. San Diego Health Connect (SDHC) is the non-profit organization that continued the HIE work begun under the Beacon program. Medical Services Division (MSD) is expanding capabilities to unify the San Diego healthcare community, securely connect providers, and achieve better health and care at lower cost in our community. The Sheriff MSD provides healthcare services by "Working together, in partnership with our community, we provide quality correctional healthcare with respect and dignity." Access to the HIE will enhance Medical Services Division's ability to perform this function.

HEALTHCARE INFORMATION EXCHANGE USER ACCESS POLICY

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: HEALTHCARE INFORMATION EXCHANGE USER
ACCESS POLICY
CATEGORY: MEDICAL & PSYCHIATRIC CARE SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.15
PAGE: 2

RELATED SECTIONS:
IN COMPLIANCE WITH: MSD.H.1 MINIMUM NECESSARY USES AND DISCLOSURES OF PROTECTED HEALTH
CALIFORNIA HEALTH & SAFETY CODE, SECTION 120440, CALIFORNIA CODE OF
REGULATIONS, TITLE 22, DIVISION 14, CHAPTER 1, §126055 CALIFORNIA OFFICE OF
HEALTH INFORMATION INTEGRITY ("CALOHII"), CALIFORNIA HEALTH AND SAFETY CODE
§§130277, 130278

SCOPE:

This policy applies to all Medical Services Division's staff, and it's agents, contractors, and all authorized users of the SDHC HIE system and the information held within.

Permitted Use

Authorized users shall access electronic healthcare records and all other data available through the HIE only with a legitimate business purpose and collect only the minimal amount of data required to accomplish responsibilities directly related to their employment.

Privacy

To determine proper protection level, security, and handling of all information available through the HIE, all Sheriff MSD Employees and contractors will follow the Sheriff Policy 6.21 Automation; Department Systems, as well any department-specific policies or procedures which may be more restrictive. The Sheriff may increase security controls as needed to further protect the confidentiality and integrity of the data accessed through the HIE.

Reporting Misuse and Possible Consequences

Misuse is acting in a way that does not protect the privacy and security of the data disclosed to the authorized user. The integrity and security of HIE information depends on the observation of proper business practices by all authorized users as established in the County Information-Classification, Protection Level, and Proper Security Policy. All MSD employees and contractors are to report to their manager/supervisor or HIE system administrator any suspicious activity regarding information damage, misuse, unauthorized disclosure, or modification.

Violation of this or other policies related to County data/information and information systems may constitute failure to perform regular duties and assignments, and may result in disciplinary action, up to and including termination, or if violation of Federal or State laws are found in violation those penalties may be invoked as prescribed.

PROCEDURE

I. Breaking the Glass

The SDHC portal has a feature that allows access to otherwise restricted patient information without a signed authorization in situations related to life threatening emergencies where viewing electronic medical records is necessary to preserve life and the patient is unable to give

HEALTHCARE INFORMATION EXCHANGE USER ACCESS POLICY

SUBJECT: HEALTHCARE INFORMATION EXCHANGE USER ACCESS POLICY
CATEGORY: MEDICAL & PSYCHIATRIC CARE SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
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that consent. The feature is called "breaking the glass." This feature may only be used when clinically justified and the reason for use must be documented in the system. The "break the glass" process will be audited.

Monitoring

MSD will maintain data usage records consisting of dates, times, and the specific patient health records accessed. To ensure data usage integrity, MSD will audit data usage records to assess the credibility, competency, and trustworthiness of the HIE and its users. MSD HIE system administrator will perform periodic and random review of data and usage logs for both operational monitoring and system security as required by the MSD Participation Requirement.

Retention

Records accessed through the HIE are to be purged as soon as the minimum retention period expires unless there is a specific legitimate reason to hold them longer. Departments should consult the Records Management Resource Manual and the MSD Retention Schedules document to determine records management and disposal of records accessed through the HIE.

Medical Services HIE Access Request Form

Appendix A must be signed by the requesting user and they must be retained by the chief, medical records & privacy officer or designee HIE system administrator for the life of the account.

The HIE system administrator will determine user access to HIE based on least privileges required to perform the job duties related to HIE use.

Appendix

A - County of San Diego Acceptable use of SDHC Health Information Exchange User Agreement Form

Implemented: 4/30/15
Reviewed: 8/30/2019, 1/14/22, 11/4/22
Revised: Enter Dates

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: HEALTHCARE INFORMATION EXCHANGE USER ACCESS POLICY
CATEGORY: MEDICAL & PSYCHIATRIC CARE SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
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**RELATED SECTIONS:
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APPENDIX A

**Medical Services Division
Acceptable use of San Diego Regional Health Information Exchange
User Agreement Form**

San Diego Health Connect (SDHC) is the local regional Health Information Exchange (HIE). SDHC allows healthcare professionals to access available patient electronic healthcare information from participating local hospitals and clinics as well as the Nationwide Health Information Network (eHealth Exchange).

I acknowledge that:

- I will only access SDHC for legitimate business purposes to accomplish those responsibilities directly related to my employment.
- I will collect only the minimal amount of data required to accomplish responsibilities directly related to my employment.
- I will print electronic health records only when necessary and for legitimate business purposes
- I will keep printed information in established secured locations (i.e. locked drawers, file cabinets, folders, etc.).
- I will hold confidential information in the strictest confidence and will not disclose information to any unauthorized person or persons through any type of written, verbal, or other form of communication.
- I am responsible for all activity performed with my account and should take all reasonable care to protect account information from being used by a third party.
- My access and usage of SDHC is subject to routine, random, and undisclosed audits for compliance purposes.
- I will report any suspicious activity regarding information damage, misuse, unauthorized disclosure, or modification to my manager/supervisor or my department information security manager or system administrator.
- I understand Medical Services Division will impose appropriate sanctions for all Sheriff and contractor users that violate applicable security specifications, policies or procedures, or make improper use of the HIE.

I have read and understand the **Healthcare Information Exchange User Access Policy and the Acceptable use of San Diego Regional Health Information Exchange User Agreement Form.**

Name _____ ARJIS _____

Signature _____ Date _____

Supervisor Signature _____ ARJIS _____ Date _____

SUBJECT: HOUSING UNIT NURSING ROUNDS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.H.16
PAGE: 1

RELATED SECTIONS: MSD P&P: C.2, S.3, S.4, S.5, S.7, S.10
IN COMPLIANCE WITH: CCR Title 15, Section 1204 & 1206; CA Nursing Practice Act, Section 2725

PURPOSE

To provide guidelines for the charge nurse or designee conducting housing unit nursing rounds.

POLICY

Housing unit nursing rounds are conducted as needed for various reasons, including but not limited to, performing nursing assessments, welfare checks and/or patient education.

PROCEDURE

- I. A charge nurse shall make rounds of medical observation beds, and sobering cells or other areas with prostraint chair monitoring at a minimum of once a shift or as needed. It is the responsibility of the charge nurse or designee to:
 - A. Assess general condition of unit.
 - B. Assess general condition of patients.
 - C. Assess individual patient's complaints.
- II. Routine monitoring by medical staff of medical observation bed (MOB) and sobering cell placements will be per policy. See MSD.M.13 Medical Observation Beds and MSD.S.5 Sobering Cells: Definition and Use.
- III. In the event of medical staffing shortage or housing unit lockdown, routine medical problems voiced by a patient will be acted upon in the clinical area during regularly scheduled sick call. Emergency medical needs will be addressed accordingly per MSD.C.2 Code Blue: Life Threatening Emergencies.
- IV. Documentation.
 - A. Documentation of the patient's health complaints and treatment shall be made in the individual's medical record.
 - B. Documentation of patient's placed in sobering cell will follow the P&P MSD.S.5 (Sobering Cells).

Implemented: 9/91

Reviewed: 3/92, 3/93, 4/94, 5/24/95, 1/29/96, 9/19/97, 9/18/98, 8/10/01, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 7/22/09, 2/24/11, 2/13/12, 2/27/13, 8/30/19, 1/10/22, 11/4/22

Revised: 9/17/96, 8/11/99, 7/31/00, 9/18/02, 8/18/03, 8/9/04, 11/30/16

SUBJECT: INFECTION CONTROL: STANDARD PRECAUTIONS

DATE: 11/4/2022

CATEGORY: MEDICAL & PSYCHIATRIC SERVICES

NUMBER: MSD. I.1

DISSEMINATION: MEDICAL SERVICES DIVISION

PAGE: 1

RELATED SECTIONS: MSD P&P: Medical Waste, HIV Testing, Tuberculosis Program; DSB: M.36
IN COMPLIANCE WITH: CA Code of Regulations 120260 – 121140. CDC / Universal Precautions for Prevention of Transmission of HIV

PURPOSE

To prevent exposure from blood, body fluids and or pathogens and to insure the health and safety of patients and staff.

POLICY

There shall be specific practices to prevent the spread of infection. Medical Services Division will follow the standards recommended by the CDC and OSHA as it relates to the safety in the workplace when being at risk of body fluids, sharps, needles, or infectious agents.

PROCEDURE

I. Standard Precautions

- A. Standard Precautions are a set of infection control practices used to prevent the transmission of diseases associated with body fluids, non-intact skin and mucus membranes.
 1. Body fluids include the following: blood, saliva, cerebrospinal, synovial pleural, peritoneal, pericardial and amniotic fluid, semen, vaginal secretions, wound exudates, urine, stool and vomit.
 2. Standard precaution practices shall be consistently used when contact with blood and other body fluids is anticipated.
 - a. Personal protective equipment (PPE) shall be used in accordance with CDC recommendations.
 - PPE consists of disposable gloves, surgical masks, goggles, face shields, lab coats and gowns.
 - PPE should be removed and placed in an appropriately designated area or container for storage, washing and disposal.
 3. All surgical instruments shall be sterilized prior to use.
 - a. The spore testing of autoclaves for the assurance of sterilization shall be in accordance with MSD's Infection Control Plan.
 - b. Unused instruments should be re-sterilized every 6 months.
 - c. If medical equipment not suitable for heat sterilization shall be cleaned and disinfected by means of chemical sterilization or use of a suitable germicidal preparation.

INFECTION CONTROL: STANDARD PRECAUTIONS

SUBJECT: INFECTION CONTROL: STANDARD PRECAUTIONS

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NUMBER: MSD. I.1

DISSEMINATION: MEDICAL SERVICES DIVISION

PAGE: 2

RELATED SECTIONS: MSD P&P: Medical Waste, HIV Testing, Tuberculosis Program; DSB: M.36
IN COMPLIANCE WITH: CA Code of Regulations 120260 – 121140. CDC / Universal Precautions for Prevention of Transmission of HIV

4. Equipment shall be maintained as recommended by the manufacturer and shall include ultrasonic scalers and air/water syringes.
- B. All equipment, devices, linens and waste shall be handled and disposed in a manner to prevent exposure, illness or injury to staff and patients.
- C. Standard Precautions specific to dentistry
 1. Rubber dams, high speed evacuation, and prompt patient positioning, when appropriate, shall be utilized to minimize the generation of droplets and splatter.
 2. Dental equipment surfaces that are difficult to disinfect (e.g. light handles) shall be covered with impervious-backed paper, aluminum foil or clear plastic wrap.
 - a. Such coverings shall be removed, discarded and replaced following the use with each patient.
- D. Disposal of Instruments
 - A. Disposable instruments shall be used once for medical/dental procedures and then discarded in an appropriate container (sharps) and designated area.
- E. Staff Issues
 - A. At the time of hire and periodically, standard precautions will be reviewed with staff by MSD Training unit. The education shall address the epidemiology, modes of transmission and prevention of HIV, HBV and other blood borne infections.
 - B. Staff who have draining wounds, weeping rashes or lesions or any other dermatological conditions where exposure of an open area or body fluids are of concern, shall be evaluated by a occupational health care provider.
 1. This staff member shall refrain from all direct patient care and/or the handling of patient career equipment until the condition can be evaluated and considerations for patient care be addressed by the occupational health care provider.
 - C. In the event of a blood borne exposure, either with body fluids or by an invasive measure such as a needle stick, the staff member should report the incident to their immediate supervisor and complete the workers compensation paperwork.
 1. The Sheriff's Medical Liaison Unit shall establish and maintain an accurate record for each employee with occupational exposure in accordance with the San Diego County Risk Management Department.
 2. In addition to reporting an exposure to the Medical Liaison's Units, in the event of a gassing, the incident should be reported to the Detentions Investigations Unit.
 - D. Facility medical staff may be used as a resource when needed for specific information regarding a body fluid spill cleanup.

INFECTION CONTROL: STANDARD PRECAUTIONS

SUBJECT: INFECTION CONTROL: STANDARD PRECAUTIONS

DATE: 11/4/2022

CATEGORY: MEDICAL & PSYCHIATRIC SERVICES

NUMBER: MSD. I.1

DISSEMINATION: MEDICAL SERVICES DIVISION

PAGE: 3

RELATED SECTIONS: MSD P&P: Medical Waste, HIV Testing, Tuberculosis Program; DSB: M.36
IN COMPLIANCE WITH: CA Code of Regulations 120260 – 121140. CDC / Universal Precautions for Prevention of Transmission of HIV

Implemented: 7/91

Reviewed: 8/10/01, 9/18/02, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 2/22/11, 2/3/12, 2/28/13, 9/3/19, 11/4/22

Revised: 3/92, 4/94, 5/95, 1/96, 9/96, 9/19/97, 9/18/98, 8/11/99, 7/31/00, 6/30/08 and 7.21.09, 1/20/22

SUBJECT: LICENSURE FOR MEDICAL SERVICES STAFF
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.L.1
PAGE: 1

RELATED SECTIONS: MSD P&P: E.1 & M.5
IN COMPLIANCE WITH: CCR Title 15, Section 1203, 1205, 1215, NCCHC J-C-01

PURPOSE

CCR Title 15, Section 1203, 1205, 1215 To provide a guideline for the retention of mandated licenses and certifications of all employed physicians, registered nurses (RN), licensed vocational nurses (LVN), pharmacists, dentists, and all other health care professionals who are required to hold a current California certification, licensure or registration, as necessary.

POLICY

All medical services clinical staff shall be licensed and in good standing in accordance with regulations of the State of California.

Healthcare professionals shall hold a current CPR certification card as mandated by Medical Services Division (MSD).

The supervising nurse or designee of each detention facility shall maintain a license file for all licensed medical staff assigned in the facility.

The medical administrator/designee shall maintain a "central file" for all MSD staff to include applicable licenses and certifications.

Each contract administrator is responsible for submitting a copy of current licensures, registrations, and certifications of all staff working within MSD.

Each contractor must certify that it, its principals, its employees and its subcontractors are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal Department or Agency. Each contractor must periodically verify all staff licensees to ensure unrestricted and not disbarred or suspended and follow-up accordingly.

PROCEDURE

- I. A file of current licenses for the following job classifications shall be maintained in medical administration office:
 - A. Chief Medical Officer (CMO)
 - B. Nursing Director, Sheriff's Detentions
 - C. Sheriff's Detentions Supervising Nurse
 - D. Sheriff's Detentions RN
 - E. Sheriff's Detentions LVN
 - F. Pharmacist
 - G. Pharmacy Technician

LICENSURE FOR MEDICAL SERVICES STAFF

SUBJECT: LICENSURE FOR MEDICAL SERVICES STAFF
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.L.1
PAGE: 2

RELATED SECTIONS: MSD P&P: E.1 & M.5
IN COMPLIANCE WITH: CCR Title 15, Section 1203, 1205, 1215, NCCHC J-C-01

- H. Licensed Mental Health Clinician
 - I. Recreational & Occupational Therapist
 - J. Chief, Health Information Management
 - K. And all other medical services staff who hold a license, certificate, or registration to practice their field.
- II. A copy of a current CPR certification shall be maintained in MSD's Administration Office. All CPR re-certifications shall be conducted through the American Heart Association. The following staff will be required to hold a current CPR card:
- A. Chief Medical Officer (CMO)
 - B. Nursing Director, Sheriff's Detentions
 - C. Sheriff's Detentions Supervising Nurse
 - D. Sheriff's Detentions RN
 - E. Sheriff's Detentions LVN
- III. The nursing director or designee interviewing an RN or LVN candidate for hire shall access the web sites to either the California Board of Registered Nursing or the California Board of Vocational Nursing to verify status of licensure.
- IV. The Training Coordinator shall have each new employee complete the "Employee Information File". Two copies will be made of the employee's license, CPR certification and other credentials they may possess, verified and signed.
- A. One copy will be forwarded to the Detention Facility Supervising Nurse.
 - B. A second copy will be kept in MSD Administration Office for filing.
- V. The medical services administrator or designee will call all other medical services health care professional licensure boards or associations for confirmation of current status (as applicable).
- VI. The detention facility supervising nurse/program manager shall maintain the following, if applicable, on site:
- A. Current employee information file.
 - B. A copy of the current license.
 - C. A copy of CPR/AED, PHTLS and AMLS certifications.
 - D. A copy of other certifications, licensure or registrations as appropriate.
- VII. A copy of each subsequent (RN/LVN) license renewal and certifications such as CPR, PHTLS and AMLS will be kept on file in MSD's administration office.
- A. A clear readable copy of the license will be made and kept on file at the facility site.
 - B. The supervising nurse/designee shall verify and sign copies of the license and/or certifications.
 - C. A clear readable copy will be forwarded to MSD.
- VIII. The licensed clinical staff in MSD will be responsible for:
- A. Keeping their license current.
 - B. Keeping their CPR certification current.
 - C. Providing proof of current licensure and certifications.
 - 1. In the event a staff member is unable to show proof of licensure renewal or current CPR re-certification, the employee will not be allowed to work in the capacity of a healthcare worker and may be terminated "For Cause."

LICENSURE FOR MEDICAL SERVICES STAFF

SUBJECT: LICENSURE FOR MEDICAL SERVICES STAFF
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.L.1
PAGE: 3

RELATED SECTIONS: MSD P&P: E.1 & M.5
IN COMPLIANCE WITH: CCR Title 15, Section 1203, 1205, 1215, NCCHC J-C-01

IX. Licensure Reimbursement

- A. The staff member will make a copy of the notice for license renewal from their respective board of licensure showing the portion of invoice with the amount due.
- B. The staff member will make a copy of the renewed license (enlarged copy of front and back with signature) and forward this to MSD.
- C. The staff member will make a copy of the proof of payment. Method of payment can be a number of ways but requirements for the copy include:
 - 1. For checks- a copy of cancelled check front and back.
 - 2. For a bank statement a copy of check and bank statement showing date check cleared the bank.
 - 3. For money order- a copy of money order.
 - 4. For credit card- a copy of credit card statement.
- D. The staff member will complete the License Reimbursement Request Form and forward the completed packet to MSD Administration, Mail Stop: O-317 Attention: Claims Unit for reimbursement of licensing fee.

X. Re-certification of CPR

- A. Monthly classes are taught by MSD's Training Department and are available on a first come first served basis. These classes are recognized by the American Heart Association and are provided at no cost to the employee.
- B. Staff desiring to take a class offered in the community will not be reimbursed and should ascertain that the class is recognized by the American Heart Association prior to attending.

XI. On file for staff review

- A. An updated report will be posted on SharePoint on a monthly basis with the expiration of licenses and CPR certification of all MSD's healthcare staff.
- B. MSD Administrative staff will not be responsible for sending out reminders.

XII. Contract Staff

- A. It is the responsibility of the contracted entity to keep on file current licenses and applicable certifications for their staff (including DEA, BLS, ACLS and other certifications/credentials).
- B. The contractor will provide copies to MSD Administration.
- C. The contract detention facility medical directors and contract administrators are responsible for informing the chief medical officer if there are changes in licensure or certification status including any disciplinary action. Professional staff will not be allowed to work if their license has expired. Contrary to outside certifying bodies, MSD does not allow for "grace periods". This includes but is not limited to DEA, CPR and ACLS certifications.
- D. It is the responsibility of the professional staff to have their current license(s) with them while on duty.

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT:	LICENSURE FOR MEDICAL SERVICES STAFF	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.L.1
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	4

RELATED SECTIONS: MSD P&P: E.1 & M.5
IN COMPLIANCE WITH: CCR Title 15, Section 1203, 1205, 1215, NCCHC J-C-01

Implemented: 2/18/91
Reviewed: 9/19/97, 9/18/98, 8/18/03, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 2/23/11, 2/15/13, 11/4/22
Revised: 3/92, 3/93, 4/94, 5/95, 1/29/96, 9/17/96, 8/11/99, 7/31/00, 8/10/01, 9/12/02, 8/9/04, 2/15/07, 7/23/09, 1/10/22
2/6/2012, 7/1/19

SUBJECT: MEDICAL EMERGENCIES

CATEGORY: MEDICAL & PSYCHIATRIC SERVICES

DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022

NUMBER: MSD.M.1

PAGE: 1

RELATED SECTIONS: DSB P&P: M.5 & M.6; MSD P&P: C.2, O.1, S.3 & T.1; SDSD P&P: 3.16 Occupational Injuries, Illness or Death.

IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208

PURPOSE

To provide guidelines to handle medical emergencies occurring within the detention facilities.

POLICY

A physician (MD) or Registered Nurse (RN) shall evaluate the medical emergency; provide Basic Life Support (BLS) and request appropriate transportation, when on duty.

Security will not be compromised in any medical emergency.

In the event of a critical incident, medical staff will, upon notification by sworn staff, respond and standby with emergency response equipment.

PROCEDURE

- I. Personnel responding to a medical emergency.
 - A. Medical staff will be notified and respond immediately.
 - B. Medical Staff will refer to MSD P&P: Code Blue: Life Threatening Emergency, when applicable.
 - C. When possible, the deputy will provide the patient's name, booking number, and symptoms or condition when notifying Medical of an emergency.
 - D. After responding to the scene of a medical emergency, medical staff may request the patient be transported to the dispensary if it would not breach security, or negatively affect patient's condition.
 - E. Medical staff may notify the Control Deputy to call for (911) paramedic intervention for any potential life threatening emergency.
 - F. For a nonlife threatening emergency, the MD on site/on call or an RN will determine the most appropriate mode of transportation, if needed.
 - G. A medical staff member will remain with patient until they are transported out of the facility.
 - H. The emergency transportation responders will be directed to county contracted hospitals whenever possible. The charge nurse or designee shall call the receiving Emergency Department (ED) of the

MEDICAL EMERGENCIES

SUBJECT: MEDICAL EMERGENCIES

CATEGORY: MEDICAL & PSYCHIATRIC SERVICES

DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022

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PAGE: 2

RELATED SECTIONS: DSB P&P: M.5 & M.6; MSD P&P: C.2, O.1, S.3 & T.1; SDSO P&P: 3.16 Occupational Injuries, Illness or Death.

IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208

hospital and review the case with the triage nurse or on duty physician with appropriate JIMS documentation.

- I. Minor injuries that need medical intervention at an outside facility may be transported via deputy car if patient DOES NOT need medical observation in route.
 1. The following are some examples for medical staff that may be sent via deputy car transport:
 - a. Sprains/Strains
 - b. Patients in need of suturing when there is no MD in the facility.
 - c. Patients sent to Emergency Psychiatric Unit (EPU).at San Diego Psychiatric Hospital.
- J. Sworn staff may also transport a Patient to a detention facility where 24-hours nursing care is available.
 1. The receiving facility will be informed of the incoming consultation.
- II. Personnel responding to an emergency involving an employee/visitor.
 - A. Medical staff shall respond immediately when called for a medical emergency involving an employee or visitor within the detention facility.
 - B. If the emergency is life threatening, medical staff will call for 911 and initiate basic life support (BLS).
 - C. Emergency care rendered to an individual, other than a patient, will be documented on a paper progress note. Documentation should include identifying the injured person as a visitor or employee, the location, and the care/treatment provided. Once completed, the progress note should be forward to the facility Supervising Nurse.
 - D. The facility Supervising Nurse will review and forward the completed progress notes to the Medical Records Unit for review and for retention.
 - E. If the emergency is not life threatening, medical staff will provide first aid medical care as appropriate.
 - F. In the event, the emergency involves an injured employee, the employee should be directed to notify their immediate supervisor; refer to Sheriff's Personnel P&P: Occupational Injuries, Illness or Death, 3.16.
 - G. In the event the emergency involves a visitor at a detention facility, the individual should be referred to their private physician.

MEDICAL EMERGENCIES

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

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DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022

NUMBER: MSD.M.1

PAGE: 3

RELATED SECTIONS: DSB P&P: M.5 & M.6; MSD P&P: C.2, O.1, S.3 & T.1; SDSO P&P: 3.16 Occupational Injuries, Illness or Death.

IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208

- III. Documentation and communication are essential when a patient is sent to ED, EPU or medical sick call in another detention facility.
 - A. Medical staff will complete the MEDICAL CARE REQUEST form.
 - B. Medical staff will inform the deputy of the appropriate mode of transportation.
 - C. Medical staff will complete the emergency log book.
 - D. Medical staff will notify the Medical Services Supervising Case Manager if the inmate is a parole violator.
 - E. Medical staff will notify the On-call Medical Services Supervising Nurse during weekends and holidays if the inmate is a parole violator.
 - F. In the event the patient has not returned to the facility by end of shift, the charge nurse will contact the hospital to ascertain the status of the patient.
 - G. The watch commander will notify the charge nurse if the patient is admitted.
 - H. In the event a patient is admitted to the hospital; a staff member will obtain the admitting diagnosis.
 - I. Medical staff will notify the courts according to protocol.
 - J. Medical staff will document in the patient's electronic medical record a chronological list of events i.e. patient's mode of transportation, and physical and mental condition at time of transfer.

- IV. When an patient is returned to detention facility following medical treatment
 - A. If patient returns from the emergency department and was not admitted to the hospital, a copy of MEDICAL CARE REQUEST FORM indicating treatment provided and treatment will accompany the patient.
 - B. If PATIENT returns without paperwork, medical staff will contact the facility and obtain a verbal report on the patient's condition documenting the identification of the person giving the verbal report.
 - C. The transport deputy will notify intake/screening nurse when the patient returns to the facility.
 - D. Upon the patient's return, the RN will do an assessment, document findings in the medical record, and determine appropriate medical classification for the patient.
 - E. Medical staff will schedule patient for the next available MD sick call.
 - F. Medical staff will call on-site physician for the medication orders.

Implemented: 7/91

Reviewed: 9/17/96, 7/31/00, 8/9/04, 8/12/05, 07/30/07, 07/09/08, 2/28/11, 2/7/12, 9/19/19, 1/10/22, 11/4/22

Revised: 4/1/92, 2/26/93, 4/1/94, 5/24/95, 1/29/96, 9/19/97, 9/18/98, 8/11/99, 8/10/01, 9/18/02, 8/18/03, 10/31/05, 7/31/06, 3/12/07, 9/27/07, 10/4/07, 9/21/11, 2/27/13

MEDICAL EMERGENCIES

SUBJECT: MEDICAL EXAMINATION ROOM
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.M.2
PAGE: 1

RELATED SECTIONS: MSD P&P: S.3.
IN COMPLIANCE WITH: CCR Title 15; Title 24, Section 2-1012(b)(11), IMQ section 107

PURPOSE:

To have an appropriate medical examination room that meets the needs of the patients in a detention facility.

POLICY:

Each detention facility shall have at least one medical examination room that affords the patient a confidential atmosphere during an interview and/or exam.

PROCEDURE:

- I. The medical examination room will be adequately equipped for health evaluations and minor procedures.
- II. The medical examination room is available 24 hours a day and is for the sole purpose of medical, dental and/or psychiatric use.
- III. The medical examination room at each detention facility is at least 100 square feet floor in space within the security area.
- IV. The medical examination room at each detention facility has access to hot and cold running water.
- V. The medical examination room at each detention facility will be clean and orderly at all times.
- VI. The medical examination room at each detention facility contains sufficient lockable storage space for medical instruments, supplies and drugs.
- VII. The medical examination room at each detention facility is located within the security area and convenient to both female and male patients.
- VIII. The medical examination room at each detention facility is private and not part of the living area of either the female or male inmates.

Implemented: 10/90

Reviewed: 9/17/96, 9/19/97, 9/18/98, 8/11/99, 7/31/00, 8/10/01, 9/18/02, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 2/23/11, 2/7/12, 2/15/13, 9/3/19, 1/10/22, 11/4/2022

Revised: 3/20/92, 4/1/94, 5/24/95, 1/29/96, 7/22/09

MEDICAL EXAMINATION ROOM

SUBJECT: MEDICAL CLINICS, ON-SITE AND OFF-SITE
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.M.3
PAGE: 1

RELATED SECTIONS: MSD P&P: O.1, P.6, R.2 & S3
IN COMPLIANCE WITH: CCR Title 15, Section 1206, 1211

PURPOSE

To ensure that appropriate specialty health care is rendered to all patients.

POLICY

Specialty health care services shall be provided to meet the patient's medical/mental health needs.

DEFINITION

On-site clinics are clinics conducted within a detention facility.
Off-site clinics are clinics located outside of a detention facility.

PROCEDURE

- I. The following is a list of Medical Service's specialty clinics and services which may be provided on-site.
 - A. Women's health services
 - B. Psychiatric services (inpatient & outpatient)
 - C. Dental services
 - D. Dialysis services
 - E. Orthopedic services
 - F. Optometry services
- II. The following are counseling and psychological services provided by medical services on-site.
 - A. Recreational therapy.
 - B. Psychosocial services.
- III. Off-site clinics are available at MSD's contracted facilities.
 - A. Scheduling Clinic Appointments:
 1. Following an evaluation when clinically indicated a physician/RNP at an on-site clinic may refer a patient for a specialty consultation. Refer to MSD operations manual section R.2 Request for Referral.
 - B. Follow-up care after a specialty clinic appointment will be "chart checked" by an on-site physician/RNP. In cases where an additional assessment is needed, the on-site physician/RNP will advise the staff to schedule patient for doctor sick call (MDSC) clinic.
 - C. Under certain circumstances appointments made prior to incarceration and/or during field arrest may be allowed. Refer to MSD operations manual section P.6 Private Physician.
- IV. In the event a clinic appointment is cancelled, the rescheduling of the appointment will be in collaboration with MSD managed care group.

MEDICAL CLINICS, ON-SITE AND OFF-SITE

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: MEDICAL CLINICS, ON-SITE AND OFF-SITE
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.M.3
PAGE: 2

RELATED SECTIONS: MSD P&P: O.1, P.6, R.2 & S3
IN COMPLIANCE WITH: CCR Title 15, Section 1206, 1211

Implemented: 10/90
Reviewed: 9/17/96, 9/18/02, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 8/10/09, 2/23/11, 2/8/12,
2/15/13,9/3/19, 11/4/22
Revised: 4/1/92, 4/1/94, 5/24/95, 1/29/96, 9/19/97, 9/18/98, 8/11/99, 7/31/00, 8/10/01, 6/15/16, 1/10/22

MEDICAL CLINICS, ON-SITE AND OFF-SITE

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

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SUBJECT: MEDICAL RECORDS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.M.4
PAGE: 1

RELATED SECTIONS: MSD P&P: M.5
IN COMPLIANCE WITH: CCR Title 15, Section 1205, Federal Privacy Regulations, 45 C.F.R. Parts 160 and 164, January 17, 2013, CA Civil Code 56.10, W&I 4514, 5328.8

PURPOSE

The information contained in the medical record allows health care providers to determine the patient's medical history and provide informed care. The medical record serves as the central repository for planning patient care and documenting communication among patient and health care provider and professionals contributing to the patient's care. An increasing purpose of the medical record is to ensure documentation of compliance with institutional, professional or governmental regulation.

DEFINITIONS

- I. Active medical record: The medical record of an individual currently under the care of San Diego County Sheriff's Department Detention Facilities.
- II. Health Care Records: Complete and dated health records kept in compliance with state statute to include, but not limited to: receiving screening form/history; health evaluation reports; complaints of illness or injury; names of personnel who treat, prescribe, and/or administer/deliver prescription medication; location where treated; and medication records.
- III. Inactive medical record: The medical record of an individual no longer under the direct care of the San Diego County Sheriff's Department Detention Facilities because of release, parole, death, transfer out of state, etc.
- IV. Medical record: A written record of actions taken in providing health care; it is the who, what, why, where, when, and how of Patient care. A complete medical record must contain at minimum sufficient information to clearly identify incarcerated patient, their pertinent medical background, diagnosis, treatment, and results. The medical record may consist of electronic (computer based) or paper based documentation.

POLICY

- I. A medical record shall be maintained on all individuals who have received services from medical staff.
- II. Documentation shall be done in such a manner as to comply with the CCR, Title 15, American Correctional Association Standards, recognized community and professional standards as well under the Federal Health Insurance Portability and Accounting Act of 1996 (HIPAA).
- III. Ownership of Records

HEALTH INFORMATION MANAGEMENT

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

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DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.M.4
PAGE: 2

RELATED SECTIONS: MSD P&P: M.5
IN COMPLIANCE WITH: CCR Title 15, Section 1205, Federal Privacy Regulations, 45 C.F.R. Parts 160 and 164, January 17, 2013, CA Civil Code 56.10, W&I 4514, 5328.8

- A. All medical records of the individuals treated by medical/professional staff under the Medical Services Division of the San Diego County Sheriff's Department shall be considered property of the Department.
- B. Chief Health Information Officer shall act as custodian of medical records for the Medical Services Division. The Chief is also responsible for interpreting all medical record policies and procedures.

PROCEDURE

- I. Content of Medical Health Record: When appropriate, the medical record may contain but is not limited to the following:
 - A. Intake Receiving/Screening/Assessment
 - B. Complaints of illness and injury, treatments and disposition
 - C. Prescribed medications and a record of their administration
 - D. Laboratory, x ray and diagnostic studies
 - E. Medication Administration Record
 - F. Places, dates and times of health encounters
 - G. Health Services reports, e.g., dental, mental health and consultations
 - H. Progress notes & reports
 - I. Discharge summaries and instructions
 - J. Transfer Forms
 - K. Consent and/or refusal forms when appropriate for specific cases and treatments
 - L. Psychiatric consultation, evaluation, progress notes, consents, psychiatric hospital reports, etc.
 - M. Miscellaneous legal documents, correspondence and copies of other health facilities reports received
- II. Collection and Recording Data:
 - A. Only qualified medical personnel shall collect and record data on approved medical forms.
 - B. Standardized medical forms shall be used in all detention facilities.
- III. Confidentiality:
 - A. Medical records are confidential. Such documentation shall be held confidential in a manner consistent with both the State of California statutes and applicable Federal statutes.
 - B. The Medical Services Division (MSD) shall safeguard information in medical records against loss, defacement, tampering or use by unauthorized persons.
 - C. Medical records shall not be a part of the individual's criminal record. Medical personnel shall share with other correctional staff members only such information that has potential impact on classification and institutional security and that which affects patient's ability to participate in programs or is a consideration related to intra system transfers, or for the health and safety of facility, court and transportation staff.

HEALTH INFORMATION MANAGEMENT

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

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SUBJECT: MEDICAL RECORDS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.M.4
PAGE: 3

RELATED SECTIONS: MSD P&P: M.5
IN COMPLIANCE WITH: CCR Title 15, Section 1205, Federal Privacy Regulations, 45 C.F.R. Parts 160 and 164, January 17, 2013, CA Civil Code 56.10, W&I 4514, 5328.8

1. Access to medical records shall be controlled by the Chief Health Information Officer Unit or designee as written in specific procedures on access to patient information.
 2. Request for access to medical health records for in house and released person's shall be made directly to the Chief Health Information Officer or designee.
- D. Release of Information (ROI) regarding an individual's health care shall require written consent of affected person or authorized representative through completion of the Authorization for Use and Disclosure of PHI form (J224), signed written authorization, or a witnessed or notarized document containing similar information. The Consent shall be dated and considered acceptable for twelve (12) months from the date stated, unless otherwise specified by authorized signatore. Exception to preceding statement is in one of the following instances:
1. An order from a court or Subpoena Duces Tecum requiring release of such record. Incarcerated persons classified as "in Propria Persona" Pro Per Subpoena for records must be signed by a Judge, Court Clerk or Attorney to be acceptable as a legally recognized document. The Pro Per's signature alone is not sufficient.
 2. Exchange of health care information essential for continuity of patient's treatment or care in an outside medical/mental health facility. This includes referrals for treatment with contracted hospitals, clinics and providers.
 3. Attorney General, Sheriff's Legal Counsel, County's Legal Counsel and/or attorney representing San Diego County Sheriff's Department liability insurance carriers require access to health care information in preparation for a pending lawsuit against the County of San Diego or the San Diego County Sheriff's Department.
 4. Information is requested by Sheriff or his designee as essential in classification deliberations, internal affairs or jail investigations or the overall good of the Sheriff's operation of detention facilities.
 5. Information is part of internal medical care evaluations or audits.
 6. Information is used in research and education and identity of person is not disclosed.
 7. Information is requested by a public agency responsible for health data and statistics or for other bona fide purposes, such as compliance with regulatory Federal and State agencies, communicable disease control, and crime statistics.
 8. Information requested by Forensic Evaluation Unit, Conservator's Office, and Court Investigator.
 9. In case of an incarcerated person's death the complete medical record, as applicable (e.g., TechCare, Jail Information Management System (JIMS), paper, Medical Record Imaging System (MRIS), radiology), will be printed and provided to Sheriff's Department Homicide. A copy of the medical record will be provided to the Medical Examiner on request.
 10. For charges and invoices, see Exhibit A

HEALTH INFORMATION MANAGEMENT

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NUMBER: MSD.M.4
PAGE: 4

RELATED SECTIONS: MSD P&P: M.5
IN COMPLIANCE WITH: CCR Title 15, Section 1205, Federal Privacy Regulations, 45 C.F.R. Parts 160 and 164, January 17, 2013, CA Civil Code 56.10, W&I 4514, 5328.8

- E. Except in cases of a bona fide medical emergency, all requests for patient's health care information must be made in writing. See specific procedures on ROI in the Health Information Management Unit Procedure Manual.
 - F. An Accounting of Disclosures log on all authorized ROI shall be maintained.
- IV. Retention and Destruction of Medical Records:
- A. Active medical records shall be stored in TechCare (electronic health record). A systematic method of control within detention facility medical unit shall be contained within the specific facility as related to any paper medical records generated (i.e., medical records will be scanned into TechCare after each PSU episode).
 - B. Released Incarcerated Person's Medical Records (Inactive)
 - 1. Effective September 23, 1999, released individuals medical records shall be retained in computerized imaged format. Medical records for patient's released prior to September 17, 2019 shall be retained solely in the Medical Records Imaging System (MRIS). Medical records for Individuals booked after September 17, 2019 will be retained in the Electronic Medical Record (EHR), TechCare. Note: any incarcerated individual bookings that overlap with September 17, 2019 shall be located and thus resourced in both MRIS and TechCare.
 - 2. Imaged, a printed copy, and paper files shall be readily available for continuity of medical care in the event an individual reenters the system, and for legal matters.
 - C. Medical records, imaged and paper files, shall be retained for a period of time specified in Title 15 currently 7 years for adults following the last date of encounter with the Medical Services Division.
 - D. Destruction of paper files stored at off-site storage will be via a prepared and approved AUD-100 form.
 - 1. Chief Health Information Management or designee shall follow the instructions on the form and as per Detention's P&P B.37, Record Retention and Destruction.
 - 2. Once destruction is approved by the County Auditor and Controller Department, the Sheriff's Medical records may be destroyed via an approved County Destruction of Records Company.
 - 3. Imaged files shall be destroyed in an approved and authorized manner by Data Services Division.
 - 4. The manner of destruction shall be in such manner so there is no possibility of reconstruction of information.
 - 5. Documentation of destruction of records from the off-site storage will be kept indicating the date and method of destruction and description of disposed records, including the statement that the records were destroyed in normal course of business, date and signed by the individuals supervising and witnessing the destruction.
 - E. Copies of medical records printed from MRIS or JIMS shall be destroyed by shredding methodology at the Detention Facility by Medical Services designated staff.

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RELATED SECTIONS: MSD P&P: M.5
IN COMPLIANCE WITH: CCR Title 15, Section 1205, Federal Privacy Regulations, 45 C.F.R. Parts 160 and 164, January 17, 2013, CA Civil Code 56.10, W&I 4514, 5328.8

- D. The MSD shall safeguard information in the record against loss, defacement, tampering or use by unauthorized persons.
- V. Transfers Intra-system:
- A. In the event that a paper record exists, the medical chart will be screened prior to the individual transfer for appropriateness of transfer.
 - B. The original medical paper file shall accompany person being transferred to another San Diego County Detention Facility.
 - C. Specific procedures have been established for transfer. Transport shall be consistent with rules of confidentiality as indicated in these procedures.
 - D. Incoming medical charts shall be reviewed for medication orders, appointments, referrals, pending lab work, and appropriateness of transfer.
- VI. Transfers Out of the System:
- A. Medically Indicated Transfers:
 1. Individuals shall be transferred to a local hospital emergency room for evaluation and/or admission for specific medical and psychiatric emergency problems the MSD is unable to provide.
 2. Copy of pertinent medical information shall be sent to aid receiving health center facility for continuity of medical care.
 - B. Transfers to other correctional facilities:
 1. Upon notification of a pending incarcerated person transfer, the Release Summary in TechCare is completed. In the event TechCare is unavailable the following forms will be utilized: Confidential Medical/Mental Health Information Summary J-204, Pre-Transfer Tuberculosis Assessment J-204A, transport officer instructions and transmittal envelope will be completed by designated nursing staff and sent with the transporting officer.
 2. Patient's medical record shall be reviewed by nursing staff of the Sheriff's MSD to identify their medical needs prior to transfer to another correctional facility. Medical information shall be furnished to the medical personnel of these facilities via the completed Release Summary in Tech Care.
 3. The completed J-204 and J-204A forms (if TechCare unavailable) shall be copied and the copies scanned into the medical record.
 4. Copies of medical records shall be made upon request and as medically indicated for continuity of medical care at these facilities.
 - C. Under no circumstances shall original medical records leave the custody of the San Diego County Sheriff's Medical Services Division except upon the request of the court order accompanied by the custodian of records. Any original paper copies of the record should be maintained within the facility before taking to the court (e.g., PSU records).
 1. Copies of the medical record shall be provided upon receipt of a properly signed and witnessed release form.
 2. Only Health Information Management unit (HIM) staff, or designee, shall release copies of the medical record to centralize the process and control the access by authorized individuals.
- VII. TechCare, electronic health records (EHR)
- a. TechCare went live on September 19, 2019.

HEALTH INFORMATION MANAGEMENT

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
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RELATED SECTIONS: MSD P&P: M.5
 IN COMPLIANCE WITH: CCR Title 15, Section 1205, Federal Privacy Regulations, 45 C.F.R. Parts 160 and 164, January 17, 2013, CA Civil Code 56.10, W&I 4514, 5328.8

- b. It serves as the current legal medical record.
 - c. Providers document directly into the EHR.
 - d. Outside medical records are to be immediately scanned once received without reasonable delay into the TechCare EHR.
 - e. Any paper medical records generated during the course of treatment while in custody will be scanned into TechCare.
- VIII. Medical Record Imaging System (MRIS)
- A. This legacy system was used for medical records generated prior to the advent of the TechCare electronic health record on September 17, 2019.
 - B. Access to MRIS
 - 1. All medical, nursing, and Medical Services authorized staff shall have viewing capabilities to the MRIS from a programmed personal computer at the detention facility.
 - 2. Copies of medical records from MRIS shall be done only by system authorized HIM staff, Charge Nurse or designee.
 - a. The copies from MRIS will be printed on pink paper alerting staff that the original has been scanned.
- IX. Facsimile Transmission of Medical Records/Reports:
- A. A report, portions of or the entire medical record may be transmitted via facsimile by authorized Medical Services staff and in compliance with this P&P Confidentiality Policies.
 - B. Authorized Medical Services staff will verify the accuracy of the fax phone number and, where indicated, confirm a verbal receipt of transmitted information.
 - C. Receiving party, within detentions facility, shall preserve the confidentiality of the information received and dispose in an appropriate fashion and manner consistent with this P&P Destruction Policy, Section VII, and D.
- X. No incarcerated person in the custody of the Sheriff's Department shall be involved in, or used for, any medical records keeping function.

Exhibit A:

No	OUTSIDE VENDORS REQUESTERS	CHARGES	
		NO	YES
1	PUBLIC DEFENDERS	X	
2	DISTRICT ATTORNEY	X	
3	DDS	X	

HEALTH INFORMATION MANAGEMENT

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RELATED SECTIONS: MSD P&P: M.5
 IN COMPLIANCE WITH: CCR Title 15, Section 1205, Federal Privacy Regulations, 45 C.F.R. Parts 160 and 164, January 17, 2013, CA Civil Code 56.10, W&I 4514, 5328.8

4	CONSERVATORS OFFICE	X	
5	CORONERS/MEDICAL EXAMINERS	X	
6	SUBPOENA	X	
7	COUNTY COUNSEL	X	
8	CLERK	X	
9	INTERNAL AFFAIRS CLAIMS	X	
10	HOMICIDE	X	
11	DIU	X	
12	DIS	X	
13	PRO PER	X	
14	COURT ORDERS	X	
15	CLINICS/HOSPITALS	X	
16	PHOTO COPY VENDORS		X
17	PERSONAL REQUEST (I/P, FAMILY, etc....)		X
18	ATTORNEYS		X
19	CORRECTIONAL FACILITIES OR OTHER LAW ENFORCEMENT (OUTSIDE CITY OR STATE)	X	
20	BOARD NURSING REQUEST	X	
21	PROGRAMS AND REHABS	X	
22	RESEARCH FACILITIES	X	
23	PUBLIC HEALTH (HSA)	X	
24	PROBATION	X	
25	MENTAL HEALTH PROGRAMS	X	
26	COURT INVESTIGATORS	X	
27	FEDERAL STATE AGENCIES	X	
28	INSURANCE COMPANIES	X	
29	FORENSIC EVALUATION UNIT	X	

NOTE:

Fee Schedule (charges are permissive thus discretionary and may be waived in extenuating circumstances):

Requests for personal use: \$0.20/page or \$5.00 for electronic copies on CD.

Note: if medical records are for a public benefit/disability claim (e.g., Social Security), a first copy will be provided at no cost.

Attorney offices (before filing of action) and photo copy vendors representing attorney offices: \$0.10/page or \$5 for electronic copies on CD; and reasonable clerical costs of \$16 per hour per person, billed in \$4 quarter hours; actual postal charges; and actual costs, if any, charged to the Sheriff for retrieval costs—not to exceed \$15.

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RELATED SECTIONS: MSD P&P: M.5
IN COMPLIANCE WITH: CCR Title 15, Section 1205, Federal Privacy Regulations, 45 C.F.R. Parts 160 and 164, January 17, 2013, CA Civil Code 56.10, W&I 4514, 5328.8

Implemented: 12/90
Reviewed: 9/17/96, 8/10/01, 8/18/03, 8/9/04, 8/12/05, 05/25/07, 7/30/07, 2/14/11, 2/3/12, 3/4/13, 11/4/22
Revised: 3/20/90, 3/11/93, 4/1/94, 5/25/95, 1/29/96, 8/13/96, 9/19/97, 9/18/99, 7/31/00, 9/18/02, 7/14/04, 1/24/05, 7/31/06, 05/03/07, 04/22/08, 07/09/08, 8/20/09, 4/21/15, 6/15/15, 3/30/17, 2/28/2018, 1/31,2022

SUBJECT: MEDICAL SERVICES: HOSPITAL LIST
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.M.6
PAGE: 1

RELATED SECTIONS: DSB P&P: 1.45 Inmate Hospitalization & Guards
IN COMPLIANCE WITH: CCR, Title 15, Section 1206

PURPOSE

To facilitate the discharge planning for hospitalized patients in the custody of San Diego Sheriff's Department.

POLICY

Patients are returned to a detention facility with 24-hour nursing coverage after the hospital physician(s) determine patients are able to be discharged. The medical services division's managed care group (MCG) case managers shall assist in facilitating the discharge planning and return to the appropriate detention facility.

PROCEDURE

- I. The central/processing sergeant at each facility will enter admissions, room changes, discharges and other information into the hospital log for any inmate housed at their facility being treated at any local hospital, except those admitted into the Hospital Guard Unit (HGU) at Tri-City Medical Center. The central/processing sergeant will notify the on-duty Detentions Supervisor (DPS) of any HGU admission.
 - A. The "Hospital Log Sheet" is electronically mailed to medical administration/designee and to all other facilities by the SDCJ processing sergeant.
- II. The MSD MCG staff prepares and distributes lists of hospitalized patients.
 - A. This list includes all currently hospitalized inmates and daily clinical updates.
 - B. The daily hospital list is sent to medical administration, supervising nurses, and facility charge nurses.
 1. Transportation will be notified of inmates who may go to court while hospitalized.
 2. Special transportation needs will be made known at this time such as wheelchair, gurney.
- III. MSD MCG staff will review the "Hospital Log Sheet" and hospital list and contact hospital staff to discuss discharge planning.
 - A. MSD MCG staff will communicate with the hospital staff and inform appropriate detention staff of the patient's medical condition and plan for return to the detention facility.
- IV. All information disseminated shall comply with appropriate state and federal confidentiality laws.
- V. Hospital lists shall be retained as needed for continuity of medical care and destroyed thereafter.

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

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SUBJECT: MEDICAL SERVICES: HOSPITAL LIST
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.M.6
PAGE: 2

RELATED SECTIONS: DSB P&P: 1.45 Inmate Hospitalization & Guards
IN COMPLIANCE WITH: CCR, Title 15, Section 1206

Implemented: 10/90
Reviewed: 9/17/96, 8/11/99, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 2/28/11, 2/8/12, 2/27/13, 11/4/22
Revised: 9/19/19 4/1/94, 5/24/95, 1/29/96, 9/19/97, 9/18/98, 7/31/00, 8/10/01, 9/18/02, 6/19/08, 6/15/16, 1/14/22

MEDICAL SERVICES: HOSPITAL LIST

SUBJECT: MEDICAL WASTE
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.M.8
PAGE: 1

RELATED SECTIONS: DSB P&P: M.41; MSD P&P: I.1
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1206, S.D. COUNTY ORDINANCE #7556

PURPOSE

To insure proper handling of biomedical and biohazardous waste.

To insure all biohazardous waste is stored and disposed of in a proper manner and following all state and federal regulations.

POLICY

Biomedical waste and biohazardous waste shall be disposed of as mandated by state and federal regulations.

DEFINITIONS

Biomedical Waste: Waste which is generated or has been used in the diagnosis, treatment, or vaccines which may potentially contain infectious agents and may pose a potential threat to health.

Biomedical waste DOES NOT include biohazardous waste.

Biohazardous Waste: Laboratory waste, including cultures, vaccines, all non-sterilized cultures and regulated body fluids. The following are examples of hazardous waste

Any specimens sent to a laboratory for microbiological analysis.

Surgical specimens including human parts or tissues removed surgically or by an autopsy.

Recognizable fluid blood elements and regulated body fluids, and containers/articles contaminated with blood elements or regulated body fluids that readily separate from the solid portion of the waste under ambient temperature and pressure.

- Regulated body fluids
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Peritoneal fluid
- Amniotic fluid
- Vaginal secretions
- Semen

MEDICAL WASTE

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT: MEDICAL WASTE

CATEGORY: MEDICAL & PSYCHIATRIC SERVICES

DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022

NUMBER: MSD.M.8

PAGE: 2

RELATED SECTIONS: DSB P&P: M.41; MSD P&P: I.1

IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1206, S.D. COUNTY ORDINANCE #7556

- Blood
- Feces
- Saliva
- Sputum

Sharps: Sharps, includes any objects or devices having acute rigid corners, edges, or protuberances capable of cutting or piercing, including but not limited to hypodermic needles, surgical blades and slides.

Other: Waste material that results from the administration of medical care to a patient by health care providers and is found by the administering agency or the local Health Officer to pose a threat to health or environment.

NOTE: If there is a difference in opinion between the administering agency and the local Health Officer, the local Health Officer's view shall prevail.

PROCEDURE

- I. Disposal of biomedical waste.
 - A. The biomedical waste shall be labeled with an 18" strip of black and yellow tape. This tape shall be placed across the middle of the clear bags prior to removing the waste from the dispensary.
 - B. Biomedical waste shall be placed in a locked dumpster.
 - C. The deputy in charge of trash detail shall ensure that all biomedical waste is placed in the locked dumpster/trash container.

- II. Disposal of biohazardous waste:
 - A. The medical staff is responsible for the disposal of all biohazardous waste generated by the medical unit which includes but is not limited to
 1. Needles
 2. Syringes
 3. Scalpels
 4. Sharps
 - B. The medical staff will provide guidance to sheriff's non-medical personnel regarding appropriate cleaning and handling of biohazardous waste in the facility.
 1. SHARPS CONTAINERS are leak-proof, rigid, puncture-resistant containers which when sealed cannot be reopened without great difficulty.

MEDICAL WASTE

SUBJECT: MEDICAL WASTE
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2. These containers must be labeled either "biohazardous" or "infectious waste."
 3. Labels must show the producer's name, address, and phone number, readily visible for inspection.
 - a. Detention facility name
 - b. Address
 - c. Phone number
 4. All disposable needles, syringes, and sharps shall be discarded after each use without clipping, cutting, or capping; place needle point down, in red sharps containers.
 - a. Staff shall securely cap red sharps container and replace the sharps container with a new, empty, labeled container when sharps container is $\frac{3}{4}$ full.
 - b. Storage: After the container is securely capped and prior to pick up by a permitted Biohazardous Waste Hauler, place the sharps container within a locked storage area and label "Biohazardous Waste."
- C. Biohazardous Waste shall be placed in biohazardous bag.
- I. BIOHAZARD BAG means red disposable plastic bags which are impervious to moisture and have strength sufficient to preclude ripping, tearing, or bursting under normal conditions or usage and handling of the waste filled bags.
 - a. Bags shall be red in color and conspicuously labeled with the international biohazard symbol and the "BIOHAZARD".
 - b. All red biohazardous bags must be managed as biohazardous trash.
 - c. Each bag shall be constructed of material of sufficient single thickness strength to pass the 165-gram dropped dart impact resistance test as prescribed by Standard D 1709-75 of the American Society for Testing and Materials and certified by the bag manufacturer.
 - d. Bags shall be securely tied to prevent leakage or expulsion of solid or liquid wastes during storage, handling or transport.
 2. Bagged trash shall be taken to the locked storage area and placed in a covered container.
- III. Storage Area/Pick Up
- A. A BIOHAZARDOUS WASTE SIGN SHALL BE POSTED IN English "CAUTION-BIOHAZARDOUS WASTE STORAGE AREA –UNAUTHORIZED PERSONS KEEP OUT" and in Spanish, "CUIDADO-SON DE RESIDUES (INFECTADOS) PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS". Warning signs shall be readily legible during daylight from a distance of at least 25 feet.
 1. Picked up by a Permitted Biohazardous Waster Hauler includes needles, syringes, sharps and red bagged biohazardous waste.
 2. Infectious waste shall be picked up at least every 60 days or as needed.

MEDICAL WASTE

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

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RELATED SECTIONS: DSB P&P: M.41; MSD P&P: I.1
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1206, S.D. COUNTY ORDINANCE #7556

- a. When storage containers are filled prior to the scheduled pick up date, notify permitted biohazardous waste hauler requesting an additional pick up immediately. Notify infection control of such requests.
3. The driver shall present a receipt to nursing supervisor/designee to be signed. A copy of the receipt shall be retained on-site by nursing supervisor/designee and a copy shall be sent to medical administration.

Implemented: 4/91

Reviewed: 4/1/94, 1/29/96, 9/17/96, 9/17/97, 9/18/02, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 8.11.09, 2/24/11, 2/8/12, 2.27.13, 9/19/19, 1/10/22, 11/4/22

Revised: 3/18/92, 5/24/95, 9/18/98, 8/11/99, 7/31/00, 8/10/01

MEDICAL WASTE

SUBJECT: MEDICAL WRISTBANDS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.M.9
PAGE: 1

RELATED SECTIONS: DSB P&P: 1.47, & M.21.
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1206

PURPOSE:

To provide identification for special medical needs.

POLICY:

A medical wristband will be utilized when the health of an inmate could be adversely affected if the inmate is exposed to simple physical stress.

DEFINITION:

Special medical needs. Conditions which include but are not limited to the following

Physical disabilities

Medical condition(s) which limit physical activity

Pregnancy

PROCEDURE:

- I. Medical staff shall enter a corresponding instruction (FLAG) in TechCare to reflect the patient's physical restrictions.
- II. Medical wristbands shall be recommended by medical staff for patients with special medical needs.
- III. The red wristband shall be applied by a deputy and worn on the wrist.
- IV. Pregnant patients will be identified by the housing unit's wrist band color with red stripes.
- V. Plastic fasteners are available for patients who may potentially use the metal for self-injury or are allergic to metal fasteners.
- VI. All other identification wristbands usage shall follow DSB P&P: 1.47 Inmate Identification Wristbands.

Implemented: 1996

Reviewed: 9/17/96, 9/19/97, 8/11/99, 7/31/00, 8/10/01, 9/18/02, 8/18/03, 8/9/04, 8/12/05, 7/30/07, 7/9/08, 8/11/09,
2/23/11, 2/8/12, 9/20/19, 11/4/22

Revised: 3/18/92, 4/1/94, 5/24/95, 1/29/96, 9/18/98, 7/31/06, 2/27/13,
12/23/15, 1/10/22

MEDICAL WRISTBANDS

SUBJECT: MENTALLY DISORDERED
INDIVIDUALS– EMERGENCY
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.M.10
PAGE: 1

RELATED SECTIONS: DSB P&P: J.7; MSD P&P: I.3 & S.1.
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1206, 1209, 1052; PC4011.6, WIC 5150.

PURPOSE

To provide off-site transportation guidelines for the mentally disordered patient needing access to health care.

POLICY

All patients shall be provided with adequate and timely transportation services to meet their medical and mental health needs.

RECOMMENDED PROCEDURE

- I. Any patient who is believed to be a danger to self, or a danger to others, or gravely mentally disabled shall be assessed by a Qualified Mental Health Professional (QMHP) for housing recommendations /options.
 - A. Gravely Mentally Disabled shall refer to any individual:
 1. Who is believed to be a danger to self or a danger to others, OR
 2. Who does not appear to be able to provide for their own personal needs such as eating, showering and toileting, OR
 3. Who does not appear to be sufficiently lucid to comprehend the fact of their detainment or incarceration.
 - B. If the patient is a danger to themselves or others, the patient should be evaluated by the facility gatekeeper or QMHP, and a consult should be made to the psychiatrist within 24 hours.
 - C. Detention facilities not having psychiatric services shall arrange for the transportation of the patient to a detention facility with the availability of inpatient psychiatric services for evaluation by a QMHP for the Inmate Safety Program for possible safety cell placement.

MENTALLY DISORDERED INDIVIDUALS

SUBJECT:	MENTALLY DISORDERED INDIVIDUALS– EMERGENCY	DATE:	11/4/2022
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.M.10
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	2

RELATED SECTIONS: DSB P&P: J.7; MSD P&P: I.3 & S.1.
 IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1206, 1209, 1052; PC4011.6, WIC 5150.

D. In the event the patient needs to be transported to a detention facility with psychiatric services or possible ISP placement,

1. Staff will document in the patient's medical record and send any completed forms with the patient. Confidentiality of the medical records must be maintained while in transit.

II. The detention psychiatrist will determine if the patient meets Welfare & Institution Code (W&I) 5150 criteria. The evaluating psychiatrist shall complete a W&I 5150 form and refer patient for admission to W/PSU.

III. If the detention psychiatrist determines that the patient does not meet W&I 5150 criteria:

A. The psychiatrist will "clear" the patient.

B. The patient shall be transported back to the original detention facility or referred to JPMU.

IV. When safety cell in the facilities with psychiatric services are full and a patient is in need of safety cell placement, the patient should be transported to SDCPH-EPU for an evaluation per 4011.6 Transportation Form.

When the patient needs to be moved off-site for evaluation, nursing staff shall complete an "Emergency Mental Evaluation" form for this transfer in compliance with P.C. 4011.6.

V. When a patient with acute psychiatric symptoms is scheduled to be released from detentions, medical staff will notify SDCPH-EPU prior to transporting for evaluation and completion of W&I 5150 by a QMHP, or in their absence sworn staff will complete the W&I 5150.

Implemented: 2/94

Reviewed: 9/19/96, 7/31/00, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08 ,7.21.09, 2/27/13, 9/20/19, 11/4/22

Revised: 4/1/94, 5/24/95, 1/29/96, 8/11/99, 8/10/01, 9/18/02, 3/5/07, 2/24/11, 2/8/12, 2/01/22

SUBJECT: MOBILE BOOKING
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.M.11
PAGE: 1

RELATED SECTIONS: DSB P&P: H.14; MSD P&P: I.3
IN COMPLIANCE WITH: CCR Title 15, Section 1207

PURPOSE

To establish guidelines for medical services responding to a request for mobile mass field booking.

POLICY

The Sheriff's Department maintains the capability of remotely accepting arrestees for planned operations or incidents involving mass-arrest. Medical Services Division (MSD), acting as a member of the mobile booking team, will be available to respond to any request for mobile mass booking.

PROCEDURE

- I. Activation/Notification (In the event of a **PLANNED INCIDENT**)
 - A. MSD's Medical Administrator and/or Director of Nursing will be advised in advance
 - B. Assignments for the planned booking will be done through MSD's administration and in conjunction with Detention Services Bureau (DSB), Law Enforcement Bureau (LEB) and/or Court Services Bureau (CSB).
 - C. If a planned event were to be scheduled on the weekend, the weekend supervising nurse will be advised.
- II. Medical response team (In the event of a **SPONTANEOUS REQUEST**)
 - A. In the event of a spontaneous request authorized by the DSB Operation Area 2 Commander, the Prisoner Transportation Detail (PTD) Lieutenant or Sergeant will be notified and will communicate with MSD.
 - B. The Medical Administrator and Nursing Director will be notified.
 - C. Registered Nurses (RNs) assigned at SDCJ who are currently on duty, will be assigned: One (1) RN per shift will respond with the mass booking team for any mass booking activities.
 - D. The relief of staff will coincide with the shift change schedule of the mass booking team.
 - E. If a spontaneous event were to occur on a weekend, the weekend supervising nurse will be advised.
- III. Medical Screening
 - A. The intake screening will be asked of all detainees/arrestees as noted in TechCare. If TechCare is not accessible, paper forms will be kept in one of the service bags.
 - B. If there is a positive answer to any of the questions, further information will be asked and all answers documented in the medical record.
 - C. Sign and date in the signature area (if a paper form is used).
 - D. Based on nursing assessment, determine if the arrestee is appropriate for acceptance to a booking facility, not necessarily SDCJ, and can tolerate a potential wait to a detention facility.

SUBJECT: MOBILE BOOKING
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

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RELATED SECTIONS: DSB P&P: H.14; MSD P&P: I.3
IN COMPLIANCE WITH: CCR Title 15, Section 1207

E. If there is any reason for the arrestee to be refused, the arresting officer is responsible for transporting arrestee to a hospital or County Mental Health (CMH) for clearance and then to a booking facility for re-evaluation for acceptance.

IV. Maintenance of supplies and equipment

A. Supplies housed at medical administration for those **PLANNED INCIDENTS**

1. Two medical response kits will be available for use by the responding RNs.
 - a. Response kits will be housed at the administrative offices of MSD's.
2. The MSD training department will be responsible for maintaining the bags housed in administration.
 - a. A checklist of the contents and the inventory will be kept in the MSD training department.
 - b. Monthly inventory of the medical response kits will be done by a member of the MSD training department staff. Expectations of the monthly inventory check includes insuring all equipment is in working order, insuring that quantities of supplies coincide with the inventory list, insuring a binder of current SNP's be available, and restocking of all expired medications.
 - c. The medical response kits for the mass booking activities will be stored in a safe and accessible area as determined by MSD.
 - d. When not in use, the response kits will remain locked.

B. Supplies housed at SDCJ for those **SPONTANEOUS REQUESTS**

1. Two medical response kits will be available for use by the responding RNs.
 - a. Response kits will be housed at SDCJ
2. The SDCJ nursing staff will be responsible for maintaining the bags housed at SDCJ
 - a. A checklist of the contents and the inventory (enclosed) will be kept in the facility.
 - b. Monthly inventory of the medical response kits will be done by the charge nurse or designee. Expectations of the monthly inventory check includes insuring all equipment is in working order, insuring that quantities of supplies coincide with the inventory list, insuring a binder of current SNP's be available, and restocking of all expired medications.
 - c. The medical response kits for the mass booking activities will be stored in a safe and accessible area as determined by the facility.
 - d. When not in use, the response kits will remain locked.

V. Documentation

- A. All information collected/gathered in the field shall be entered in TechCare
- B. All copies of paperwork received of the arrestee's record shall be scanned into the medical record.

SUBJECT: MOBILE BOOKING
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DATE: 11/4/2022
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 PAGE: 3

RELATED SECTIONS: DSB P&P: H.14; MSD P&P: I.3
 IN COMPLIANCE WITH: CCR Title 15, Section 1207

Logging into JIMS for the Mobile Field Booking Unit

1. *MiFi Card On*
 Turn on your MiFi card before you begin the login process on the laptop.

2. *Encryption Log-in*
 First hit the Tab key on the laptop so that you can see the characters as you type in the password. Activate the laptop by carefully typing in this password on the encryption screen (notice that the first character is a dollar sign, not an “S”—typing in an incorrect password five times will make the laptop unusable for the current operation): **\$heriffDsb1850**

3. *Laptop Login*
 When you log into the laptop the username will probably already be present, in which case you will only need to type in the password:
 Username: **shuser**
 Password: **Sheriff01**

4. *MiFi Connection*
 Within a minute your laptop will automatically connect to the MiFi—you should notice a flash in the lower right-hand corner showing the connection.

5. *Portal Login*
 Open an Internet connection by accessing the Portal icon; or, if the icon is not present, open an Internet connection and access the portal by typing in this address: **https://portal.sdsheiff.net**
 Provide your usual Sheriff’s system user name and password and hit Submit.
 Hit the link to JimsTerm01.
 When the warning from the Remote Desktop Connection appears, hit Connect.
 When the “No Privacy” Warning appears, hit OK. (You will see a tab at the top of the page.) When the “Log On to Windows” note appears, make certain the “Log on to” line is set to **SDSHERIFF**.
 Provide your usual Sheriff’s system user name and password and hit OK. Click on the JIMS icon and log into JIMS with your usual JIMS username and password.
 Click on the TechCare icon and log into TechCare with your usual username and password.

Implemented: 5/18/04
 Reviewed: 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 8/11/09, 2/28/11, 9/19/19 6/22/04, 11/4/22
 Revised: 1/28/13, 9/15/16, 1/13/22

SUBJECT: MEDICATION PASS SECURITY
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.M.12
PAGE: 1

RELATED SECTIONS: DSB P&P: M.18, M.19, M.35; MSD P&P: P.1, P.5
IN COMPLIANCE WITH: CCR Title 15, Section 1216

PURPOSE

To provide security and order during medication pass in the sheriff's detention facilities.

POLICY

Deputies and nurses will collaborate to ensure that patients shall receive medications in an organized and supervised manner. patient shall ingest "Watch Take" medications as directed.

PROCEDURE

- I. Deputies will assist medication nurses by providing patient supervision during routine medication pass. In rare and exigent circumstances, as determined by the watch commander/facility supervising nurse, the nurses can do routine medication pass without the assistance of a deputy or delay medication pass.
- II. The medication nurse(s) will advise the attending deputy when a patient is being given a "Watch Take" medication. Deputies will make themselves available to assist the nurse in supervising all patients being given "Watch Take" medications.
- III. Inmates on "Watch Take" will be required to take medications with water in order to ensure the deputy and the nurse that the patient has ingested the medication.
 - A. "Watch Take" medications include, but are not limited to:
 1. Tuberculosis
 2. Seizure
 3. Psychotropic
 4. Controlled Drugs
 5. Ultram (Tramadol)
 6. Neurontin
 7. Coumadin
 8. Flexeril
 9. Robaxin
 10. Esgic
 11. Benadryl
 12. HIV Meds
 - B. Any medication that the patient is suspected of cheeking, hoarding, and/or selling.
 - C. A thorough check for ingestion of a medication includes direct visualization of an patient's open mouth while lifting his/her tongue, checking the contents of the patient's drinking cup as well as the patient showing the nurse/deputy his/her open hands.

MEDICATION PASS SECURITY

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: MEDICATION PASS SECURITY
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.M.12
PAGE: 2

RELATED SECTIONS: DSB P&P: M.18, M.19, M.35; MSD P&P: P.1, P.5
IN COMPLIANCE WITH: CCR Title 15, Section 1216

D. The medication nurse(s) will advise the deputy if a patient is suspected of cheeking, hoarding, and/or selling his/her medication.

- IV. Sworn staff shall notify medical staff if a patient is discovered to be cheeking, hoarding, and/or selling any medication and shall document in an inmate status report or rule violation report.

Implemented: 11/20/06
Reviewed: 5/25/07, 7/30/07, 7/9/08, 8/11/09, 2/23/11, 2/8/12, 9/20/19, 1/10/22, 11/4/22
Revised: 5/25/07, 2/8/12, 5/3/13, 9/15/16

MEDICATION PASS SECURITY

SUBJECT: MEDICAL OBSERVATION BEDS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.M.13
PAGE: 1

RELATED SECTIONS: M.5, N.3
IN COMPLIANCE WITH: CCR Title 15, Section 1206, 1208

PURPOSE

To provide criteria for placement and management of inmates housed in Medical Observation Bed(s) (MOB).

POLICY

The physical environment of each MOB housing unit differs in each detention facility and is used for multiple purposes to include MOB patients, Boarders, and Classification placements.

Patient's admitted to MOB will have a 24 hour individualized care plan. This care plan will be initiated by the nursing staff and will identify the patient's needs/problems, interventions and anticipated outcomes.

PROCEDURE

I. MOB

- A. Medical staff will monitor and document the MOB patient's condition as determined by medical and/or psychiatric needs.
- B. Medical staff will complete the Medical Admission Record form on admissions to MOB in TechCare.
- C. Medical staff will monitor for signs of life such as patient's behavior, patient movement, chest rise & fall, etc. every hour and document that hourly checks were made in the MOB in a JIMS encounter at end of shift.
- D. Frequency of vital sign monitoring and intake/output is based on the nurses' assessment of the patient's clinical need or physician's order.
- E. Psychiatric and physician evaluation(s) of these patients should occur when clinically indicated.
- F. A nursing assessment of the problem for which the patient is admitted to MOB is required with documentation in the patients medical record. Documentation is required (with a minimum of every 24 hours) or more often as clinically indicated, based on nurses' clinical judgment and/or MD/RNP order.
- G. Medical care required by MOB patients that exceed the services available in the detention facility(ies) will be provided with off-site care appropriate to his/her needs.
 1. Transfers to off-site medical facilities are the result of collaboration between the provider, the off-site facility, the Sheriff's Medical Director the sheriff's supervising case manager, facility nursing staff, and sworn staff.
- H. Patients returning from a hospital/emergency department will be admitted to MOB if clinically indicated.
- I. Patients requiring IV therapy will be admitted to MOB.

MEDICAL OBSERVATION BEDS

SUBJECT: MEDICAL OBSERVATION BEDS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

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RELATED SECTIONS: M.5, N.3
IN COMPLIANCE WITH: CCR Title 15, Section 1206, 1208

- J. Patients experiencing severe symptoms of withdrawal from drugs and/or alcohol or other medical conditions concurrent with psychiatric conditions, should be considered a high risk for suicide:
 - 1. When a patient is in acute alcohol withdrawal.
 - a. Nursing staff will follow all associated SNP's for medical condition.
 - 2. When an patient is in acute drug withdrawal.
 - a. Nursing staff will follow all associated SNP's for medical condition.
 - 3. If the patient has had previous suicide attempts.
 - 4. Nursing care specific to the patient that is suicidal in MOB.
 - 5. Medical staff should schedule for (next day) psych sick call.
 - 6. Direct observation of patient every 60 minutes by nursing staff or more frequently based on the acuity of patient's condition will be performed. The patient will be observed a minimum of every 30
 - 7. Observation times should be staggered so that they do not coincide with the security checks by sworn staff.
 - 8. Documentation of the nurse's observations should include, but not be limited to:
 - a. Assessment of self-harming behavior
 - b. Respiratory status
 - c. Nausea/vomiting
 - d. Unsteady gait
 - e. Signs and symptoms of delirium tremens
- II. Isolation housing placement criteria:
 - A. Patients suspected of having a communicable disease that meets criteria necessitating segregation from other patients will be placed into medical isolation.
 - B. Single occupant negative air flow rooms are available at SDCJ, GBDF, LCDRF and VDF.
 - C. A positive pressure room is available at SDCJ and LCDRF for immune compromised patients as determined by MD.
- III. Boarders
 - A. Boarders are considered to be inmates needing accommodations that cannot be provided in other jail housing. Boarders will follow the usual and customary sick call procedure.
 - B. The criteria for a boarder will include but is not limited to:
 - 1. Orthopedic patients include but are not limited to those with casts, crutches, canes, walkers or have wheelchairs.
 - 2. Patients using C-Pap machines who are medically stable. Note: GBDF has a unit for this population.
 - 3. Patients using medically indicated equipment which poses a security risk (e.g.. Tens unit, Perma cath, etc.).

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: MEDICAL OBSERVATION BEDS
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RELATED SECTIONS: M.5, N.3
IN COMPLIANCE WITH: CCR Title 15, Section 1206, 1208

4. Patients who have disabilities that require handicap accommodations but not direct nursing care.

IV. Administrative segregation

- A. Administration Segregation (Ad-Seg) placement in a MOB unit will be determined by the Sheriff or a Sheriff's designee. This classification requires deputy intervention and deputy documentation.
- B. An Ad-Seg placement is considered a "boarder" and will follow the usual and customary sick call procedure.

Implemented: 06/25/08
Reviewed: 07/09/08, 2/7/12, 2/15/13, 9/20/19, 11/4/22
Revised: 06/16/09, 2/28/11, 11/30/16, 1/10/22

SUBJECT: NOTIFICATION OF NEXT OF KIN/LEGAL
GUARDIAN
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.N.1
PAGE: 1

RELATED SECTIONS: DSB P&P: M.7 & M.5; MSD Operations Manual: C.2 & M.1
IN COMPLIANCE WITH: CCR, Title 15, Sections 1206 & 1218, HIPAA

PURPOSE

To provide a continuity of the dissemination of medical information to the relatives, legal guardian and significant others when a patient has become seriously injured, gravely ill or in danger of dying while in custody.

POLICY

It shall be the responsibility of each detention facility watch commander to notify the patient's next of kin, legal guardian or emergency contact of grave medical illness, life threatening injuries, hospitalization or death while in the custody of San Diego Sheriff's Department.

PROCEDURE

- I. In the event a patient is gravely ill or seriously injured
 - A. When a patient has sustained a serious injury, is gravely ill or has any condition where the potential of maintaining life is questionable, the supervising nurse or designee of medical services shall notify the detention facility's watch commander, director of nursing, chief medical officer, and medical administrator /captain.
 - B. The watch commander shall notify via phone the next of kin, legal guardian or emergency contact in accordance with Detentions P&P: M.5 Medical Emergencies.
 1. Patient's attorney shall not be contacted unless designated emergency contact.
 2. Inquiries made by attorneys shall be referred to Medical Records Unit (MRU) for disclosure of information.
 3. Depending on nature of the illness or injury which may necessitate a visit to local Emergency/Urgent Care Department of a hospital, the following individuals shall also be notified:
 - a. Detention facility supervising nurse- in their absence notifies nursing director or designee, who will notify the chief medical officer and medical administrator /captain.
- II. Hospitalized patients.
 - A. Hospital staff will notify medical services managed care group (MCG) staff of patient's health status following admission to hospital.
 - B. In the event hospital does not provide notification, MCG staff shall:
 1. Contact the corresponding inpatient case manager during office hours.
 2. After office hours, weekends, & holidays, detention facility medical staff will call the charge nurse or bedside nurse at the hospital and request a health status report of admitted patient as needed.
 - C. Any contact with hospital staff shall be documented on patient's medical records as follows:

NOTIFICATION OF NEXT OF KIN/LEGAL GUARDIAN

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: NOTIFICATION OF NEXT OF KIN/LEGAL
GUARDIAN
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.N.1
PAGE: 2

RELATED SECTIONS: DSB P&P: M.7 & M.5; MSD Operations Manual: C.2 & M.1
IN COMPLIANCE WITH: CCR, Title 15, Sections 1206 & 1218, HIPAA

1. Date and time contact was made
 2. Name of person calling or contacted.
 3. Name of hospital/organization calling
 4. Phone number where this person was reached or can be reached
 5. Name of doctor attending patient, if available
- D. Notification to watch commander (who in turn will notify next of kin/legal guardian).
- E. Phone calls made by the next of kin, legal guardian or emergency contacts shall be referred to facility watch commander.
- III. In Case of Death
- A. Refer to DSB P&P: M.7 Inmate Death and MSD Operations Manual: Death of an Inmate.
 - B. Notify the supervising nurse of the detention facility, nursing director, chief medical officer and medical services administrator /captain who will notify the bureau commander assigned to MSD any time of the day a death occurs.
 - C. Follow the same documentation as described in Section II of this policy including the following data:
 1. Date and time patient was pronounced deceased.
 2. Name of provider that pronounced patient deceased
 3. Notification to watch commander (who with the homicide team supervisor and/or medical examiner will decide who will notify the next of kin pursuant to DSB P&P: M.7 Inmate Death.
- IV. Confidentiality
- A. All communications with hospital staff, physicians, and watch commander shall be professional and patient's medical information confidentiality shall be maintained at all times.
 - B. Any inquiries, other than those authorized to receive information, shall be referred to the supervising nurse or designee, and Health Information Management (HIM).
 - C. Inquiries from the press and/or any other media inquiries are to be referred to watch commander or medical services administrator.

Implemented: 12/89

Reviewed: 9/17/96, 8/10/01, 8/18/03, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 8/19/09, 2/24/11, 2/8/12, 2/27/13, 9/20/19 ,

Revised: 11/4/22

3/20/92, 2/26/93, 4/1/94, 5/24/95, 1/29/96, 9/19/97, 9/18/98, 8/11/99, 7/31/00, 9/18/02, 8/9/04, 9/15/16, 1/13/22

NOTIFICATION OF NEXT OF KIN/LEGAL GUARDIAN

SUBJECT: NURSING GUIDELINES
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.N.2
PAGE: 1

RELATED SECTIONS: MSD Operations Manual: S.7
IN COMPLIANCE WITH: CCR Title 15, Sections 1204 & 1206; CA Nursing Practice Act, Section 2725

PURPOSE

To establish guidelines for the proper execution of nursing care procedures with the intent to establish criteria for the performance of specific nursing functions.

POLICY

- I. Nursing guidelines are available for all Medical Services staff on the Sheriff's Medical SharePoint.
- II. Nursing guidelines will be developed through collaboration with health professionals involved in patient care and in accordance with accepted standards of practice.
- III. Nursing guidelines shall outline steps to be followed in specific nursing tasks and shall include, but not limited to:
 - A. Equipment/Supplies needed
 - B. Procedure sequence/method/technique
 - C. Patient education
 - D. Documentation
- IV. Guidelines shall be reviewed every other year or sooner if indicated for compliance with currently accepted standards and revised accordingly.

Implemented: 9/18/98
Reviewed: 8/11/99, 7/31/00, 8/10/01, 9/18/02, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 2/24/11, 2/13/12, 2/27/13, 10/13/16, 9/19/19, 1/14/22, 11/4/22
Revised: 9/18/98, 8/18/03, 8/19/09

SUBJECT: NURSING DOCUMENTATION
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.N.4
PAGE: 1

RELATED SECTIONS:
IN COMPLIANCE WITH:

PURPOSE

To provide a standard for nurses to document health information.

To ensure that the patient's health information is complete and communicated correctly.

To provide information that will afford continuity of the patient's care.

POLICY

The nursing staff will document accurate, concise, clear and pertinent information in a timely, sequential and permanently retrievable manner.

Documentation will include the patient's medical or psychological condition(s) as evidenced in the nurse's assessment/observation, the patient's, individual need(s), the nursing intervention(s) specific to those needs and outcomes.

Nursing documentation will be in accordance with professional standards of their licensing agency.

METHOD OF DOCUMENTATION

Depending on the facility and specialized unit, documentation can be hand written or electronically generated.

FREQUENCY OF DOCUMENTATION

- I. Frequency in charting is dependent on the placement and acuity of the patient.
 - A. MOB
 - B. PSU
- II. Frequency of documentation is dependent on the event. Documentation shall be done but not limited to:
 - A. Admissions to MOB or PSU
 - B. Discharge from MOB or PSU
 - C. Transfers
 - D. Emergencies or mandowns
 - E. Post op
 - F. Changes in the patient's condition
 - G. Failure to meet the expected outcomes.

NURSING DOCUMENTATION

SUBJECT: NURSING DOCUMENTATION
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.N.4
PAGE: 2

RELATED SECTIONS:
IN COMPLIANCE WITH:

- III. Mandated documentation requirements in PSU
 - A. A nursing progress note inclusive of vital signs shall be written by all shifts within the first 72 hours of admission unless otherwise indicated by the psychiatrist or clinical picture of the patient.
 - B. A nursing progress note inclusive of vital signs shall be written daily on the following:
 - 1. Patients on 14-day certification.
 - 2. Patients on suicide precaution.
 - C. Patient on “administrative status” shall be documented for the first 72 hours, weekly thereafter a summary shall be written by the nurse unless otherwise indicated.

TYPES OF DOCUMENTATION

- I. Narrative- Documenting the information in a chronological order with assessment, intervention and plan found within the text. This type of documentation is seen upon admission to MOB and/or discharge from a hospital, MOB discharge notes, mandowns, and weekly summaries in the psychiatric units.
- II. Problem oriented-documenting a specific issue.
- III. Most commonly used at MSD, RNSC, Lab and Treatment, MSD's preferred method of documentation is the SOAP format.
 - A. SOAP documentation is organized according to the following headings:
 - S** = subjective data - e.g., how does the patient feel? What is the patient's chief complaint? Subjective can include the patient's description of past illness, conditions or treatment, as well as pertinent family history.
 - O** = objective data - e.g., results of the physical examination/ The patient's general appearance, information from past medical documentation, vital signs and lab results.
 - A** = assessment – e.g., based on the objective and subjective findings, what is the nursing diagnosis.
 - P** = plan – e.g. does the plan stay the same or is change needed? Plan of care includes patient education, follow-up needs.

DOCUMENTING WOUNDS

- I. The following should be included when documenting information regarding a wound:
 - A. Measurement
 - B. Date and time
 - C. Confirmation that a digital picture was taken
 - D. Stage (for decubitus ulcers)
 - E. Treatment/Intervention

SUBJECT: NURSING DOCUMENTATION
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.N.4
PAGE: 3

RELATED SECTIONS:
IN COMPLIANCE WITH:

ELECTRONIC DOCUMENTATION - PATIENT HEALTH RECORD

- I. The utilization of MSD's pre-approved templates can be utilized when documenting, Sobering and Safety Cell Assessments and Alcohol Withdrawal Assessments in TechCare.
- II. The process of "cut and paste" is not allowed.
- III. When documenting and referring to personnel or staff in the medical record; do not write their names, instead, use their ARJIS # along with their title such as "detentions nurse", "detentions supervising nurse", or "clinic deputy"

SUPPLEMENTAL AND LATE ENTRIES

- I. A supplemental entry is defined as an entry made in the health record during that nurse's shift but later.
- II. A late entry is defined as an entry made in the health record after the nurse's regularly scheduled assigned work scheduled has ended.
 - A. Example: An incident occurred while at work and on the way home a nurse remembers that he/she didn't document in the health record. Upon return to the unit the nurse enters a late entry note to reflect the date and time of the incident into the health record. This is necessary because the computerized health record will automatically document the current date and time of the late entry note.

DOCUMENTING TELEPHONE ORDERS/ON-SITE VERBAL ORDERS

- I. Only licensed nurses (RN/LVN) may take verbal orders.
- II. Upon receipt of the order, the licensed nurse will:
 - A. Document the time, date and name of prescribing provider doctor /nurse practitioner (MD/NP)
 - B. Document the MD/NPs order verbatim.
 - C. Confirm understanding of the order by "reading back" the order to the provider
 - D. Document new medical orders by in the patient's chart

Implemented: 1/21/2010
Reviewed: 9/15/16,9/20/19,11/4/22
Revised: 2/24/11, 10/18/12,9/15/16, 1/13/22

SUBJECT: OFF-SITE MEDICAL CLINICS, HOSPITALS, OR
EMERGENCY DEPARTMENTS

CATEGORY: MEDICAL & PSYCHIATRIC SERVICES

DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022

NUMBER: MSD.O.1

PAGE: 1

RELATED SECTIONS: MSD Operations Manual: R.2 & T.1
IN COMPLIANCE WITH: CCR, Title 15, Section 1206

PURPOSE

To establish a consistent method for management of patients transported to and from off-site clinics, hospitals, or emergency departments.

POLICY

All patients who are sent out of the facility for medical care shall have an order for referral and or completion of the Off-Site Consult Request in TechCare.

PROCEDURE

- I. In the event a patient is transported off-site for a specialty medical appointment, emergency department visit or hospital admission, staff will:
 - A. In TechCare either complete an Off-Site Consult Request form or the ER Referral Form. Copy and place appropriate paperwork inside a Specialty Clinic/ER Confidential (J232C) envelope together with a Return to Detention envelope (J232D).
 - B. Nursing staff will inform the transport deputies of any medical precautions to be taken.
 1. This may involve transporting deputies wearing personal protective equipment or precautions for use of some restraints (chains/cuffs) for dialysis/pregnant patients.
 2. Standard and Respiratory Precautions will be discussed with the transporting deputies as applicable.
- II. Upon the patient's return to the facility from a specialty visit, emergency department visit, or a hospital discharge the staff will:
 - A. Process the Discharge Summary Form J232B
 - B. Scan the J232B form and any other pertinent documentation received from the off-site/er/hospital visit into the patient's medical record.
 - C. Review the J232 B form and any other pertinent documentation returned with patient.
 - D. A review of all recommendations accompanying the form will be done by a staff registered nurse and scheduled for the appropriate provider discipline to review(MD/ Psych/Dental).
 1. The registered nurse will verify the orders with the on-call or on-site physician/np prior to transcribing.
 - E. If further appointments are required:
 1. A Medical staff member will schedule the patient for MD/Psych/ or Dental Sick Call.
 - F. Any issues with orders from the specialist or hospital will be forwarded to the charge nurse for resolution.

OFF-SITE MEDICAL CLINICS, HOSPITALS, OR EMERGENCY DEPARTMENTS

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: OFF-SITE MEDICAL CLINICS, HOSPITALS, OR
EMERGENCY DEPARTMENTS

CATEGORY: MEDICAL & PSYCHIATRIC SERVICES

DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022

NUMBER: MSD.O.1

PAGE: 2

RELATED SECTIONS: MSD Operations Manual: R.2 & T.1
IN COMPLIANCE WITH: CCR, Title 15, Section 1206

- III. Additional considerations upon the patient's return from a specialty clinic or hospital will be based on the documentation (J232B form) and the assessed condition/needs of the patient. These needs include but are not limited to:
 - A. Any potential emergency needs
 - B. Appropriate housing with documentation of staff member's reasoning.
- IV. In the event a patient returns without medical report and follow up care instructions, the receiving and/or charge nurse shall:
 - A. Call hospital, clinic, emergency department and request copies of pertinent reports for continuity of medical care.
 - B. Schedule patient to the next available physician sick call as medical condition warrants.
 - C. Notify MSD Managed Care case managers and/or supervising nurse for assistance as needed.

Implemented: 11/91
Reviewed: 9/19/97, 8/11/99, 7/31/00, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 2/24/11, 2/13/12, 2/27/13, 9/6/19, 11/4/22
Revised: 3/20/92, 5/23/95, 1/29/96, 9/17/96, 9/02/97, 9/18/98, 2/19/99, 8/10/01, 9/18/02, 8/18/03, 8/9/04, 7/28/09,
10/13/16, 1/20/22

OFF-SITE MEDICAL CLINICS, HOSPITALS, OR EMERGENCY DEPARTMENTS

SUBJECT: ORGAN TRANSPLANT/S
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.O.2
PAGE: 1

RELATED SECTIONS:
IN COMPLIANCE WITH: CA Health & Safety Code 7152, 7152.1 & 7152.2

PURPOSE

To provide a process for reviewing patients needing an organ transplant or already on organ transplant list.

To provide a procedure for the monitoring of patients entering custody with history of organ transplant.

POLICY

The need for an organ transplant while in custody shall be reviewed by the sheriff's chief medical officer.

PROCEDURE

- I. The physician will make a referral to the sheriff's chief medical officer or designee for review.
- II. The sheriff's chief medical officer or designee will review each case individually for medical necessity based on the current health status, health history, and treatment options with attendant risk, benefits, and mental status.
- III. If the sheriff's chief medical officer or designee deems that the organ transplant is medically necessary, he will request that the onsite physician speak to the patient to explore all available options.
- IV. The sheriff's chief medical officer or designee will make the Sheriff Medical Services Administration aware of the decision for transplant.
- V. Medical administration will notify the command staff as deemed appropriate.
- VI. For patients entering custody who have received organ transplant, staff shall obtain a signed release of information (ROI) to request records from outside provider and coordinate routine monitoring as needed.

Implemented: 8/10/01
Reviewed: 9/18/02, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 2/24/11, 2/13/2012, 2/27/13, 9/6/19, 1/14/22, 11/4/22
Revised: 7/21/09, 11/30/16

SUBJECT: ORIENTATION, IN-SERVICES, AND SECURITY TRAINING
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.O.3
PAGE: 1

RELATED SECTIONS: SDSD P&P: 10.8 Professional Staff Training; DSB.D.15
IN COMPLIANCE WITH: CCR Title 15, Section 1200

POLICY

Training programs shall be provided upon hire and on an on-going basis to staff members of Sheriff's Medical Services Division.

PROCEDURE

- I. Orientation
 - A. The training coordinator or designee shall provide orientation training for all new employees of Sheriff's MSD.
 - B. The facility supervisor/manager or designee shall provide one-on-one training, for job specific to the unit where they will be assigned.
 - C. Orientation to any and all job functions will be for the duration of two (2) weeks minimum and up to six (6) weeks. More time may be necessary depending on the individual's ability to grasp the material.
 - D. In the event of a prolonged absence, the employee will be reoriented to their assignment.
- II. The training coordinator or designee shall provide on-going in-service educational classes to staff members to include but not limited to clinical and correctional aspects of care.
 - A. These programs can be a part of the nursing hours needed for credit for licensure whenever possible.
 - B. Outside experts will also be used to supplement programs, as well as presentations via e-learning, videos and literature pertaining to correctional health care and settings.
- III. Detentions supervising nurse or designee shall provide in-service to security staff members in their briefings as needed on medical matters, or as requested.
- IV. Sheriff's detention personnel shall provide training in security; rules and regulations; emergency routine, such as natural disasters, fire and hostage situations and other situations as pertinent to job. (See DSB.D.15).

Implemented: 7/91
Reviewed: 3/20/92, 4/1/94, 5/24/95, 1/29/96, 9/19/97, 8/10/01, 9/18/02, 7/31/06, 7/30/07, 07/09/08, 10/13/16, 9/6/19, 1/19/22, 11/4/22
Revised: 9/17/96, 9/18/98, 8/11/99, 7/31/00, 8/18/03, 8/9/04, 8/12/05, 7/22/09, 2/24/11, 2/13/12, 3/27/13

SUBJECT: OVER-THE-COUNTER MEDICATIONS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.O.4
PAGE: 1

RELATED SECTIONS: DSB P&P: M.37 & M.15
IN COMPLIANCE WITH: CCR Title 15, Section 1216, California Pharmacy Law: Federal Controlled Substance Act 1970, CFR Title 21, Section 312 pursuant to PC 3502.5

PURPOSE

To allow patients the ability to purchase selected over-the-counter (OTC) medications through commissary stores. Indigent patients requiring medically necessary OTC medication may receive OTC medications via sick call procedure.

POLICY

Designated OTC medications, in their consumer labeled containers, shall be made available through commissary stores for patient purchase.

The list of approved "Over the Counter: medications will be reviewed by Reentry Services and Medical Services annually or sooner when a change is proposed.

This OTC list is subject to approval by the sheriff's chief medical officer and the Patient welfare committee.

PROCEDURE

- I. Patient purchases shall be limited to 1-pack of each OTC medication per week (3-day supply).
- II. To purchase OTC medications from commissary stores, the patient shall use commissary stores request form. Included in this form is a statement advising the patient of their sole responsibility for proper use of these purchased OTC's.
- III. Health staff may revoke, cancel, or put on hold any patient's OTC medication purchasing privileges, whenever it is determined that use of such medications may be detrimental to the medical or mental health of the patient and/or interfere with the medical or mental health treatment of the patient. This can be done by writing such an order and communicating with commissary stores.
- IV. Abuse or misuse of over-the-counter medication of any kind by a patient, shall lead to termination of patient's privilege to purchase such medication from the commissary stores.

Implemented: 11/94
Reviewed: 9/18/98, 8/11/99, 7/31/00, 8/10/01, 9/18/02, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 08/19/09, 2/28/11, 2/13/12, 2/27/13, 9/9/19, 11/4/22
Revised: 9/18/98, 8/14/07, 10/13/16, 1/14/22

SUBJECT: PROSTHESES, ORTHOSES AND OTHER AIDS TO IMPAIRMENT
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.P.7
PAGE: 1

RELATED SECTIONS: MSD P&P: S.3
IN COMPLIANCE WITH: CCR Title 15, Section 1206, 1215, NCCHC J-F-01

PURPOSE

To provide guidelines when a patient presents to booking with their personal prosthesis, orthotic or other aids to impairment. To provide guidelines when a patient requests or a provider considers the ordering of a prosthesis, orthotic or other aids to impairment. To provide guidelines for the housing of patients with clinically indicated prosthetic appliance. To provide guidelines in the event a patient has violated this policy. To define care abilities for those who are medically impaired.

Definitions:

- Prostheses are devices to replace missing body parts such as limbs, teeth, eyes, or heart valves.
- Orthoses are mechanical devices, such as braces, foot inserts, or hand splints, used to support or supplement weakened or abnormal joints or limbs.
- Aids to impairment include, but are not limited to eyeglasses, hearing aids, canes, crutches, and wheelchairs.

POLICY

Patients shall be allowed to keep/wear prescribed prosthesis, orthotic or aids to impairment unless it has been determined that it poses a risk to safety or security. Prostheses, orthoses or aids to impairment may be provided to patients upon request and if medically indicated. If a patient has previously violated the policy and was non-compliant with the use of a prosthesis, orthotic or an aid to impairment, clinical indication for the appliance will be re-evaluated.

PROCEDURE

- I. An Appliance and Prostheses Authorization form is to be completed by a provider to request for a patient's appliance in TechCare. Patients may submit a Sick Call Request (J212) to request evaluation for prosthesis or replacement.
 - A. Providers completing and submitting a prosthesis request will include the following information:
 1. The end dates whenever possible and appropriate.
 2. The follow-up appointment for reassessment of need for the appliance.
 - B. Referrals for appliances may require a review by the Sheriff's Chief Medical Officer, and approval by the Medical Services Administrator.
- II. The removal of an appliance may occur if:
 - A. There is a safety and security concern/violation.
 - B. The patient is found to be non-compliant with prescribed regimen.
- III. In the event an appliance is removed:
- IV. The appliance should be placed immediately in the patient's property.

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: PROSTHESES, ORTHOSES AND OTHER AIDS
TO IMPAIRMENT
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.P.7
PAGE: 2

RELATED SECTIONS: MSD P&P: S.3
IN COMPLIANCE WITH: CCR Title 15, Section 1206, 1215, NCCHC J-F-01

- B. The medical services staff must be notified, and a note will be made in the patients the medical record.
- IV. Appealing the removal of an appliance:
 - A. The patient may appeal such removal by writing an Inmate Request/Grievance, stating the need.
 - B. This written appeal request will be routed to the appeal's officer in the detention facility via the watch commander's office who will decide whether or not the appeal may be granted.
- V. Housing Recommendations:
 - A. Appropriate accommodation for patients with prosthesis, orthotic or aid to impairment will be provided as indicated.

Implemented: 10/90
Reviewed: 9/17/96, 9/19/97, 9/18/98, 8/11/99, 7/31/00, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/31/07, 07/09/08, 2/24/11, 2/27/13, 9/6/19, 11/4/22
Revised: 3/17/92, 10/20/92, 6/4/93, 4/1/94, 5/24/95, 1/29/96, 8/10/01, 9/18/02, 1/24/05, 7/28/09, 2/14/12, 2/24/14, 3/30/17, 1/6/22

PROSTHESES, ORTHOSES AND OTHER AIDS TO IMPAIRMENT

SUBJECT: PSYCHIATRIC STABILIZATION UNIT (PSU)

CATEGORY: MEDICAL & PSYCHIATRIC SERVICES

DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022

NUMBER: MSD.P.8

PAGE: 1

RELATED SECTIONS: MSD.M.3; DSB M.25
IN COMPLIANCE WITH: CCC TITLE 15, SECTIONS 1206, 1208, AND 1209; CA WELFARE AND INSTITUTION CODE (WIC) 5150; PC 1026, 1370, NCCHC J-F-03

PURPOSE

To define the use of Psychiatric Stabilization Unit (PSU).

POLICY

- I. A patient shall be admitted to the Psychiatric Stabilization Unit (PSU) upon the direct order of a Detentions Psychiatrist or the San Diego County Psychiatric Hospital – Emergency Psychiatric Unit (EPU) psychiatrist.
- II. Patients admitted to the PSU shall meet the criteria as defined by the California Welfare and Institution Code 5150 as an involuntary admission or a voluntary patient needing acute psychiatric care. Individuals under Penal Commitment (PC)1370.01 will be admitted to PSU.
- III. Patients under Penal Commitments (e.g., PC 1370 incompetent to stand trial; PC 1026 not guilty by reason of insanity) may be treated in this program, to ensure their stability and safety while in Sheriff's custody.
- IV. All patients admitted to the PSU shall have an initial history and physical completed upon admission and access to medical care as needed.

DEFINITIONS

- I. An LPS (Lanterman-Petris-Short) licensed facility is one that offers a 24-hour psychiatric program for voluntary and involuntary mental health treatment.
- II. PSU is a LPS licensed acute care psychiatric unit whose services are available in the Sheriff's Department located at the San Diego Central Jail for males and the Las Colinas Detention Reentry Facility for females.

PROCEDURE

- I. Admission Criteria - Patient must meet voluntary or involuntary criteria.
 - A. Voluntary Admission Criteria
 1. Must have a psychiatric diagnosis.
 - a. The admitting psychiatrist determines if patient could benefit from inpatient treatment.

PSYCHIATRIC STABILIZATION UNIT (PSU)

SUBJECT: PSYCHIATRIC STABILIZATION UNIT (PSU)

DATE: 11/4/2022

CATEGORY: MEDICAL & PSYCHIATRIC SERVICES

NUMBER: MSD.P.8

DISSEMINATION: MEDICAL SERVICES DIVISION

PAGE: 2

**RELATED SECTIONS:
IN COMPLIANCE WITH:** MSD.M.3; DSB M.25
CCC TITLE 15, SECTIONS 1206, 1208, AND 1209; CA WELFARE AND INSTITUTION CODE
(WIC) 5150; PC 1026, 1370, NCCHC J-F-03

- b. Substance abuse/dependency or mental retardation, in the absence of a major psychiatric condition, does not satisfy the criteria for admission.
 - c. If one of the diagnoses under consideration is a behavioral or personality disorder, that disorder should be associated with self-destructive behavior, significant depression or psychosis.
 - d. If the only associated feature is violent thoughts/actions toward property or individuals, while this is not a reason for psychiatric admission, e.g., antisocial personality disorder Under the WIC, it may merit a discussion between the QMHP and the admitting psychiatrist.
 2. Must be willing and able to accept voluntary treatment.
 - a. Willingness is defined as signed permission that is voluntarily given without external coercion by either members of treatment staff or Stabilization personnel.
 - b. Ability is defined by all three of the following criteria:
 - Awareness of his/her mental condition.
 - Informed of and able to understand, the benefits, risks and alternatives to voluntary inpatient treatment.
 - Understand, knowingly and intelligently can evaluate the information provided; and can participate in voluntary treatment, by cooperating with the treatment team in his plan of care, and by complying with the program rules.
 - B. Involuntary Admission Criteria
 1. Meets Short-Doyle criteria for inpatient care
 - a. Is dangerous to self, dangerous to others, or gravely disabled.
 - b. Advisement of legal status and good cause for incomplete advisements including required subsequent attempts to advise are made and documented.
 - c. Trained staff is available at all times to inform involuntary patients requesting release of right to file Writ of Habeas Corpus, provide and assist with appropriate paperwork and procedures to ensure timely filing.
 2. Civil Commitments
 - a. LPS detentions and certifications according to Welfare and Institutions Code Sections 5150, 5250, 5260, and 5300; e.g., a danger to self, a danger to others or gravely disabled due to a mental disorder and unwilling or unable to consent to voluntary treatment.

PSYCHIATRIC STABILIZATION UNIT (PSU)

SUBJECT: PSYCHIATRIC STABILIZATION UNIT (PSU)
 CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
 DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
 NUMBER: MSD.P.8
 PAGE: 3

RELATED SECTIONS: MSD.M.3; DSB M.25
 IN COMPLIANCE WITH: CCC TITLE 15, SECTIONS 1206, 1208, AND 1209; CA WELFARE AND INSTITUTION CODE (WIC) 5150; PC 1026, 1370, NCCHC J-F-03

- b. Permanent conservatees with written permissions to treat from the conservator. These patients are legally gravely disabled and do not have the right to give voluntary consent to treatment.
 - These patients should be admitted to inpatient treatment on a 72-hour detention until written permission to treat is received from the conservator. The conservator should be contacted immediately by telephone at the time of admission.
 - Patients under temporary conservatorship can only be given medications on a voluntary basis or pursuant to a RIESE hearing also known as medication capacity hearing.
- 3. Civil Commitments Notification - Probable Cause Hearings: (Also known as Certification Review Hearings/RIESE/ Conservatorship/Writ of Habeus Corpus.
 - a. After the patient is placed under a 14 Day Hold, the facility representative, W/PSU staff shall contact Mental Health Office at (619) 450-7829 with the following information:
 - Name and phone number of facility
 - Name of person making the notification.
 - Name and DOB of the patient
 - Criteria, time, and date when 5150 started
 - Criteria for 14 Day hold
 - If the patient requires an interpreter and what language is being requested.
 - b. The patient shall be notified of the 14-Day hold by the facility representative, and be provided with an opportunity to notify his/her family.
 - c. The patient shall be advised of his/her right to legal representation via Jewish Family Services Patient Advocacy Program, and be provided with the ability to contact them for further advice.
 - d. The patient shall be advised that a Review Hearing will take place within 2- 4 days from the time the 14-Day hold was initiated, and that they will have the opportunity to represent their case in front of a Court Commissioner who shall determine if the patient has the necessity to continue under and involuntary hold with the W/PSU.
- 4. Penal Commitments

SUBJECT: PSYCHIATRIC STABILIZATION UNIT (PSU)

DATE: 11/4/2022

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**RELATED SECTIONS:
IN COMPLIANCE WITH:** MSD.M.3; DSB M.25
CCC TITLE 15, SECTIONS 1206, 1208, AND 1209; CA WELFARE AND INSTITUTION CODE
(WIC) 5150; PC 1026, 1370, NCCHC J-F-03

- a. PC 4011.6 – these are court orders for evaluation of an individual's mental state initiated by a judge or watch commander who has probable cause to believe the individual in custody, as a result of a mental disorder, is a danger to self, others, or gravely disabled. It is identical to a 5150 referral but is occurring within a custody setting. It only orders evaluation, not treatment. If involuntary treatment is indicated, then the individual should be placed on LPS detention and certification.
 - b. PC 1370.01 – these are individuals found incompetent to stand trial and are legally involuntary patients until found restored to competency by the court.
 - c. PC 1026 – these are individuals found not guilty by reason of insanity and are legally involuntary patients until found restored to sanity by the court. These individuals shall continue the program of treatment. W/PSU will provide adequate stabilization, and to the greatest extent possible, minimize any interference with the patient's usual program of treatment. If the NGRI patient is treated as an outpatient, the safety of the patient and the general population must be ensured to the full extent possible. P.C. 1026.2 (b) are either traveling to or coming from Atascadero, Patton or Camarillo State Hospitals.
 - d. Other penal commitments (P.C. 2960, P.C. 1608, WIC 6300) also are legally involuntary patients and may be treated in PSU.
- C. Patients not meeting criteria for W/PSU admission – voluntary or involuntary are referred to appropriate detention services for follow up care.

II. Admission Criteria Exclusions

- A. Patient may not be admitted to the PSU if they have any of the following problems that cannot be medically managed in the unit:
 1. Contagious illness/disease
 2. Being treated for, or withdrawing from, drug addiction or alcohol intoxication.
 3. Serious medical illness or injury
 4. Or any of the following:
 - Mental Retardation (IQ < 70) without an acute psychiatric illness.
 - Organic Brain Syndrome without acute psychiatric symptoms.

III. Admission Procedures

PSYCHIATRIC STABILIZATION UNIT (PSU)

SUBJECT: PSYCHIATRIC STABILIZATION UNIT (PSU)

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RELATED SECTIONS: MSD.M.3; DSB M.25
IN COMPLIANCE WITH: CCC TITLE 15, SECTIONS 1206, 1208, AND 1209; CA WELFARE AND INSTITUTION CODE (WIC) 5150; PC 1026, 1370, NCCHC J-F-03

- A. A qualified professional conducts a face to face assessment of the patient presented pursuant to 5150 prior to admission.
- B. Patient shall receive a psychiatric evaluation as soon as possible after admission, or within 24 hours, whatever time period comes first.
- C. Patients admitted in W/PSU shall receive the treatment and care his/her condition requires for the full period that he/she is hospitalized.
- D. All consents for treatment should be on file in the patient's chart.
- E. Informed consent from the patient or conservator shall be obtained for psychotropic medications, refer to MSD.P.9 Psychotropic Medication.
- F. Patient shall be given a copy of the patient's rights handbook, notifications and advisements.
- G. All information given to the patient that are not limited to patient's rights, notifications, advisements, treatment and services are communicated in a language and modality accessible and/or understood by the patient.

IV. Medical Orders

- A. All patients admitted to the W/PSU shall have admission, medication, treatment and restriction orders written by a psychiatrist.

V. Medical Care

- A. A nursing assessment shall be completed within 24-hours of admission.
- B. A medical physical examination shall be done within 24-72 hours of admission.
- C. Interdisciplinary care plan shall be initiated by the admitting nurse within 24 hours of admission and be completed by the seventh (7) day.
 1. Subjective, Objective, Assessment and Plan (S.O.A.P) notes is the preferred method of documentation; however, narrative progress notes may be written for the inpatient charts.
 2. The entry shall reflect the acuity level of the patient's mental health needs, behavior displayed, problem, clinical intervention and results as indicated.
- D. Medical staff shall notify the watch commander when the medical needs of any suicidal W/PSU patient requires that he/she be housed in the medical observation area rather than the W/PSU.
- E. The watch commander shall be notified of any patient movement out of the W/PSU to any other area of the jail.

PSYCHIATRIC STABILIZATION UNIT (PSU)

SUBJECT: PSYCHIATRIC STABILIZATION UNIT (PSU)

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VI. Aggressive/ Violent Behavior

- A. A Registered Nurse will assess the patient being admitted for the following:
 - 1. Patient's triggers and/or precipitants to aggressive behaviors.
 - 2. Patient's preferred de-escalation techniques.
 - 3. Patient's pre-existing medical conditions, limitations or disabilities that constitute risk factors in the use of Seclusion and/or Restraints.
 - 4. Patient's history of trauma, including physical and/or sexual abuse.
- B. The Registered Nurse will document pertinent information gathered on the Face Sheet or Initial Multi-Disciplinary Treatment Plan.

VII. Suicide Precaution

- A. Suicide precautions may be initiated on a patient in PSU/WPSU if indicated based on clinical presentation.
- B. Patients on involuntary status or on voluntary status waiving their rights with indication for suicide precaution will be placed in a close watch cell (aka observation cell) within the unit. If a patient on voluntary status does not agree with the treatment plan, the patient may be placed on an involuntary hold or discharged from the unit and placed into the inmate safety program (ISP). See MSD.S.10 Suicide Prevention and Inmate Safety Program for details.
- C. A patient placed on suicide precaution shall have their clothing, wristband and property removed. All patients placed on suicide precaution will be issued a safety mattress, safety garment, shower shoes, and two safety blankets. The above items mentioned may be removed at the direction of a psychiatrist, PSU clinical staff and/or sworn staff if used for any other purpose than intended. A denial of rights form is completed based on the patient's right being denied at the time until right is restored.
- D. Patients placed on suicide precaution in the unit will be monitored by intermittent direct visual observation not to exceed fifteen (15) minute intervals.
- E. Shaving, bathroom and shower observation may also be performed while on suicide precaution.
- F. Hygiene items will be provided as needed and immediately returned after use.
- G. Document all observations in the following areas until suicide precaution is discontinued:
 - 1. Patient Rounds Sheet
 - 2. Electronic Health record
 - 3. End of shift report

SUBJECT: PSYCHIATRIC STABILIZATION UNIT (PSU)

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H. A psychiatrist shall assess the need to continue suicide precaution every twenty four (24) hours. Only a psychiatrist can discontinue suicide precaution measures.

I. See DSB.M.25 Psychiatric Stabilization Units for additional details regarding cell and meal conditions.

VIII. Close Observation

A. If PSU/WPSU medical staff or a psychiatrist determines a patient requires closer observation but does not have suicidal or homicidal ideation's, the patient will be placed in a close watch cell (aka observation cell). The patient can keep their clothes and property. The patient can be cleared by PSU/WPSU medical/clinical staff.

B. PSU/WPSU observation cell beds are to be utilized only for patients admitted to PSU/WPSU. Observation cells are not to be utilized by NON-PSU/WPSU patients.

IX. Discharges

A. Voluntary Patient

1. Voluntary patients who are evaluated by the psychiatrist or requested to be discharged and/or no longer require an acute level of services will be discharged from W/PSU.
2. This includes patients who will benefit from continued services that can be managed by detentions outpatient psychiatric services (DOPS) community resources if they leave custody, or those who do not require further mental health services.

B. Voluntary patients, who remain acutely and mentally ill after being released from custody, shall be transported to EPU. Release of patient's property is conducted in compliance with detention services bureau's policies & procedures.

1. These patients, secondary to a mental disorder, may still be considered a danger to self, danger to others, or gravely disabled.
2. The request for an Application for 72 Hour Detention under Welfare & Institution Code 5150 shall be completed by a qualified mental health professional (QMHP) staff prior to transfer to EPU. In the absence of a QMHP, sworn staff shall complete the application for 72 hour detention (5150) form.
3. Discharge paperwork transported to EPU with the patient will include:
 - a. Psychiatric assessment
 - b. Discharge plan
 - c. Pertinent notes
 - d. Medication list

C. Medical staff shall notify EPU of the impending transfer of the patient.

1. The Watch Commander shall be notified to facilitate transport.

PSYCHIATRIC STABILIZATION UNIT (PSU)

SUBJECT: PSYCHIATRIC STABILIZATION UNIT (PSU)

DATE: 11/4/2022

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2. The transporting deputy will transport patient to EPU delivering the patient and required documents to the psychiatrist. The deputy must remain with the released patient until a safe and orderly transfer of services is completed and the psychiatrist on duty releases the deputy from further standby duties. If the psychiatrist decides not to uphold WIC 5150, the deputy may return to jail without any further obligation to the released patient.
3. Release from custody of a voluntary patient, the psychiatrist shall order discharge medications in accordance with MSD P&P: Psychotropic Medication and MSD P.2: Pharmacy Contract Prescription Service.

D. Involuntary Patient

1. Involuntary patients may be discharged from W/PSU to other appropriate facilities when they are no longer detained for legal commitments or no longer require acute involuntary treatment.
 - a. These services may include state hospitals, community based psychiatric facilities, and/or other penal institutions directed by their commitments.
2. Release from custody of an involuntary patient shall be referred to the EPU for evaluation and possible admission.
3. Documents accompanying the patient shall include
 - a. Legal hold documents
 - b. Psychiatric assessment
 - c. Discharge plan
 - d. Pertinent notes
 - e. Medication list

DI. Retain a copy for the Sheriff's medical records file.

1. All discharges from W/PSU
2. Medications while in W/PSU shall be discontinued by the psychiatrist upon discharge from the unit.
3. A discharge summary shall be written by the psychiatrist upon discharge from W/PSU.

DII. Patients referred to DOPS

1. The psychiatrist shall give orders to DOPS for continuation of mental health treatment, and these shall include:
 - a. Recommended housing
 - b. Medications
 - c. Follow-up clinics

SUBJECT: PSYCHIATRIC STABILIZATION UNIT (PSU)
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G. Release to other jurisdiction

1. Release to a state mental hospital or prison, the nursing staff shall complete a confidential transfer summary and attach supportive medical and legal documentation for continuity of psychiatric and medical care.
2. If patient is released from custody prior to completion of WIC 5150, they shall be transported to EPU for further evaluation. EPU shall be notified of this pending transfer and the 5150/5250 paperwork shall accompany patient upon transfer to EPU.
3. If the psychiatrist at EPU after assessing the patient does not believe patient meets criteria under WIC 5150, patient may be released from care or offered voluntary treatment if psychiatrist believes patient can benefit from care.

H. Forensic Evaluation

1. Sheriff's Medical Services staff does not provide Forensic Evaluations directly related to the patient's legal proceeding (i.e. Incompetent to Stand Trial, Not Guilty By Reason of Insanity, and pre-sentencing recommendations).

X. Staffing- The following are the assigned staff in W/PSU:

- A. Psychiatrist
- B. Detentions Supervising Nurse
- C. Charge Nurse
- D. Registered Nurses
- E. Medication Nurse
- F. Licensed Vocational Nurse (LVN)
- G. Mental Health Clinicians
- H. Recreational Therapist
- I. Clerical Support
- J. Sworn Staff

Implemented: 8/11/1999
Reviewed: 7/31/2000, 8/9/2004, 8/12/2005, 7/30/2007, 7/9/2008, 7/21/2009, 2/28/2011, 2/27/2012, 11/4/22
Revised: 5/10/2000, 8/10/2001, 9/18/2002, 8/18/2003, 7/31/2006, 3/12/2007, 4/26/2007, 8/13/2013, 12/23/2015
7/23/2018, 10/2/2019, 1/24/2022

SUBJECT: PATIENT'S RIGHTS PRESERVATION AND DENIAL
CATEGORY: MEDICAL & PSYCHIATRIC CARE SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 11/4/2022
NUMBER: MSD.P.12
PAGE: 1

RELATED SECTIONS: MSD.P.8, MSD.P.13, MSD.P.17
IN COMPLIANCE WITH: TITLE XV ARTICLE 1 SECTION 3004, CALIFORNIA WELFARE AND INSTITUTIONS ARTICLE 5157

PURPOSE

To maintain and protect the individual's fundamental human, civil, constitutional and statutory rights in accordance with Federal and California State laws.

POLICY

All patients admitted to the psychiatric stabilization unit (PSU) shall be informed of all the rights legally mandated, other than those superseded by facility security measures, and documented in the medical record.

PROCEDURE

- I. Upon admission to the program, patients are notified of their rights, in writing, in a language or modality that they are able to understand.
 - A. The patient is given a copy of the "Patient's Rights Handbook" at the time of admission.
- II. Patients' rights posters are displayed in a prominent area and contain the current phone numbers of the Jewish Family Services Patient's Rights Advocacy Program.
 - A. No patient shall be prohibited from contacting the Patient Advocate Office unless for security reasons (e.g., "lockdown").
- III. Each person admitted as an inpatient to the psychiatric stabilization unit (W/PSU) whether for evaluation or treatment, shall have the right to rights that potentially conflict security/safety measures should trigger the denial of rights analysis with facility. Rights regarding receiving of visitors, making and receiving phone calls and sending and receiving mail and/or access to personal property are not to be earned by the patient or subject to limitation by parent, guardian, or conservator.
 - A. Wear their own clothes, to keep and use their own personal possessions including toilet activities, and to keep and be allowed to spend a reasonable sum of their own money for small purchases. *
 - B. Have access to individual storage space for their private use.
 - C. See visitors each day. *
 - D. Have reasonable access to telephones both to make and to receive confidential calls or to have such calls made for him/her. *
 - E. Have ready access to letter writing materials, including stamps, and to mail and to receive unopened correspondence. *
 - F. Refuse shock treatment
 - G. Seek and receive the services of patient advocate who has no direct or indirect clinical or administrative responsibility for the person.
- IV. A patient's right shall be denied only when there is good cause to believe that the exercise of the specific right would be:
 - A. Injurious to the patient or others; or

PATIENT'S RIGHTS PRESERVATION AND DENIAL

SUBJECT: PATIENT'S RIGHTS PRESERVATION AND DENIAL
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RELATED SECTIONS: MSD.P.8, MSD.P.13, MSD.P.17
IN COMPLIANCE WITH: TITLE XV ARTICLE 1 SECTION 3004, CALIFORNIA WELFARE AND INSTITUTIONS ARTICLE 5157

- B. Infringing upon the rights of others; or
 - C. The facility would suffer serious damage; or
 - D. There is not less restrictive way of protecting the interest in A-C above.
- V. Documentation of denial of rights is to be made at least every 30 days as follows:
- A. Each denial of a patient's/individual's right shall be noted in their treatment record. Documentation shall take place immediately whenever a right has been denied. The notation shall include:
 - 1. Date and time the right was denied.
 - 2. Specific right denied.
 - 3. Good cause for denial of right.
 - 4. Date of review if denial was extended beyond 30 days.
 - 5. Signature of the professional person in charge of the facility or their designee authorizing denial of right.
 - B. The patient/resident shall be told of the content of the notation.
 - C. Each denial of a right shall be documented regardless of the gravity of the reason for the denial or the frequency with which a specific right is.
- VI. Rights cannot be waived by a parent, guardian or conservator.
- VII. A physician's order is necessary to deny the rights of a patient
- VIII. The reason used to justify the denial of rights to a patient must be related to the specific right denied.
- IX. Each denial of a patient's right shall be noted in the patient's record. A "Denial of Rights Form" must be completed and shall be scanned into the medical record. The notation shall include:
- A. Date and time of the right(s) denied
 - B. Specific right denied
 - C. Good cause for denial of right
 - D. Signature of the person denying the right per order of the physician
- X. When a right has been denied, staff shall employ the least restrictive means of managing the behavior that led to the denial. A right shall not continue to be denied when the "good cause" for denial no longer exists. The date a specific right is restored shall be documented on the Denial of Patient's Rights Form.
- XI. A completed Denial of Rights Monthly Report Form is sent to county of San Diego Mental Health Services by designated Health Information Management (HIM) staff.
- XII. Denial of patient rights must be reported in accordance with the procedures delineated in CA Welfare and Institution Code (WIC), Section 5326.
- XIII. Quarterly reports shall be completed by the Sheriff's Health Information Management Unit designated staff in accordance to CA WIC, Section 5326.1.
- XIV. The following are reports that are completed for W/PSU and Detention Outpatient Psychiatric Services (DOPS) as applicable:
- A. "Denial of Rights/Seclusion and Restraint Monthly Report" State of California Health and Human Services Agency form MH 307 (6/2013).
 - B. "Quarterly Report on Involuntary Detentions" State of California Health and Human Services Agency form MH 3825 (2/2013).

PATIENT'S RIGHTS PRESERVATION AND DENIAL

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: PATIENT'S RIGHTS PRESERVATION AND DENIAL
CATEGORY: MEDICAL & PSYCHIATRIC CARE SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

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- C. "Convulsive Treatments Administered – Quarterly Report" State of California Health and Human Services Agency form MH 309 (10/2021).
- D. "Quarterly Report" on Services Provided to Person Detained in Jail Facilities" (DCSH form 1008 (2/2013).

XV. The completed quarterly reports will be forwarded to HHSA Director of Mental Health Services designee (currently SDCPH – Admissions Supervising Clerk) who compiles all County Mental Health Services statistics and sends data to the State of California Department of Mental Health Statistics and Data Analysis and to the JFS Patient Advocacy Program by designated HIM staff.

Implemented:8/13/13

Reviewed: 12/15/15, 9/16/19, 11/4/22

Revised: 11/30/14, 1/24/22

SUBJECT: STAFF TRAINING FOR 5150 CERTIFICATION
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/18/2022
NUMBER: MSD.P.13
PAGE: 1

RELATED SECTIONS: MSD. P.8, MSD. P15
IN COMPLIANCE WITH: WELFARE AND INSTITUTIONS CODE 5150

PURPOSE

To remain in compliance with Welfare and Institutions Code 5150 regarding involuntary evaluation and treatment of acute psychiatric patients.

DISCUSSION

San Diego County Board of Supervisors has determined that psychiatrists, licensed clinical psychologists, emergency room physicians, licensed clinical social workers, licensed professional clinical counselor, licensed marriage and family therapists, marriage family and child counselor and registered nurses who are members of the attending staff of a designated facility may be authorized by the facility's Medical Director to write involuntary holds.

POLICY

The San Diego Sheriff's Department Medical Services Division will adhere to the State of California, County of San Diego, Health Care Agency, and Behavioral Health Services guidelines regarding involuntary treatment of psychiatric patients.

DEFINITION

Attending staff are psychiatrists, clinical psychologists, licensed clinical social workers (LCSW), marriage family and child counselor (MFCC), licensed marriage and family therapists (LMFT), licensed professional clinical counselor (LPCC) and registered nurses (RN) authorized by the facility's Medical Director to write involuntary holds under Welfare and Institutions Code 5150.

PROCEDURE

- I. Only designated attending staff of a designated facility may be certified to initiate involuntary 72-hour holds.
- II. Only those professionals who have received LPS designation and are considered members of attending staff may write 5150s.
- III. Training for 5150 certification is completed by a trainer, as designated by the Medical Director. The trainer maintains education and certification files as mandated by San Diego County and maintains timely designation and re-designation at San Diego Sheriff's Department, Medical Services Division.
 - A. Authorization of designated facility staff to initiate 72-Hour Hold/5150.

SUBJECT: STAFF TRAINING FOR 5150 CERTIFICATION
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

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RELATED SECTIONS: MSD. P.8, MSD. P15
IN COMPLIANCE WITH: WELFARE AND INSTITUTIONS CODE 5150

- B. San Diego Sheriff's Department, Medical Services Division will provide training by a designated county trainer for attending staff as defined above (psychiatrist, psychologist, LCSW, MFCC, LMFT, LPCC and RN).
- C. The designated trainer must have passed a written exam provided by San Diego County mental health program.
- D. San Diego Sheriff's Department, Medical Services Division trainer will consult with the designated County of San Diego trainer for review of training and testing materials.

EXPECTATIONS

- IV. The competence of the above listed staff members will be demonstrated by passing a written exam which has been approved by the Mental Health Director or designee with a score of at least 80%.
- V. For all attending staff designations, the Medical Director will submit in writing to the local Mental Health Director or designee the following information:
 - A. Name of the person.
 - B. A copy of the current license that qualifies for designation.
 - C. Evidence of knowledge of pertinent LPS statutes and patient's rights in the form of a copy of the dated and passed written examination.
 - D. Request for designation of each attending staff signed by the Medical Director (attachment) and the staff.
 - E. The local Mental Health Director will notify the Medical Director, in writing, of attending staff designation status.
 - F. Staff re-designation must occur every five years.

SPECIFIC CIRCUMSTANCES

- VI. Circumstances under which San Diego Sheriff's Department, Medical Services Division designated staff members may place a patient who meets the criteria on a 72-hour hold/5150.
 - A. A new admission to W/PSU Inpatient Services refuses to sign a voluntary admission form and qualifies for involuntary treatment.

SUBJECT: STAFF TRAINING FOR 5150 CERTIFICATION
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
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RELATED SECTIONS: MSD. P.8, MSD. P15
IN COMPLIANCE WITH: WELFARE AND INSTITUTIONS CODE 5150

- B. A current voluntary inpatient is no longer willing to remain on a voluntary status, and the patient meets the criteria for an involuntary hold and the designated attending psychiatrist is not immediately available to evaluate the patient.
- C. A patient in the outpatient service within the San Diego Sheriff's Department detention services requires evaluation to determine if criteria exist for involuntary evaluation and treatment.
- D. A patient in the outpatient service within the San Diego Sheriff's Department detention services hospital requires psychiatric treatment but is unwilling to agree to treatment and qualifies for a 5150.
- E. A patient within the San Diego Sheriff's Department detention services requires emergency transfer to another mental health facility and qualifies for a 5150.

Implemented: 8/13/13
Reviewed: 9/6/19
Revised: 6/23/20, 1/18/22

SUBJECT: PSYCHIATRIC STABILIZATION UNIT-ADMISSION TYPES
CATEGORY: MEDICAL & PSYCHIATRIC CARE SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/31/2022
NUMBER: MSD.P.15
PAGE: 1

RELATED SECTIONS: MSD.P.13, MSD.P.8, DSB.M.25
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1046.

PURPOSE

To provide information regarding the requirements of involuntary and voluntary admissions to PSU/WPSU.

POLICY

When a person, as a result of a mental disorder is a danger to others or to them, or is gravely disabled, they may be admitted involuntarily for a 72 hour Welfare & Institutions Code (W&I) (5150) evaluation and/or treatment. Patients admitted to PSU/WPSU on a voluntary basis must sign a general consent form witnessed by a licensed staff. Admissions to PSU/WPSU are to be referred to the unit's attending psychiatrist. PSU/WPSU admissions recommended by County Mental Health will be directly admitted into the unit.

PROCEDURE

- I. Admission Procedure
 - A. Referring provider will provide patient information to the unit's attending psychiatrist or on-call attending psychiatrist.
 - B. Unit's attending psychiatrist or on-call attending psychiatrist in collaboration with referring psychiatrist will determine admission into the unit.
 - C. Referring psychiatrist will initiate routine PSU admission orders.
 - D. If additional assessment is indicated prior to PSU admission, the unit's attending psychiatrist or on-call attending PSU psychiatrist may request for the patient to be transferred(males) to San Diego Central Detention Facility (SDCJ) and placed into the Inmate Safety Program for assessment and evaluation(ISP) for safety cell placement.
 - E. Upon transfer to SDCJ the patient will be placed into the ISP and evaluated by the Gatekeeper. The PSU attending psychiatrist will perform evaluation for PSU admission.

- II. Involuntary admissions
 - A. An evaluation of the patient shall continue to be provided during admission and appropriate treatment and care given.
 - B. The patient shall be released as soon as the physician determines they no longer need care or treatment, but in any care, must be released after 72 hours unless they sign a request for voluntary treatment.
 - C. In the event the patient is certified for a 14-day period (W&I 5250) of treatment as a danger to self, others, or gravely disabled.
 1. A "probable cause" hearing is required within 4 days of the certification. The patient is informed in a timely manner of their hearings.

SUBJECT: PSYCHIATRIC STABILIZATION UNIT-ADMISSION TYPES
CATEGORY: MEDICAL & PSYCHIATRIC CARE SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/31/2022
NUMBER: MSD.P.15
PAGE: 2

RELATED SECTIONS: MSD.P.13, MSD.P.8, DSB.M.25
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1046.

- D. If after the completion of the 14-day period (W&I 5250) certification, the individual is still a danger to self and does not accept voluntary treatment he/she may be certified for an additional 14-day period (W&I 5260).
- E. Upon completion of a 5250 W&I 14-day period of intensive treatment a patient may be certified for an additional period of not greater than thirty (30) days (W&I 5270) of intensive treatment under both of the following conditions:
 - 1. The professional staff of the agency or facility treating the patient has found that the patient remains gravely disabled as a result of a mental disorder or impairment by chronic alcoholism.
 - 2. The person has been advised of the need for continued treatment but is unwilling or unable to accept intensive treatment on a voluntary basis
- F. Persons who appear to present, as a result of a mental disorder, an imminent threat of physical harm to others or who have threatened or attempted to physically harm another may be certified for an additional 180-day period (W&I 5300).
- G. An involuntary patient detained under certification subsequent to expiration held under temporary conservatorship, may at any time request a Writ of Habeas Corpus. To request a Writ of Habeas Corpus, the patient signs a Request for Release Form (Report to the Superior Court of Request for Release). The court appoints an attorney to represent the patient and the attorney arranges for the Writ and the appearance in court. The patient is seen by the detention psychiatrist who makes the recommendation to the judge for the decision to deny or grant the writ. Patient detained under permanent conservatorship may not file a writ under the authority and provisions contained in the Lanterman- Petris-Short Act, unless there are extraordinary circumstances, but may possibly be entitled to request a conservatorship review hearing under section 5364 of the W&I Code. Patients demanding such a hearing will be referred to the patient advocate or their attorney for assistance.
- H. Persons held under 72-hour (W&I 5150) detention order are not entitled to the special Writ of Habeas Corpus process provided by the LPS Act. Should they allege that due process was not followed in their detention, they may be entitled to judicial review under the Writ of Habeas Corpus provisions of the Penal Code. Persons demanding such consideration will be referred to the patient advocate for advice and assistance in filing the applicable request form; legal representation cannot be provided in such instances at county expense and writs filed under these terms during the 72-hour (W&I 5150) detention period cannot later be converted to writs under the LPS Act.

PSU ADMISSION TYPES

SUBJECT: PSYCHIATRIC STABILIZATION UNIT-ADMISSION TYPES
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 DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/31/2022
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RELATED SECTIONS: MSD.P.13, MSD.P.8, DSB.M.25
 IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1046.

I. Conservatorships (LPS). Persons who are gravely disabled as a result of a mental disorder may have a conservator appointed. The procedure is to initially certify the patient for a 14-day period as gravely disabled at the completion of the 72-hour detention. During the 14 day period a Conservatorship Referral form is filed with the Mental Health Counselor's Office. A conservatorship investigation will take place during this time involving a visit to the patient by the Conservator Investigator, who after discussion with the patient and their family and physician in charge, determines placement. The patient must be held in the PSU/WPSU prior to the establishment of a temporary conservatorship. Placement plans should be communicated to the investigator during conservatorship investigation so that placement can be made in accordance with overall treatment plans. While a patient is under Temporary Conservatorship they shall remain hospitalized in PSU/WPSU.

III. Other types of admissions

A. Court ordered admissions and evaluations:

1. A court order authorizing psychiatric evaluation, and admission if determined necessary by the physician (4011.6).
2. A court order requiring admission and treatment (1370,1370.01). A copy of the court order should remain in the chart and is scanned into the medical record.
3. Conservatorship. A patient on conservatorship may be admitted as determined necessary by the physician. The staff shall contact the patient's conservator to obtain appropriate legal documents (Consent to Treat).
4. Other penal commitments. Patients who are in the sheriff's custody and under penal commits 1026, 2970 and 6300 may be housed and treated in the LPS units, as per the treating physician determination.

IV. Voluntary

- A. If psychotropic medication is to be prescribed, an Informed Consent form must be signed.
- B. If patients admitted on a voluntary status refuse to follow prescribed treatments, the psychiatrist shall be notified and may:
 1. Modify the current orders
 2. Place the patient on appropriate involuntary hold if the patient meets the requirements.
 3. Discharge the patient and refer for appropriate care/follow-up.

PSU ADMISSION TYPES

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V. Documentation

- A. The following issues will be addressed upon admission to P/WPSU: patient's concerns, needs, limitations, physical health needs including assessment and documentation of pre-existing injuries to their person, determination of appropriate bed assignment-i.e. need for private room, proximity to nurse's station, factors affecting roommate selection and safety issues.
- B. Admission package includes the following for: WPSU/PSU forms in TechCare and the Patient's Right's Handbook completed. If paper forms are utilized, they will be scanned into the patient's medical record TechCare. Examples of the forms include: J214 progress note, J220 vital signs/weight flow sheet, J231A PSU nursing assessment, J240 PSU multidisciplinary treatment plan, J242A PSU patient advisement, J242B PSU 24-hour care rules and regulations, J242C PSU patient rules and rights notification, J243 history and physical, J261 informed consent for the use of psychotropic medications, J276 psychiatric admission orders, and J281 PSU activities of daily living.

Implemented: 8/13/13
Reviewed: 9/9/19
Revised: 9/30/14, 2/13/15, 1/31/22

PSU ADMISSION TYPES

SUBJECT: PSU 4011.6 PROCEDURES
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/18/2022
NUMBER: MSD.P.16
PAGE: 1

RELATED SECTIONS: DSB.M.25
IN COMPLIANCE WITH: Penal Code 4011.6

PURPOSE

To ensure that a psychiatric evaluation shall be completed as soon as possible when the courts have ordered P.C. 4011.6 evaluation.

POLICY

When a notification of a court order for a P.C. 4011.6 is received, the patient will have a psychiatric evaluation as soon as possible.

PROCEDURE

- I. Upon receipt of notification of a court order for a P.C. 4011.6, the following must be done:
 - A. Verify court order indicating:
 1. Name of patient, court case number, booking number, and DOB.
 2. Court or judge who issued order.
 3. A faxed court order sometimes has the name of a clerk, court phone and fax numbers present, obtain the same if not present.
 4. Assessments are time-sensitive. They must be completed prior to due date. Every effort must be made to assign the patient to a psychiatric clinic for completion. If unable to complete via regular psychiatric sick call in a timely manner, efforts may include transportation of patient to San Diego County Psychiatric Hospital/Emergency Psychiatric Unit for emergency assessment.
 - B. The charge nurse/designee will schedule evaluation.
 - C. A copy of that assessment shall be forwarded to the requesting court as proof of assessment completion.
 1. In the event assessment is not completed by the due date, the charge nurse at the designated facility must contact the court for further instructions, including a possible time extension for completion. Specific reasons why the court is ordering the evaluation, such as danger to self, others or gravely disables and a written statement.
 2. Determine how the report will be sent to the court, e.g., by mail or facsimile transmission. If any of the above information is not obtained, contact the court as soon as possible and request the same.
 - D. Request for the patient to be brought to sick call for interview. If the patient expressed suicidal or will hurt others, the Gatekeeper should be called for further assessment. If the patient denies their desire to hurt themselves or others, patient can return to their housing module and should be scheduled to be seen by the next available psychiatrist based on the Gatekeeper's assessment and recommendations.

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RELATED SECTIONS: DSB.M.25
IN COMPLIANCE WITH: Penal Code 4011.6

- E. The psychiatrist will complete the evaluation, which will specifically address the written statement on the court order.
 - 1. The evaluation report will be typed following specific court protocol, refer to the template letter.
 - 2. If a psychiatrist is not available in the facility where the court order was received on the due date, arrangements should be made for the individual to be transported to CMH/EPU
- F. The charge nurse at the designated facility will fax the evaluation report with a copy of the court order and will confirm the receipt of report.
 - 1. The name of the judge issuing the court order as well as the court information shall appear on the fax cover sheet.
 - 2. Complete the court order log for the purposes of tracking and following through.
- G. If the court order is received after its due date, the court shall be notified requesting for an extension of the evaluation to be completed.

Implemented: 8/13/13
Reviewed: 2/15/17, 9/6/19
Revised: 1/18/22

SUBJECT: PSU PSYCHIATRIC HOLDS – CIVIL COMMITS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/18/2022
NUMBER: MSD.P.17
PAGE: 1

RELATED SECTIONS: MSD.P.15
IN COMPLIANCE WITH: California Welfare and Institutions Code 5150, 5270, 5352.1, NCCHC J-F-03

PURPOSE

To establish recommended procedures for handling holds and certifying psychiatric patients admitted to PSU/WPSU.

POLICY

Applications for 72-hour (5150) detention are initiated and completed in writing by a peace officer, a member of the psychiatric staff of Sheriff's Medical Services Division, or other professional mental health professionals designated by the MSD Chief Medical Officer.

Prior to certification for a psychiatric hold, the patient is informed of his/her right to remain in the facility on a voluntary basis. The patient is informed in a timely manner of their hearings.

PROCEDURE

- I. 72-hours Hold (5150)
 - A. A 72-hour (5150) detention may be designated on a patient if he/she is considered as a result of a mental disorder, danger to self, danger to others, and/or he/she is considered unable to provide for food, clothing, and/or shelter.
 - B. Pursuant to a 5150 admission, the psychiatrist in charge of the facility, or his/her designee, assesses appropriateness of the involuntary detention as soon as possible, not to exceed 24 hours.
 - C. If the judgment in #2 above is that a person can be served without being detained, the patient is provided evaluation, crisis intervention, or other inpatient or other outpatient psychiatric services on a voluntary basis.
 - D. Patients admitted are properly notified of their rights, in writing, in a language that they understand, or by other means if they are unable to understand the information provided to them.
 - E. Patients are advised in writing (Involuntary Patient Advisement), that they have been placed under a 72-hour detention, and the reasons for the detainment.
- II. 14-day Certification (5250)
 - A. The notice of certification is signed by two PSU staff:
 1. 14-day (5250) certification is initiated by a psychiatrist who has evaluated the patient.
 2. The second signature on the 14-day (5250) certification is by a licensed psychiatrist or licensed psychologist who participated in the evaluation. (If one is not available, the signature of a licensed mental health clinician or RN who participated in the evaluation is allowed).

PSU PSYCHIATRIC HOLDS-CIVIL COMMITS

SUBJECT: PSU PSYCHIATRIC HOLDS – CIVIL COMMITS
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- B. The patient placed on a 14 day (5250) certification is given a copy of the Notice of Certification.
 - 1. The person delivering the copy of the Notice of Certification ensures that the patient is made aware of his/her right to a certification review hearing.
 - a. Upon delivery of the Notice of Certification, patients are informed of their right to seek release via Writ of Habeas Corpus and their right to an attorney, including a court appointed counsel if the 14-day certification hearing was upheld.
 - b. Notices of Certification are signed by the person delivering the document.
- C. PSU/designated staff will notify the Court Services Clerk for scheduling “Probable Cause Hearing.” The court will notify the detention facility of date and time of hearing in compliance with the law.
- D. The patient certified is asked to designate a person(s) whom they wish to be informed regarding the certification and certification review hearing, and reasonable attempts are made by the facility to notify those individuals.
- E. Attendance to the hearing in PSU are:
 - 1. The Patient Advocate.
 - 2. The Hearing Officer.
 - 3. The Patient (who retains the right not to attend).
 - 4. The facility representative (psychiatrist, psychologist, licensed mental health clinician or RN).
- F. The facility representative shall have documented evidence which indicated that the patient was offered voluntary services prior to certification hearing. If not offered, documentation must indicate reason for continued involuntary treatment.
 - 1. The facility representative shall review certification documentation for completeness and accuracy. Any amendment to the original certification conditions requires the psychiatrist’s authorization, and notification of the court commissioner, patient advocate, and patient.
- G. The facility representative presents a summary of the patient’s condition that supports the certification for involuntary treatment. The presentation is given in response to inquiry from the court appointed hearing officer and includes the following data:
 - 1. The basis for certification.
 - 2. A summary of the psychotropic medications currently prescribed, the intended therapeutic effect, any side effects, the start date and the last dose taken. If the patient is refusing medications or they are not prescribed psychotropic medications this should be stated to the hearing officer.
 - 3. Date of admission to PSU.
 - 4. The patient’s AXIS I diagnosis.
 - 5. The reason for admission to PSU.

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6. A summary of the patient's behavior since admission that demonstrated "clear and convincing evidence" that the patient meets the criteria under which he or she has been certified.
 - H. The hearing is convened by the Hearing Officer who audio tape records the proceedings. At the conclusion of the hearing, the Hearing Officer will provide the facility representative a copy of his/her findings. The report is to be stamped with the patient Addressograph and filed in the ADM/LEGAL section of the chart. A progress note charting on the outcome of the hearing should be done by the facility representative during the proceedings. Legal status of the patient should be updated on the census board.
 - I. In the event the 14-day (5250) certification is not upheld, the patient may be continued as a voluntary patient or discharged from PSU.
 - J. In the event the patient condition improves to the extent that he/she no longer meets the certification criteria, the attending psychiatrist may terminate the certification and admit patient as a voluntary patient or discharge from PSU.
- III. Additional 14-day hold for patients considered continued danger to themselves (5260)
 - A. The patient placed on an additional 14-day (5260) hold was either originally detained because they threatened or attempted to take their own life during the 72-hour (5150) or 14-day (5250) holds and they continue to present an imminent threat of taking their own life.
- IV. 30-Day hold (5270) for patients considered gravely disabled following the conclusion of a 14-day certification (5250). See MSD.P.19: PSU – Welfare and Institution Code 5270 for complete policy and procedure on 5270 hold
 - A. Upon completion of a 5250 14-day period of intensive treatment a patient may be certified for an additional period of not greater than thirty (30) days of intensive treatment under both of the following conditions:
 1. The professional staff of the agency or facility treating the patient has found that the patient remains gravely disabled as a result of a mental disorder or impairment by chronic alcoholism.
 2. The person has been advised of the need for continued treatment but is unwilling or unable to accept intensive treatment on a voluntary basis.
- V. 180-day hold patients considered continued danger to others (5300)
 - A. At the expiration of the 14-day (5250) certification, a patient may be confined for further treatment for an additional period, not to exceed 180 days (5300). If the person presents, as a result of a mental disorder, a demonstrated danger of inflicting substantial physical harm upon others, and if one of the following exists:
 1. The patient attempted, inflicted or made a serious threat of substantial physical harm upon the person of another after having been taken into custody for evaluation and treatment; or
 2. The person attempted or inflicted physical harm upon the person of another and that act resulted in his/her being taken into custody; or

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3. The person made serious threat of substantial physical harm upon the person of another within seven (7) days of being taken into custody and that threat, at least in part, resulted in his/her being taken into custody.

VI. Temporary Conservatorship

- A. If it is determined that an involuntary patient who is on a 14-day hold (5250) is likely to qualify for the appointment of a conservator, the conservatorship referral shall be made to the Public Conservator's Office by close of business on the 9th (ninth) day of the 14-day hold to allow time to meet legal noticing requirements (confidential fax line: 858-799-0801).
- B. If it is determined that an involuntary patient who is on a 30-day hold (5270) is likely to qualify for the appointment of a conservator, the conservatorship referral shall be made to the Public Conservator's Office by close of business on the 5th (fifth) day of the 30-day hold to allow time to meet legal noticing requirements (confidential fax line: 858-799-0801).
- C. It is strongly encouraged that conservatorship referrals be made as early as possible during 14 day and 30 day holds to allow time for investigation and meeting legal noticing requirements.
- D. If a 5270 is converted to a temporary conservatorship, the timelines run concurrently for the 30-day period. Any person held involuntarily using any combination of 5270 and temporary conservatorship shall not be held for more than a total of 30 days.
- E. Documentation in medical record shall include an accurate description of patient's behavior, which support the need for continued treatment at the specified level of care.

Implemented: 8/13/13
Reviewed: 6/30/17, 9/6/19
Revised: 9/30/14, 1/18/22

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

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SUBJECT: PRISON RAPE ELIMINATION ACT - INMATE
SEXUAL ABUSE
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 9/14/2021
NUMBER: MSD.P.18
PAGE: 1

RELATED SECTIONS: MSD P&P: MSD.S.6, MSD.M.11, MSD.G.1, PC SECTION 11166
IN COMPLIANCE WITH: ASSEMBLY BILL, DSB.F.16, NCCHC J-F-06, SDSD 6.127

PURPOSE

To standardize procedures and notification for a variety of sexual assault incidents that could be encountered in a detention facility. To follow the Federal regulations mandated by the Prison Rape Elimination Act (PREA).

PRISON - An institution under Federal or State jurisdiction whose primary use is for the confinement of individuals convicted of a serious crime, usually in excess of one year in length, or a felony.

JAIL – A confinement facility of a Federal, State, or local law enforcement agency whose primary use is to hold persons pending adjudication of criminal charges, persons committed to confinement after adjudication of criminal charges for sentences of one year or less, or persons adjudicated guilty who are awaiting transfer to a correctional facility.

--PREA addresses the detection, elimination and prevention of sexual assault and rape in correctional facilities.

POLICY

Medical Services personnel will comply with PREA regulations and policies developed by DSB as it relates to sexual misconduct. Whenever an allegation of sexual assault is reported; whether from an inmate/detainee, volunteer, contractor, Sheriff's employee or outside source, proper notifications shall be made in a timely manner. DSB has a zero-tolerance policy on sexual misconduct towards inmates. Medical Services shall take reasonable steps to ensure meaningful access to all aspects of the Sheriff's Departments' effort to prevent, detect and respond to sexual abuse and sexual harassment to patients who have limited communication, both receptively and expressively. Medical Services Division will follow PREA treatment protocols for medical and mental health treatment follow-up care.

DEFINITIONS OF BEHAVIORS PREA ADDRESSES

A. Nonconsensual sexual acts

1. Contact of any person without their consent, or of a person who is unable to consent or refuse; and

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2. Contact between the penis and the vagina or the penis and the anus including penetration, however slight; or
3. Contact between the mouth and the penis, vagina, or anus; or
4. Penetration of the anal or genital opening of another person by a hand, finger, or other object.

B. Nonconsensual sexual acts

1. Contact of any person without their consent, or of a person who is unable to consent or refuse; and
2. Contact between the penis and the vagina or the penis and the anus including penetration, however slight; or
3. Contact between the mouth and the penis, vagina, or anus; or
4. Penetration of the anal or genital opening of another person by a hand, finger, or other object.

C. Abusive sexual contacts

1. Contact of any person without their consent, or of a person who is unable to consent or refuse.
2. Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person.
3. Excluding incidents in which the intent of the sexual contact is to harm or debilitate rather than sexually exploit.

D. Staff sexual misconduct

1. Any behavior or act of a sexual nature directed toward a patient by an Employee, volunteer, official visitor, or agency representative. Any romantic relationship between staff and a patient is considered sexual misconduct.
Consensual or nonconsensual sexual acts include:
 - a. Intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, arouse, or gratify sexual desire; or
 - b. Completed, attempted, threatened, or requested sexual acts; or
 - c. Occurrences of indecent exposure, invasion of privacy, or staff voyeurism for sexual gratification.

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E. Staff sexual harassment

1. Repeated verbal statements or comments of a sexual nature to a patient by an employee, volunteer, official visitor, or agency representative, including:
 - a. Demeaning references to gender or derogatory comments about body or clothing; or
 - b. or obscene language or gestures.

PROCEDURE

I. PREA Training

- A. Training will address definitions, reporting requirements, signs of sexual violence and providing care for the sexually assaulted patient.
- B. Initial and annual staff training will be required for the following:
 1. All medical staff employed through Sheriff's Medical Services Division.
 2. All newly hired medical staff
 3. All volunteers and student interns
 4. All contracted healthcare staff

II. Prevention Awareness

- A. Signage and brochures regarding sexual assault will be placed in medical areas such as:
 1. Second screening
 2. Clinic areas
- B. Information regarding sexual assault will be in both English and Spanish.
- C. Videos played at the time of the Orientation video will be viewed by all patients.

III. Identification

- A. At the receiving screening,
 1. The nurse will ask the patient
 - a. If they have ever been a victim of a sexual assault either in the community or during a previous confinement.
 - i. In the event the patient admits to being sexually assaulted, the nurse will answer YES to the sexual assault question in the health record.

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- ii. Any report must result in completion of Z01, a PREA Abuse Reporting Consent (Med Form Z01) to be signed by the patient. Signed consent is to be provided to the watch commander. If the patient indicates that they would like to be seen by a mental health clinician schedule them within the next 2 weeks.
 - B. completion of the medical screening, the staff member will immediately advise the watch commander, JPMU and the facility supervisor both by phone and via email.
 - C. Advisement of a sexual assault can occur at any time and is not limited at receiving screening
 - 1. In the event a medical services staff member is advised that a patient has been a victim of sexual assault during their incarceration, the staff member will:
 - a. Advise the watch commander, facility supervisor and JPMU immediately by phone and followed with an email.
 - b. Schedule the patient to be seen by a mental health clinician.
- IV. Screening for at risk individuals can be identified by Medical Services as well. These individuals would be those that:
 - A. Have admitted to being sexually abused while incarcerated in the past.
 - B. Are developmentally delayed (Regional Services).
 - C. Are physically disabled.
- V. Reporting
 - A. A patient may report sexual abuse to any MSD employee, contracted healthcare provider, volunteer or student intern.
 - B. An employee, a contracted healthcare worker, a volunteer or a student intern receiving an allegation of potential or actual sexual abuse from any source, shall immediately contact the watch commander and facility supervisor via phone and

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email. Failure to report the allegations will be subject to disciplinary action.

C. Reporting by a patient of a sexual assault to Medical Services could be by (but not exclusive):

1. A grievance addressed to Medical
2. A sick call request
3. A verbal conversation at the time of med pass
4. A verbal conversation while waiting to see a physician
5. During a counseling session with a mental health clinician.
6. During OBSC
7. While being seen in RNSC or Lab and Treatment

D. If a sexual assault has been reported to a medical the staff member must contact the watch commander and the facility nursing supervisor immediately.

VI. Access to Emergency Medical and Mental Health Services

A. Once a staff member has been advised of a sexual assault, advise the patient NOTTO:

1. Change their clothes
2. Shower
3. Wash their hands
4. Brush their teeth
5. Urinate or defecate until the forensic evaluation has been completed by SART.

B. Medical staff will document the patient's medical history to include:

1. Date and time of reported assault
2. Date and time of the interview
3. If the patient has showered, brushed their teeth, urinated, defecated or changed clothing, staff should advise sworn in an attempt to recover evidence.

C. Onsite medical staff will limit medical care to controlling bleeding when required. All other medical care will be rendered at the emergency medical facility in order to preserve investigative evidence.

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CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 9/14/2021
NUMBER: MSD.P.18
PAGE: 6

RELATED SECTIONS: MSD P&P: MSD.S.6, MSD.M.11, MSD.G.1, PC SECTION 11166
IN COMPLIANCE WITH: ASSEMBLY BILL, DSB.F.16, NCCHC J-F-06, SDSD 6.127

- D. A member of the sworn staff will arrange and transport the sexually assaulted patient together an independent forensic service or hospital offering a Sexual Assault Response Team.
 - 1. Medical care at either the independent forensic service or SART hospital will treat the patient for sexually transmitted diseases and will provide "morning after/Plan B"contraception.

- E. Upon return to the facility, the nursing staff will review paperwork and ensure that the patient has been offered treatment for STD and the "morning after" contraceptive.

- F. The nursing staff will notify the mental health clinician of the patients return to the facility.Crisis intervention will be provided.

- G. Follow-up care for patient victims and the abusers will include but not limited to bothmedical and mental health evaluations.
 - 1. Patient shall not be charged for medical visits as it relates to a claimed sexualassault while in custody.
 - 2. Patient shall not be charged for medical visits as it relates to a claimed sexualassault while in custody.
 - 3. Medical care could include but not limited to:
 - a. Follow-up HIV testing
 - b. Pregnancy testing
 - c. Additional STD testing
 - d. Additional treatment based on the results of STD testing.
 - 4. Mental health clinicians will provide timely follow-up after the initial crisisintervention within 14 days.
 - a. Ongoing care will be determined by the mental health clinician.
 - 5. Mental health clinicians will attempt to conduct a mental health evaluation of allknown patient on patient abusers within 60 days of learning of such abuse.
 - 6. In the event the assaulted patient is transferred prior to a follow-up evaluation, the mental health clinician will contact their counterpart at the transferring facility.

PRISON RAPE ELIMINATION ACT – INMATE SEXUAL ABUSE

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: PRISON RAPE ELIMINATION ACT - INMATE
SEXUAL ABUSE

CATEGORY: MEDICAL & PSYCHIATRIC SERVICES

DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 9/14/2021

NUMBER: MSD.P.18

PAGE: 7

RELATED SECTIONS: MSD P&P: MSD.S.6, MSD.M.11, MSD.G.1, PC SECTION 11166
IN COMPLIANCE WITH: ASSEMBLY BILL, DSB.F.16, NCCHC J-F-06, SDSD 6.127

Implemented: 08/20/13
Reviewed: 9/9/19
Revised: 3/25/14, 10/8/14, 12/31/14,
4/6/15,09/14/2021

PRISON RAPE ELIMINATION ACT – INMATE SEXUAL ABUSE

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: PSU – WELFARE AND INSTITUTION CODE 5270
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 9/30/2014
NUMBER: MSD.P.19
PAGE: 1

RELATED SECTIONS: MSD.P.15; MSD.P.17
IN COMPLIANCE WITH: CCR Title 15, Section 1046, California Welfare and Institutions Code 5270

PURPOSE

To provide continued involuntary intensive treatment for a patient who is gravely disabled following the conclusion of a 14-day certification by initiating a 5270 (30-day hold) according to LPS and San Diego County Board of Supervisor requirements in PSU/WPSU for treating involuntary patients.

POLICY:

Upon completion of a 5250 14-day period of intensive treatment a patient may be certified for an additional period of not greater than thirty (30) days (5270) of intensive treatment under both of the following conditions:

PSU/WPSU professional staff has found that the patient remains gravely disabled as a result of a mental disorder or impairment by chronic alcoholism.

The person has been advised of the need for continued treatment but is unwilling or unable to accept intensive treatment on a voluntary basis.

When a 5270 is initiated as a new hold, it must be signed by the professional person in charge of the facility providing the intensive treatment, and by (if possible) a board-qualified psychiatrist, or a licensed psychologist who has a doctoral degree in psychology and at least five years of post-graduate experience in the diagnosis and treatment of emotional and mental disorders.

The physician or psychologist who signs must have participated in the evaluation.

If the professional person in charge is the physician who performed the medical evaluation and finding, or a psychologist, the second person to sign may be another physician or psychologist, unless another one is not available, in which case a licensed clinical social worker or a registered nurse who participated in the evaluation and finding shall sign the notice of certification.

Any person certified for an additional 30 days (5270) pursuant to this article shall be provided with a Certification Review Hearing unless the patient requested a Judicial Review per Article 5.

The certification form contains the same elements as the form for the 5250 (but can only be used for grave disability).

PSU – Welfare and Institution Code 5270

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: PSU – WELFARE AND INSTITUTION CODE 5270
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 9/30/2014
NUMBER: MSD.P.19
PAGE: 2

RELATED SECTIONS: MSD.P.15; MSD.P.17
IN COMPLIANCE WITH: CCR Title 15, Section 1046, California Welfare and Institutions Code 5270

Copies of the second notice of certification as set forth in Section 5270.25, shall be filed with the court (sent to the confidential fax line at the Counselor in Mental Health [Superior Court]: 619-450-7799) and personally delivered to the person certified. A copy is also be sent to the person's attorney, to County Counsel (confidential fax line: 619-531-6005), to the Public Defender (confidential fax line: 619-338-4847), if any, to the JFS Patient Advocacy (confidential fax line: 619-282-4885) and to the facility providing intensive treatment.

The person certified shall also be asked to designate any individual who is to be sent a copy of the certification notice. If the person certified is incapable of making the designation at the time of certification, that person shall be given another opportunity to designate when able to do so.

PSU/WPSU professional staff providing intensive treatment must analyze the person's condition at an interval of not more than 10days and monitor the person's treatment plan and progress.

Termination of 5270 certification can occur prior to the 30th day per 5270.35, as long as the psychiatrist directly responsible for person's treatment believes the person no longer meets the criteria for certification and involuntary treatment.

Any individual who is knowingly and willfully responsible for detaining a person for more than 30 days in violation of the provisions of Section 5270.35 is liable to that person in civil damages.

Whenever a county designates two or more facilities to provide intensive treatment and the person to be treated, his or her family, conservator, or guardian expresses a preference for one facility, the professional person certifying the person to be treated shall attempt, if administratively possible, to comply with the preference.

The professional person in charge of an intensive treatment facility, or a designee, may permit the person certified for intensive treatment to leave the facility for short periods during the person's intensive treatment.

PSU – Welfare and Institution Code 5270

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: PSU – WELFARE AND INSTITUTION CODE 5270
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 9/30/2014
NUMBER: MSD.P.19
PAGE: 3

RELATED SECTIONS: MSD.P.15; MSD.P.17
IN COMPLIANCE WITH: CCR Title 15, Section 1046, California Welfare and Institutions Code 5270

PROCEDURE:

- I. When a patient is placed on a 5270 30-day hold a new notice of certification is required. It must be signed by the attending Psychiatrist providing treatment. The patient being certified shall be provided a certification review hearing in accordance with Section 5256 unless a judicial review is requested by the person pursuant to Article 5 (commencing with Section 5275).
- II. For purposes of certifying an individual for a 5270, a notice of certification shall be signed by two people. The first person signing the certification shall be a Psychiatrist or a Psychologist with five or more years of experience and certified/designated to initiate a hold. The second person certifying and signing the 5270 30-day hold will be a Psychologist. In the absence of a second psychologist or psychiatrist, a designated Registered Nurse, or a Licensed Clinical Social Worker, will countersign the petition.
- III. The person delivering the copy of the notice of certification to the person shall, at the time of delivery, inform the patient being certified that he or she is entitled to a certification review hearing to be held within four (4) days of the date on which the certification is filed or they may request a judicial review.
- IV. The patient being certified shall be informed of his or her rights with respect to the hearing, including the right to the assistance of another person to prepare for the hearing or to answer questions and concerns regarding her or her involuntary detention or both.
- V. Documentation on the 5270 must include either; "Patient Requests Writ" – followed by signature of licensed staff or "Patient Does Not Request Writ" – followed by signature of licensed staff. If a patient requests a writ, the patient must be provided with a Petition for Writ of Habeas Corpus, and facility staff must assist the patient with preparation of the form, if assistance is needed or requested. The completed form should be faxed to the Public Defender (confidential fax line: 619-338-4847).
- VI. On the first day of the 30-day hold, the facility must call the Superior Court's Office of the Counselor in Mental Health at 619-450-7829, to provide the necessary information to schedule the certification review hearing, (similar to when calling in a request for a 14 day hold hearing). Please provide the following information: Name of caller, facility, phone number, patient's last name, first name, DOB, unit/room/medical floor, doctor's name, grave disability criteria, and request for interpreter/language if needed.
- VII. A copy of the completed 5270 is given to the patient and JFS Patient Advocacy Office (confidential fax line: 619-282-4885).

PSU – Welfare and Institution Code 5270

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: PSU – WELFARE AND INSTITUTION CODE 5270
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 9/30/2014
NUMBER: MSD.P.19
PAGE: 4

RELATED SECTIONS: MSD.P.15; MSD.P.17
IN COMPLIANCE WITH: CCR Title 15, Section 1046, California Welfare and Institutions Code 5270

- VIII. A certification will be for no more than thirty (30) days of intensive treatment and shall terminate only as soon as the psychiatrist directly responsible for the patient's treatment believes, as a result of the psychiatrist's personal observations, that the patient no longer meets the criteria for the certification or is prepared to remain in treatment on a voluntary basis.
- IX. An original or copy of the 5270 remains with the patient upon transfer.
- X. Once any involuntary detention has been initiated a patient may not be detained more than a maximum of 47 days pursuant to W&I Code Section 5150 (3 days), 5250 (14 days) and 5270 (30 days) regardless of the number of days the patient may have been on voluntary status between the initiation of the holds (W&I Code Section 5258).
- XI. Termination of the 5270 may only be determined by the attending Psychiatrist or the Psychiatric Medical Director of the Facility. As soon as the Psychiatrist who is directly responsible for the care of the patient believes, based on personal observation, that the patient no longer meets the criteria for the certification, or is prepared to accept voluntary treatment the attending Psychiatrist must release the patient from the 5270.

DOCUMENTATION:

- XII. The Psychiatrist shall enter their findings in the patient's medical record which will include their findings from their review for the continuation of the 5270 and the need for continuation of the certification will be documented by the treating psychiatrist in the patient's record at least every ten (10) days to establish that the patient continues to meet the criteria for certification as stated in Section 5270.15 of the W&I Code.
- XIII. The Psychiatrist will monitor the patient's treatment plan daily and document progress or lack of progress in the patient's medical record.

ADDITIONAL RIESE (CAPACITY) HEARING:

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: PSU – WELFARE AND INSTITUTION CODE 5270
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 9/30/2014
NUMBER: MSD.P.19
PAGE: 5

RELATED SECTIONS: MSD.P.15; MSD.P.17
IN COMPLIANCE WITH: CCR Title 15, Section 1046, California Welfare and Institutions Code 5270

- XIV. In order to administer antipsychotic medication involuntarily to a patient who is subject to 5270, a Riese (capacity) hearing must be held to determine whether the patient has the capacity to consent or refuse medication.
- XV. Only a patient who has been determined to lack capacity at a Riese hearing may be medicated involuntarily (absent a temporary emergent condition, in which the emergency has been clearly documented).
- XVI. Even if a patient has already had a Riese hearing during a 5150 (72-hour hold) or a 5250 (14-day hold), a new Riese hearing must be held upon the initiation of the 5270, if the intention is to continue to medicate the patient involuntarily.

LEGAL STATUS CHANGE TO TEMPORARY CONSERVATORSHIP:

- XVII. If it is determined that an involuntary patient who is on a 14-day hold (5250) is likely to qualify for the appointment of a conservator, the conservatorship referral shall be made to the Public Conservator's Office by close of business on the 9th (ninth) day of the 14-day hold to allow time to meet legal noticing requirements (confidential fax line: 858-495-5127).
- XVIII. If it is determined that an involuntary patient who is on a 30-day hold (5270) is likely to qualify for the appointment of a conservator, the conservatorship referral shall be made to the Public Conservator's Office by close of business on the 5th (fifth) day of the 30-day hold to allow time to meet legal noticing requirements (confidential fax line: 858-495-5127).
- XIX. It is strongly encouraged that conservatorship referrals be made as early as possible during 14 day and 30 day holds to allow time for investigation and meeting legal noticing requirements.
- XX. If a 5270 is converted to a temporary conservatorship, the timelines run concurrently for the 30-day period. Any person held involuntarily using any combination of 5270 and temporary conservatorship shall not be held for more than a total of 30 days.

Implemented: 09/30/14
Reviewed: 9/6/19, 1/24/22
Revised: Enter Dates

PSU – Welfare and Institution Code 5270

SUBJECT: REPORTABLE DISEASE
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/06/2022
NUMBER: MSD.R.1
PAGE: 1

RELATED SECTIONS: DSB P&P: M.37; MSD Operations Manual: I.1
IN COMPLIANCE WITH: CCR Title 15, Section 1206; Title 17, Section 2500; P.C. 7500, NCCHC J-B-01

PURPOSE

- I. To identify reportable infectious diseases.
- II. To insure that mandated requirements are satisfied.

POLICY

- I. Per Title 17 (section 2500) of Health and Human Services Agency (HHS), all medical providers are mandated to report any of the contagious diseases listed in the Confidential Morbidity Report (CMR).
 - A. It is the responsibility of the infection control nurse to be aware of any changes related to the reportable conditions, listed in the CMR document.
- II. As a representative from Medical Services, the infection control nurse will be responsible for completing the CMR form and forwarding the information to the local public health office.

PROCEDURE

- I. The provider (MD/RNP) is notified through sick call, self-reporting of patient, infection control nurse, and others.
- II. The infection control nurse will receive copies of all lab results from the Public Health Laboratory.
 - A. All positive results will be identified by the infection control nurse.
 - B. The infection control nurse will contact the facility and insure that the condition will be addressed at the next available provider's sick call.
 - C. The medical providers (MD/RNP) will:
 1. conduct a clinical assessment
 2. determine the appropriate treatment
 3. if indicated order a referral to Infectious Disease /Specialty Clinic and document in the patients medical record.
 4. If additional testing or treatment is required, the infection control nurse will continue to follow-up.
 5. The infection control nurse will be the liaison to the different correctional and local healthcare agencies who require additional information on patients.
 - D. The infection control nurse will complete the CMR form (PM110) and fax to the local Public Health Department as indicated in the document.
 1. A copy of the CMR is forwarded to the medical records unit (MRU) for scanning into the electronic medical record.

REPORTABLE DISEASE

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: REPORTABLE DISEASE
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/06/2022
NUMBER: MSD.R.1
PAGE: 2

RELATED SECTIONS: DSB P&P: M.37; MSD Operations Manual: I.1
IN COMPLIANCE WITH: CCR Title 15, Section 1206; Title 17, Section 2500; P.C. 7500, NCCHC J-B-01

- II. In the event testing for a communicable disease is done through a reference lab or while patient is hospitalized, the laboratory or institution is mandated to report these finding directly to the local Public Health Department.
 - A. Once Public Health is notified, if treatment, other testing or patient exposure is determined, the Epidemiology Department will contact Medical Services infection control nurse.
 - 1. The infection control nurse will forward all information gleaned from the Epidemiology Department to Medical Services Division's Administration, concerned supervising nurses and charge nurses of the facility.

Implemented: 5/91

Reviewed: 9/19/97, 9/18/02, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 2/14/12, 2/27/13, 6/30/17, 9/6/19 3/92, 4/94,

Revised: 5/95, 1/29/96, 9/17/96, 9/18/98, 8/11/99, 7/31/00, 8/10/01, 07/01/08, 7/21/09, 2/24/11, 1/6/22

REPORTABLE DISEASE

SUBJECT: REQUEST FOR REFERRAL
CATEGORY: MEDICAL & PSYCHIATRIC CARE SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/06/2022
NUMBER: MSD.R.2
PAGE: 1

RELATED SECTIONS: MSD OPERATIONS MANUAL: M.1 & M.3
IN COMPLIANCE WITH: CCR TITLE 15, SECTION 1206; P.C. 4011, 4023.6, 4028

PURPOSE

To provide guidelines for processing referrals for specialty care.

POLICY

All referral requests will be reviewed by the Managed Care Group (MCG) and a disposition for medical appropriateness will be determined by a physician reviewer utilizing evidence-based criteria.

DEFINITIONS:

- Referrals-an order that is given by a medical provider for another level of care with specialized medical equipment and/or medical specialist.
- Off-Site referrals – referrals indicating a patient need to be scheduled for care outside of the detention facility system.
- On-Site referrals – referral to other providers within the detention facility system.

PROCEDURE

- I. Request for referral
 - A. The requesting provider shall write an order for referral and complete the Off-Site/ Consult Request in TechCare.
 - B. Referrals for Optometry Clinics will be reviewed by the the Sheriff's case manager assigned to COC.
 - C. All other referrals are sent to MCG for review and approval.
 - D. All clinics/appointments requested by physicians shall be reviewed by MCG.
 - E. Authorization for referrals approved, modified, or deferred is determined by the utilization management physician reviewer. This will be communicated to the referring provider.
 - F. Urgent and/or time sensitive referrals for hospital, clinic, testing or procedures will be reviewed accordingly.
 - G. The patient will be scheduled for the clinic appointment in the electronic health record.

REQUEST FOR REFERRAL

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: REQUEST FOR REFERRAL

CATEGORY: MEDICAL & PSYCHIATRIC CARE SERVICES

DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/06/2022

NUMBER: MSD.R.2

PAGE: 2

RELATED SECTIONS: MSD OPERATIONS MANUAL: M.1 & M.3
IN COMPLIANCE WITH: CCR TITLE 15, SECTION 1206; P.C. 4011, 4023.6, 4028

- I. The facility charge nurse or designee shall verify that the patients attended their appointments as scheduled.
- J. After visit summaries and notes are received; they are scanned into the patients medical record, and scheduled for MD/ RNP review via chart check.
- K. Elective procedures will be considered on a case-by-case basis.

II. Appointment scheduling and transportation.

- A. Appointment scheduling and necessary transportation arrangements shall be made by MCG.
 - 1. Court dates and other pending appointments should be checked to ensure there are no conflicts. In the event of a conflict, the Utilization Reviewer physician will determine whether court or clinic takes priority.
- B. In the event the patient is released from custody, refuses clinic, or appointment is rescheduled (prior to the off-site clinic visit), MCG will be notified.

Implemented: 6/95

Reviewed: 7/31/00, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 7/09/09, 7/23/09, 2/24/11, 2/14/12, 2/27/13, 9/6/19

Revised: 1/29/96, 9/17/96, 9/19/07, 9/18/98, 8/11/99, 8/10/01, 9/18/02, 8/18/03, 7/8/04, 7/01/08, 7/28/09, 1/6/22

REQUEST FOR REFERRAL

SUBJECT: RESTRAINT EQUIPMENT
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 01/04/2022
NUMBER: MSD.R.3
PAGE: 1

RELATED SECTIONS: DSB P&P: I.93; MSD OPERATIONS MANUAL: M.1 & R.4
IN COMPLIANCE WITH: CCR, Title 15, Section 1058, 1052, NCCHC J-G-01

PURPOSE

To define medical support for patients placed in restraints.

POLICY

Except for monitoring of patient's health status, health staff does not participate in the placement of restraints on patients ordered by sworn staff. Custody ordered restraints are measures or conditions initiated and applied by custody staff.

PROCEDURE

- I. When restraints are used by sworn staff for security reasons, health staff is notified in order to:
 - A. Conduct an immediate review of the health record for any contraindications or accommodations required, which, if present, are immediately communicated to the watch commander.
 - B. Initiate health monitoring, which continues at designated intervals outlined in Section II as long as the patient is restrained. If the health of the patient is at risk, it will be immediately communicated to the watch commander.
- II. Health monitoring will include but is not limited to the following:
 - A. The patient shall be physically and mentally assessed as soon as possible, but no longer than 30 minutes AFTER health staff is notified of initial placement. Assessment includes vital signs, assessment of patient's medical and mental health status.
 - B. If patient is too combative and refuses to let health staff take vital signs, documentation shall include but is not limited to the following:
 1. Respiratory status to include rate.
 2. Circulation status of all restrained limbs
 3. Neurological status, to include:
 - a. Pupil size and reaction
 - b. Level of consciousness
 - c. Orientation
 4. Appearance:
 - a. Skin integrity
 - b. Trauma signs/symptoms
 5. Behavior:
 - a. Eye contact
 - b. Speech patterns
 - c. Thought process

RESTRAINT EQUIPMENT

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: RESTRAINT EQUIPMENT
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/04/2022
NUMBER: MSD.R.3
PAGE: 2

RELATED SECTIONS: DSB P&P: I.93; MSD OPERATIONS MANUAL: M.1 & R.4
IN COMPLIANCE WITH: CCR, Title 15, Section 1058, 1052, NCCHC J-G-01

6. Other conditions, such as nourishment, hydration, sanitation needs and exercise extremities.
 - C. Health monitoring shall be done and logged twice within 30 minutes. Then every 60 minutes if patient is stable.
 - D. All checks shall be documented in the Observation Log and health record.
 - E. If at any time the patient decompensates, notify the watch commander and activate emergency medical services (911) as needed. Removal from restraint may be necessary for medical reasons. Refer to MSD Operations Manual M.1: Medical Emergencies.
 - F. Document all observations and actions in patient's health record to include time placed in restraint, time seen by health staff, time removed from restraint, and disposition.
 - G. A mental health evaluation by a qualified mental health provider (QMHP) shall be secured as needed. An on-call psychiatrist is available for after-hours consultation as needed.
 - H. The watch commander is responsible for determining the need for the patient's continued retention in restraints. Such retention shall be reviewed at a minimum of every hour. This review shall be a collaborative meeting with the QMHP and facility charge nurse addressing the following:
 1. Patient's behavior in the past hour.
 2. Develop a treatment plan for patient while in restraint chair and after clearance.
 3. The watch commander will determine the need for continued retention at the conclusion of the meeting.
 - I. If the watch commander, in consultation with health staff, determines that a patient cannot be safely removed from restraints after six hours, the patient will be taken to the emergency department (ED) for further evaluation.
- III. For information on restraints and pregnant patients see Detention Services Bureau Policies and Procedure (DSB P&P) section M.38 Inmate Pregnancy.

Implemented: 8/8/93

Reviewed: 9/17/96, 9/19/97, 7/31/00, 8/18/03, 8/9/04, 8/12/05, 7/30/07, 07/09/08, 2/28/11, 2/27/12, 9/6/19

Revised: 11/3/93, 4/1/94, 5/24/95, 1/29/96, 9/18/98, 8/10/01, 9/18/02, 7/31/06, 7/21/09, 10/30/15, 11/15/17, 11/20/20, 1/4/22

RESTRAINT EQUIPMENT

SUBJECT:	RESTRAINTS/SECLUSION FOR PSU AND WPSU	DATE:	11/15/2021
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.R.4
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1

RELATED SECTIONS: DSB P&P: I.93 & M.25; MSD OPERATIONS MANUAL: P.8, & R.3, NCCHC J-G-01
IN COMPLIANCE WITH: CCR TITLE 15, SECTION 1209, 1052; PC 4011.6; WIC 5150; FEDERAL REGISTER NO. 236
DECEMBER 8, 2006

PURPOSE

To establish procedures for the appropriate use of restraints and/or seclusion in the Psychiatric Stabilization Unit (PSU) and Women's Psychiatric Stabilization Unit (WPSU).

POLICY

- I. Restraints and/or seclusion shall be limited for use for those violent or self-destructive behaviors wherein the patient's behavior presents an immediate danger of serious harm to self or others and property.
- II. Physical restraints and seclusion are to be used when it is the least restrictive measure necessary to provide for safety of the patient or others and property.
- III. Restraints and seclusion shall never be used as punishment.
- IV. Safe application and removal of restraining devices will be maintained through annual staff competency training.
- V. Only sworn staff can use handcuffs for escorts. Sworn staff will use the least restrictive means when escorting patients.
- VI. Application of restraints will be done in collaboration with sworn staff.
- VII. Patient placed in restraint and seclusion must be continuously monitored by medical, mental health and sworn staff.
- VIII. A registered nurse (RN) or licensed vocational nurse (LVN) will continuously monitor patients placed in restraints or seclusion.

DEFINITION

- I. **Restraint** is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of the patient to move their arms, legs, body, or head freely; or a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).

- II. **Levels of restraint**
 - A. Two-point restraints are restraints on opposing limbs with a waist restraint.

RESTRAINTS/SECLUSION FOR PSU AND WPSU

SUBJECT:	RESTRAINTS/SECLUSION FOR PSU AND WPSU	DATE:	11/15/2021
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.R.4
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	2

RELATED SECTIONS: DSB P&P: 1.93 & M.25; MSD OPERATIONS MANUAL: P.8, & R.3, NCCHC J-G-01
 IN COMPLIANCE WITH: CCR TITLE 15, SECTION 1209, 1052; PC 4011.6; WIC 5150; FEDERAL REGISTER NO. 236
 DECEMBER 8, 2006

- B. Three-point restraints are restraints on all but one limb with waist restraint.
- C. Four-point restraints are restraints on all four limbs with a waist restraint.

C. **Seclusion** is the involuntary confinement of a person in a room or area where the patient is physically prevented from leaving.

PROCEDURE

- I. Psychiatrist Responsibilities:
 - A. Assess the patient and when imminently necessary, write an order for the use of restraint or seclusion. If restraint or seclusion is needed, a psychiatrist order must be obtained **within one (1) hour of initiation of restraint and/or seclusion.**
 - 1. Orders shall be written for a **maximum of 4 hours** and may only be renewed *(every 4-hours) for up to a total of 24 hours. Orders shall include:
 - a. Date and time
 - b. Method of Seclusion and Restraint
 - 2. All orders are time limited.
 - a. Time-limited orders do not imply that the restraint or seclusion must be applied for the entire length of time for which the psychiatrist order is written, but may be removed prior to expiration date/time of the psychiatrist order or environment based on the patient's behavior.
 - 3. Continuation of restraint or seclusion beyond four (4) hours requires a (Face to Face) reassessment by the RN and an order by the psychiatrist.
 - 4. As soon as clinically indicated, alternate treatment should be attempted with patient's response documented in JIMS.
 - 5. After 24-hours, before writing a new order for the use of restraints or seclusion for the management of violent or self-destructive behavior, a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under § 482.12© of DHHS, Part IV Patient's Rights; Final Rule, and authorized to order restraint or seclusion by hospital policy in accordance to State Law must see and assess the patient.
 - 6. Orders can be obtained from an on-call psychiatrist when the psychiatrist is not on site.
 - 7. A psychiatrist will perform a face to face assessment or a trained RN who has completed the training will be allowed to conduct the required face to face evaluation of the patient within one (1) hour after the

SUBJECT:	RESTRAINTS/SECLUSION FOR PSU AND WPSU	DATE:	11/15/2021
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.R.4
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	3

RELATED SECTIONS: DSB P&P: I.93 & M.25; MSD OPERATIONS MANUAL: P.8, & R.3, NCCHC J-G-01
IN COMPLIANCE WITH: CCR TITLE 15, SECTION 1209, 1052; PC 4011.6; WIC 5150; FEDERAL REGISTER NO. 236
DECEMBER 8, 2006

initiation of restraint or seclusion. The trainings include but not limited to:

- a. Psychiatric Behavior in Custody Training for eight (8) hours, renewable every two years.
 - b. Application of Restraint Training for one (1) hour with demonstration and return demonstration, renewable every year.
8. When a trained RN performs the one-hour-rule evaluation, a psychiatrist shall be consulted as soon as possible.
 9. Orders shall include the type of behavior and the reason leading to the use of restraints or seclusion.
 10. PRN orders shall not be written.
 11. The psychiatrist must evaluate the patient in restraint or seclusion in person within 24 hours of the initiation of restraint or seclusion if the patient is no longer in restraints or seclusion when an original order expires.
 12. If the psychiatrist determines the need to continue seclusion and restraint after completion of the original order (up to 4 hours), the psychiatrist must conduct an in-person evaluation within 24 hours of placement. Face-to-face re-evaluation by the psychiatrist must be within 24 hours of the initial order. The psychiatrist's in-person evaluation may include but not be limited to the following:
 - a) To review the physical and psychological state of the patient
 - b) To determine if whether restraints or seclusion should be continued
 - c) To work with staff to help the patient regain control
 - d) To supply staff with guidance in identifying ways to help the patient regain control so the restraint or seclusion should be discontinued
 - e) To revise the patient's plan of care, treatment and services as needed
 - f) To provide a new order, if necessary

II. Nursing Responsibilities

RESTRAINTS/SECLUSION FOR PSU AND WPSU

SUBJECT:	RESTRAINTS/SECLUSION FOR PSU AND WPSU	DATE:	11/15/2021
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.R.4
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	4

RELATED SECTIONS: DSB P&P: 1.93 & M.25; MSD OPERATIONS MANUAL: P.8, & R.3, NCCHC J-G-01
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 DECEMBER 8, 2006

- A. Registered nurses (RN) may initiate the emergency implementation of restraint or seclusion.
- B. RN will notify the physician immediately and obtain an order for restraint or seclusion.
- C. If a voluntary patient is placed in restraint or seclusion, the patient's legal status must be evaluated by a psychiatrist and determination made regarding change of legal status to involuntary.
- D. The Patient Advocate Office must be notified immediately when a voluntary patient has been placed in seclusion and/or restraints.
- E. The attending psychiatrist must assess the patient's need to change legal status if necessary.
- F. **Emergency implementation of restraint or seclusion may not exceed one (1) hour at which time the written order of a psychiatrist is required.** even if the patient is released before one hour.
- G. RN shall supervise the staff whenever a patient is placed in restraints and shall verify the correct usage and application of restraints.
- H. **The RN or LVN shall monitor the mental and physical status of patient in restraint at least every fifteen (15) minutes** and document on the PSU Seclusion and Restraint Record (J-258A).
- I. A staff member shall maintain direct visual observation at all times when patient is placed in restraints or seclusion.
- J. The staff member involved in restraining the patient will not conduct the observations of the patient when possible.
- K. An initial documentation note is required in the medical record when a patient is placed in restraints and at the time the patient is released.
- L. Documentation is also made each time the level of restraint is modified from the original order and should include the level of restraints used, method of application, and an assessment of circulation and breathing. The documentation shall be completed in the narrative RN section of the PSU Seclusion and Restraint Record.
- M. Interventions utilized before restraint and/or seclusion and the patient's response to interventions shall be documented on the PSU Seclusion and Restraint Record.
 1. An RN must document why alternatives/preferences identified at the time of the initial assessment were not attempted, and/or if attempted not successful in the de-escalation of the patient prior to the initiation of seclusion and restraints.
- N. Fluids and toileting shall be offered to the patient every hour.
- O. Meals:
 1. While in restraints, liquid nutritional supplement shall be served in lieu of meals. Documentation of the intake amount will be recorded on the PSU Seclusion and Restraint Record.

RESTRAINTS/SECLUSION FOR PSU AND WPSU

SUBJECT:	RESTRAINTS/SECLUSION FOR PSU AND WPSU	DATE:	11/15/2021
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DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	5

RELATED SECTIONS: DSB P&P: 1.93 & M.25; MSD OPERATIONS MANUAL: P.8, & R.3, NCCHC J-G-01
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2. While in seclusion, utensils shall be limited to a plastic spoon. No hot liquids will be given. After meals, check that all dishes and spoon are returned. Food intake is documented on the PSU Seclusion and Restraint Record.
- P. Personal hygiene items shall be provided as appropriate.
- Q. Vital signs (blood pressure, pulse, respiration, temperature, pain) shall be obtained following the restraint application, following the administration of STAT medication and every two hours when possible and more frequently if clinically indicated.
- R. The 15 minute checks can be done by either an RN or LVN.
- S. An hourly (check) assessment of the patient will be done by an RN and findings documented in JIMS.
- T. Additional responsibilities for staff when placing a patient in restraints:
1. Apply restraints loosely enough to allow as much freedom as safety permits. Assure that they do not interfere with breathing, circulation or cause pressure areas, numbness, tingling, or pain.
 2. Align the body as normally as possible. Patients placed in physical restraint shall be restrained in the most comfortable position.
 3. Patients with known seizure or movement disorders may be physically restrained only when the Physician's Order includes medical justification for using this restrictive intervention.
 4. In the event of a seizure, remove patient from restraints immediately. Treat medically as indicated.
 5. Two medical staff members shall perform **range of motion exercises every two hours for at least ten minutes on each extremity:** document on the PSU Seclusion and Restraint Record.
 - a. When a patient is in two-point opposing limb restraint with waist restraint, the restraints shall be changed to opposing limbs following the range of motion exercises.
 - b. If for any reason the exercises are unable to be performed, an explanatory notation to that effect shall be documented on the PSU Seclusion and Restraint Record.
 6. Soiled restraints shall be replaced with clean ones.
- U. As soon as restraints have been applied, regular and frequent (**every fifteen minutes**) checks by the RN or LVN for circulation and breathing shall be made. Color and temperature of the restrained hand or foot shall be the basic criteria for determining adequate circulation. Confirmation can be sought by placing a finger under the restraining cuff or by pressing one of the nails.
- V. RN may lessen the level of restraint as the patient's condition improves, but may never increase the level of restraint beyond the psychiatrist's order. Should the patient's condition warrants an increase in the level and/or duration of restraint, the nurse shall obtain a new psychiatrist's order and properly document the

RESTRAINTS/SECLUSION FOR PSU AND WPSU

SUBJECT:	RESTRAINTS/SECLUSION FOR PSU AND WPSU	DATE:	11/15/2021
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RELATED SECTIONS: DSB P&P: I.93 & M.25; MSD OPERATIONS MANUAL: P.8, & R.3, NCCHC J-G-01
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justification for this on the RN narrative section of the PSU Seclusion and Restraint Record.

- W. RN shall ensure that the patient's restraints are reduced and/or discontinued as quickly as condition warrants and the release time is documented on the PSU Seclusion and Restraint Record.
- X. RN is responsible for initiating removal of the patient from physical restraints when the treatment is no longer necessary.
- Y. Document all the patient's rights denied *during* seclusion and/or restraints and document that all patient's rights were restored after seclusion.
- Z. Patient's Rights Denial Monthly Tally Form shall be completed to document individual denials/restrictions imposed.

III. Emergency Release of Patients in a Disaster Situation

- 1. All patients in restraints or seclusion shall be released immediately in the event of fire, earthquake, or other life-threatening disasters.
- 2. Exceptions: During a fire and disaster drills, patients who are in restraints or seclusion do not require release if an RN or sworn staff members has determined that the patient's behavior is unsafe. In such instances, nursing staff shall be assigned to the patient to explain that a drill is being conducted, the restraint will remain in place and the nurse will continue to monitor the patient.

IV. Debriefing

- 1. A review panel consisting of the appropriate parties i.e. mental Health, medical and sworn staff will convene after a restraint or seclusion incident to discuss process, compliance and lessons learned including alternate ways to deal with situation in the future whenever possible.
- 2. Whenever possible, and as appropriate, all patients in seclusion and restraints shall be included in the debriefing process.
- 3. Patients shall not be included in the debriefing of tactical measures used during containment.

Implemented: 8/11/1999
 Reviewed: 8/9/2004, 8/15/2005, 7/31/2006, 7/30/2007, 7/9/2008, 7/21/2009, 9/16/2019
 Revised: 7/31/2008, 8/10/2001, 9/18/2002, 8/18/2003, 9/22/2006, 3/5/2007, 2/28/2011, 2/27/2012, Draft 5/22/2012, 8/13/2013, 12/31/2018, 11/15/2021

SUBJECT: REFUSAL PROCEDURES
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/06/2022
NUMBER: MSD.R.5
PAGE: 1

RELATED SECTIONS: MSD OPERATONS MANUAL: R.5; DSB P&P M.5
IN COMPLIANCE WITH: CCR Title 15, Section 1214

PURPOSE

To develop a standardized procedure when a patient refuses treatment while in custody.

POLICY

Patient may not refuse to be transported to an emergency department if deemed necessary by medical staff and/or sworn staff.

Re-scheduling of onsite clinic appointments will be based on the level of acuity of patient's condition.

A patient who is refusing treatment will be counseled by medical staff of the risks and benefits of such action.

PROCEDURE

- I. Refusal of Emergency Send Out:
 - A. Patient may not refuse to be transported to the emergency department for evaluation if deemed necessary by medical staff and/or sworn staff. Patient will be advised that they will have the opportunity to refuse treatment at the emergency department.
 - B. Provide patient education of the importance of transport to the emergency department and document patient's understanding.
 - C. Notify the facility watch commander of patient's refusal as soon as possible.
- II. Refusals for Offsite and Specialty Clinic Appointments:
 - A. A risk and benefit counseling is to be provided by nursing staff as soon as possible following notification of patient's refusal.
 1. If patient wishes to re-schedule a refused specialty clinic appointment, patient is informed to submit a Sick Call Request form (J212) for an appointment with the physician for an evaluation of current symptoms.
 2. If time permits and it is determined that patient did not refuse, patient may still be able to attend the specialty clinic appointment if prior transportation arrangement is still available. If appointment time has passed and transportation is no longer available, a request for appointment re-scheduling is submitted to the Managed Care Group staff.
 - B. Refusal notification is to be sent via e-mail as soon as possible to the following:
 1. Medical Services Division (MSD) - Managed Care Group
 2. Facility Medical staff - supervising nurse, shift charge nurse and designee.
Facility charge nurse /designee to notify Sheriff's prisoner

REFUSAL PROCEDURES

SUBJECT: REFUSAL PROCEDURES
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/06/2022
NUMBER: MSD.R.5
PAGE: 2

RELATED SECTIONS: MSD OPERATONS MANUAL: R.5; DSB P&P M.5
IN COMPLIANCE WITH: CCR Title 15, Section 1214

transportation unit and corresponding contracted outpatient specialty clinic scheduler.

C. The physician should:

1. Discuss the reason for the off site referral and re-evaluate the symptoms why the patient was referred, this should include the benefit to them versus the medical risk of not going to the appointment.
2. Document in the electronic health record the specifics of the discussion and patient's understanding of the discussion. Documentation of patient's consent or refusal to go to the appointment is to be included.
3. Physician is to complete an off-site /consult request for service and enter in the medical record if patient consents to the recommended specialty care referral.

III. Refusals for Onsite Clinics (MDSC, Mental Health Clinician SC or Dental SC):

- A. Patient shall sign a refusal form for the specific clinic they are scheduled for.
- B. If the patient refuses to sign the refusal form, the nurse if available and deputy shall sign the form.
- C. Document the reason for refusal.
- D. Review chart for acuity of patient's condition, conduct a housing unit round and reschedule for another appointment as needed.

IV. Refusals for Psych SC and NP Psych F/U:

- A. If patient refuses psychiatric sick call, a same-day assessment by a registered nurse is to be conducted to determine reason for refusal and indication for re-scheduling. A signed refusal slip (J223) is to be scanned into the medical record.

V. Refusals for RNSC:

- A. Patient shall sign a refusal of treatment form.
- B. If the patient refuses to sign the refusal form, the nurse, if available, and deputy shall sign the form.
- C. Document the reason for refusal.
- D. Review chart for acuity of patient's condition/request. Based on acuity, conduct a housing unit round and reschedule for another RNSC as needed.

VI. Refusals for Medications:

- A. Patient shall sign a refusal form with the specific medication(s) being refused.
- B. If the patient refuses to sign the refusal form, the nurse (if available) and deputy shall sign the form.
- C. All refusals shall have the reason documented on the form and scanned in the medical record (when a paper form utilized J223).
- D. Patient should verbalize understanding of the above advice and the refusal form should be checked by the nurse.
- E. If the medicine is indicated for a serious medical/psych condition, refer patient to MD/RNP or psychiatrist/PRNP immediately or as soon as possible.
- F. If medication is for TB or STDs, report to infection control nurse.

SUBJECT: REFUSAL PROCEDURES
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/06/2022
NUMBER: MSD.R.5
PAGE: 3

RELATED SECTIONS: MSD OPERATONS MANUAL: R.5; DSB P&P M.5
IN COMPLIANCE WITH: CCR Title 15, Section 1214

- H. The nurse should advise the patient that if he continues to refuse their medication after the above discussion, the order for their medication (except TB medications) may be rescinded/discontinued. Refer to MDSC for a case review if patient is chronically refusing recommended medication treatment.
- I. Instruct the patient to fill out a sick call request if they want to resume treatment.
- VII. Refusals for Labs & Treatment
 - A. Patient shall sign a refusal form for the specific procedure ex. blood draw for Dilantin level, dressing change, etc.
 - B. If the patient refuses to sign the refusal form, the nurse (if available) and deputy shall sign the form.
 - C. The patient should verbalize understanding of the above advise and the refusal form should be checked by the nurse.
 - D. Refusals for CXR (R/O TB) or sputum collection – report to infection control nurse.
 - E. For laboratory tests, the nurse shall inform the patient that if he continues to refuse the lab tests after the above discussion, the order for these tests may be rescinded/discontinued and if wants to resume their treatment, they can contact medical staff.
- VIII. In all instances of refusal, physicians and nurses shall document health education provided and patient's understanding of the counseling.
- IX. Document all encounters in the health record.

Implemented: 3/1/11
Reviewed: 2/14/12, 2/27/13, 9/6/19 12/31/14, 7/14/16
Revised: 1/6/22

SUBJECT: REPORTING LOSS OF CONSCIOUSNESS (LOC)
CATEGORY: MEDICAL & PSYCHIATRIC CARE SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 4/4/2013
NUMBER: MSD.R.6
PAGE: 1

RELATED SECTIONS:
IN COMPLIANCE WITH: CALIFORNIA HEALTH AND SAFETY CODE SECTION 410 TO THE DMV.

PURPOSE

To establish a process to report patients which meet criteria for the above definition set forth by the California Health and Safety Code, Section 410 to the California Department of Motor Vehicles (DMV), via the San Diego County Mental Health Services Department.

Definition of LOC as it relates to detentions:

Conditions either observed or advised of during the patient's incarceration whereby a patient has a lapse of consciousness or an episode of marked confusion. Causation of the experiences in question can include but are not limited to conditions such as neurological disorders, mental disorders, and cardiovascular diseases, dementias, and significant substance use disorders.

POLICY

Physicians and psychiatrists will report patients that have had a loss of consciousness or an episode of marked confusion while incarcerated.

PROCEDURE

- I. Any licensed medical staff member which in the course of their duty discovers an patient meeting the above criteria shall bring this to the attention of the attending physician or psychiatrist, who will determine the need to complete the "Confidential Morbidity Report".
- II. If applicable, the completion of the "Confidential Morbidity Report" will be completed by a physician or psychiatrist.
- III. The patient will be informed that the form has been completed.

Implemented: 10/1/13
Reviewed: 9/6/19, 1/6/22
Revised:

REPORTING LOSS OF CONSCIOUSNESS (LOC)

SUBJECT: SICK CALL
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/05/2022
NUMBER: MSD.S.3
PAGE: 1

RELATED SECTIONS: DSB P&P: M.15: MSD OPERATIONS MANUAL: M.1, S.4 & T.1., NCCHC J-E-07
IN COMPLIANCE WITH: CCR TITLE 15, SECTIONS 1211, 1214

PURPOSE

To provide a process whereby all sick call requests are received and reviewed. To ensure a timely response to all patients needing medical attention. Patients non-emergent health care needs are met.

POLICY

Any patient with a medical, dental, mental health or developmental disability may be identified, by self, deputy, medical staff, family, attorney or advocate referral. Patients shall be assessed, treated, and provided appropriate medical services for illness or injury on a daily basis. Detention Medical staff are available seven (7) days a week for patient's medical care.

PROCEDURE

- I. Routine sick call may be provided in the dispensary or designated area by physician/registered nurse practitioner (RNP) or psychiatrist (MD), dentist (DDS) or registered nurse (RN).
- II. Routine Sick Call Request Forms (J212 and J212S) are available for non-emergency conditions in each housing unit.
- III. Patients shall request routine sick call by completing one (1) Sick Call Request Form.
 - A. Completed Sick Call Request Forms will be placed in the locked medical (red) box located in their common housing area or other area as designated per facility(EM/LC).
 - B. Completed Sick Call Request Forms will be gathered daily by designated health staff.
 - C. Upon receipt of the Sick Call Request form(s) health staff will either date stamp or write the date received.
 - D. Sick Call Requests will be triaged by a RN within 24 hrs. based on record review and initialed by the RN reviewing the request. A face to face nursing assessment is to be conducted within 24 hours of receiving requests. Request for mental health services are triaged and forwarded to Mental Health for review and follow-up.
- IV. Patients with an urgent medical complaint may be referred to health staff at any time.
- V. Referrals to sick call by an RN
 - A. In the event a RN refers a patient to sick call, there will be documentation in the electronic medical record substantiating the reasons for the referral.
- VI. Sick Call Refusals
 - A. If the patient does not appear for sick call, the patient shall sign a refusal of treatment form.
 - B. In the event the patient refuses to sign the refusal form, the nurse and deputy, or two deputies shall sign on the refusal form.

SICK CALL

SUBJECT: SICK CALL
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/05/2022
NUMBER: MSD.S.3
PAGE: 2

RELATED SECTIONS: DSB P&P: M.15: MSD OPERATIONS MANUAL: M.1, S.4 & T.1., NCCHC-J-E-07
IN COMPLIANCE WITH: CCR TITLE 15, SECTIONS 1211, 1214

- VII. Sick Call "No Shows"
A. "No Shows" occur when a patient has court, has an off-site appointment, has been transferred or has been released from custody. In cases such as these, the licensed staff member will review the health record for acuity of patient's condition, document the reason why if known; e.g., court, rolled-ups, etc., and (if still in custody) will re-schedule patient for another sick call.
- VIII. Specialty Refusals
A. Patients scheduled for specialty clinics are all MUST SHOW. In the event a patient refuses the appointment, the nurse may refer the patient back to a provider sick call.
- IX. A sworn staff member will escort patients to the dispensary holding area and will remain there to provide security supervision.
- X. Patients shall be assessed and may receive treatment and medication at sick call according to physician's/RNP orders or Standardized Nursing Procedures.
- XI. Documentation shall be completed in the patient's health record and Sick Call request forms scanned into the electronic medical record.
- XII. Upon completion of sick call, the deputy shall escort the patients back to their respective housing units.
- XIII. Duties for Sick Call:
A. RN/Designee Duties:
1. Review each health record for:
a. The reason for the sick call appointment.
b. Ascertaining that a Consent For Treatment Form had been signed
c. Ascertaining that a full set of vital signs, including weight and height at the time of the appointment.
d. Ascertaining that all recent labs results are available for review.
2. Document date and time patient was seen.
3. Transcribe all Physicians'/RNP Orders as needed.
4. In the event of a facility lock-down or staff shortages, the nurse will reschedule patient's scheduled for sick call.
B. Health providers shall document all assessments and treatments done.

Implemented: 5/90
Reviewed: 9/17/96, 7/31/00, 8/12/05, 7/31/06, 7/30/07, 7/09/08, 2/25/11, 2/14/12, 2/28/13, 9/6/19
Revised: 4/3/92, 7/3/93, 4/1/94, 5/24/95, 1/29/96, 9/19/97, 9/18/98, 8/11/99, 8/10/01, 9/18/02, 8/18/03, 8/9/04, 2/2/09, 6/16/09, 9/30/14, 1/5/22

SICK CALL

SUBJECT: SICK CALL: REGISTERED NURSE (RNSC)
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/05/2022
NUMBER: MSD.S.4
PAGE: 1

RELATED SECTIONS: DSB P&P: M.15, J.3; MSD Operations Manual: C.2, C.5, M.1, S.3 & S.7
IN COMPLIANCE WITH: CCR Title 15, Sections 1211, 1214, NCCHC J-E-09

PURPOSE

To provide a system of adequate response to an patient's health care requests, complaints, or urgent medical problems.

POLICY

Patients shall be provided medical services for non-emergency illness. The registered nurse (RN) sick call shall be conducted as scheduled.

PROCEDURE

- I. Designated health staff shall gather all Sick Call Request Forms from the locked medical sick call boxes (red box) in the patient's common housing area or area as designated per facility (EM/LC).
 - A. Scheduling:
 1. All individual Sick Call Request Forms shall be dated when received by stamp or hand written by a designated medical staff.
 2. An RN shall triage all the sick call request forms received within 24 hours based on record review.
 3. A face to face nursing assessment is to be conducted within 24 hours of receiving requests. Request for mental health services are triaged and scheduled to Mental Health for review and follow-up.
 4. A patient should be advised that their request(s) will be evaluated, and they will be scheduled to be seen by medical staff according to the seriousness of the complaint.
 5. A designated medical staff member will schedule the patient for RNSC.
 - B. RNSC:
 1. The RN will see each patient at a designated medical area in the housing unit or the medical dispensary area.
 2. The RN will assess and treat patient according to Standardized Nursing Procedures (SNP) or refer them to appropriate medical provider.
 3. Patients with a medical problem/complaint which an RN deems urgent, and who have not requested access to sick call via sick call request form, may be evaluated during RNSC.
 - C. Documentation:
 1. The assessment and treatment provided in RNSC shall be documented in the electronic medical record.
 - a. If a patient is NOT seen during RNSC, note reason and designate appropriate follow up.

SICK CALL: REGISTERD NURSE (RNSC)

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: SICK CALL: REGISTERED NURSE (RNSC)
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/5/2022
NUMBER: MSD.S.4
PAGE: 2

RELATED SECTIONS: DSB P&P: M.15, J.3; MSD Operations Manual: C.2, C.5, M.1, S.3 & S.7
IN COMPLIANCE WITH: CCR Title 15, Sections 1211, 1214, NCCHC J-E-09

- b. If a patient is a NO SHOW and the reason is not known, document, and designate the appropriate follow-up.
 - c. If a patient is a MUST SHOW and refuses to come to RNSC obtain a signed Refusal of Treatment.
 2. Multiple individual Sick Call Request may be stapled together, and problems listed addressed on one Sick Call Request form.
 3. All requests are considered legal documents and shall be filed in the patient's medical record. Sick Call Requests should not be filed until there is documentation noting the findings and treatment plan.
 - D. Other assignments during RNSC –Administrative Segregation Assessment and Monitoring
 1. Sworn staff shall notify the charge nurse or designee when placing a patient in administrative segregation. Upon notification, medical staff will do the following:
 - a. Review the patient's medical record to determine whether existing medical, dental, or mental health needs contraindicate the administrative segregation placement or require accommodation. Health staff shall document the review in the patient's health record.
 - b. Initiate health monitoring of the segregated patient.
 2. The frequency of health monitoring will be based on the degree of separation. Documentation of segregation rounds will be made on individual logs, or cell cards, or in the patient's health record, and includes the date and time of the contact, the signature or initials of the medical staff making the rounds.
 - a. Patients under extreme separation with little or no contact with other individuals are monitored daily by medical staff and at least once a week by mental health staff.
 - b. Patients who are segregated and have limited contact with staff or other patients are monitored 3 days a week by medical or mental health staff.
 - c. Patients who are allowed periods of recreation or other routine social contact among themselves while being segregated from the general population are checked weekly by medical or mental health staff.
 - E. Any significant health findings are documented in the patient's health record.
 - F. Health staff promptly identifies and inform sworn staff of patients who are physically or psychologically deteriorating and those exhibiting other signs or symptoms of failing health.
 - G. Health staff informs command staff of the latest scientific information concerning any health effects of segregation.

SICK CALL: REGISTERD NURSE (RNSC)

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: SICK CALL: REGISTERED NURSE (RNSC)
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/05/2022
NUMBER: MSD.S.4
PAGE: 3

RELATED SECTIONS: DSB P&P: M.15, J.3; MSD Operations Manual: C.2, C.5, M.1, S.3 & S.7
IN COMPLIANCE WITH: CCR Title 15, Sections 1211, 1214, NCCHC J-E-09

H. Communication with patients and deputies:

1. If patients in housing unit refuses to remain quiet or cooperate, are verbally or physically abusive, request that the deputy address and control the situation.
2. A patient report may be written by security/nursing staff when patients are uncooperative.

I. Security:

1. A deputy shall accompany, or be within sight and sound of the nurse while sick calls are conducted.
2. Department protocols regarding security and safety will be practiced by the RN.

Implemented: 6/18/91

Reviewed: 9/17/96, 9/19/97, 8/11/99, 7/31/00, 8/9/04, 7/31/06, 7/30/07, 07/09/08, 2/25/11, 2/14/12, 2/28/13, 9/6/19

Revised: 4/28/92, 10/28/94, 5/24/95, 1/29/96, 9/18/98, 8/10/01, 9/18/02, 8/18/03, 7/15/04, 11/1/05, 7/22/09, 9/30/14, 7/31/17, 1/5/22

SICK CALL: REGISTERD NURSE (RNSC)

SUBJECT: SOBERING CELLS: DEFINITION AND USE
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/07/2022
NUMBER: MSD.S.5
PAGE: 1

RELATED SECTIONS: DSB P&P: J.2; MSD Operations Manual: M.1
IN COMPLIANCE WITH: ALDF 2-5207, 2-5225; CCR Title 15, Section 1056, 1213; and CRC Title 24, Section 2-1012 (b), NCCCHC J-F-04

PURPOSE

To ensure sobering cells are used for their intended purpose of protecting the safety of the patients and/or staff.

POLICY

- I. Sobering cells shall be used to hold patients who, by virtue of their state of intoxication, are a threat to their own safety or the safety of others.
- II. Placement in a sobering cell will never be used for disciplinary purposes. See DSB.J.2 Sobering Cells: Definition and Use.

PROCEDURE

- I. Sobering cells at Sheriff's detention facilities are intended to house the following types of patients:
 - A. Patient brought into the facility under the influence of alcohol and/or drugs that, because of their state of intoxication require a protective environment. This excludes patients who have life threatening withdrawal symptoms or need long-term detoxification.
 - B. Patients who are unable to function in regular holding areas or who are unable to complete the booking process due to their state of intoxication.
 - C. Patients who are intoxicated and are in need of special observation in a controlled environment.
- II. Observation:
 - A. A nurse's assessment must be obtained, as soon as possible, after placing a patient in a sobering cell, and no later than 30 minutes after placement. Thereafter, medical staff shall check the patient every 4 hours or sooner if clinically indicated. At a minimum, all patients will receive an evaluation by a responsible health care staff at 12 hours from the time of placement. Document assessment in TechCare Progress Notes and the Patient Observation Log:
 1. The initial assessment as well as the assessment every 4 hours shall be documented using the sobering cell template. It shall include but not be limited to:
 - a. Time notified by sworn staff of placement
 - b. Reason for sobering cell placement
 - c. Vital signs
 - d. Signs and symptoms of intoxication

SOBERING CELLS: DEFINITION AND USE

SUBJECT: SOBERING CELLS: DEFINITION AND USE
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/07/2022
NUMBER: MSD.S.5
PAGE: 2

RELATED SECTIONS: DSB P&P: J.2; MSD Operations Manual: M.1
IN COMPLIANCE WITH: ALDF 2-5207, 2-5225; CCR Title 15, Section 1056, 1213; and CRC Title 24, Section 2-1012 (b), NCCCHC J-F-04

- e. Respiratory status, arousability, response to verbal stimuli, and skin color
 - f. Level of consciousness, orientation, memory, hallucinations, and delusions
 2. Vital signs shall be checked on sobering cell placement, on release, and as clinically indicated.
 3. Inability to obtain vital signs shall be documented.
 4. A patient Observation Log shall be maintained adjacent to the sobering cell.
 5. The nurse shall write their initials, ARJIS #, date, time and observation when checking the patient initially and every 4 hours or sooner if clinically indicated on the Patient Observation Log.
 6. The nurse who did the initial assessment of the patient's placement in the sobering cell shall document also on the Patient Observation Log.
- B. If the nurse notes during observation that the patient's medical and/or mental function is declining, a medical, and when possible a psychiatric consultation should be obtained. The shift charge nurse/physician may make a recommendation to the watch commander to transfer the patient to the emergency department (ED) or place the patient in the MOB unit for further observation and treatment.
- C. In case of a life-threatening emergency, initiate MSD Operations Manual Code Blue: Life Threatening Emergencies (MSD.C.2).
- D. Each on-coming shift charge nurse or designee shall review documentation of observations and patient's condition at the beginning of each shift. This review shall be documented in the patient's health record.
- E. For placement greater than 24 hours:
 1. Obtain a health assessment of the patient by a medical physician to determine if the patient should remain in the sobering cell.
 2. Obtain a psychiatric referral for consultation as needed.
 3. If the nurse notes during observation that a patient's medical and/or mental function is declining a medical and, when possible, a psychiatric consultation should be obtained.
 4. The shift charge nurse/physician may make a recommendation to the watch commander to transfer the patient to the ED or place the patient in the MOB unit for further observation and treatment.

Implemented: 9/16/91

Reviewed: 9/17/96, 9/19/97, 9/18/98, 7/31/00, 9/18/02, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 7/09/08, 2/25/11, 2/14/12, 2/28/13, 9/6/19

Revised: 4/3/92, 2/16/93, 4/1/94, 5/24/95, 1/29/96, 8/11/99, 8/10/01, 3/16/04, 5/8/06, 2/6/07, 2/25/08, 4/13/09, 9/01/09, 6/1/11, 6/30/17, 1/7/2022

SOBERING CELLS: DEFINITION AND USE

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT: MENTAL HEALTH CLINICIANS' FUNCTION - PSU
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/18/2022
NUMBER: MSD.S.6
PAGE: 1

RELATED SECTIONS: MSD OPERATIONS MANUAL: M.5 & P.8
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208; W.I.C. 5100 ET SEQ, P.C. 1370

PURPOSE

The primary purpose of the Medical Services Division's Mental Health Clinician in the Psychiatric Stabilization Unit is to help patients address issues which may result from mental illness, incarceration, and past hospitalizations.

POLICY

Services shall be provided by Sheriff's detentions licensed mental health clinicians (DLMHC) to the mentally ill patients, personal and professional significant others as needed per MSD Program.

PROGRAM DEFINITION

- I. DLMHC is responsible for the provision of crisis management, individual supportive therapy, group therapy, and discharge planning.
- II. These services are provided to patients upon referral from the treating psychiatrist, other health or correctional staff and by patient request or through social work pre-release programs at selected facilities.
- III. Objectives of the unit include
 - A. To help ease the anxiety and fear of patients who come to the PSU for diagnosis and treatment.
 - B. To assist patients in utilizing personal assets and community resources.
 - C. To collaborate with the patient's family and physician(s) in developing and carrying out an aftercare plan.
- IV. Treatment Program
 - A. The DLMHC's part in the treatment program includes informing family about the progress of the patient.
 - B. The DLMHC attempts to resolve the difficulties that may arise at home or in the community, advise others about how they may be helpful to the patients, and assist all involved in establishing and carrying out plans for the patient when released from custody.
 - C. When indicated for treatment/discharge planning, the DLMHC will attempt to contact personal and professional significant others of patients to gather pertinent history, establish a treatment alliance, enlist support in formulating and following through with a treatment/discharge plan, and to obtain their perspective on the patient's illness and aftercare needs and resources.
 - D. DLMHC, will formulate discharge plans in collaboration with the psychiatrist, treatment team, and any personal and professional significant others of the patient. In addition, they coordinate aftercare and serve as liaison between the Detentions MSD and others involved with the patient.

MENTAL HEALTH CLINICIAN'S FUNCTION- PSU

SUBJECT: MENTAL HEALTH CLINICIANS' FUNCTION - PSU
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/18/2022
NUMBER: MSD.S.6
PAGE: 2

RELATED SECTIONS: MSD OPERATIONS MANUAL: M.5 & P.8
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208; W.I.C. 5100 ET SEQ, P.C. 1370

V. Staffing and Organization

A. The detentions chief licensed mental health clinician is responsible for the supervision of Sheriff's detentions licensed mental health clinician.

PROCEDURE

I. Mental Health Assessments

A. Upon admission to PSU, or based on other referrals, the following will be provided. Determination of appropriate service and/or resources for the patient including, but not limited to:

1. Crisis intervention.
2. Referral to appropriate community mental health or other resources.
3. Communications with CONREP, Forensic Evaluation Unit, State Psychiatric Hospitals, or other collateral persons or organizations.

II. Screening and assessment

A. Psychosocial evaluations shall be completed for cases requiring post custody residential psychiatric placement on an as needed basis to establish an effective after care plan within (5) days of admission.

III. Master Treatment Plan Participation

- A. The DLMHC shall make an entry on the Individualized Multidisciplinary Treatment Plan. Legal, Penal or Civil Code commitment status is included. Also included are collateral contacts with family, court personnel and community-based referral sources.
- B. The DLMHC shall participate in the multidisciplinary treatment team meetings.
- C. The DLMHC shall provide psychosocial input with emphasis on disposition issue.

IV. Group Psychotherapy

- A. Schedule patient groups for psychotherapy sessions. See Group Psychotherapy Program Matrix.
- B. After each session the DLMHC staff shall complete required documentation for the group provided.
- C. Patient's attendance is based on clinical assessment of their functional level.

V. Crisis Intervention as needed. Documentation on the patient's chart shall be made.

VI. Pre-Release Briefing.

A. The DLMHC shall provide a pre-release briefing to select patients with a psychiatric designation prior to their release from custody.

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: MENTAL HEALTH CLINICIANS' FUNCTION - PSU
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/18/2022
NUMBER: MSD.S.6
PAGE: 3

RELATED SECTIONS: MSD OPERATIONS MANUAL: M.5 & P.8
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208; W.I.C. 5100 ET SEQ, P.C. 1370

B. Individual case management services are provided to patients who are identified in those briefings as needing individual case management services or unable to attend a briefing in a group setting.

C. The pre-release briefing orients patients to community resources for:

1. Post-release mental health care.
2. Resources to obtain psychotropic medications.
3. Resources for food, clothing and shelter.
4. Resources for medical care.
5. Obtaining SSI benefits.

VII. Temporary and Permanent Conservatorship

A. As a component of the multidisciplinary treatment team, DLMHC will monitor the need for conservatorship and proceed as clinically indicated.

1. Consult with physician to verify findings and need for conservatorship.
2. Complete Conservator Referral paperwork, obtain physician signature where indicated, and mail and fax completed original forms to Public Conservator Mail Stop S-528 and file copies in the legal section of the PSU chart.
 - A. The DLMHC shall initiate conservatorship referrals to determine grave disability as early as possible within the 14 day hold time frame as directed by the attending physician.
 - B. Facilitates the conservator investigators review of medical records. Coordinate discharge with conservator's office if petition is filed in Superior Court and obtain appropriate documents for placement in the medical records.

VIII. Collateral Contacts

- A. DLMHC shall obtain pertinent information to formulate a community treatment plan for case disposition.
- B. Collateral contacts can include but not limited to family members, case management agencies, treatment facilities, court personnel (clerks, attorneys), Probation/Parole, outpatient services including Conditional Release Program, conservatorship, day treatment programs, closed locked local programs, State Psychiatric Hospitals and the Forensic Evaluation Unit.

IX. Discharge Planning

A. DLMHC staff will:

1. Schedule conferences with selected or referred patients regarding aftercare planning.
2. Coordinate pre-release meetings with selected or referred patients via a Court and Pre-Release data base.

MENTAL HEALTH CLINICIAN'S FUNCTION- PSU

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT: MENTAL HEALTH CLINICIANS' FUNCTION - PSU
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DATE: 1/18/2022
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RELATED SECTIONS: MSD OPERATIONS MANUAL: M.5 & P.8
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208; W.I.C. 5100 ET SEQ, P.C. 1370

3. Update records and obtain documents regarding changes in patient's legal status, e.g., P.C. 1370, 1026. Conservatorship, and update progress record accordingly.
4. Maintain an up-to-date resource roster regarding psychosocial disposition options. These records shall be maintained for both DLMHC's use and dispersion to patients.

X. Due Process and Legal Proceedings

- A. The DLMHC represents the facility in Superior Court due process hearings regarding involuntary hospitalization. Included are 14-day certification hearings, 180-day certification hearings and RIESE capacity hearings.
- B. The DLMHC staff provide liaison to the Superior Court for patients who have been committed to the Psychiatric Stabilization Unit under provisions of the Penal Code.
 1. Correspondence to the Superior Court reflecting admission to the Psychiatric Stabilization Unit.
 2. Evaluation and documentation of mental competency in accordance with the Court Order and Penal Code.
 3. Competency training and evaluation and disposition planning in accordance with the Court Order and Penal Code.

XI. Documentation and Interventions

- A. Progress notes and other social service entries in the patient's medical record provide regular communication between the treatment team and the assigned DLMHC.
- B. Information is to be properly entered to keep the record current and signed with name, professional license identification and ARJIS number.
- C. Each entry will have date and time of entry, date and time of intervention, as applicable, and concise information to describe content of intervention.

Implemented: 7/31/00

Reviewed: 9/18/02, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 07/30/07, 7/9/08, 8/19/09, 2/28/11, 2/29/12, 9/16/19

Revised: 9/7/00, 8/10/01, 3/7/13, 1/18/22

MENTAL HEALTH CLINICIAN'S FUNCTION- PSU

SUBJECT: STANDARDIZED NURSING PROCEDURE
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/05/2022
NUMBER: MSD.S.7
PAGE: 1

RELATED SECTIONS: MSD OPERATIONS MANUAL: S.4.
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1204 & 1206, CA NURSING PRACTICE ACT 2725

PURPOSE

To establish procedures for registered nurses to initiate clinical care under the direction of the Sheriff's chief medical officer in accordance with the board of nursing.

POLICY

Medical care performed by personnel other than a physician shall be performed pursuant to written protocol or order of the responsible physician. Standardized Nursing Procedures (SNP) are available for all Medical Services Division (MSD) staff on MSD SharePoint site. SNP's will be initiated by registered nurses. All SNP's shall be developed through collaboration with health professionals, including physicians, pharmacist and administrators within the Sheriff's Department Medical Services Division.

PROCEDURE

- I. Each standardized procedure shall:
 - A. Be in writing, dated and signed by the Sheriff's Medical Services Division.
 - B. Specify which standardized procedure functions registered nurses may perform and under what circumstances.
 - C. State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.
 - D. Specify any experience, training and/or education requirements for performance of standardized procedure functions.
 - E. Establish a method of initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.
 - F. Provide a method of maintaining a written record of those persons authorized to perform standardized procedure functions.
 - G. Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician/ registered nurse practitioner concerning the patient's condition.
 - H. State the limitations on settings, if any, in which standardized procedure functions may be performed.
 - I. Specify patient record keeping requirements.
 - J. Provide for a method of periodic review of the standardized procedures.

STANDARDIZED NURSING PROCEDURE

SUBJECT: STANDARDIZED NURSING PROCEDURE
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/05/2022
NUMBER: MSD.S.7
PAGE: 2

RELATED SECTIONS: MSD OPERATIONS MANUAL: S.4.
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1204 & 1206, CA NURSING PRACTICE ACT 2725

-
- II. Competency Training and Testing.
 - A. All registered nurses employed by the San Diego Sheriff's Department will complete the MSD's physical assessment course.
 - B. All registered nurses will complete and hold a current certification in advanced medical life support and pre-hospital trauma life support
 - C. Notification of revisions in SNP's will be disseminated electronically or at the weekly facility staff meetings. Sign in sheets will be forwarded to the training department for permanent record keeping.
 - D. The training for new SNP's may be done at a facility staff meeting or utilizing SharePoint.

Implemented: 3/91

Reviewed: 9/17/96, 9/19/97, 9/18/98, 8/11/99, 7/31/00, 8/10/01, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 2/25/11, 2.14.12, 2.28.13, 9/6/19

Revised: 3/23/92, 4/1/94, 5/24/95, 1/29/96, 10/24/96, 9/18/02, 5/19/04 and 8.19.09, 1/05/22

SUBJECT:	SUICIDE PREVENTION & PATIENT SAFETY PROGRAM	DATE:	2/1/2019
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER	MSD.S.10
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1

RELATED SECTIONS: DSB P&P: J.1, J.4, J.5; MSD Operations Manual: I.3,
IN COMPLIANCE WITH: CCR Title 15, Section 1029, 1052, 1055 & 1219, NCCHC J-B-05

PURPOSE

To delineate procedures designed to identify, monitor and provide treatment to those patients who present a suicide risk.

- All arrestees must be screened immediately upon presentation/entry into the facility for suicide risk.
- Patients can exhibit signs and symptoms of a possible suicidal behavior at any stage of incarceration.

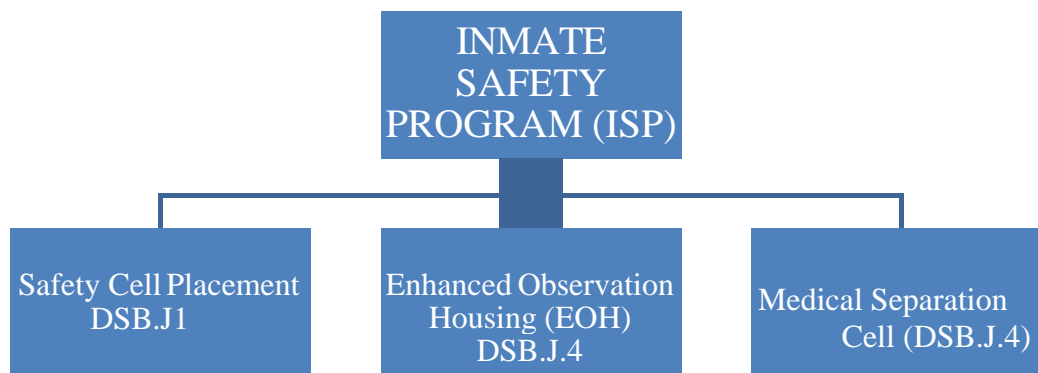
To provide proper intervention as to housing, continued observation, assessments and treatment of identified suicidal patients.

POLICY

I.

Patients with suicidal risk based on presentation will be assessed by the facility gatekeeper for placement into the inmate safety program (ISP) and appropriate ISP housing. The watch commander will be notified of the facility gatekeeper's determination (see DSB.J.5 for definition and additional information). The following are appropriate ISP housing options:

- A. Safety Cell Placement – recommended when patient is actively self-harming or actively assaultive. **NOTE:** Book and Release (B&R) patients at risk for suicide may be temporarily placed in a safety cell even when not exhibiting active self-harming or active assaultive behaviors.
- B. Enhanced Observation Housing (EOH) – recommended for patient with suicide risk but is not actively self-harming or actively assaultive.
- C. Medical Separation Cell – recommended for patient with suicide risk and a co-occurring medical problem or agitated or belligerent.



SUBJECT:	SUICIDE PREVENTION & PATIENT SAFETY PROGRAM	DATE:	2/1/2019
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RELATED SECTIONS: DSB P&P: J.1, J.4, J.5; MSD Operations Manual: I.3,
IN COMPLIANCE WITH: CCR Title 15, Section 1029, 1052, 1055 & 1219, NCCHC J-B-05

PROCEDURE

- I. Each staff member shall review and be familiar with the available Psychiatric Services within the Sheriff's Department detention facilities and suicide risk factors described in DSB.J.5.
- II. The facility gatekeeper is a qualified mental health provider (QMHP). In the absence of a QMHP, an assigned designee will act as the facility gatekeeper (see DSB.J.5)
- III. Guidelines for assessment and management for all booking facilities.

A. Medical Screening

- 1. All arrestees shall be screened for suicidal risk utilizing standardized screening tools and self-report. The Medical screening nurse should assess and observe arrestee for suicide potential during intake. If indicated, the facility gatekeeper will conduct further assessment to determine indication for inmate safety program (ISP) placement.

B. During Incarceration:

- 1. The high risk suicide periods for patients correlate with phases of their incarceration or steps in the criminal justice process.
- 2. Staff may identify the patient who may be suicidal, or is exhibiting unusual behavior that places them at risk for self-harm, injury to others, or unable to perform activities of daily living.
- 3. The medical staff may be contacted by detention staff and other sources (e.g. attorneys, family, the courts, etc.) of a patient who may be exhibiting at risk behaviors.
- 4. The facility gatekeeper will evaluate the inmate, to determine the indication for ISP placement and appropriate ISP housing. The watch commander is notified of the determination.
**NOTE: Patients on hunger strikes shall be evaluated for suicidal ideation by a psychiatrist.*

C. Documentation

An ISP database is maintained by the Medical Services Division.

All patients who attempt suicide and/or disclose a history of suicide attempts shall have suicide risk flagged in the patient's electronic health record.

Documentation of assessments for inmate safety program shall be recorded in the patient's electronic health record.

D. Hospital Emergency Department Medical Clearance of Suicidal patients:

SUBJECT:	SUICIDE PREVENTION & PATIENT SAFETY PROGRAM	DATE:	2/1/2019
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DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	3

RELATED SECTIONS: DSB P&P: J.1, J.4, J.5; MSD Operations Manual: I.3,
 IN COMPLIANCE WITH: CCR Title 15, Section 1029, 1052, 1055 & 1219, NCCHC J-B-05

1. A patient who has engaged in self-harming behaviors/ gestures requiring an emergency department (ED) visit for medical clearance should be sent to Behavioral Health Services Emergency Psychiatric Unit (BHS-EPU) for evaluation to determine possible admission to PSU/WPSU, ISP placement and/or immediate medication treatment.
 - a. BHS-EPU should inform the facility watch commander and/or Sheriff's charge nurse of their recommendation.
 - b. The facility watch commander notifies the facility gatekeeper of the incoming ISP placement.
 - c. BHS-EPU should directly inform PSU/WPSU charge nurse /designee of patient's admission to PSU/ WPSU.
 - d. PSU/WPSU charge nurse/designee shall inform facility watch commander of the pending admission.
2. Upon returning from BHS-EPU, the receiving nurse shall review the order for PSU/WPSU placement and inform the watch commander of the patient's arrival.
3. If the BHS-EPU psychiatrist recommends any other ISP housing and/or safety restrictions (for example, a recommendation for a safety cell placement or no safety garment) the facility gatekeeper shall determine the appropriate ISP housing placement and/or safety restrictions. When EOH is deemed appropriate instead of safety cell placement, the facility gatekeeper will call EPU psychiatrist for further consultation.

***NOTE:** UCSD-ER psychiatrists do not have admitting privileges to PSU/WPSU

IV. Safety Cell Assessment

Temporary placement in a safety cell is indicated only when patient is actively self-harming or actively assaultive (see DSB.J.1). The staff recommending the safety cell placement will notify the watch commander of placement.

- A. A safety cell placement may be recommended by the facility gatekeeper.
- B. A medical initial assessment by nursing staff shall be made within 30 minutes after medical is notified of the safety cell placement.
- C. Continued retention assessment will be conducted by the facility gatekeeper within every 4 hours. If the patient is no longer actively self-harming or actively assaultive, the inmate shall be moved from the safety cell into enhanced observation housing (EOH), **except** for patients with book and release (B&R) status. B&R patients removed from safety cell will be cleared from ISP for the purpose of release (see DSB.J.1 Section VI.C for the release procedure). **NOTE:** B&R patients not seen by a QMHP while in custody will be referred to EPU upon release.

- D. The patient shall be medically assessed by a qualified medical provider (QMP) every 24 hours if remaining in the safety cell.

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RELATED SECTIONS: DSB P&P: J.1, J.4, J.5; MSD Operations Manual: I.3,
IN COMPLIANCE WITH: CCR Title 15, Section 1029, 1052, 1055 & 1219, NCCHC J-B-05

- E. In the event the patient is retained in the safety cell, a QMHP evaluation/assessment is to occur within 12 hours.
- F. Completion of Inmate Observation Log (Form J-19A) and documentation in patient's health record must be performed for each assessment.
- G. See DSB.J.1 for additional information on safety cell transfer, removal and sanitation.

V. Enhanced Observation Housing (EOH) Assessment

Each patient placed into ISP will have a minimum of two assessments by a qualified mental health provider (QMHP).

- A. Patients can be moved from one housing assignment to another within the ISP based on the observations and direction of the facility gatekeeper. An inmate that is no longer self-harming or actively assaultive shall be moved from a safety cell to EOH and conversely, an inmate that becomes actively-self harming or actively assaultive may be moved from EOH to a safety cell.
- B. The first assessment to determine risk must be completed within 24 hours of placement into any ISP housing. Risk designation will be determined by QMHP.
- C. Suicide risk designation is defined as follows:
 - 1. Acute low risk - the patient is currently deemed at low imminent risk of suicide, but still in need of clinically appropriate follow up to assess risk which can increase or decrease in response to stressors during the course of incarceration.
 - 2. Acute high risk – the patient is currently deemed at imminent high risk for suicide, and needs to be temporarily housed in the Inmate Safety Program to ensure close observation and the removal of common means of self-harm such as clothing and bed sheets.
- D. Ongoing mental health assessment will be conducted by the QMHP at a minimum of every 12-24 hours but no more than 24 hour interval in between assessments.
- E. Clearance from the ISP program must occur with two consecutive low risk designations.
- F. Low risk patients may go to court. On the contrary, patients determined to be high risk may not go to court. A Form J222 Medical Court Report is to be completed and sent accordingly for the high risk patients.
- G. Each inmate shall have a nursing assessment within 30 minutes of placement into EOH. A nursing assessment shall be completed every 24 hours thereafter or when clinically indicated. Deputies will closely monitor and directly observe patients in EOH at random intervals not to exceed 15-minutes between checks
- H. Document observation and assessments in the patient's health record.
- I. See DSB. J.4 for additional information on enhanced observation housing transfer, removal and sanitation.

VI. ISP Follow Up Protocol

Parameter for QMHP's initial follow up with patients discharging from ISP is as follows:

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DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	5

RELATED SECTIONS: DSB P&P: J.1, J.4, J.5; MSD Operations Manual: I.3,
IN COMPLIANCE WITH: CCR Title 15, Section 1029, 1052, 1055 & 1219, NCCHC J-B-05

- A. 24 hours (Level 1): Either of the 2 following conditions are met: first time in detention, and/or documentation of a suicide ATTEMPT (ruling out non-suicidal self-injury) within the last 5 years (in or out of custody).
 - 1. Suicide attempt includes actions which could be interpreted as communicating intent to die such as a SWAT stand off or standing on the edge of the Coronado Bridge.
 - 2. Follow up after the level 1 intervention is at clinician's discretion, but must be documented with clinical rationale noting most current risk and protective factors as rationale for follow up intervals.
 - 3. Patients can graduate from 24 hour follow up to weekly , and from weekly to monthly, and/or after court dates and other significant life events/stressors involving potential loss (custody/divorce/financial hearings, professional/family visits) , with clinical rationale (risk and protective factors) for follow up interval documented.
 - B. 3-7 days (Level 2): Either of the 2 following conditions are met: charges involving murder, rape, or child victim, but not first time in detention, and no documented history of suicide ATTEMPT (in or out of custody) within the last 5 years.
 - 1. Follow up can continue at the same level, increase in frequency, or graduate to every 2 weeks, monthly, and/or after court dates and other significant life events/stressors involving potential loss (custody/divorce/financial hearings, professional/family visits), with clinical rationale documenting updated risk and protective factors as rationale for follow up dates.
 - C. 7-14 days (Level 3): those discharging from ISP , not first time in detention, no documentation of recent suicide attempt within the last 5 years, no charge involving murder, rape, or a child victim.
 - 1. Follow up can continue at the same interval, increase in frequency, or graduate to monthly and/or after court dates and other significant life events/stressors involving potential loss (custody/divorce/financial hearings, professional/family visits) , with documentation explaining rationale for follow up interval.
- VII. For ongoing follow-up, all patients who have been placed in ISP during their current incarceration need to be followed up at least every 90 days for the duration of custody based on the QMHP's clinical findings.

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

**Operations
Manual**

SUBJECT:	SUICIDE PREVENTION & PATIENT SAFETY PROGRAM	DATE:	2/1/2019
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER	MSD.S.10
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	6

RELATED SECTIONS: DSB P&P: J.1, J.4, J.5; MSD Operations Manual: I.3,
IN COMPLIANCE WITH: CCR Title 15, Section 1029, 1052, 1055 & 1219, NCCHC J-B-05

Implemented: 6/19/1991

Reviewed: 9/18/2002, 8/9/2004, 8/12/2005, 07/09/2008, 8/19/2009, 2/28/2011, 2/28/2013, 9/6/19, 1/7/22

Revised: 9/1991, 3/1992, 3/1993, 6/1993, 4/1/1994, 5/24/1995, 1/19/1996, 9/19/1996, 8/11/1999, 7/31/2000, 8/10/2001, 8/18/2003, 11/3/2004, 4/25/2005, 6/27/2005, 7/31/2006, 7/30/2007, 4/02/2008, 3/9/2011, 4/30/2015, 12/10/2015, 7/14/2016, 11/30/2016, 2/1/2019

SUBJECT: SUBPOENAS TO MEDICAL RECORDS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/07/2022
NUMBER: MSD.S.11
PAGE: 1

RELATED SECTIONS: MSD M.4, H.1-10
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1205, FEDERAL PRIVACY REGULATIONS, 45 C.F.R. SUBTITLE A, SUBCHAPTER C, PARTS 160 AND 164, VOL. 67, NO. 157, AUGUST 14, 2002, AT 53195-53199

PURPOSE

To establish a procedure for the proper control and handling of a subpoena or court order for medical records.

POLICY

The release of medical records pursuant the receipt of a valid Subpoena or Court Order will be processed through the San Diego County Sheriff's Medical Records Department and under the supervision of the Custodian of Medical Records.

PROCEDURE

- I. Subpoenas or Court Orders
 - A. In responding to a criminal subpoena (People of the State of California v. _____, or United States of America v. _____), the custodian shall certify the requested records and forward them to the court in the manner specified in the subpoena.
 - B. In a civil case (non-federal), the custodian shall only comply with the request if the subpoena is accompanied by a "Notice to Consumer" demonstrating proof that the person whose records are sought is aware of the subpoena. When a civil subpoena accompanied by a Notice to Consumer is received, the custodian shall certify the records and mail the records to the person directed on the subpoena no earlier than the day stated on the subpoena as the last day for compliance.
 - C. If a civil subpoena requires a personal appearance and does not give the custodian the option of mailing the certified records, the custodian or designee shall contact the attorney listed in the subpoena and seek to be relieved of the need for a personal appearance. If the custodian is not relieved of this obligation, the custodian should contact Sheriff's Legal Affairs.
 - D. If a civil subpoena does not contain a Notice to Consumer, the subpoena must be forwarded to Legal Affairs immediately.
 - E. A federal civil subpoena should be forwarded immediately to Legal Affairs.
 - F. Any subpoena in which the Sheriff, the County, or any County employee is a party should be immediately forwarded to Legal Affairs.
 - G. All Court Orders to produce medical documents should be forwarded to Legal Affairs with the exception of court orders from the Superior Court of California, County of San Diego Collaborative Courts (e.g., Behavioral Health Court, Drug Court, Reentry Court, etc.).

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: SUBPOENAS TO MEDICAL RECORDS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/07/2022
NUMBER: MSD.S.11
PAGE: 2

RELATED SECTIONS: MSD M.4, H.1-10
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1205, FEDERAL PRIVACY REGULATIONS, 45 C.F.R. SUBTITLE A,
SUBCHAPTER C, PARTS 160 AND 164, VOL. 67, NO. 157, AUGUST 14, 2002, AT 53195-53199

Implemented: 08/01/07

Reviewed: 07/09/08, 07/22/09, 02/14/11, 02/14/12, 02/28/13, 9/9/19

Revised: 1/7/22

SUBPOENAS TO MEDICAL RECORDS

SUBJECT: SCHEDULING NEWLY INCARCERATED PATIENTS WITH HIV
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 4/13/2011
NUMBER: MSD.S.12
PAGE: 1

RELATED SECTIONS:
IN COMPLIANCE WITH:

PURPOSE

To provide a standardized process for scheduling medical care for the newly incarcerated HIV patient.
To ensure the continuity of treatment once incarcerated.

POLICY

Nursing staff will have all newly incarcerated patients claiming to have HIV sign a release of information (ROI) in order to confirm diagnosis and current medications.

PROCEDURE

- I. An ROI will be completed at receiving screening in order to confirm diagnosis and current HIV medications.
- II. Schedule the patient for a provider chart check. A copy of the outside pharmacy records listing all medications should accompany the medical record at the time of the chart check.
- III. If the nursing staff is unable to confirm medications through pharmacy records, schedule the patient for sick call (MDSC).

Implemented: 4/13/11
Reviewed: 2/14/12, 2/28/13, 9/6/19, 1/5/22
Revised: Enter Dates

SUBJECT: SPECIAL MEDICATIONS: ORDERING,
PROCURING AND ADMINISTRATION
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/14/2022
NUMBER: MSD.S.13
PAGE: 1

RELATED SECTIONS: MSD.D.1.1, MSD.T.1
IN COMPLIANCE WITH: Title XV Pharmacy Mgt Section 1216

PURPOSE

To ensure that patients presenting to booking with their own personal specialty medication(s) continue treatment.

To ensure that patients returning from the hospital with discharge medication orders for medications not usually stocked receive the medication in a timely manner.

To ensure that treatment is not interrupted.

PROCEDURE

- I. In the event the patient at the time of booking states that they are currently taking a specialty medication, or the patient has returned from the hospital or clinic with medications not usually in stock.
 - A. The patient will be scheduled for MDSC within the next 24 hours.
 - 1. At MDSC the physician /nurse practitioner (NP) will advise the nurse of the urgent need to procure the medication.
 - B. In the event there is no MD sick call or if in the nurse's clinical judgment there is a risk of interrupting treatment the nurse will
 - 1. Call the "on call" physician/NP for consult and recommendation.
 - C. Urgently needed medication may be ordered through the back-up pharmacy.

Implemented: 10/9/13
Reviewed: 9/6/19
Revised: 10/13/16, 1/14/22

SUBJECT: STERILIZATION

DATE: 5/12/2016

CATEGORY: MEDICAL & PSYCHIATRIC SERVICES

NUMBER: MSD.S.14

DISSEMINATION: MEDICAL SERVICES DIVISION

PAGE: 1

RELATED SECTIONS: MSD Operations Manual: F.1
IN COMPLIANCE WITH: CA Penal Code Sections 3440

PURPOSE

To protect the reproductive rights and provide quality medical care for inmates in custody.

POLICY

Sterilization of a patient for purposes of birth control, including but not limited to, during labor and delivery, is prohibited. Procedures that result in sterilization may be performed in emergencies, or to treat a diagnosed condition, in compliance with Penal Code section 3340 as reflected by the procedures herein.

All patients shall receive notification of their rights under Penal Code section 3300.

PROCEDURE

- I. Sterilization through tubal ligation, hysterectomy, oophorectomy, salpingectomy, or any other means rendering a patient permanently incapable of reproducing, is prohibited except in either of the following circumstances:
 - A. The procedure is required for the immediate preservation of the patient's life in an emergency medical situation, or
 - B. The sterilizing procedure is medically necessary, excluding for the purpose of birth control, as determined by contemporary standards of evidence-based medicine, to treat a diagnosed condition, and all of the following requirements are satisfied:
 1. Less invasive measures to address the medical need are nonexistent, are refused by the patient, or are first attempted and deemed unsuccessful by the patient, in consultation with the physician.
 2. A second physician independent of, and not employed by, but authorized to provide services to patients in custody of, and to receive payment for those services from, the Sheriff's Department conducts an in-person consultation with the patient and confirms the need for a medical intervention resulting in sterilization to address the medical need.
 3. Patient consent is obtained after the individual is made aware of the full and permanent impact the procedure will have on their reproductive capacity, that future medical treatment while in custody will not be withheld should the patient refuse consent to the procedure, and the side effects of the procedure.
 - C. Sterilization performed meeting all of the above stated conditions: pre-sterilization and post-sterilization psychological consultation and medical follow up, including providing

STERILIZATION

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: STERILIZATION

DATE: 5/12/2016

CATEGORY: MEDICAL & PSYCHIATRIC SERVICES

NUMBER: MSD.S.14

DISSEMINATION: MEDICAL SERVICES DIVISION

PAGE: 2

RELATED SECTIONS: MSD Operations Manual: F.1
IN COMPLIANCE WITH: CA Penal Code Sections 3440

relevant hormone therapy to address surgical menopause, shall be made available to the patient sterilized while in custody.

- D. Medical Services Division (MSD) shall publish an annual report of sterilizations performed, disaggregated by race, age, medical justification, and method of sterilization.
- E. Notification shall be provided to all patients in custody and to all employees who are involved in providing health care services of their rights and responsibilities under PC 3440. See *Notification of Rights Regarding Sterilization Surgeries (Form J221A or J221AS (Spanish))*.

Implemented: 5/12/2016
Reviewed: 9/6/19, 1/5/22
Revised:

STERILIZATION

SUBJECT: TRANSCRIPTION OF MEDICAL ORDERS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/05/2022
NUMBER: MSD.T.1
PAGE: 1

RELATED SECTIONS: MSD P&P: S.3, S.4 & S.7.
IN COMPLIANCE WITH: CCR, Title 15, Section 1216, 1206

PURPOSE

To provide staff with a consistent method of transcribing medication orders when the electronic health record is non-functioning, and the physician/ registered nurse practitioner (RNP) is required to use paper orders.

POLICY

Medication orders shall be transcribed (noted) by a licensed nurse.

PROCEDURE

- I. Medication orders shall be reviewed and carried out by noting the orders and transcribing the orders on a paper Medication Administration Record (MAR).
- II. Transcribing Orders.
 - A. All orders shall include the name of the drug, dosage, frequency, route of administration (if other than oral), duration, date, time, signature and professional title of the prescriber.
 - B. If PRN orders are necessary, the specific reasons for administration shall be documented. PRN orders should be written for the shortest time possible and frequency defined, i.e., TID PRN pain, x 24 hours.
 - C. All orders shall be written by a prescriber, except for telephone orders.
 - D. Any order which is not clear or does not specify the exact duration shall not be transcribed.
 - E. The physician shall be contacted to clarify the order prior to transcription or administration.
 - F. Clarified orders shall be documented, authenticated, and rewritten, as necessary.
 - G. A written order should NEVER be altered.
 - H. All medications shall be recorded on the MAR, including eye, ear, and nose preparations.
 - I. Determine start date (SD) and stop date (LD) of the medication ordered.
 - J. Orders for patients admitted to the hospital shall be discontinued at the time of admission.
- III. Return from Off-site medical facilities.
 - A. Patients returning from an off-site hospital/clinic with physician's orders.
 1. Orders from off-site clinics/hospital should not be transcribed until the on-site or on call physician/RNP has approved the orders.

TRANSCRIPTION OF MEDICATION ORDERS

SUBJECT: TRANSCRIPTION OF MEDICAL ORDERS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/05/2022
NUMBER: MSD.T.1
PAGE: 2

RELATED SECTIONS: MSD P&P: S.3, S.4 & S.7.
IN COMPLIANCE WITH: CCR, Title 15, Section 1216, 1206

2. Schedule patient for next available physician sick call. Physician/RNP shall review and adjust orders from off-site physicians to follow detention guidelines, as appropriate.

IV. Orders received after-hours

- A. The on-call psychiatrist(s) will be contacted after the nurse has verified the medications.
- B. After- hours, the on-call physicians should be contacted after the nurse has verified the medications. The sheriff's on-call medical physicians will approve non-psychiatric medications.
- C. Orders which are questionable from any psychiatrist or physician shall be clarified prior to documenting on a paper physician order sheet by calling the on-call psychiatrist or physician.
- D. In the event that a PATIENT is admitted in the middle of the night and medication is not required until the morning, the psychiatrist or physician should be contacted at a reasonable hour in the morning.

V. Stop Orders

- A. All drug orders shall have an "automatic stop date order."
- B. Exceptions are
 1. Controlled substances, other than drugs used for seizure and psychiatric disorders, shall be limited to the shortest duration possible.
 2. Medications prescribed for the treatment of tuberculosis
- C. The term "automatic stop date order" is used to describe a procedure whereby an authorized health personnel, i.e. RN/LVN is charged with the responsibility of placing the inmate on the SICK CALL LIST and/or CHART AUDIT LIST for reevaluation.
- D. The responsible nurse shall notify a physician before the medication order expires.

VI. Medication Renewal.

- A. Medical staff will flag medical record when medication needs to be renewed.
- B. Controlled substance orders shall not be renewed. New orders shall be written to reflect new stop dates.
- C. Medical staff will schedule chart check for medication renewal.
- D. Renewal orders shall be written by MD/RNP.

VII. Medications shall be given at the following recommended times:

- A. QAM, every day: 0800

TRANSCRIPTION OF MEDICATION ORDERS

SUBJECT: TRANSCRIPTION OF MEDICAL ORDERS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/05/2022
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PAGE: 3

RELATED SECTIONS: MSD P&P: S.3, S.4 & S.7.
IN COMPLIANCE WITH: CCR, Title 15, Section 1216, 1206

- B. QHS, every evening: 2000
- C. BID, two x daily: 0800 2000
- D. TID, three x daily: 0800 1300 – 2000
- E. QID, four x daily: 0800 1300 1700 – 2000

VIII. Write patient's name, booking #, housing unit, and Watch Take "WT" (as appropriate) on the MAR and medication envelopes.

IX. Label inhalers with patient's name, booking number, and date given to patient. Initial appropriate medication block when inhaler is given and when it is returned.

X. The following SHALL ALWAYS be Watch Take "WT":

- A. Medications for the treatment of tuberculosis
- B. Medications for seizures
- C. Psychotropic medications
- D. Controlled medications
- E. Ultram
- F. Any medication that the patient is, or is suspected of, cheeking, hoarding, and/or selling.

Implemented:

Reviewed: 8/11/99, 8/9/04, 8/12/05, 7/31/06, 06/07/07, 7/30/07, 07/09/08, 8.11.09, 2/25/11, 2.14.12, 2.28.13, 9/6/19

Revised: 3/17/92, 4/1/94, 5/24/95, 1/29/96, 9/17/96, 9/19/97, 9/18/98, 7/31/00, 8/10/01, 9/18/02, 8/18/03, 06/07/07, 1/5/22

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT: TUBERCULOSIS (TB) PROGRAM
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/7/2022
NUMBER: MSD.T.3
PAGE: 1

RELATED SECTIONS: MSD P&P: C.3, M.3, S.7 & T.2
IN COMPLIANCE WITH: CCR TITLE 15, SECTION 1206, CALIFORNIA HEALTH AND SAFETY CODE, TITLE 17, SECTIONS 120280, 121360, 121361, 121365 & 121367, CA DEPARTMENT OF HEALTH AND HUMAN SERVICES AND CENTER FOR DISEASE CONTROL GUIDELINES, NCCHC J-B-01, NCCHC J-F-01

PURPOSE

To provide early identification for those individuals who are suspects of active TB at the time of booking. To decrease the risk of exposing inmates and staff to individuals suspect of active TB.

POLICY

The Sheriff's Detention Medical Services Division (MSD) shall work in conjunction with the Health and Human Services Agency (HHS), Public Health Services Division, to identify and treat those individuals who are suspected or confirmed for active TB.

PROCEDURE

- I. Identification of patient with any of the following criteria:
 - A. All individuals shall have a chest x-ray upon entering jail.
 1. Exceptions
 - a. If an individual has had a negative chest x-ray through the MSD in the past 6 months.
 - b. If the individual is visibly pregnant or states that she is pregnant: follow the algorithm for screening pregnant women (SNP TB Assessment).
 2. Abnormal Findings
 - a. Staff will follow the infection control decision tree to identify x-ray results suspicious for active TB. (See SNP.T.2).
 - b. Chest x-ray refusals will be reviewed on a case-by-case basis by Infection Control Nurse (ICN) or on-call supervisor. Patient will remain in a single cell if patient has been identified as Asymptomatic per result of TB Screening (J-204A) assessment. Symptomatic patients will be admitted in a negative pressure isolation cell.

TUBERCULOSIS (TB) PROGRAM

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT: TUBERCULOSIS (TB) PROGRAM
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DATE: 1/7/2022
NUMBER: MSD.T.3
PAGE: 2

RELATED SECTIONS: MSD P&P: C.3, M.3, S.7 & T.2
IN COMPLIANCE WITH: CCR TITLE 15, SECTION 1206, CALIFORNIA HEALTH AND SAFETY CODE, TITLE 17, SECTIONS 120280, 121360, 121361, 121365 & 121367, CA DEPARTMENT OF HEALTH AND HUMAN SERVICES AND CENTER FOR DISEASE CONTROL GUIDELINES, NCCHC J-B-01, NCCHC J-F-01

- B. An individual who reports symptoms suspicious of TB.
- C. An individual who reports that they are under treatment for active TB.
- D. An individual who is being incarcerated by HHSA, Public Health Services Division for non-compliance.

II. Housing

- A. Individuals identified as being suspicious for active TB will be removed from the general population.
 - 1. Individuals will be placed in a negative pressure isolation room.
 - a. A negative pressure gauge located immediately outside of the isolation room will be checked daily by staff to ensure pressure meets the mandated requirements.
 - b. Pressurized cells will be inspected annually by the environmental health services, industrial hygienist.
- B. Individuals will not room with others.

III. Screening

- A. Individuals suspicious for active TB will be screened utilizing the SNP for Tuberculosis Assessment SNP.T.2.
 - 1 Screening includes
 - a. Obtaining QuantiFERON-TB Gold (QFT) blood test
 - b. HIV testing
 - c. Sputum collection X 3 (induced)
- B. The ICN will monitor the screening of individuals placed in respiratory isolation.

TUBERCULOSIS (TB) PROGRAM

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION****Operations Manual**

SUBJECT: TUBERCULOSIS (TB) PROGRAM
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/7/2022
NUMBER: MSD.T.3
PAGE: 3

RELATED SECTIONS: MSD P&P: C.3, M.3, S.7 & T.2
IN COMPLIANCE WITH: CCR TITLE 15, SECTION 1206, CALIFORNIA HEALTH AND SAFETY CODE, TITLE 17, SECTIONS 120280, 121360, 121361, 121365 & 121367, CA DEPARTMENT OF HEALTH AND HUMAN SERVICES AND CENTER FOR DISEASE CONTROL GUIDELINES, NCCHC J-B-01, NCCHC J-F-01

1. Criteria for clearance will follow the Sheriff's TB infection control plan criteria.
 2. The ICN will clear all individuals from isolation.
- C. In the event the patient is released (to the streets) prior to completion of TB work-up: Nurses will give the patient the medical services ("pink card") pamphlet which lists addresses and phone numbers for TB control and public health and instruct patient to follow up with TB Clinic or his/her private physician. Notify ICN of patient's name and contact information. ICN will notify TB Control.
- IV. Analyzing screening results is the responsibility of the ICN. Determining factor include:
- A. Location and type of abnormality seen on x-ray
 - B. QuantiFERON-TB Gold (QFT) result
 - C. Results of HIV
 - D. Results of AFB smears/GeneXpert
 - E. Whether patient is symptomatic
 - F. Special Cases – when abnormality seen on a chest x-ray is found in the mid-upper lung involvement with one or more of the following: infiltrates, consolidation, cavitation, opacities, effusion, or other findings that appear infectious and patient presents with signs and symptoms of tuberculosis. The ICN will review with Public Health-TB Control Officer/TB Controller as to the plan of care and treatment. ICN will communicate to the Sheriff's CMO, DON and Supervising Nurse of Infection Control the TB case/s and its corresponding care/treatment.
- V. Consulting with Public Health (PH) prior to treatment.
- A. All positive AFBs are reviewed with Public Health /TB Controller for the plan of care and treatment.

TUBERCULOSIS (TB) PROGRAM

SUBJECT: TUBERCULOSIS (TB) PROGRAM
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/7/2022
NUMBER: MSD.T.3
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RELATED SECTIONS: MSD P&P: C.3, M.3, S.7 & T.2
IN COMPLIANCE WITH: CCR TITLE 15, SECTION 1206, CALIFORNIA HEALTH AND SAFETY CODE, TITLE 17,
SECTIONS 120280, 121360, 121361, 121365 & 121367, CA DEPARTMENT OF HEALTH AND
HUMAN SERVICES AND CENTER FOR DISEASE CONTROL GUIDELINES, NCCHC J-B-01,
NCCHC J-F-01

VI. Treatment

A. Active TB

1. Dosages will be individualized for the individual according to his/her current weight.
 - a. Dosages will be calculated by PH nurse at TB Control.
 - b. The recommended dosages of TB medications shall be scheduled to MD chart check for review and approval.
 - c. The patient shall appear at MD sick call for evaluation and advisement prior to starting TB medications.
 - d. Baseline LFT shall be available for the provider's review prior to starting TB medications.
2. Clearance from isolation once treatment has begun will be dependent on follow-up sputum testing and will be managed by the ICN as per TB Control's guidance/direction.
3. In partnership with PH, medications will be changed
 - a. When the individual has had 40 doses of PZA
 - b. When cultures are found to be pan-sensitive

B. Treating Latent Tuberculosis Infection

1. Prophylactic treatment will be offered to individuals having a Mantoux skin test of >5mm or positive QFT with no active TB disease.
 - a. Criteria:
 - i. Expected length of stay 6 months or greater;
 - ii. Liver function studies are within normal limits prior to treatment.
2. Monthly follow-up testing of liver function studies will be monitored by the Infection Control Nurse.

TUBERCULOSIS (TB) PROGRAM

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT: TUBERCULOSIS (TB) PROGRAM
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DATE: 1/7/2022
NUMBER: MSD.T.3
PAGE: 5

RELATED SECTIONS: MSD P&P: C.3, M.3, S.7 & T.2
IN COMPLIANCE WITH: CCR TITLE 15, SECTION 1206, CALIFORNIA HEALTH AND SAFETY CODE, TITLE 17, SECTIONS 120280, 121360, 121361, 121365 & 121367, CA DEPARTMENT OF HEALTH AND HUMAN SERVICES AND CENTER FOR DISEASE CONTROL GUIDELINES, NCCHC J-B-01, NCCHC J-F-01

3. In the event the patient is released (to the streets) prior to completion of LTBI treatment, give the patient the medical services ("pink card") pamphlet with instruction to follow-up with the TB clinic, nearest Public Health Center or patient's own primary care provider.

C. Medication Administration

1. All TB meds are given by direct observation.
2. Refusals of medication will be reported to the physician and ICN.
 - a. The ICN will advise PH of those individuals refusing medications and having been incarcerated for non-compliance.
 - b. Individuals refusing TB treatment will sign a refusal form.

D. Transporting / Movement

1. Movement of patient in respiratory isolation shall be verified with MSD Infection Control, except for urgent matters or in an emergency situation.
 - a. Court dates will be cancelled and a note will be sent by a staff member in MOB to the Court Clerk.
2. Protective equipment should be worn when dealing with the potentially contagious individual face-to-face.
 - a. Sworn and exposed inmates
 - Will don an N95 mask
 - b. TB Suspect
 - Will don a surgical mask

E. Release or Transfer

1. TB Control should be advised of pending transfers or releases by the ICN of inmates being treated for active tuberculosis.

TUBERCULOSIS (TB) PROGRAM

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: TUBERCULOSIS (TB) PROGRAM
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/7/2022
NUMBER: MSD.T.3
PAGE: 6

RELATED SECTIONS: MSD P&P: C.3, M.3, S.7 & T.2
IN COMPLIANCE WITH: CCR TITLE 15, SECTION 1206, CALIFORNIA HEALTH AND SAFETY CODE, TITLE 17, SECTIONS 120280, 121360, 121361, 121365 & 121367, CA DEPARTMENT OF HEALTH AND HUMAN SERVICES AND CENTER FOR DISEASE CONTROL GUIDELINES, NCCHC J-B-01, NCCHC J-F-01

2. The completion of the J204 Form, Confidential Medical and Mental Information Transfer Summary, should accompany the individual transferring to any governmental or healthcare agency.
 - a. The name and phone number of the ICN should be added to the summary thereby, providing a point of contact if additional information is required.
3. Individuals being released from jail should have been previously interviewed by a TB investigator and home address and vital information will have been obtained in advance by the investigator.

VII. Reporting

- A. The identification and treatment of all individuals with active TB are collaboratively managed and formal reporting is not required.

VIII. Education

- A. The education of individuals that are suspect for TB begins upon their placement in respiratory isolation.
 1. Signs, symptoms, and risks should be included in the education process.
- B. Medical staff will educate the individual regarding the importance of taking all medications until their treatment has been completed.
- C. Medical staff will educate the individual regarding the importance of follow-up if released from custody.

Implemented: 7/95
Reviewed: 9/17/96, 9/19/97, 8/9/04, 8/12/05, 7/31/06, 07/30/07, 07/09/08, 8/11/09, 7/14/16, 9/6/19
Revised: 8/11/99, 7/31/00, 4/9/01, 8/10/01, 9/18/02, 8/18/03, 2/25/11, 10/9/13, 10/13/16, 5/1/17, 1/7/22

TUBERCULOSIS (TB) PROGRAM

SUBJECT:	TRANSPORTATION OF MEDICATIONS	DATE:	11/02/2021
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.T.4
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	1

RELATED SECTIONS: DSB.M.45; MSD P.1; MSD.P.3; NCCHC J-D-01
IN COMPLIANCE WITH: CCR, Title 15, Section 1216, 1206

PURPOSE

To create a secure and accountable system for the transfer of patient medications between facilities.

POLICY

The Prisoner Transportation Detail (PTD) may transfer medications between detention facilities.

Tracking and accountability for medications during transport and delivery is the responsibility of both the medical and sworn staff.

PROCEDURE (See DSB.M.45)

I. FACILITY ISSUING MEDICATION

A. The medical staff will obtain the Inmate Transfer List from the Jail Population Management Unit (JPMU) to prepare medication for transport. Medical staff will print out the Medical Administration Record (MAR) to cross-reference the medications needed for each incarcerated individual being transferred. Prior to placing the medication in the medication transfer bag(s), the preparing nurse will cross out every incarcerated individual, on the transfer list, who will not have medication transferred and place their initials and ARJIS number by the patient's name. On the MAR, the preparing nurse and supervising nurse or designee, will verify by placing their initials, ARJIS number, and the amount of medication cards or bottles next to each medication going in the transfer bag. Once the medication is verified, the MAR report and medication card(s) or bottles will be bundled together with a rubber band for each incarcerated individual. The Inmate Transfer List and MAR will be placed in the medication transfer bag, secured and placed in the facility designated "RX Pick-Up Box".

II. TRANSPORTATION RESPONSIBILITIES

A. The transporting deputy will check the "RX Pick-Up Box" for medication transfer bag(s) for their corresponding route. PTD will log the pick-up of the medication transfer bag(s) and note the serial number of the bag(s) picked up in the PTD daily log. PTD deputies will only transport medication transfer bag(s) placed inside the "RX Pick-Up Boxes".

B. Upon delivery, PTD will place the medication transfer bag(s) in the receiving facility's "RX Pick-Up Box." PTD will also make a log entry in the PTD daily log noting the medication transfer bag(s) and note the serial number of the bag(s) dropped off.

SUBJECT:	TRANSPORTATION OF MEDICATIONS	DATE:	11/02/2021
CATEGORY:	MEDICAL & PSYCHIATRIC SERVICES	NUMBER:	MSD.T.4
DISSEMINATION:	MEDICAL SERVICES DIVISION	PAGE:	2

RELATED SECTIONS: DSB.M.45; MSD P.1; MSD.P.3; NCCHC J-D-01
IN COMPLIANCE WITH: CCR, Title 15, Section 1216, 1206

III. FACILITY RECEIVING MEDICATION

- A. Upon receiving notification of transfer routes arriving from the facility sworn staff responsible for receiving transfers, medical staff will pick-up the medication transfer bag(s) from the designated "RX Pick-Up Box."

IV. MEDICATION TRANSFER ACCOUNTABILITY

- A. It is the responsibility of the receiving nurse and the on-duty supervising nurse or designee to inventory the medication by cross referencing with the Incarcerated Individual Transfer List and MAR. The receiving medical staff will place both their initials and ARJIS number on the MAR by every incarcerated individual after verifying their medication card(s) or bottles is in the bag. The MAR will be scanned and placed into TechCare. In the event any medications are found to be missing during inventory of the medication transfer bag(s), it will be the responsibility of the originating and receiving facility's supervising nurse or designee to immediately notify their chain of command and the on-duty watch commander or designee of the missing medication.

Implemented: 12/15/06

Reviewed: 7/30/07, 07/09/08, 8/11/09, 2/25/11, 2/29/12, 11/15/17, 9/6/19

Revised: 11/02/2021

TRANSPORTATION OF MEDICATIONS

SUBJECT: TARASOFF REPORTING AND DOCUMENTATION
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/05/2022
NUMBER: MSD.T.5
PAGE: 1

RELATED SECTIONS: DSB P&P: M.11.
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208 & 1210; CALIFORNIA HEALTH AND SAFETY CODE SECTION AND IMQ SECTIONS 303 AND 322.

PURPOSE

To describe the legal requirements of the Tarasoff Ruling: that a mental health professional must warn and take other appropriate action to protect the intended victim of a patient's violent tendencies and to describe the procedures for documenting the implementation of the Tarasoff decision by staff and contract mental health professionals of the San Diego Sheriff's Dept.

DEFINITION

Tarasoff Ruling: in *Tarasoff v. Regents of the University of California* [1976] and subsequent, the California Supreme Court has held that when a psychotherapist determines, or should have determined, that his or her patient presents a danger of violence to another person, the psychotherapist has a duty to use reasonable care to protect the intended victim. This includes threats conveyed to the therapist by the patient or a family member that leads the therapist to believe that the patient poses a risk of grave bodily injury to another person. That duty may be discharged by warning the prospective victim or taking other measures reasonably necessary under the circumstances. The act of warning others under these circumstances constitutes an exception to the usual psychotherapist-patient privilege.

Mental Health Professional / Psychotherapist: A person authorized, or reasonably believed by the patient to be authorized, to practice medicine in any state or nation who devotes, or is reasonably believed by the patient to devote, a substantial portion of his or her time to the practice of psychiatry. A licensed psychologist, clinical social worker, when he or she is engaged in applied psychotherapy of a non-medical nature, credentialed school psychologist, licensed marriage and family therapist, a CA registered nurse who possesses a master's degree in psychiatric mental health nursing.

POLICY

All staff meeting the regulatory definition of a "psychotherapist" are responsible to know mandatory Tarasoff reporting requirements and department policies and procedures. Mandatory reporting will occur in a timely fashion.

TARASOFF REPORTING AND DOCUMENTATION

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: TARASOFF REPORTING AND DOCUMENTATION
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/05/2022
NUMBER: MSD.T.5
PAGE: 2

RELATED SECTIONS: DSB P&P: M.11.
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1208 & 1210; CALIFORNIA HEALTH AND SAFETY CODE SECTION AND IMQ SECTIONS 303 AND 322.

PROCEDURES

If any person in the medical services division has reason to believe that an inmate has stated a credible threat against the person of another, the following procedures shall be followed:

The reporting person shall also complete the Tarasoff Notice to the Facility Watch Commander (Form J 299B), take it immediately to the facility watch commander and file a copy in the patient chart, noting in the medical record the date and time it was forwarded to the facility watch commander.

When these procedures are implemented and this disclosure is made and documented in the patient chart the patient shall be informed by the reporting party of the content of the notation regarding disclosure.

Consideration should be given to initiating or recommending involuntary hospitalization under the provisions of the L.P.S. Act, Welfare and Institutions Codes 5150 and or 5250. It is recognized that all persons who may make a credible threat to harm another do not necessarily meet the criteria for LPS hospitalization as a danger to others while they are in the custody of the Sheriff' department.

Implemented: 1/2/14

Reviewed: 9/6/19

Revised: 1/5/22

TARASOFF REPORTING AND DOCUMENTATION

SUBJECT: TASER: POST DEPLOYMENT MANAGEMENT
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/05/2022
NUMBER: MSD.T.6
PAGE: 1

RELATED SECTIONS: DSB P&P 1.7; SDSD P&P Section 6.66, 8.1 and 8.2
IN COMPLIANCE WITH:

PURPOSE

To provide guidelines for the patient who has been subject to a Taser deployment at the time of arrest.

To provide guidelines for the removal of a Taser probe in the event a deployment.

POLICY

In the event inmate presents to receiving screening reporting Taser deployment at the time of arrest need to be cleared at the emergency department (ED) prior to being accepted into the detention facility.

In the event that Taser is deployed while in custody, a health staff member shall be called to provide a medical evaluation and treatment for the removal of TASER probes.

In the event, patient is hospitalized and taser is deployed while in the hospital notify the Director of Nursing.

PROCEDURE

- I. Taser deployment in custody. *The facility charge nurse or designee will be notified of a (potential) or actual Taser event.*
 - A. The facility charge nurse or designee will review the patient's health record for possible medical counter-indication for the use of the Taser as a method of control (i.e.) as related to a heart condition (e.g. pacemaker implant).
 - B. TASER probes removal:
 1. Verify with the deputy that the Taser device is no longer applying an electrical charge.
 2. Ascertain location of TASER probe.
 - a. If the patient's eyes, face, neck, breasts (female) axilla or genitals have been pierced by the Taser probe(s), he/she should be referred to the on-site MD/RNP or to an ED.
 - C. The health staff member will use personal protective equipment when removing the Taser .
 1. The health staff member will grasp the probe between the thumb and index finger and remove the dart with a quick firm pull; perpendicular to the skin's surface. The nurse may use forceps to remove the probe at their discretion.
 2. The health staff member will cleanse the probe wound site with skin disinfectant and cover with a Band-Aid.

SUBJECT: TASER: POST DEPLOYMENT MANAGEMENT
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 01/05/2022
NUMBER: MSD.T.6
PAGE: 2

RELATED SECTIONS: DSB P&P 1.7; SDSA P&P Section 6.66, 8.1 and 8.2
IN COMPLIANCE WITH:

- II. Procedure for medical observation related to post TASER event
 - A. The health staff member will check vital signs initially.
 - B. The health staff member will assess for injuries that might have occurred secondary to the Tased event.
 - C. The health staff member will recheck vital signs as clinically indicated.
 - D. Schedule the patient for next MDSC for evaluation.
- III. Reference: Safety Cell Use policy (MSD.S.1) if the patient is then placed into a Safety Cell following a post TASER event.
- IV. Reference: Restraint Equipment policy (MSD.R.3) if the patient is then placed into restraint equipment following a post TASER event.
- V. Documentation in the health record shall include but not limited to the following:
 - A. Vital signs to include oxygen saturation level
 - B. Pupil response
 - C. Level of consciousness
 - D. Agitation level
 - E. Response to verbal instruction

Implemented: 5/7/09
Reviewed: 2/25/11, 2/14/12, 2/28/13, 11/16/19
Revised: 7/23/13, 9/15/16, 1/5/22

SUBJECT: USE OF INMATES FOR MEDICAL EXPERIMENTS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/04/2022
NUMBER: MSD.U.1
PAGE: 1

RELATED SECTIONS: DSB P&P: M.33; MSD P&P: D.1.1, NCCHC J-G-06
IN COMPLIANCE WITH: CA P.C. 3502, 3502.5; CFR Title 21 Section 312

PURPOSE

To provide clear guidelines that the use of inmates for medical experimentation is prohibited.

POLICY

A patient in custody of the San Diego Sheriff's Department will not be used as a subject for any medical, pharmaceutical or cosmetic experiment.

PROCEDURE

- I. No experiment for any medical, pharmaceutical or cosmetic purposes will be initiated in the Sheriff's Medical Services Division.
- II. Patient's may be allowed to participate in a study of a drug or treatment available only through a treatment protocol or treatment investigational new drug (IND) as defined in Section 312 of Title 21 of the Code of Federal Regulations pursuant to CA Penal Code Section 3502.5.
- III. Patient's who enter detention facilities actively participating in a drug study may be allowed to continue following the protocol listed:
 - A. Facility health staff shall notify the Sheriff's Detention chief medical officer (CMO), and sheriff's managed care department.
 - B. The Sheriff's CMO will review the case as well as notify the Medical Administrator and the Nursing Director after it has been determined that:
 1. Access to that drug is in the best medical interest of the patient
 2. Patient had given informed consent under PC Section 3521.
 - C. The Sheriff's CMO or designee will contact the sponsor/investigator of the drug study and obtain from them a faxed copy of:
 1. An outline of the study
 2. A list of the medications including dosage and frequency used in the study for the patient participating in the study.
 3. A written statement regarding the necessity to continue/discontinue the medications while the patient is incarcerated.

USE OF INMATES FOR MEDICAL EXPERIMENTS

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: USE OF INMATES FOR MEDICAL EXPERIMENTS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/04/2022
NUMBER: MSD.U.1
PAGE: 2

RELATED SECTIONS: DSB P&P: M.33; MSD P&P: D.1.1, NNCHC J-G-06
IN COMPLIANCE WITH: CA P.C. 3502, 3502.5; CFR Title 21 Section 312

- D. The Sheriff's CMO or designee shall verify the validity of the study.
- E. If the medication is to be continued while incarcerated, the Sheriff's CMO or designee will request the medication from the sponsor/investigator of the study. The sponsor/investigator shall make arrangements with the supervising/charge nurse of the facility to have the medication delivered to that facility.
- F. When the plan for participation of the patient is completed, the facility supervising nurse & charge nurse will be informed.
- G. The sponsor/investigator of the study shall pay for all costs for outside medical appointments, medical procedures and laboratory tests required for the study.
- H. When the patient is released out of custody, the facility supervising/charge nurse will notify the CMO and the sponsor/investigator of the study.

Implemented: 7/31/06

Reviewed: 07/30/07, 07/09/08, 7.23.09, 2.25.11, 2.28.13, 9/9/19

Revised: 2.14.2012, 1/4/22

USE OF INMATES FOR MEDICAL EXPERIMENTS

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: UTILIZATION OF VOLUNTEERS / STUDENT
INTERNS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/28/2013
NUMBER: MSD.U.2
PAGE: 1

RELATED SECTIONS: DSB P&P: V.3
IN COMPLIANCE WITH:

PURPOSE:

To provide a standardization of requirements for all volunteers and non-nursing student interns prior to working in a detention facility.

POLICY

San Diego Sheriff Medical Services Division (MSD) staff will ensure that all requirements are met prior to utilizing either a volunteer or clinical intern.

AREAS OF SERVICE

MSD provides medical and psychiatric services to an incarcerated patient base.

Psychiatric services which also includes psychosocial services are provided in the county's seven jails.

Two facilities have inpatient units (male and female). Psycho-social services provides a plethora of services in an environment rich with clinical learning experiences.

Inpatient and outpatient services are currently delivered by a cadre of Medical Services Division's licensed staff. Licensed Mental Health Clinicians provide front-end supervision of interns. Service delivery occurs in concert with other professional disciplines.

PERSONAL AND PROFESSIONAL OPPORTUNITIES

Opportunities to develop one of more of the following:

Clinical skills

Build community linkage

Offer advocacy for underserved and minority populations

Interface with a mixture of professional disciplines in a structured work-setting providing services to a culturally diverse and varied patient base.

RECRUITMENT

Medical Services Division recruits volunteers and/or student interns through local universities and colleges having service learning agreements with the Sheriff's Department.

UTILIZATION OF VOLUNTEERS/STUDENT INTERNS

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: UTILIZATION OF VOLUNTEERS / STUDENT
INTERNS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/28/2013
NUMBER: MSD.U.2
PAGE: 2

RELATED SECTIONS: DSB P&P: V.3
IN COMPLIANCE WITH:

Volunteers may be recruited for the purpose of having individuals learn about correctional health care careers or jail medical operations. Volunteers do not provide direct patient care. Volunteers may provide administrative support and assistance to health care professionals.

Student interns are preparing for a career in counseling, social work, occupational or recreational therapy. Such persons are currently enrolled at a recognized college or university and have the following qualities:

Mature individual with clinical knowledge, skills, and abilities.

Communication- Solid written and verbal skills

Interpersonal skills- Cooperative, able to work in a structured setting with specific rules

A team player, dependable, organized and the ability to prioritize assignments.

PROCEDURE FOR CONSIDERATION

All volunteer and/or student intern applicants must attend a mandatory orientation session conducted by Medical Services as well as any other facility-specific orientations.

Student Interns

The College/University will provide the students' resumes/CVs to the Medical Services Administrator or designee.

The College/University will identify the level of the Master's Degree program the student is participating in.

The College/University will provide the curriculum to the Medical Administrator or designee that the student is expected to learn while participating in the jail program. It is expected that this program will be adhered to.

The Medical Administrator/Medical Director will meet with the jail Mental Health Clinicians to outline their expectations of the Mental Health Clinicians while functioning as mentors for the interns.

The Mental Health Clinicians will meet periodically with the field representative from the College/University.

UTILIZATION OF VOLUNTEERS/STUDENT INTERNS

SUBJECT: UTILIZATION OF VOLUNTEERS / STUDENT
INTERNS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
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PAGE: 3

RELATED SECTIONS: DSB P&P: V.3
IN COMPLIANCE WITH:

The Mental Health Clinicians will meet periodically with the Medical Administrator/chief medical officer to update them on the interns' progress or lack thereof.

The Medical Administrator and the chief medical officer will meet periodically with the field representatives from the College/University to discuss the progress of the interns, as well as the effectiveness of the Mental Health Clinician mentors.

Student interns who are to be given access to inmate medical records

Are expected to have inmate interaction supervised by a Medical Services Division clinical staff, must successfully pass the Sheriff's Department's background investigation, which includes a computerized voice stress analysis (CVSA), a truth verification exam. Volunteers may be authorized view access to medical records at the discretion of the Medical Services Administrator based on need to have access and must have passed the CVSA. Duration of the clearance is based on need and does not exceed one year. Facility clearances are renewed annually.

Once the candidate has successfully passed the CVSA, he/she will be issued a Sheriff's Department I.D. card. I.D. cards that must be worn at all times while in the facility.

Volunteers

Volunteers without state mandated level of graduate courses will provide basic psycho-social services under the mentorship of the Mental Health Clinician.

ONGOING MANAGEMENT OF VOLUNTEERS AND/OR STUDENT INTERNS

Student interns and volunteers will receive security briefing and necessary training from facility command staff.

A designated MSD clinical staff will provide on-going supervision of volunteers and student interns and will maintain liaison with college officials and representatives.

Volunteers and student interns shall adhere to institutional rules at all times including but not limited to mandates on reporting imposed upon jails with the Prison Rape Elimination Act.

Medical Services Administration and the Watch Commander may terminate the volunteer or student intern at any time, for cause.

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
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SUBJECT: UTILIZATION OF VOLUNTEERS / STUDENT
INTERNS
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/28/2013
NUMBER: MSD.U.2
PAGE: 4

RELATED SECTIONS: DSB P&P: V.3
IN COMPLIANCE WITH:

Implemented: 1/28/13

Reviewed: 9/9/19, 1/4/22

Revised:

SUBJECT: VERMIN CONTROL
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/04/2022
NUMBER: MSD.V.1
PAGE: 1

RELATED SECTIONS: DSB P&P: L.15, NCCHC J-B-02
IN COMPLIANCE WITH: CCR, TITLE 15, SECTION 1254; P.C. 6030

PURPOSE

To ensure that all patients be treated when there is suspect of lice or scabies.

POLICY

A patient who is suspected of having a pediculosis or scabies infestation, shall be given the opportunity to bathe and clean themselves. The patient shall be referred to medical staff for proper treatment.

PROCEDURE

- I. Identification:
 - A. Patient will checked for scabies and or lice during Receiving Screening.
 - B. A patient may request evaluation using Sick Call Request form.
 - C. When any deputy suspects a patient is vermin infested, the deputy shall notify health staff.

- II. Treatment:
 - A. Health staff shall determine the nature of the vermin and direct the custody staff to begin proper treatment of clothing and bedding in accordance with DSB P&P: L.13 Pest & Vermin Control.
 - B. Health staff shall initiate treatment in accordance with appropriate protocol.

Implemented: 4/91

Reviewed: 9/17/96, 9/19/97, 9/18/98, 8/11/99, 7/31/00, 8/10/01, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 7.3.09, 2/25/11, 2.14.12, 2.28.13, 9/9/19

Revised: 3/23/92, 4/1/94, 5/24/95, 1/29/96, 9/18/02, 1/4/22

VERMIN CONTROL

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT: VACCINE STORAGE AND HANDLING
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 01/04/2022
NUMBER: MSD.V.2
PAGE: 1

RELATED SECTIONS: MSD.D1.1.
IN COMPLIANCE WITH: HHSA-PHS-CQM-10 D AND 11

PURPOSE

To ensure that vaccines are properly stored from the time they are received by staff until they are administered.

To establish standardized procedures for the safe storage of vaccines and other medications requiring refrigeration/freezing in the detention facilities.

POLICY

Requirements for the temperature monitoring devices will follow the recommendations of CDC.

Vaccines or other medications requiring refrigeration/freezing will be stored in designated pharmacy refrigerators.

Maintaining the cold chain when storing and handling vaccines is a shared responsibility.

Temperature ranges will be kept between 36.0 and 46.0 degrees F until the point of administration.

Vaccines should be stored in their original packaging.

DEFINITIONS

Calibration: Thermometer calibration is the process of verifying the accuracy of the thermometer.

Certificate of Traceability & Calibration Testing: A certificate from the National Institute of Standards and Technology certifying that a device has been calibrated to meet the requirements of the product.

Cold Chain: A system used to store and distribute vaccines in good condition. The cold chain has three components: transport and storage, trained personnel, and efficient procedures.

Data Logger: A digital thermometer with a glycol-encased probe that displays current temperature and stores a finite set of historical data.

Excursion: Any temperature reading outside the recommended ranges.

VACCINE STORAGE AND HANDLING

SUBJECT: VACCINE STORAGE AND HANDLING
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/04/2022
NUMBER: MSD.V.2
PAGE: 2

RELATED SECTIONS: MSD.D.1.1
IN COMPLIANCE WITH: HHSA-PHS-CQM-10 D AND 11

Maximum Temperature: Highest temperature recorded since the thermometer memory was last cleared.

Minimum Temperature: Lowest temperature recorded since the thermometer memory was last cleared.

Temperature Log: Paper log of daily temperatures.

Tolerance: Tolerances refer to the amount considered an acceptable measure of error in a thermometer's temperature reading.

PROCEDURE

I. Routine maintenance

- A. It is critical that vaccine storage unit hold temperatures within the ranges required to protect potency of the vaccines.
 1. Refrigerator acceptable temperature range: 36°F to 46°F.
 2. Freezer acceptable temperature range: -58°F to 5°F.
- B. The thermometer must be calibrated annually.
- C. Routine refrigerator/freezer maintenance visits shall be scheduled annually.
- D. When malfunctions occur in the refrigerator or freezer, repair service shall be scheduled within 24 hours.
- E. New refrigerators/freezers must be monitored twice daily and be in acceptable refrigerator ranges 36°-46° F for a minimum of three days prior to placing vaccines in the storage unit.
- F. Certificates of calibration shall remain onsite for three years.
- G. The dedicated pharmacy refrigerator to the outlet will be directly attached to the wall.
- H. Do not use outlets that are controlled by wall switches or have built-in circuit switches (they have red reset buttons).
- I. Warning signs stating "DO NOT UNPLUG" shall be posted above the refrigerator. (See ATTACHMENT A).

II. Receiving and unpacking

- A. Examine deliveries upon receipt.
- B. Store vaccines at the proper temperature immediately.
- C. Check heat and cold temperature indicators if included.
- D. Vaccines sent directly by the manufacturer are in specifically designed boxes and may not contain temperature monitor.
- E. The maintenance of vaccine inventory will be an assigned responsibility.

VACCINE STORAGE AND HANDLING

SUBJECT: VACCINE STORAGE AND HANDLING
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

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RELATED SECTIONS: MSD.D.1.1
IN COMPLIANCE WITH: HHSA-PHS-CQM-10 D AND 11

III. Handling and storage of vaccines

- A. Regular temperature monitoring is the key to proper cold chain management.
- B. Store all vaccines (except for Varicella) in a refrigerator between 36° to 46° F.
- C. The temperature monitoring device should be placed as close to the vaccines as possible.
- D. Adequate space should be provided within the refrigerator for vaccines to allow air flow to circulate freely. The refrigerator should be no more than 50% full. (See ATTACHMENT B).
- E. Vaccines should not be stored in the compartments on the refrigerator door.
- F. Expiration dates of vaccines and diluents will be monitored weekly.

IV. Data Loggers

- A. "Digital data loggers read and record vaccine temperatures continuously to give providers an accurate reporting of vaccine temperatures over time. These devices are also called "continuous temperature monitoring devices" or just "data loggers."
- B. Facilities must also have at least one backup device for use when a primary device fails or is being calibrated. Every device must have a valid and current certificate of calibration.

V. Refrigerator Temperature Log

- A. The temperature log must be completed and include month, year, refrigerator location, and PIN. Our VFC PIN number is 080040.
- B. The temperature in the refrigerator will be monitored twice a day.
- C. Temperatures will be documented on the designated monthly log as maximum reading, minimum reading and actual reading. (See ATTACHMENT C). If the thermometer does not reset automatically, the maximum and minimum functions must be reset after each reading.
- D. Use a new log every month.
- E. If the alarm did not go off, leave the checked mark column blank.
- F. Record the CURRENT, MIN, and MAX temperatures neatly, accurately, and in the correct columns. Do not record Lo/Hi alarm settings.
- G. If the alarm did not go off, make sure the data logger is in place and recording.

VI. Excursions

- A. The temperature alarm will sound if temperature parameters 36° to 46°F have been compromised.
- B. In the event of an excursion, try to ascertain how long the power has been out.

VACCINE STORAGE AND HANDLING

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT: VACCINE STORAGE AND HANDLING
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RELATED SECTIONS: MSD.D.1.1
IN COMPLIANCE WITH: HHSA-PHS-CQM-10 D AND 11

- C. If alarm went off, clear the MIN/MAX and alarm symbol (Skip this step if data logger resets automatically.)
 1. Post "Do not use vaccines" sign.
 2. Alert the supervising and/or charge nurse, and pharmacy technician if assigned at facility.
 3. Supervising and or charge nurse will alert vaccine coordinator from HHSA and upper management.
 4. Ensure data logger is in place and recording.

VII. Supervision

- A. Charge Nurses will be advised immediately if there is an excursion and the alarm is activated.
- B. When log sheet is complete on the 15th and the end of every month, complete the "Supervisor's Review" section on the bottom right hand corner of the log sheet for the first and second page. (See ATTACHMENT D).
- C. Scan and send the log to the designated Vaccine Coordinator at COC twice a month (on the 15th and the end of the month).

Implemented: 7/23/2018
Reviewed: 9/9/19
Revised: 1/4/22

VACCINE STORAGE AND HANDLING

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION**

Operations Manual

SUBJECT: VACCINE STORAGE AND HANDLING
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DATE: 1/04/2022
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PAGE: 5

RELATED SECTIONS: MSD.D.1.1
IN COMPLIANCE WITH: HHSA-PHS-CQM-10 D AND 11

ATTACHMENT A:
<http://eziz.org/assets/docs/IMM-744.pdf>



IMM-744 1-00 E/S

SUBJECT: VACCINE STORAGE AND HANDLING
 CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
 DISSEMINATION: MEDICAL SERVICES DIVISION

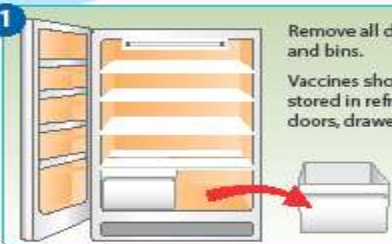
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RELATED SECTIONS: MSD.D.1.1
 IN COMPLIANCE WITH: HHSA-PHS-CQM-10 D AND 11

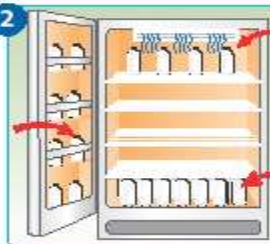
ATTACHMENT B:
<http://eziz.org/assets/docs/IMM-962.pdf>

Preparing Refrigerators for Vaccine Storage


- 1**




Remove all drawers and bins. Vaccines should not be stored in refrigerator doors, drawers, or bins.
- 2**




Fill the refrigerator floor with water bottles. Put water bottles in the door and bin space, and on the top shelf (undereath the cold air vent). Do not block air vents.
- 3**




You'll need to set up and get familiar with your data logger before using it to monitor temperatures. Refer to "Data Logger Setup & Use" (IMM-1206) for further instruction. Store your backup device's buffered probe in the vaccine refrigerator.
- 4**



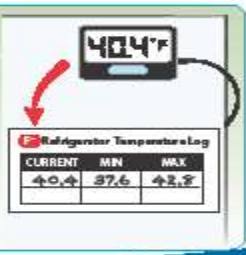
Attach the digital display to the outside of the refrigerator, either on the door or on the side. CURRENT, MIN, and MAX temperatures must be visible without opening the storage unit door.
- 5**



Plug in the refrigerator. Secure with plug guard/cover. Post "Do Not Unplug" sign.
- 6**



Set the refrigerator temperature. If the refrigerator has a thermostat, set it at 40°F. If it has a dial with a range of settings, set it to the middle of the range. The next morning, check the temperature and adjust it until it stabilizes at approximately 40°F.
- 7**



Once the temperature has stabilized, record CURRENT, MIN, and MAX temperatures on the log twice a day. Do not store vaccines in the refrigerator until the temperature is stable at around 40°F for 3-5 days.

www.eziz.org

SUBJECT: VACCINE STORAGE AND HANDLING
 CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
 DISSEMINATION: MEDICAL SERVICES DIVISION

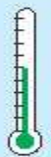
DATE: 1/04/2022
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RELATED SECTIONS: MSD.D.1.1
 IN COMPLIANCE WITH: HHSA-PHS-CQM-10 D AND 11

ATTACHMENT C:
<http://eziz.org/assets/docs/IMM-1169F.pdf>

READING A DIGITAL DISPLAY (F°)

DEGREES/SCALE



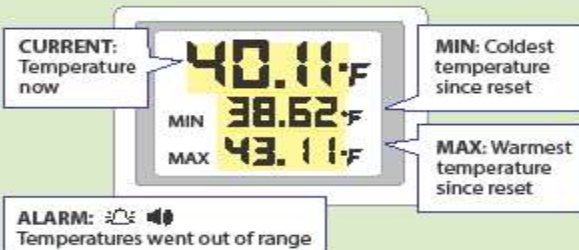
Temperature is measured by degrees in Fahrenheit or Celsius. These scales are very different. A refrigerator is OK at 40.11°F but is TOO WARM at 40.11°C.



°F = degrees in Fahrenheit
 °C = degrees in Celsius
 Set data loggers to the same scale for both refrigerators and freezers. Use the matching temperature logs.

TEMPERATURES

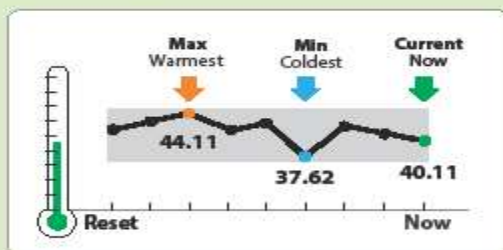
Record all three temperatures on VFC temperature logs.



Don't forget to include:



Temperature Fluctuation



This graph shows how temperatures fluctuate during the day. Checking the CURRENT temperature is not enough. MIN and MAX temperatures are needed to catch out-of-range temperatures between now and the last time the device was reset.

Refer to the device's product guide or video to learn how to use it. For guidance on monitoring storage unit temperatures, refer to "Data Logger Setup & Use" (IMM-1206).

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RELATED SECTIONS: MSD.D.1.1
 IN COMPLIANCE WITH: HHSA-PHS-CQM-10 D AND 11

<http://eziz.org/assets/docs/IMM-1029.pdf>

HOW TO RECORD TEMPERATURES (F°)

FOR REFRIGERATORS AND FREEZERS

CHECK TEMPERATURES TWICE A DAY.

- 1 Fill out header.**
- 2 Record the time and your initials next to the day of the month:**
 a.m. temperatures before opening the refrigerator or freezer.
 p.m. temperatures about an hour before the office closes to allow time for corrective actions.
- 3 Record a check mark if you see or hear an alarm.**
 If the alarm did not go off, leave blank.
- 4 Record CURRENT, MIN, and MAX temperatures neatly, accurately, and in the correct columns.**
 Do not record LO/Hi alarm settings.

F° Refrigerator Temperature Log

MONTH & YEAR		REFRIGERATOR LOCATION/ID		VFC PIN			
January 2018		Injection Room Unit #2		012846			
DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS IN
16	8:00 a.m.	CS	✓	37.4	33.0	39.2	
17							



Remember to write in pen.

IF NO ALARM:

- 1 Clear MIN and MAX.**
 (Skip this step if your data logger resets automatically.)
 Confirm MIN and MAX now match the CURRENT temperature.
- 2 Ensure data logger is in place and recording.**
 (Some devices need to be reconnected and restarted.)

Refer to the device's product guide. Additional instructions at EZIZ.org/assets/docs/IMM-1206.pdf.



Temperatures should be within range:

Refrigerator	Freezer
46.0°	5.0°
45°	4°
44°	3°
43°	2°
42°	1°
41°	0°
40°	-1°
39°	-2°
38°	-3°
37°	-4°
36.0°	-5°
	-6°
	-7°
	-8°
	-9°
	-10 to -58°

CONTINUED ON PAGE 2.

ATTACHMENT D:

VACCINE STORAGE AND HANDLING

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT MEDICAL SERVICES DIVISION

Operations Manual

SUBJECT: VACCINE STORAGE AND HANDLING
 CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
 DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/04/2022
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RELATED SECTIONS: MSD.P.1
 IN COMPLIANCE WITH: HHSA-PHS-CQM-10 D AND 11

<http://eziz.org/assets/docs/IMM-1125.pdf>

F Refrigerator Temperature Log

MONTH & YEAR		REFRIGERATOR LOCATION/NO.			VFC PIN		
DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
Example	8:00 a.m.	NN		40.5	38.1	42.7	
	4:00 p.m.	NN	✓	37.4	35.0	39.2	12345
1	a.m. p.m.						
2	a.m. p.m.						
3	a.m. p.m.						
4	a.m. p.m.						
5	a.m. p.m.						
6	a.m. p.m.						
7	a.m. p.m.						
8	a.m. p.m.						
9	a.m. p.m.						
10	a.m. p.m.						
11	a.m. p.m.						
12	a.m. p.m.						
13	a.m. p.m.						
14	a.m. p.m.						
15	a.m. p.m.						

Notes: _____

Instructions

Keep refrigerator in OK range.

Check temperatures twice a day.

1. Fill out month, year, refrigerator ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

If no alarm:

1. Clear MIN/MAX.
2. Ensure data logger is in place and recording.

IF ALARM WENT OFF:

1. Clear MIN/MAX and alarm symbol.
2. Post "Do Not Use Vaccines" sign.
3. Alert your supervisor.
4. Report excursion to SHOTS at MyVFCexcuses.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.

Supervisor's Review

When log is complete, check all that apply:

- Month/year/site ID/PIN are recorded.
- Temperatures were recorded twice daily.
- I reviewed data files for all the days on this log to find any missed excursions.
Date downloaded: _____
- Any excursions were reported to SHOTS at MyVFCexcuses.org.
- We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____

SUBJECT: WORK FURLOUGH PROGRAM / WEEKENDER PROGRAM
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/04/2022
NUMBER: MSD.W.1
PAGE: 1

RELATED SECTIONS: MSD P&P: I.3 and DSB Q.11, NCCHC J-E-02
IN COMPLIANCE WITH: CCR Title 15, Section 1206

PURPOSE

To provide guidelines for health care to patients who are involved in either the work furlough or weekender programs.

POLICY

All patients involved in these programs will be medically screened at Intake. Health care needs shall be provided by the sheriff's medical services when the patient is in the sheriff's custody. A normal pregnancy shall not be cause for withdrawal from the program.

PROCEDURE

- I. Patients on either the work furlough or the weekender programs who are brought to the Sheriff's Detention Facilities shall undergo receiving screening.
- II. Returning weekenders who have been medically screened shall report to the triage nurse to be interviewed regarding any change in their medical condition since the last incarceration period (past week-end) in jail.

Implemented: 8/29/91

Reviewed: 9/17/96, 9/19/97, 9/18/98, 8/11/99, 7/31/00, 9/18/02, 8/18/03, 8/9/04, 8/12/05, 7/31/06, 7/30/07, 07/09/08, 2/25/11, 2.14.12, 2.28.13, 9/9/19,

Revised: 3/19/92, 5/24/95, 1/29/96, 8/10/01, 3/22/05 and 7.27.09, 1/4/22

WORK FURLOUGH PROGRAM / WEEKENDER PROGRAM

SUBJECT: WOUND CARE MANAGEMENT
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/04/2022
NUMBER: MSD.W.2
PAGE: 1

RELATED SECTIONS: MSD P&P
IN COMPLIANCE WITH:

PURPOSE

To provide proper wound care management for Sheriff's detention facilities, to ensure continuity of care for patients, to optimize healing of all wounds and minimize complications and to provide a resource for treatment and ongoing training of health staff.

POLICY

All wound care treatment shall be ordered by the attending physician or be previously established in one of MSD's SNP's. Nursing staff will follow the wound care protocols/nursing guidelines.

DESCRIPTION OF THE PROGRAM

On-site collaboration is key in the success of the program and includes the facility physicians, registered nurse practitioners (RNP), nursing supervisor, charge nurses and nursing staff.

PROCEDURE:

- I. Initial treatment will be initiated at the time of incarceration, post-operatively, or when identified in MDSC or HUR's.
- II. All wounds will be measured and photographed initially, weekly and whenever ever there is deterioration in the wound.
- III. The nursing staff will follow the wound care protocols/nursing guidelines.
- IV. Significant changes in the wound should be reported the facility physician/RNP.
- V. Post-op wound care shall be managed by the surgeon and treatment modalities will be ordered by them. Post op wounds shall be assessed during each shift for the first 7 days. The use of aseptic technique will be used for all surgical wounds until the wound edges are well approximated.
- VI. The wound care nurse will be used as a resource and make recommendations to the physicians/RNP based on their expertise. A physician's order is required for these recommendations.

DOCUMENTATION

- VII. The following information shall be recorded in the patient's electronic medical record for each wound care visit:
 - A. Date of the wound care visit.
 - B. Vital signs
 - C. Status of the dressings: intact, wet, dry, loose, clean or dirty, etc.

WOUND CARE MANAGEMENT

SUBJECT: WOUND CARE MANAGEMENT
CATEGORY: MEDICAL & PSYCHIATRIC SERVICES
DISSEMINATION: MEDICAL SERVICES DIVISION

DATE: 1/04/2022
NUMBER: MSD.W.2
PAGE: 2

RELATED SECTIONS: MSD P&P
IN COMPLIANCE WITH:

- D. Description of the wound: non-viable, necrotic tissue, good blood flow, poor blood flow, edematous, macerated, granulation, infected, tunneling, undermining.
- E. Description and amount of the exudate: serous, sanguinous, serosanguinous, seropurulent, purulent. Amount of the exudate: scanty, small, minimal, large
- F. Color
- G. Location: foot, leg, thigh, sacrum, elbow, shoulder, right, left, dorsal, plantar, medial, lateral, anterior, posterior, etc.
- H. Presence of odor: fruity, foul
- I. Past and current treatment including products used
- J. Complaints of pain using pain scale.
- K. Plan of care: referrals, follow-ups, collaboration with other teams: doctor, nurse, therapist or health care professional to discuss your findings, especially if there is deterioration.
- L. Patient education

References

www.woundcare.org

Basic Principles of Wound Management Retrieved from www.uptodate.com 1/4/2022

Implemented: 5/30/11

Reviewed: 2.29.12, 2.28.13, 9/9/19

Revised: 1/4/22