MISSION

(Agency Mission statement)

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PHILOSOPHY AND GOALS

(Agency Philosophy and Goals statement)

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CODE OF ETHICS

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

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

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

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

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

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

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Chapter 1 - Role and Authority

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Authority and Legal Assistance

100.1 PURPOSE AND SCOPE

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

100.2 POLICY

It is the policy of this Office that the local detention facility will be maintained by all lawful means for the incarceration of persons suspected of violating the law or who have been adjudicated as guilty of committing a crime or civil offense by a competent legal authority, as prescribed by law (Idaho Code 18-101A, Idaho Code 20-601, Idaho Code 20-604, Idaho Code 20-612, Idaho Code 20-614, Idaho Code 20-615 and Idaho Code 20-616).

100.3 LEGAL FOUNDATION

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

100.4 LEGAL ASSISTANCE

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

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

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

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

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

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

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100.4.1 LEGAL LIAISON

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

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

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Annual Review and Performance-Based Goals and Objectives

101.1 PURPOSE AND SCOPE

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

101.2 POLICY

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

101.3 ANNUAL REVIEW

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

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

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

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

(d) Fiscal operations and accounting procedures.

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

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

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

(h) Cleanliness of the facility.

(i) Inmate profiles and trends that measure:

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

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

(j) Security issues that include:

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

(k) Inmate programs including:

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

101.4 CRITERIA TO MEASURE PERFORMANCE

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

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

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(b) Findings from independent financial audits

(c) Inmate grievances

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

(e) Documented training hours received by staff

(f) Completed audits of the policy and procedures manuals

101.5 MANAGEMENT REVIEW PROCESS

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

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

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

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

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

(e) **Inspection findings** - The Office is subject to a variety of administrative inspections (standard-setting authorities, county commissioners, command staff, grand jury, jail advocates) (Idaho Code 20-622). These annual inspections should be used to identify ongoing issues in the operation of this facility.

101.6 MANAGEMENT REVIEW RESULTS

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

The results of management reviews should be used in the ongoing process of continuous improvement. They should be used to direct changes in the operation of this facility or to identify

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successful operations that might be replicated in other areas of the facility. They should not, however, include specific identifying information of incidents or involved individuals.

The results of management reviews also may be used in full or in part to respond to inquiries from interested groups, such as the local legislative body, courts, grand jury or others, to provide information on issues concerning the operation of this facility, including action planning whenever appropriate.

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Custody Manual

102.1 PURPOSE AND SCOPE

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

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

102.2 POLICY

The manual of the Valley County Sheriff's Office detention center is hereby established and shall be referred to as the Custody Manual. All members are to conform to the provisions of this manual.

102.2.1 DISCLAIMER

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

102.3 RESPONSIBILITIES

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

The Jail Commander shall ensure that the Custody Manual is reviewed annually, updated whenever necessary, and staff trained accordingly to ensure that the policies in the manual are current and reflect the mission of the Valley County Sheriff's Office. The review shall be documented in written form sufficient to indicate that policies and procedures have been reviewed and amended as appropriate to facility changes.

102.3.1 COMMAND STAFF

The command staff should consist of the following:

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- Sheriff
- Chief Deputy
- Jail Commander

102.3.2 OTHER PERSONNEL

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

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

102.4 DEFINITIONS

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

Office - The Valley County Sheriff's Office.

Custody Manual - The Office Custody Manual.

Employee - Any person employed by the Office.

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

Member - Any person employed by the Office, including:

- Full- and part-time employees.
- Sworn Deputies.
- Reserve deputies.
- Non-sworn employees.
- Volunteers.

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

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

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

Rank - The job classification title held by a deputy.

Shall or will - Indicates a mandatory action.

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

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102.5 DISTRIBUTION OF MANUAL

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

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

102.6 MANUAL ACCEPTANCE

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

102.7 REVISIONS TO POLICIES

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

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

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Standards of Conduct

103.1 PURPOSE AND SCOPE

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

103.2 POLICY

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

103.3 DIRECTIVES AND ORDERS

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

103.3.1 UNLAWFUL OR CONFLICTING ORDERS

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

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

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

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

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103.3.2 SUPERVISOR RESPONSIBILITIES

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

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

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

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

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

103.4 GENERAL STANDARDS

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

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

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

103.4.1 PRISON RAPE ELIMINATION ACT DISCLOSURE

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

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

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

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

103.5 CAUSES FOR DISCIPLINE

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

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103.5.1 LAWS, RULES, AND ORDERS

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

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

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

103.5.2 ETHICS

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

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

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

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

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

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

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

103.5.3 DISCRIMINATION, OPPRESSION, OR FAVORITISM

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

103.5.4 RELATIONSHIPS

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

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

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

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

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

103.5.5 ATTENDANCE

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

(b) Unexcused or unauthorized absence or tardiness.

(c) Excessive absenteeism or abuse of leave privileges.

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

103.5.6 UNAUTHORIZED ACCESS, DISCLOSURE, OR USE

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

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

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

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

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

103.5.7 EFFICIENCY

(a) Neglect of duty.

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

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

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

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

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

103.5.8 PERFORMANCE

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

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

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

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

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

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

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

(g) Improper political activity, including:

1. Unauthorized attendance while on-duty at official legislative or political sessions.
2. Solicitations, speeches, or distribution of campaign literature for or against any political candidate or position while on-duty or on office property, except as expressly authorized by county policy, the collective bargaining agreement or contract, or the Sheriff.

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

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

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103.5.9 CONDUCT

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

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

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

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

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

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

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

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

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

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

(k) Activity that is incompatible with a member’s conditions of employment or appointment as established by law or that violates a provision of any collective bargaining agreement or contract, to include fraud in securing the appointment or hire.

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

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

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

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

103.5.10 SAFETY

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

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

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

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

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

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

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

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

103.5.11 INTOXICANTS

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

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

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

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Post-Orders

104.1 PURPOSE AND SCOPE

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

104.2 POLICY

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

104.3 DEVELOPMENT

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

104.4 REVIEW AND UPDATE

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

104.5 TRAINING

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

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Chapter 2 - Organization and Administration

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Financial Practices

200.1 PURPOSE AND SCOPE

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

200.2 POLICY

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

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

200.3 BUDGET PLAN

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

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

200.3.1 INMATE COST PER DAY FORMULATION AND REPORTING

The Jail Commander shall develop a formula to track the cost of incarceration in the detention center on a per-person basis. A completed "Inmate Cost Per Day" formula will be submitted to the Idaho Sheriff's Association detention center coordinator by November 1 of each year (Idaho Code 20-606).

200.4 FISCAL ACCOUNTING AND MANAGEMENT OF APPROVED BUDGET

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

- The budget amount
- The amount expended for the month
- The year-to-date amount expended

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- Any outstanding encumbrances
- The cumulative total year-to-date expenditures plus outstanding encumbrances

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

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

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

200.5 TRANSFERRING FUNDS AMONG BUDGET CATEGORIES

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

200.6 FINANCIAL AUDITS

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

200.6.1 FINANCIAL AUDITS OF THE INMATE WELFARE FUND

An annual financial audit of the Inmate Welfare Fund shall be conducted and shall include the office’s budget and any monies placed into the Inmate Welfare Fund. The methods used for collecting, safeguarding and disbursing monies, including inmates' personal funds held by the facility, shall comply with accepted accounting procedures (Idaho Code 20-618).

200.6.2 POSITION CONTROL

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

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

200.7 STAFFING PLAN

The Jail Commander should maintain an up-to-date staffing plan for the purpose of exercising position control. The staffing plan should include a comprehensive list of all positions in this facility. Each position has a descriptive job title that is associated with a description of the position's duties

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and responsibilities. Each position will have a written job description for all position classifications and post assignments that define responsibilities, duties and qualifications

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

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

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

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

(d) Manage the use of part-time staff. The number of hours worked by part-time staff should be monitored to ensure that part-time employees are not working in excess of what has been authorized.

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

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

(g) Monitor the use of merit increases. Caution should be exercised in granting merit increases as a way of making up for perceived shortfalls in cost-of-living increases. Each merit increase, unless it is a one-time bonus, increases the base pay and has an impact on continuation funding in future budget years.

200.7.1 INSURANCE REQUIREMENTS

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

200.7.2 PERFORMANCE MONITORING

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

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

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Supervision of Inmates - Minimum Requirements

201.1 PURPOSE AND SCOPE

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

201.2 POLICY

It is the policy of this facility to provide for the safety and security of citizens, staff and inmates through appropriate staffing levels that are sufficient to operate the facility and perform functions related to the safety, security, custody and supervision of inmates. In an effort to protect the dignity and privacy rights of the inmates and to comply with existing case law, at least one member of the same sex of each inmate represented in the population will be on-duty at all times, one of whom must be a custody deputy. When a deputy of the same sex of the inmate is not available, two deputies shall be present when dealing the inmate.

201.3 SUPERVISION OF INMATES

There should be, at all times, sufficient staff designated to remain in the facility for the supervision and welfare of inmates, to ensure the implementation and operation of all programs and activities, as required by minimum jail standards and to respond to emergencies when needed. Such staff must not leave the facility while inmates are present and should not be assigned duties that could conflict with the supervision of inmates.

When both male and female inmates are held at this facility, a minimum of one male and one female deputy should be on-duty in the detention center at all times, if feasible.

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

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

The Jail Commander or the authorized designee shall be responsible for developing staffing plans to comply with this policy. Records of staff deployment should be maintained in accordance with established records retention schedules.

201.4 SEPARATION OF DUTIES

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

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Prohibition on Inmate Control

202.1 PURPOSE AND SCOPE

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

202.2 POLICY

All staff, including support staff, contractors and volunteers should exercise control and supervision of all inmates under their control. It is the policy of this office to prohibit any staff member to implicitly allow, or by dereliction of duty allow, any inmate or group of inmates to exert authority over any other inmate.

202.3 EDUCATION, DRUG OR ALCOHOL PROGRAM ASSISTANTS

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

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Equipment Inventory and Supplies

203.1 PURPOSE AND SCOPE

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

203.2 POLICY

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

The detention center maintains a secure storage area for the purpose of storing supplies and equipment. The Jail Commander shall maintain oversight of the area.

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

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

The Office County Clerk's Office, in conformance with established policies, is responsible for negotiating all other purchases.

203.3 PURCHASING

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

Personnel with spending authority should adhere to the following strategies:

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

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

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

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

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

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

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

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

203.4 EQUIPMENT INVENTORY

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

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Tool and Culinary Equipment Control

204.1 PURPOSE AND SCOPE

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

204.2 POLICY

It is the policy of this facility to securely store, inventory, control and monitor the use of tools and culinary equipment to ensure accountability and the secure use of these items.

204.2.1 CUSTODY TOOLS

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

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

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

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

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

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

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

(c) Initiating a facility-wide search.

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

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204.2.2 MAINTENANCE OR CONSTRUCTION TOOLS

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

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

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

204.2.3 EXTERIOR-USE TOOLS

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

- Handheld tools
- Power tools
- Landscape maintenance tools

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

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

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

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

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204.2.4 KITCHEN EQUIPMENT

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

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

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

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

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

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

204.2.5 SERVING AND INDIVIDUAL EATING TOOLS

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

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

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

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Disposition of Evidence

205.1 PURPOSE AND SCOPE

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

205.2 POLICY

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

205.3 INITIAL SEIZURE OF EVIDENCE

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

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

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

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

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

205.4 PROPERTY BOOKING PROCEDURE

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

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

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

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

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

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

205.4.1 NARCOTICS AND DANGEROUS DRUGS

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

205.4.2 EXCEPTIONAL HANDLING

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

205.4.3 RECORDING OF PROPERTY

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

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

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

205.4.4 PROPERTY CONTROL

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

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

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

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205.4.5 TRANSFER OF EVIDENCE TO CRIME LABORATORY

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

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

205.4.6 STATUS OF PROPERTY

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

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

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

205.5 RELEASE OR DISPOSITION OF UNCLAIMED FUNDS AND PROPERTY

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

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

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

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

The Property supervisor or the authorized designee shall submit a report of presumed abandoned property or funds once a year to the Sheriff and the County Clerk's Office, or more frequently as directed. The Property supervisor may dispose of property in compliance with existing laws upon receipt of proper authorization from the Sheriff.

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

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

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

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Records and Data Practices

206.1 PURPOSE AND SCOPE

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

206.2 POLICY

Members of the Valley County Sheriff's Office will adhere to all applicable laws, orders, regulations, use agreements, and training related to the access, use, dissemination, and release of protected information.

206.3 CUSTODIAN OF RECORDS

The Sheriff shall designate a Custodian of Records (Idaho Code 74-101(3); Idaho Code 74-119). The responsibilities of the Custodian of Records include but are not limited to:

(a) Remaining familiar with the Idaho Public Records Law (Idaho Code 74-101 through Idaho Code 74-126).

(b) Managing the records management system for the Office, including the retention, archiving, release, and destruction of office public records.

(c) Maintaining and updating the office records retention schedule, including:

1. Identifying the minimum length of time the Office must keep records.
2. Identifying the office Records Division responsible for the original record.

(d) Establishing rules regarding the inspection and copying of office public records as reasonably necessary for the protection of such records.

(e) Identifying records or portions of records that are confidential under state or federal law and not open for inspection or copying.

(f) Establishing rules regarding the processing of subpoenas for the production of records.

(g) Ensuring a current schedule of fees for public records as allowed by law is available (Idaho Code 74-102).

(h) Ensuring guidelines are in place that identify the general subject matter of all public records maintained by the Office and the physical location of those documents (Idaho Code 74-119).

206.3.1 RETENTION OF RECORDINGS OF EVIDENTIARY VALUE

Recordings of evidentiary value shall be retained pursuant to the organization’s records retention schedule and at a minimum of 200 days (Idaho Code 31-871).

206.4 ACCESS TO RECORDS

Access to confidential paper or electronically generated records in this facility is restricted at various locations according to job function and the need to know. Employees working in assigned areas will only have access to the information that is necessary for the performance of their

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duties. Granting access to other employees or anyone outside of the work area must meet with supervisory approval. All requests for information received from outside the Office shall be forwarded to the Jail Commander.

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

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

206.5 INMATE ACCESS TO INFORMATION

Inmates are permitted reasonable access to information in their own files and records. The Jail Commander may restrict the inmate’s access to certain information, or provide a summary of the information, in accordance with Idaho Code 74-113(3)(e), when the disclosure of the information to the inmate presents a threat to individual safety and the security off the facility.

206.6 STAFF TRAINING

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

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Research Involving Inmates

207.1 PURPOSE AND SCOPE

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

207.2 POLICY

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

207.3 AUTHORIZATION REQUIREMENTS

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

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

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

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

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

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

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explanation of the positive and negative features of the treatment, and only with the inmate's informed consent.

207.4 LEGAL CONSIDERATIONS

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

207.5 INMATES IN COMMUNITY-BASED RESEARCH

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

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

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

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

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

207.6 HUMAN RESEARCH STUDIES

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

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Inmate Records

208.1 PURPOSE AND SCOPE

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

208.2 POLICY

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

208.2.1 RECORD MAINTENANCE

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

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

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

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

208.2.2 RELEASE OF INMATE RECORDS

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

208.2.3 ELECTRONIC RECORD MAINTENANCE

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

208.2.4 RECORDS RETENTION

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

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Report Preparation

209.1 PURPOSE AND SCOPE

Report preparation is a major part of each deputy's job. The purpose of these reports is to document incidents at the facility, refresh the deputy's memory and provide sufficient information for a follow-up investigation and successful prosecution or a disciplinary proceeding. Report writing is the subject of substantial formal and onthejob training.

209.2 REPORT PREPARATION

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

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

All reports shall accurately reflect the identity of the persons involved, all pertinent information seen, heard or assimilated by any other sense, and any actions taken.

Employees shall not suppress, conceal or distort the facts of any reported incident, nor shall any employee make a false report orally or in writing. Generally, the reporting employee's opinions should not be included in reports unless specifically identified as such.

209.3 REQUIRED REPORTING

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

209.3.1 CRIMINAL ACTIVITY REPORTING

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

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209.3.2 INCIDENT REPORTING

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

Incidents that shall be documented using the appropriate approved report include:

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

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

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

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

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

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

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

(h) Traffic collisions involving office vehicles.

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

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

209.3.3 DEATHS

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

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

209.3.4 INJURY OR DAMAGE BY OFFICE PERSONNEL

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

209.3.5 USE OF FORCE

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

209.4 GENERAL POLICY OF EXPEDITIOUS REPORTING

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

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

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

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

209.5 REPORT CORRECTIONS

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

209.6 REPORT CHANGES OR ALTERATIONS

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

209.7 ELECTRONIC SIGNATURES

The Valley County Detention Center has established an electronic signature procedure for use by all employees of the Valley County Detention Center. The Jail Commander or the authorized designee shall be responsible for maintaining the electronic signature system and ensuring that each employee creates a unique, confidential password for his/her electronic signature. The system use and design shall follow the requirements of the Uniform Electronic Transactions Act (Idaho Code 28-50-101 et seq.) when applicable.

- Employees may only use their electronic signature for official reports or other official communications.
- Each employee shall be responsible for the security and use of his/her electronic signature and shall promptly notify a supervisor if the electronic signature has or may have been compromised or misused.

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Key and Electronic Access Device Control

210.1 PURPOSE AND SCOPE

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

210.2 POLICY

It is the policy of this office that all keys used to access secure areas of the facility or to exit the secure areas of the facility are strictly controlled and all locking hardware meets the proper security value for the areas in which they are used. Employees and supervisors will be held accountable for the security and safety of the facility. All key control activities shall be accurately documented on a daily basis.

210.2.1 KEY IDENTIFICATION

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

Duplicate keys shall be maintained in a separate and secure place with strict access controls.

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

210.2.2 KEYSET CONTENTS

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

210.2.3 KEY CONTROL

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

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

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

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

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

210.2.4 LOCK POLICY

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

The use of padlocks in place of security locks on cell or inmate housing unit doors is prohibited. All staff shall also take precautions to ensure the security of non-key operated locking mechanisms, including electronic switches and mechanical levers.

210.2.5 TESTING

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

210.2.6 EXTERIOR DOOR AND ARMORY KEYS

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

210.2.7 MISSING KEYS

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

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

The Jail Commander shall initiate an investigation into the disappearance of the keys to reexamine the procedures for key control, and shall notify the Sheriff of his/her findings. Based upon the

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findings of the investigation and any recommendations, the procedures governing this policy may be amended.

210.2.8 DAMAGED KEYS OR LOCKS

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

210.3 KEY CONTROL RECORDS

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

210.4 ELECTRONIC ACCESS DEVICES

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

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Daily Activity Logs and Shift Reports

211.1 PURPOSE AND SCOPE

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

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

211.2 POLICY

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

211.3 PROCEDURES

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

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

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

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

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

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

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

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

211.4 SHIFT ACTIVITY LOG

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

- Personnel on-duty
- Bookings and releases
- Formal counts
- Safety checks, security checks and inspections and routine activities
- All searches/shakedowns

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- Inmate movement within the facility and inmates received at a housing assignment
- Meal service
- Professional visits to the housing units, including maintenance work and tours
- Alarms and security equipment tests
- Medication delivery, sick call or inmate complaint of illness or injury and the action taken
- Locking and unlocking of inmate cells
- Disciplinary actions
- Supervisor rounds to the housing area and/or to specific inmates
- Unusual inmate behavior
- Discovered contraband
- Activities and programs offered and the attendees
- Unusual occurrences
- Use of emergency equipment
- Any use of force
- Sanitation inspections
- Key counts

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

211.5 SHIFT REPORT

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

- The formal inmate count at the beginning and end of each shift
- Key count and exchange
- Money count (at whatever post money is handled)
- Exchange of security equipment (e.g., duress alarm, radio)
- The time the supervisor made rounds
- Information that would assist the oncoming staff
- Unusual occurrences

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

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211.6 SUPERVISOR RESPONSIBILITIES

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

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

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

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

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Employee Compensation

212.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for reviewing compensation and benefit levels for all facility personnel when a labor organization process, employee bargaining agreement or other methodology does not exist. The goal of a compensation and benefit package should be to establish competitive salary and benefits to ensure the ability to recruit, hire and retain qualified staff.

212.2 POLICY

It shall be the policy of this office to strive for parity of compensation and benefits with similar occupational groups in the state or region, whenever fiscal conditions permit, to ensure the ability to recruit, hire and retain qualified staff. Compensation and benefits for deputies should be equal to those for law enforcement officers working in the same organization or at the same level of government.

All compensation actions shall be in accordance with civil service rules, labor codes and employee bargaining agreements for pay and benefits, and subject to fiscal conditions.

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Administrative and Supervisory Inspections

213.1 PURPOSE AND SCOPE

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

213.2 POLICY

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

213.3 INSPECTIONS

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

(a) The general conditions and overall climate of the facility.

(b) The living and working conditions of inmates.

(c) Communication between administrators, managers, supervisors, staff, inmates and the visiting public.

(d) Compliance with policies.

(e) Safety, security and sanitation concerns.

(f) Inmate concerns.

(g) Meal services.

213.3.1 AREAS TO BE INSPECTED

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

- Inmate housing areas
- Booking and receiving areas, including holding cells
- Exercise yard and recreation areas
- Visiting and program areas
- Medical and dental service areas
- Vocational work areas, e.g., the kitchen, janitorial closets
- Sallyports and transportation staging areas

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213.4 INSPECTIONS OF SECURITY EQUIPMENT

The Jail Commander shall be responsible for designating a qualified person to conduct weekly inspections of all security devices, identifying those in need of repair or maintenance and providing a written report of the results of the inspection. The Jail Commander shall document all action taken to correct identified deficiencies, including maintenance records, and shall retain those records in accordance with established records retention schedules.

213.5 DOCUMENTATION AND REPORTING

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

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

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Perimeter Security

214.1 PURPOSE AND SCOPE

The purpose of this policy is to establish this facility's security perimeters, to ensure that incarcerated inmates remain inside the perimeter, and that visitor, vendor, volunteer and employee access is granted only with proper authorization and through designated safety vestibules and sallyports. The secure perimeter of this facility will provide protection from the escape of persons being processed, held or housed, and will act as a defense against the entry of unauthorized persons. It shall also be maintained to prevent contraband from entering the secure areas of the facility.

214.2 POLICY

All entry points to the secure perimeter of the facility shall be monitored and controlled continuously by Control Pod staff. All security perimeter entrances, cell block doors, and doors opening into a corridor within the security perimeter shall be kept locked except when in use. Doors to vacant units, unoccupied cells, and storage units shall be kept secured (Idaho Code 20-627). The entire perimeter shall be inspected, maintained, monitored and continuously assessed to ensure its physical integrity and prevent unauthorized entry, inmate escape and contraband from entering the facility.

214.2.1 VISITORS

This facility shall be maintained as a secure area and no person shall enter any portion of the inner perimeter without specific authorization from the Jail Commander or the authorized designee. All visitors shall be required to provide satisfactory identification, such as a valid driver license, valid passport or military identification. Visitors shall be required to sign in on the visitor log and state the reason for the visit. Visitors must wear a visitor's badge at all times and shall be escorted by one or more staff members at all times, while they are in the secure areas of the facility.

214.3 PROCEDURE

The secure perimeter shall be maintained by assigned staff as well as a contracted law enforcement agency. The Jail Commander or the authorized designee shall ensure that a staffing plan is in place to monitor the secure perimeter of this facility. Suspicious activity at or near the perimeter shall immediately be reported to the Shift Supervisor and Control Pod. Control Pod staff shall initiate an appropriate law enforcement response.

Individuals suspected to be in violation of any law may be subject to detention or arrest. Warrant checks should be conducted on all individuals who are on the property without proper authorization. Individuals found to be loitering on or around the perimeter of the facility will be stopped and questioned to determine the circumstances of their presence. They may be denied entrance into the facility.

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Perimeter Security

Control Pod staff shall identify all persons seeking to gain access to the secure perimeter of the facility. Persons delivering goods or services shall identify themselves to Control Pod staff prior to being allowed access to the delivery area.

Materials delivered to or transported from the facility's secure perimeter shall be inspected for contraband. Vendors making deliveries into the secure area of the facility will do so under the supervision of custody staff.

Keys to the secure perimeter shall be easily identifiable and issued only in emergency situations or with the authorization of the Jail Commander.

Weapons lockers are provided outside all secure perimeter entrances. All weapons must be secured prior to an individual being allowed to enter the facility.

The sallyport and the secure garage are to be used for the transfer of inmates.

Operation of the sallyport doors will be done in such a manner as to effectively control movement into and out of the secure perimeter of this facility. Control Pod staff are responsible for ensuring all perimeter surveillance equipment is in good working order and shall immediately report malfunctions or failures to the on-duty supervisor.

Outer perimeter security may be accomplished by using fencing or another type of barrier. These barriers should be designed to route vehicular and pedestrian traffic away from non-public areas. Outer perimeter lighting should be designed to illuminate all areas of the exterior to allow visual inspection by video monitor or perimeter patrols.

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Community Relations and Public Information

216.1 PURPOSE AND SCOPE

This policy provides guidelines to custody personnel when dealing with the public or interested groups when requests are received to share information about the operations and policies of the facility.

216.2 RESPONSIBILITIES

The Jail Commander is responsible for ensuring that the following information is public and available to all who inquire about it:

(a) Visitation schedule; this should include days and times visiting is allowed and how many visits inmates may receive, as well as reasons why visiting may be restricted

(b) Telephone and correspondence rules and availability to inmates

(c) A brief description of the education programs

(d) Facility rules and limits of discipline

(e) Access to personal care items for the indigent inmate

(f) Access to medical, mental health and dental care

(g) The process by which inmates are oriented to the facility

(h) A copy of the Idaho Jail Standards

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

216.3 PROHIBITED MATERIALS

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

216.4 TOURS OF THE CUSTODY FACILITY

Tours of this facility may be arranged through the Jail Commander. Authorized tours are subject to facility rules and restrictions:

(a) Persons who tour this facility must be of an appropriate age as determined by the Sheriff.

(b) A short application form must be completed and a background check for warrants will be conducted before an applicant is approved to participate in a tour.

A record of all facility tours should be maintained in accordance with applicable retention requirements.

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216.5 POLICY

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

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Victim Notification of Inmate Release

217.1 PURPOSE AND SCOPE

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

217.2 POLICY

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

217.3 PROCEDURE

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

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

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

217.4 NOTIFICATION

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

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

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

217.4.1 REQUIRED NOTIFICATIONS

The Shift Supervisor or the authorized designee shall make a reasonable and good faith effort to notify the victim prior to an inmate’s release or in the event of the inmate’s escape (Idaho Code 19-5306).

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Vehicle Safety

218.1 PURPOSE AND SCOPE

It is the policy of this office to maintain and operate the vehicles assigned to this facility in a lawful and safe manner. The Office utilizes office-owned motor vehicles for a variety of applications. To maintain a system of accountability and ensure that office-owned vehicles are used appropriately, regulations relating to the use of these vehicles have been established. The term “office-owned” as used in this section also refers to any vehicle leased or rented by the Office.

218.2 USE AND SECURITY OF OFFICE VEHICLES

All staff members who operate office-owned or leased vehicles must comply with all applicable state laws and must possess a valid driver’s license endorsed for the type of vehicle operated.

A list of individuals who are authorized to drive office vehicles shall be maintained by the Jail Commander. The list shall be updated monthly to ensure that only qualified personnel who are in possession of a current and appropriately endorsed operator’s license are on the list.

218.2.1 USE OF SEAT BELTS

The use of seat belts and other safety restraints significantly reduces the chance of death or injury in case of a traffic collision. This policy establishes guidelines for seat belt use to promote maximum operator and passenger safety, thus reducing the possibility of death or injury as the result of a motor vehicle crash. This policy will apply to all members operating or riding in office vehicles.

All members shall wear properly adjusted safety restraints when operating or riding in a seat equipped with restraints, in any vehicle owned, leased or rented by this office, while on- or off-duty, or in any privately owned vehicle while on-duty. The member driving such a vehicle shall ensure that all other occupants, including non-members, are also properly restrained.

Exceptions to the requirement to wear safety restraints may be made only in exceptional situations where, due to unusual circumstances, wearing a seat belt would endanger the member or the public. Members must be prepared to justify any deviation from this requirement.

Whenever possible, inmates should be secured in a prisoner restraint system or, when a prisoner restraint system is not available, by seat belts. The inmate should be in the seating position for which seat belts have been provided by the vehicle manufacturer. The prisoner restraint system is not intended to be a substitute for handcuffs or other appendage restraints.

No person shall operate an office vehicle in which the seat belt in the driver’s position is inoperable. No person shall be transported in a seated position in which the seat belt is inoperable.

No person shall modify, remove, deactivate or otherwise tamper with the vehicle safety belts, except for vehicle maintenance and repair staff, who shall do so only with the express authorization of the Sheriff.

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Members who discover an inoperable restraint system shall report the defect to the appropriate supervisor. Prompt action will be taken to replace or repair the system.

218.2.2 VEHICLE SECURITY

Office vehicles will be locked and the keys will be secured when not in use. The staff will make every effort to ensure that the vehicles are parked in a secure location.

Under no circumstances will inmates be allowed to operate a vehicle or have possession of any vehicle keys. Inmate workers who are assigned to clean vehicles must be closely supervised by staff.

The loss of any vehicle key shall be promptly reported, in writing, to the on-duty supervisor.

218.3 VEHICLE INSPECTIONS

All office-owned vehicles are subject to inspection and or search at any time by a supervisor. No member assigned to or operating such vehicle shall be entitled to any expectation of privacy with respect to the vehicle or any of its contents, regardless of who owns the contents.

218.4 VEHICLE SAFETY REPAIRS

Anyone authorized to drive office vehicles is responsible for assisting in maintaining the vehicles so that they are properly equipped, maintained and refueled and present a clean appearance.

Anyone authorized to drive office vehicles is responsible for inspecting the interior and exterior of any assigned vehicle before placing the vehicle into service and again at the conclusion of his/her shift. Any previously unreported damage, mechanical problems, unauthorized contents or other problems with the vehicle shall be promptly reported to a supervisor and documented as appropriate.

Vehicles that are deemed as unsafe shall not be used until necessary repairs are made. The written request for repairs shall be submitted before the operator checks out a replacement vehicle. The Jail Commander or the authorized designee shall monitor the maintenance requests and ensure that the necessary repairs are made before the vehicle is placed back into service.

Annual vehicle safety inspections will be conducted on all vehicles that are owned, leased or used by the Office. The inspection will be conducted by a qualified individual designated by the Jail Commander. Inspection reports will be forwarded to and maintained by the Jail Commander.

218.5 USE OF PERSONAL VEHICLES

The use of personal vehicles for official business must be approved by the Jail Commander. The Jail Commander or the authorized designee shall verify that the personal vehicle meets the state's insurance requirements. A copy of the insurance card shall be retained in facility files. All policies and procedures applicable to facility vehicles shall apply to the personal vehicle while it is being used for official business.

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218.6 COLLISION DAMAGE, ABUSE AND MISUSE

When an office-owned or leased vehicle is involved in a traffic collision, the involved member shall promptly notify a supervisor. A traffic collision report shall be filed with the agency having jurisdiction. The member shall complete the office's vehicle collision form.

When a collision involves an office vehicle or when a member of this office is an involved driver in a collision that occurs in this jurisdiction, and the collision results in serious injury or death or potentially involves any criminal charge, an outside agency should be summoned to handle the investigation. If the member is incapable of completing the office's vehicle collision form, a supervisor shall complete the form.

Any damage to a vehicle that was not caused by a traffic collision shall be immediately reported during the shift in which the damage was discovered. It shall be documented in memorandum format and forwarded to the Shift Supervisor. An administrative investigation will be conducted to determine if there is any vehicle abuse or misuse. If it is determined that misuse or abuse was a result of negligent conduct or operation, appropriate disciplinary action may result.

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Staffing Plan

219.1 PURPOSE AND SCOPE

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

219.2 POLICY

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

219.3 STAFFING PLAN REQUIREMENTS

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

At minimum, the staffing plan will include the following:

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

219.4 STAFFING ANALYSIS

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

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

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

The staffing analysis should be used to identify whether required activities are being performed competently and in compliance with current laws and office policies. If deficiencies are noted, the

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staffing analysis should also include recommendations regarding what corrective measures may be needed, including the following:

(a) Operational changes

(b) Equipment requirements

(c) Additional training

(d) Supervisory intervention

(e) Additional personnel

219.4.1 DATA COLLECTION FOR ANALYSIS

Data that should be collected for the annual staffing analysis include:

- All categories of leave usage for each staff member working in the detention center.
- Date of hire or assignment to a detention center position for each employee.
- Date of transfer from the detention center to another non-custody position for each member.
- Annual hours of authorized overtime expended during the previous year.
- Number of part-time or extra personnel hired during the previous year.
- Details of any unusual occurrence or significant medical issues in the detention center that were related to staffing during the previous year.
- Details of claims or litigation, if any, that were related to staffing levels and were initiated against the facility in the previous year.
- Labor contracts/collective bargaining agreements relating to corrections and medical personnel.
- Annual training requirements that affected staffing levels in the detention center.
- Concerns expressed by members of the public.
- Any investigations or reports by the grand jury or other government agency, detention center monitor or ombudsman.
- Other data that may influence the number of personnel available to occupy posted positions.

219.4.2 STAFFING STUDY RESOURCES

As a procedural resource, the Sheriff can access guidelines on the development of a detention center staffing analysis free of charge from the National Institute of Corrections.

219.5 REPORTING

The Sheriff will cause a report of the findings of the staff analysis to be submitted to the officials responsible for funding the detention center operation.

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Chapter 3 - Recruitment Selection and Planning

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Employee Orientation

300.1 PURPOSE AND SCOPE

The purpose of this policy is to define the parameters for new employee orientation. The purpose of the orientation is to provide new employees with basic information about the facility and the environment in which they will be working. Orientation is not meant to supplant other basic training required by law, ordinance or regulations.

300.2 NEW EMPLOYEE ORIENTATION

Each new facility employee shall receive an orientation prior to assuming his/her duties. At a minimum, the orientation shall include:

- Compensation and working conditions
- Code of ethics
- Personnel policy manual
- Employee rights and responsibilities and grievance procedure
- Overview of the criminal justice system
- Tour of the facility
- Facility goals and objectives
- Facility organization
- Rules of conduct and disciplinary processes for employees
- Program overview

300.3 EMPLOYEE ACKNOWLEDGEMENTS

Office personnel assigned to provide the new employee orientation will ensure that each new employee is given copies of work rules and regulations, office ethics, and any other office documents, for which the employee will be held accountable.

A staff member will collect a signature page from the employee, acknowledging receipt, review and understanding of the documents. A copy of the signature page shall be retained in the employee's personnel file in accordance with established records retention schedules.

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Continuing Professional Education

301.1 PURPOSE AND SCOPE

This policy is designed to support the ongoing professional education of office personnel at all levels.

301.2 POLICY

It is the policy of the Valley County Sheriff's Office to encourage members to participate in continuing education and professional development opportunities whenever practicable.

The Office encourages all personnel to participate in formal education on a continuing basis.

301.3 OBJECTIVES

The objective for continuing education and professional development is for all members to enhance their knowledge and skills to their fullest potential.

Members who engage in furthering their education in conjunction with skills-based training make for well-rounded employees who can better serve the mission of the Office and the community.

Supervisors should accommodate, to the extent feasible and schedules permitting, requests by personnel for shift adjustments and available leave time to assist personnel with their continuing education and professional development efforts.

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FTO Program

302.1 PURPOSE AND SCOPE

This policy establishes training requirements and guidelines for deputies, support personnel, supervisors, and managers. The policy addresses the training program and the probationary evaluation.

302.2 POLICY

It is the policy of this office to assign all members to a structured detention center training program designed to prepare the member to perform their assigned duties in a custodial detention center in a safe, productive, and professional manner.

302.3 TRAINING OBJECTIVES

The objectives of the training program are to:

(a) Improve the competency of staff at all levels.

(b) Ensure that staff can carry out the mission of the Office through a thoroughly demonstrated knowledge of office policies and procedures.

(c) Increase the technical expertise and overall effectiveness of personnel.

(d) Provide for continued professional development of office personnel.

302.4 MINIMUM TRAINING REQUIREMENTS

All members, full- or part-time, shall successfully complete all initial, annual, and advanced training as required by the Idaho Peace Officer Standards and Training Council (POST) (IDAPA 11.11.01.057; IDAPA 11.11.01.072; IDAPA 11.11.01.131).

Deputies assigned to work in the facility prior to completing their initial required training may do so only when under the direct supervision of a fully trained member.

302.5 DETENTION CENTERTRAINING PROGRAM PHASES

The detention center training program is designed to build upon the conceptual foundation taught in the basic academy or core training module, whereupon the theoretical knowledge gained can be molded into a practical skill set. The detention center training program consists of the five phases for each area of training area listed below:

(a) Orientation/pre-fto training

(b) Control board and policy

(c) Day shift

(d) Night shift

(e) Transports/Court security operations

302.5.1 FIRST PHASE - SHIFT ORIENTATION

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

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(a) Brief the trainee on the purpose, scope and responsibilities expected during the training program.

(b) Explain the evaluation system and acquaint the trainee with the rating forms that will be used.

(c) Provide the trainee with any required equipment or materials.

(d) Tour the entire facility and support services with the trainee.

(e) Introduce the trainee to the Jail Commander and key supervisory, administrative and support personnel.

302.5.2 SECOND PHASE - SHADOWING

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

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

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

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

302.5.3 THIRD PHASE - HANDS-ON WITH CLOSE SUPERVISION

During this phase, the TO will instruct the trainee in each required activity at each post. Once each task is demonstrated, the trainee will be directed to perform each activity under the close supervision of the TO.

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

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

302.5.4 FOURTH PHASE - SOLO WITH MONITORING

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

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

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

302.5.5 FIFTH PHASE - WORKING INDEPENDENTLY WITH SUPERVISION

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

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The supervisor, in consultation with the TO and the Jail Commander, will make a recommendation to pass the trainee on to the trainee's assignment, to continue training, or to terminate the employee.

302.6 PROBATIONARY PERIOD EVALUATION

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

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Health Care Staff Orientation

303.1 PURPOSE AND SCOPE

The purpose of this policy is to establish an orientation period for all new health care staff working in the facility, in cooperation with the health authority. The goal is to improve the competency of the health care staff and the effectiveness of the care delivered, as well as to maintain the safety and security of the custody environment and to comply with all applicable laws, regulations and national health care standards observed by the Office.

303.2 NEW HEALTH CARE STAFF ORIENTATION

All new health care staff shall complete an orientation program before independently working in their assignments. At a minimum, the orientation program will cover the following:

- The purpose, goals, policies and procedures for the Valley County Sheriff's Office
- Security and contraband regulations
- Access control to include use of keys
- Appropriate conduct with inmates
- Responsibilities and rights of facility employees and contractors
- Universal and standard precautions
- Occupational exposure
- Personal protective equipment (PPE)
- Biohazardous waste disposal
- An overview of the correctional field as it relates to custody functions
- Health care delivery protocols

303.3 REFRESHER TRAINING

All qualified health care professionals shall meet refresher training requirements as established by the local public health entity or the minimum licensing requirements as established by the state licensing body.

303.4 FACILITY-SPECIFIC TRAINING

The Training Sergeant should include qualified health care professionals in training and training exercises relative to facility safety and security including, but not limited to, the following:

- Emergency medical triage in the facility
- Emergency evacuation routes and procedures
- Communication systems during facility emergencies
- Security during facility emergencies

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- Qualified health care professional's response during “officer down” incidents
- Responding to critical facility emergencies
- Facility hostage policy and medical response tactics
- Medical emergency transportation procedures
- Media relations

303.5 TESTING

All training delivered to qualified health care professionals should include a testing component to document that the personnel understand the subject material.

303.6 TRAINING RECORDS

The Training Sergeant, in coordination with the Medical Director, shall be responsible for developing and maintaining training records in accordance with established records retention schedules. The Training Sergeant shall also maintain a file of professional licensure and certifications for each member of the health care staff.

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Volunteer Program

304.1 PURPOSE AND SCOPE

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

304.1.1 DEFINITION OF VOLUNTEER

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

304.2 VOLUNTEER PROGRAM MANAGEMENT

304.2.1 PROGRAM COORDINATOR

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

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

(a) Developing and maintaining a volunteer recruiting plan.

(b) Developing and maintaining a handbook that minimally identifies expectations and the lines of authority, responsibility and accountability for the various volunteer assignments.

(c) Recruiting, selecting and training qualified volunteers for various positions.

(d) Facilitating the implementation of new volunteer activities and assignments.

(e) Maintaining records for each volunteer.

(f) Tracking and evaluating the contribution of volunteers.

(g) Maintaining a record of volunteer schedules and work hours.

(h) Completion and dissemination as appropriate of all necessary paperwork and information.

(i) Planning periodic recognition events.

(j) Administering discipline when warranted.

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(k) Maintaining liaison with other community programs that use volunteers and assisting in community efforts to recognize and promote volunteering.

304.2.2 RECRUITMENT

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

Requests for volunteers should be submitted in writing by interested staff to the program coordinator through the requester's immediate supervisor. A complete position description, including when the volunteer would be needed, should be included in the request. All parties should understand that the recruitment of volunteers is enhanced by creative and interesting assignments. The program coordinator may withhold assignment of any volunteer until such time as the requesting unit is prepared to make effective use of volunteer resources.

304.2.3 SCREENING

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

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

(a) Traffic and criminal background check; fingerprints shall be obtained from applicants and processed through the Criminal Information Index (CII).

(b) Employment

(c) References

(d) Credit check

A truth verification exam may be required of each applicant depending on the type of assignment.

304.2.4 SELECTION AND PLACEMENT

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

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

304.2.5 TRAINING

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

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program coordinator or the authorized designee shall be responsible for ensuring that volunteers are provided with an orientation program to acquaint them with the Office, personnel, and policies and procedures that have a direct impact on their work assignment. The training/orientation will include, but not be limited to, the following topics:

(a) Office policies and procedures

(b) Rules related to contraband in the facility

(c) Prohibition on carrying weapons in the facility

(d) Volunteer/inmate relationship and general rules of conduct

(e) Safety and emergency information

(f) An overview and history of the Office

(g) An overview of the services and programs available to inmates

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

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

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

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

304.2.6 FITNESS FOR DUTY

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

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

(a) Driver's license status, if driving is part of the duties of the assignment

(b) Any medical condition that might impair the volunteer’s ability to perform the duties of the position

(c) Arrests

(d) Criminal investigations

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

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304.2.7 DRESS CODE

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

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

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

304.3 SUPERVISION OF VOLUNTEERS

Each volunteer who is accepted to a position with the Office and assigned to the detention center must have a clearly identified supervisor who is responsible for direct management of that volunteer. This supervisor will be responsible for day-to-day management and guidance of the work of the volunteer and should be available to the volunteer for consultation and assistance.

A volunteer may be assigned and act as a supervisor of other volunteers, provided that the supervising volunteer is under the direct supervision of a paid staff member.

Functional supervision of volunteers is the responsibility of the supervisor in charge of the unit where the volunteer is assigned. The following are some considerations to keep in mind while supervising volunteers:

(a) Take the time to introduce volunteers to employees on all levels.

(b) Ensure volunteers have work space and necessary office supplies.

(c) Make sure the work is challenging. Do not hesitate to give them an assignment or task that will tap these valuable resources.

304.4 HEALTH CARE VOLUNTEERS

The program coordinator will coordinate volunteer activities with the health care staff. Health care volunteers will be subject to all of the volunteer, recruitment, selection and training requirements of the Office. The qualified health care professionals may have additional requirements and training for health care volunteers.

The program coordinator shall ensure that any volunteer performing health care duties possesses the appropriate credentials and training, in coordination with the health care staff, and shall ensure that signed agreement forms pertaining to the security and confidentiality of information are on file with the Office.

The program coordinator shall also ensure that volunteers performing health care duties have received specific training in topics that including fire, safety, security, contraband and inmate culture.

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304.5 CONFIDENTIALITY

With appropriate security clearance, volunteers may have access to confidential information, such as criminal histories or investigative files. Unless otherwise directed by a supervisor or office policy, all information shall be considered confidential. Only that information specifically identified and approved by authorized personnel shall be released. Confidential information shall be given only to persons who have a need and a right to know, as determined by office policy and supervisory personnel.

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

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

304.6 PROPERTY AND EQUIPMENT

Volunteers will be issued an identification card that must be worn at all times while on-duty.

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

304.6.1 VEHICLE USE

Volunteers assigned to duties that require the use of a vehicle must first complete:

(a) A safety briefing and office-approved driver-safety course.

(b) Verification that the volunteer possesses a valid driver license.

(c) Verification that the volunteer carries current vehicle insurance.

The program coordinator should ensure that all volunteers receive safety briefing updates, and should verify their license and insurance at least once a year.

When operating an office vehicle, volunteers shall obey all rules of the road, including seat belt requirements. Smoking is prohibited in all office vehicles.

304.6.2 TELECOMMUNICATION SYSTEMS USAGE

Volunteers with access to law enforcement telecommunication systems shall successfully complete all mandated access training and radio procedures training prior to using any such equipment. Volunteers shall comply with all policies and procedures related to the use of such equipment. The program coordinator should ensure that appropriate training is provided for volunteers whenever necessary.

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304.7 DISCIPLINARY PROCEDURES/TERMINATION

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

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

304.7.1 EXIT INTERVIEWS

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

304.8 EVALUATION

An evaluation of the overall volunteer program will be conducted on an annual basis by the program coordinator. Regular evaluations should be conducted with volunteers to ensure the best use of human resources, to ensure personnel problems can be identified and dealt with promptly and fairly, and to ensure optimum satisfaction on the part of volunteers.

304.9 VOLUNTEER REGISTRATION

All volunteers shall be registered with the Office for insurance purposes, and each volunteer shall be issued an identification card. The facility shall maintain an identification record for each volunteer that includes a photograph, home address, current telephone numbers, background certification, training/orientation certifications, and list of special skills, languages spoken or volunteer specialty.

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Briefing Training

305.1 PURPOSE AND SCOPE

Briefing training is generally conducted at the beginning of the deputy's assigned shift. Briefing training provides an opportunity for an important exchange of information between employees and supervisors.

305.2 POLICY

Briefing training covers a wide range of topics selected by the management/supervisory and training staff.

The supervisor conducting briefing training is responsible for the preparation of the materials necessary for constructive training. Supervisors may delegate this responsibility to a subordinate deputy in their absence or for training purposes. The briefing training will be based upon a structured program to provide topics related to, but not limited to, the following:

- Custody facility policies and procedures
- Special Orders not yet established into policy
- Reviewing recent incidents for training purposes
- In preparation or response to an unusual occurrence
- Statutory requirements or court orders
- Operation of new equipment, including computer software
- Notifying the staff of changes in schedules and assignments
- Any other topic as determined by the Sheriff or Jail Commander

305.3 COMPUTER-BASED TRAINING OPTIONS

The Lexipol Daily Training Bulletins (DTBs) is a web-based system that provides training on the Valley County Sheriff's Office Custody Manual and other important topics. Generally, one training bulletin is available for each day of the month. However, the number of DTBs may be adjusted by the Training Sergeant.

Personnel assigned to participate in DTBs should only use the password and login name assigned to them by the Training Sergeant. Personnel should not share their password with others and should frequently change their password to protect the security of the system. After each session, employees should logoff the system to prevent unauthorized access. The content of the DTBs is copyrighted material and shall not be shared with others outside of the Office.

Employees who are assigned to participate in the DTB program should complete each DTB at the beginning of their shift or as otherwise directed by their supervisor. Employees should not allow uncompleted DTBs to build up over time. Personnel may be required to complete DTBs missed during extended absences (e.g., vacation, medical leave) upon returning to duty. Although the

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DTB system can be accessed from any Internet-active computer, employees shall only take DTBs as part of their on-duty assignment as there will be no authorization for taking or viewing DTBs while off-duty.

Supervisors will be responsible for monitoring the progress of personnel under their command to ensure compliance with this policy.

305.4 TRAINING RECORDS

The Training Sergeant will assist the Shift Supervisors with identifying relevant topics for delivery during briefing training and will be responsible for maintaining all briefing training records.

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Training Plan

306.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a training plan that will provide for the professional growth and continued development of facility personnel and to forecast annual funding needs for future training. By doing so, the Office will ensure its personnel possess the knowledge and skills necessary to professionally manage the inmate population.

306.2 POLICY

The Training Sergeant shall conduct an annual training needs assessment to determine the training needs of all members based upon state laws, regulations, certification requirements, and continued professional training requirements.

A training plan shall be based on the assessment. It is the responsibility of the Training Sergeant to develop, maintain, review, and update the training plan on an annual basis.

The annual training plan should be presented to the management staff for review. The approved training plan should include the annual funding requirements forecast by the Training Sergeant. The Training Sergeant shall coordinate with the budgeting office to develop a funding source for all mandatory training.

The Sheriff or the authorized designee shall have final approval of the training plan and the budget to ensure that the training to be delivered is fiscally responsible and meets the mission of the Office.

The Training Sergeant will execute the training plan on behalf of the Sheriff.

306.3 TRAINING SERGEANT

A qualified individual shall be appointed by the Sheriff or the authorized designee to serve as the Training Sergeant, who shall report to the Sheriff or the authorized designee.

Full-time members who are assigned to be trainers shall receive specialized instruction, which at a minimum shall include a 40-hour train-the-trainers course.

The Training Sergeant is responsible for developing an annual training plan. The plan should ensure that members meet all state law and certification requirements, any specialty training required for specialty assignments, and all continued professional training requirements. The plan should include a process to review course content and quality, typically by way of attendee feedback and/or a course audit by the training staff.

306.4 TRAINING RECORDS

An individual training file shall be maintained by the Training Sergeant or the authorized designee for each member. Training files shall contain records of all training and education (original or photocopies of available certificates, transcripts, diplomas, and other documentation) for all members.

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The maintenance of the training records shall be in sufficient detail as to comply with any outside audit requirements (28 CFR 115.34).

It shall be the responsibility of the involved member to provide the immediate supervisor or the Training Sergeant with evidence of completed training or education in a timely manner.

The Training Sergeant or supervisor shall ensure that copies of such training records are placed in the member's training file.

Training records shall contain the following information:

- Name of the member
- Date of hire
- Education and training background (education and training received prior to hire)
- Type of training received
- Date the training was received and successfully completed
- Title of the training and name of the provider
- Test scores or training benchmarks

The Training Sergeant shall also be responsible for documenting the waivers of the training requirements based upon equivalent training received before employment or demonstrated competency through proficiency testing.

306.5 COURSE CERTIFICATION/QUALITY ASSURANCE

Training courses should be subject to a quality assurance process that, at minimum, provides:

- A complete description of the course, including the number of certified training hours achieved.
- A curriculum including job-related topics, and content and performance objectives.

Training should not only include the minimum number of hours required annually, but also instruction specific to tasks performed by members in the facility. Courses should include a testing component that shows a measurable transfer of knowledge and a mastery of topics.

306.5.1 COURSE RECORDS

It shall be the responsibility of the Training Sergeant to ensure that the following is maintained on file for all training provided by the Office:

(a) The course outline or lesson plan

(b) A roster signed and dated by those in attendance

(c) The name of the person coordinating the training

(d) The credentials of the instructors/trainers

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306.6 TRAINING COMMITTEE

The Training Sergeant shall establish a training committee that will serve to assist with identifying training needs for the Office. The training committee shall comprise at least three members, with the senior ranking member of the committee acting as the chairperson. Members should be selected based on their abilities at post-incident evaluation and at assessing related training needs.

The Training Sergeant may remove or replace members of the committee at their discretion. The training committee should review certain incidents, as detailed below, to determine whether training would likely improve future outcomes, or would reduce or prevent the recurrence of an incident. Specific incidents the training committee should review include but are not limited to:

(a) Any incident involving the death or serious injury of a member.

(b) Incidents involving a high risk of death, serious injury, or civil liability.

(c) Incidents identified by a supervisor as appropriate to review to identify possible training needs.

The training committee should convene on a regular basis, as determined by the Training Sergeant, to review the identified incidents. The committee shall determine by consensus whether a training need exists and then submit a written recommendation to the Training Sergeant. The recommendation should not identify specific facts of any incident, such as identities of members involved or the date, time, and location of the incident, but should focus on the type of training being recommended.

The Training Sergeant will consider the recommendation of the committee and determine what training should be addressed, taking into consideration the mission of the Office and available resources.

306.7 TRAINING PROCEDURES

All members assigned to attend training shall attend as scheduled, unless previously excused by their immediate supervisor or the Training Sergeant.

(a) Excused absences from mandatory training should be limited to the following:

1. Court appearances
2. Authorized vacation
3. Sick leave
4. Physical limitations preventing the member's participation
5. Emergency situations

(b) When a member is unable to attend mandatory training, that member shall:

1. Notify their supervisor as soon as possible but no later than two hours prior to the start of training.
2. Document the absence in a memorandum to the supervisor.

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3. Make arrangements through the supervisor and the Training Sergeant to attend the required training on an alternate date, if applicable.

(c) All training programs, whether in-house or outside the facility, are considered on-duty work assignments and the following should apply:

1. Uniform or business casual attire is required unless otherwise indicated.
2. Members should participate during training.
3. Members shall display a professional demeanor.
4. Members shall adhere to the Drug- and Alcohol-Free Workplace Policy.

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Support Personnel Orientation and Training

307.1 PURPOSE AND SCOPE

The Office has developed an orientation and training program for support and contract personnel, whether full- or part-time, to increase competency in their assigned tasks and to help ensure that all support personnel understand the issues that are unique to their positions as they relate to this detention center.

307.2 POLICY

It is the policy of the Valley County Sheriff's Office to establish minimum training guidelines for support and contract personnel.

307.3 TRAINING SERGEANT RESPONSIBILITIES

The Training Sergeant is responsible for coordinating training and will ensure that the training and orientation given to all support or contract personnel is properly documented and placed in the worker's training file. At a minimum, the record should contain the name of the individual, the assignment, the date that the orientation and training were presented, the orientation outline indicating the subject material, and the name of the instructor. To the extent applicable, copies of tests and passing scores should also be included as a part of the record.

307.4 PART-TIME PERSONNEL

Support personnel working part-time, including contractors, shall receive formal orientation and training commensurate with the scope of their work assignments, as determined by the Jail Commander, before assignment to duties within the detention center. At a minimum, the orientation and training should include:

- Safety and security
- Detention Center regulations
- Detention Center operations
- Guidelines for conduct with inmates
- Familiarization with services and programs

Support and contract personnel who fail to successfully complete all required training shall not be permitted to work in the secure portions of the detention center.

307.5 PERSONNEL WITH MINIMAL INMATE CONTACT

Support personnel, including contractors, whose positions involve minimal contact with inmates shall receive orientation and training commensurate with the scope of their work.

Minimal inmate contact is defined as tasks that do not involve the supervision of inmates, inmate discipline, or specific tasks that involve custody and control of inmates. Orientation and training topics shall include but are not limited to the following:

- Custody policies and procedures

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- Emergency procedures
- Job-specific training
- Familiarization with services and programs

307.6 PERSONNEL WITH REGULAR INMATE CONTACT

Support personnel, including contractors, whose positions involve regular or daily inmate contact shall receive orientation and training commensurate with the scope of their work.

Regular inmate contact is defined as tasks that involve the direct provision of services to inmates (e.g., custody assistants, vocational supervisors, teachers, food services, commissary, chaplain) but that do not involve the custodial supervision of inmates in the area of discipline and control. Orientation and training topics shall include but are not limited to the following:

- Safety and security
- Emergency procedures
- Familiarization with services and programs
- Staff responsibilities
- Guidelines for conduct with inmates
- Aspects and dynamics of the custody environment
- Restricted movement and access according to job function
- Supervision of inmates
- Suicide awareness and dynamics
- Use of force
- Inmate rules and regulations
- Inmate rights and responsibilities
- CPR and first aid
- Zero-tolerance policy and the identification, response, and reporting requirements regarding sexual abuse and harassment

307.7 TESTING

All training delivered to support personnel should include testing to document that the employee understands the subject material presented.

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Chapter 4 - Emergency Planning

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Facility Emergencies

400.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a plan to appropriately respond to emergencies within the facility and to ensure all affected personnel receive timely training regarding emergency response. This policy is intended to protect the community, employees, visitors, inmates and all others who enter the detention center, while allowing the facility to fulfill its primary purpose.

Facility emergencies related to fire will be addressed in the Fire Safety Policy.

400.2 POLICY

It is the policy of this office to have emergency response plans in place to quickly and effectively respond to and minimize the severity of any emergency within the facility.

400.3 PROCEDURE

The Jail Commander should develop, publish and review emergency response plans that address the following:

(a) Escapes

(b) Disturbances/Riots

(c) Taking of hostages

(d) Civil disturbances

(e) Natural disasters

(f) Periodic testing of emergency equipment

(g) Other emergencies as needs are identified

The facility emergency response plans are intended to provide the staff with current methods, guidelines and training for minimizing the number and severity of emergency events that may threaten the security of the facility or compromise the safety of staff, inmates or the community.

The emergency response plans are intended to provide information on specific assignments and tasks for personnel. Where appropriate, the emergency response plans will include persons and emergency departments to be notified.

The emergency response plans should include procedures for continuing to house inmates in the facility; the identification of alternative facilities outside the boundaries of the disaster or threat and the potential capacity of those facilities; inmate transportation options; and contact information for allied agencies.

The emergency response plans shall be made available to the staff, volunteers and contractors working in the facility as needed.

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400.4 LOCKDOWN

Upon detecting any significant incident that threatens the security of the facility, such as a riot or hostage situation, staff shall immediately notify Control Pod and the Shift Supervisor. The Shift Supervisor, or in his/her absence Control Pod, may determine whether to order a partial or full lockdown of the facility and shall notify the Jail Commander as soon as practicable.

If a lockdown is ordered, all inmates will be directed back to their housing units/cells. All inmates in transit within the facility will either be escorted back to their housing units/cells or to another secure location (holding cell). The Shift Supervisor should instruct any staff not directly involved in the lockdown to escort any visitors and non-essential contractors out of the facility.

A headcount shall be immediately conducted for all inmates, visitors, contractors and staff. The Shift Supervisor shall be immediately notified of the status of the headcount. If any person is unaccounted for the Shift Supervisor shall direct an immediate search of the facility and notify the Jail Commander of the situation as soon as practicable.

Lockdown is not to be used as a form of punishment. It may only be used to ensure order.

400.5 HUNGER STRIKE

Upon being made aware that one or more inmates is engaging in a hunger strike, the staff will notify the Shift Supervisor, who will notify the Jail Commander. The Jail Commander should evaluate the basis for the strike and seek an appropriate resolution.

Should the Jail Commander be unable to resolve the grievance leading to the strike, the Jail Commander will notify the Chief Deputy and the Sheriff and provide updates on the status of the hunger strike.

400.5.1 NOTIFICATION OF QUALIFIED HEALTH CARE PROFESSIONALS

The Jail Commander or the authorized designee should notify the Responsible Physician to review, coordinate and document any medical actions taken, based upon protocols and/or at the direction of qualified health care professionals, in response to a hunger strike.

Qualified health care professionals should monitor the health of inmates involved in the hunger strike and make recommendations to the Jail Commander or the supervisory staff responsible for oversight of the incident.

If an inmate is engaging in a hunger strike due to a mental condition, the appropriate medical protocols for mental illness will be followed.

400.5.2 RESPONSE TO HUNGER STRIKES

Beginning at the line staff level, a resolution to grievances should be sought at the lowest level. The Inmate Grievances Policy shall guide staff on resolving inmate grievances.

If the hunger strike remains unresolved, the Jail Commander may direct the appropriate staff to examine the inmate commissary purchases made in advance of the hunger strike, and to monitor commissary purchases made during the hunger strike. Additional staff should be directed

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to observe the cell area, including trash containers, of the inmates involved for evidence of food items purchased from the commissary and of food hoarding.

400.5.3 LEGAL GUIDANCE

If attempts to resolve the grievance are unsuccessful or not reasonably possible, the Sheriff should consider consulting with legal resources as appropriate to develop other steps to resolve the issues.

400.6 RESPONSE TO DISTURBANCES

The staff should attempt to minimize the disruption to normal facility operations caused by a disturbance by attempting to isolate the disturbance to the extent possible. The staff should immediately notify the Shift Supervisor or the Jail Commander of the incident. The Shift Supervisor or Jail Commander may direct additional staff as needed to resolve the disturbance.

400.6.1 NOTIFICATIONS

The Shift Supervisor should notify the Jail Commander of the disturbance as soon as practicable. Based on the seriousness of the event, the Jail Commander should notify the Chief Deputy and the Sheriff.

400.6.2 NOTIFICATION OF QUALIFIED HEALTH CARE PROFESSIONALS

The Jail Commander or the authorized designee should notify the appropriate qualified health care professionals in order to review, coordinate and document medical actions based upon protocols and/or at the direction of the Medical Director or Responsible Physician.

400.6.3 REPORTING

The Shift Supervisor or Jail Commander should direct that an incident report be completed containing the details of the disturbance no later than the end of the shift. If appropriate, a crime report shall be initiated and prosecution sought.

400.7 RIOTS

Riots occur when an unruly inmate or inmates forcibly and/or violently take control or attempt to take control of any area within the confines of the detention center.

Staff should make reasonable attempts to prevent inmate-on-inmate violence but should take measures to avoid being engulfed in the problem, thereby exacerbating the situation.

400.7.1 RESPONSE TO RIOTS

Once the area of the disturbance is secured and isolated from other areas of the facility, time is generally on the side of staff. If possible, the process of quelling the disturbance should slow down in order for staff to develop response plans, to ensure there are adequate facility personnel to effectively take the required actions, and that responding staff are appropriately equipped with protective gear.

Staff should evaluate their response given the totality of circumstances in any situation, but generally should not enter the space where a riot is occurring until sufficient staff members are

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present to safely suppress the riot. Nothing in this policy shall prohibit any staff member from assisting staff members who are being assaulted.

All inmates who have participated in a riot shall be separated and secured as soon as practicable. If necessary, injured inmates shall receive a medical evaluation and treatment. If the injured inmate is medically cleared to remain in the detention center, he/she will be reclassified and moved to appropriate housing.

Other housing units must be secured, with sufficient staff remaining at their posts to continue to supervise the unaffected units. When the riot has been suppressed, all involved staff must immediately return to their assigned posts.

400.7.2 QUALIFIED HEALTH CARE PROFESSIONAL RESPONSE

A supervisor or the authorized designee should notify the Medical Director or qualified health care professionals and identify a staging area for medical emergency responders and for medical triage should it appear to be necessary.

The Medical Director or Responsible Physician should be included in developing the response plan as it relates to the potential for a medical response, medical triage and treatment activities, and the safety and security of medical personnel during the incident.

400.7.3 NOTIFICATIONS

As soon as practicable, the Shift Supervisor or a responsible staff member shall notify the Jail Commander, who in turn, shall notify the Chief Deputy and theSheriff.

400.7.4 REPORTING

The Jail Commander or Shift Supervisor shall direct that a report be written detailing the incident by the end of the shift. If appropriate, a crime report will also be prepared by the responsible law enforcement agency.

400.7.5 DEBRIEFING

All responding staff, including medical responders, shall be debriefed on the incident as soon as practicable after the conclusion of the emergency incident. The staff shall examine the incident from the perspective of what worked, what actions were less than optimal and how the response to a future incident might be improved.

If appropriate, the details of the incident will be used to develop a training course for responding to facility disturbances. The goal of any debriefing process is continuous improvement. The debriefing should be focused on the incident and an improved response. A moderator should be used to ensure that no individual or group involved in the response is publicly ridiculed.

400.8 HOSTAGES

The Office does not recognize the taking of hostages as a reason to relinquish control of the detention center environment. All staff, inmates, visitors, volunteers and contractors shall be informed of the “no hostage” policy prior to entering the facility for the first time and shall sign an acknowledgment, which the facility shall retain.

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It is the policy of the Valley County Sheriff's Office to use all available resources necessary to bring about a successful end to a hostage situation.

400.8.1 RESPONSE TO HOSTAGE INCIDENT

Control Pod should immediately be notified at the earliest sign of a hostage incident. Control Pod shall notify the Shift Supervisor and Jail Commander. The Jail Commander will notify the Chief Deputy and the Sheriff as soon as practicable.

The Shift Supervisor or Jail Commander shall make every effort to ensure that the hostage incident remains confined to the smallest area possible. All door controls accessible to the inmate shall be disabled. Emergency exits that lead outside the secure perimeter shall be guarded.

400.8.2 NOTIFICATION OF QUALIFIED HEALTH CARE PROFESSIONALS

At the direction of the Shift Supervisor or the authorized designee, the Medical Director should be notified in order to identify a location and form a logistical plan for medical triage. The location also shall serve as a medical staging area for other medical emergency responders.

400.8.3 HOSTAGE RESCUE

Communications with the hostage-taker should be established as soon as practicable. Hostage-taker demands for the staff to open doors will not be met. A hostage rescue team should be immediately summoned and the established protocols for resolving the situation shall be implemented. The Jail Commander, Chief Deputy and Sheriff should be consulted regarding decisions faced by the hostage rescue team.

400.8.4 REPORTING AND DEBRIEFING

Following the conclusion of a hostage incident, the Jail Commander should direct that an incident report be completed by the end of the shift. All aspects of the incident should be reviewed, focusing on the incident and the outcome, with the intent of using the incident as an opportunity for continuous improvement and to identify additional training or systemic changes that may be required.

400.9 ESCAPES

Upon being made aware that an escape may have occurred, or did in fact occur, the staff member should immediately notify Control Pod. Control Pod should notify the Shift Supervisor or Jail Commander. As soon as practicable, the Jail Commander should notify the Chief Deputy andSheriff.

Once the escape is verified and immediate actions taken inside the facility (lockdown, etc.), the Shift Supervisor should notify all local law enforcement agencies.

400.9.1 INMATE COUNTS

As soon as the facility is fully locked down, a full inmate count should be taken. All inmates who are outside of the secure perimeter of the facility (e.g., court, work details) should be located and identified. Any missing inmate should have his/her identity disclosed and his/her facility record should be accessed by the Jail Commander.

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400.9.2 SEARCH
Concurrent with the lockdown, the area surrounding the facility should be searched for the escapee. Areas where an inmate may be hiding or may have discarded detention center clothing should be searched first. Any witnesses should be interviewed.

Classification officers will develop a flyer with the inmate's name, description, the inmate's latest picture, classification status and charges, and supply it to the custody staff and local law enforcement. Local law enforcement should also be given the inmate's last known address and a list of his/her associates.

400.9.3 REPORTING
The Shift Supervisor or a designated staff member should submit an incident report to the Jail Commander. A crime report should also be written regarding the escape. The incident report should focus on events and physical plant weaknesses that contributed to the escape. The Jail Commander should review the reports, interview involved parties and develop action plans to minimize the risk of future occurrences.

400.10 CIVIL DISTURBANCES OUTSIDE OF THE JAIL
Upon being notified that jail space will be needed in response to a civil disturbance involving mass arrests, the Shift Supervisor should notify the Jail Commander. The Jail Commander should make the determination regarding the magnitude of the event and whether it warrants notification of the Chief Deputy and Sheriff.

The size of the event may also require a lockdown, suspension of any programs that are not critical to detention center operations, and/or implementation of alternate staffing plans. To accommodate the influx of inmates, the Shift Supervisor should develop a housing plan that will not adversely affect the safety and security of the facility. Program spaces, such as exercise yards, classrooms and dayrooms, may be used to temporarily house a limited number of additional inmates.

In the event that the detention center can no longer accept additional inmates without compromising the safety and security of the facility, mutual aid may be requested from allied counties.

400.11 REVIEW OF EMERGENCY PROCEDURES
The Jail Commander should ensure that there is a review of emergency procedures at least annually. This review should be documented with reports submitted to the Jail Commander or the authorized designee within 10 days of the review for approval. This review should also include the signatures or initials of the facility staff responsible for the review. At a minimum, the review shall include:

- Assignment of persons to specific tasks in emergency situations.
- Instructions in the use of the alarm systems and signals.
- Systems for the notification of appropriate persons outside of the facility.
- Information on the location and use of emergency equipment in the facility.

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- Specification of evacuation routes and procedures.

400.12 TRAINING

The staff shall be trained annually on this policy. This facility will provide emergency preparedness training as part of orientation training for all personnel assigned to the facility and for those who may be required to respond to the facility in an emergency. The staff shall also receive refresher training at least annually in the emergency response plans. The Training Sergeant is responsible for developing and delivering appropriate initial training and annual refresher training.

Emergency planning training should occur in the form of classroom instruction (or roll call training), mock practical exercises and drills. Each type of emergency covered in the emergency response plan must be included in the training.

A lesson plan, staff training sign-up sheet with the dates and the times training should be provided, and proof of competency (testing) for each participant should be maintained by the Training Sergeant.

The Training Sergeant shall forward an annual report to the Sheriff and Jail Commander on the status of emergency response plan training. Any training deficiencies identified in this report should be rectified within 90 days of the report.

The facility emergency plan and all training shall be documented by the Training Sergeant and retained in accordance with established records retention schedules.

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Emergency Staffing Plan

401.1 PURPOSE AND SCOPE

The facility must operate at all times as a safe and secure environment, regardless of staffing levels. Consequently, contingency plans must be made in advance for any staffing emergency or planned job action, regardless of the length of the staffing deficit.

The purpose of this policy is to establish roles and responsibilities for creating and implementing emergency staffing plans, providing appropriate emergency staffing training to supervisory and management personnel, and identifying an update schedule and distribution list for the plan, as identified by the Sheriff or the authorized designee.

401.2 POLICY

It is the policy of this office to be prepared to operate a safe and secure facility in the event of a staffing emergency. Staffing emergencies that could negatively affect the good order the facility may include, but are not limited to, an outbreak of infectious disease, a work stoppage or strike by the staff, a natural disaster or other disruption. The Sheriff andChief Deputy, Jail Commander or the authorized designee shall be responsible for ensuring that an appropriate emergency staffing plan exists.

401.2.1 EMERGENCY STAFFING

In the event the Jail Commander becomes aware that a staffing emergency exists or may occur, staff members who are present may be ordered to remain at their posts. The Jail Commander will notify the Chief Deputy and Sheriff. Plans should include measures to achieve minimum staffing for the facility within four hours of a staffing emergency and may include the following operational adjustments:

- The facility may go to a lockdown. Minimum activities, including visiting, exercise and other programs will be suspended only if necessary. Meals, cleaning, medical services, court transportation and attorney visits will continue. Other activities will be assessed by the Jail Commander on a case-by-case basis.
- Supervisory and management personnel may have time-off cancelled or rescheduled for the duration of the staffing emergency.
- Staff from other areas of the office who have custody experience may be used to fill vacancies in the facility.
- Assistance from allied agencies may be requested to help management and supervisors in safely staffing the facility.
- Contracting with surrounding facilities may be necessary if adequate staffing cannot be obtained to safely operate the facility.
- In the event of a health-related staffing emergency, the office Exposure Control Officer and Medical Director shall be notified in accordance with the Communicable Diseases Policy.

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401.2.2 LEGAL ASSISTANCE

In cases where the Jail Commander becomes aware that a work stoppage is planned or has occurred, legal counsel should be consulted for assistance in preparing the necessary legal action to either prevent the work stoppage or to cause it to cease. Immediate contact with the employees' representatives may also be necessary to prevent or conclude the job action.

401.2.3 TRAINING

The Jail Commander or the authorized designee should be responsible for:

(a) Establishing a distribution list for the contingency plan.

(b) Establishing a periodic review and update of the plan.

(c) Ensuring that all supervisors and managers are periodically trained on the plan.

(d) Ensuring that all supervisors and managers are provided a copy of the plan and/or a means to access it in the event of an emergency.

(e) Documenting all training.

(f) Maintaining training records for each supervisor and manager and ensuring that those personnel periodically receive appropriate update training on the plan.

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Fire Safety

402.1 PURPOSE AND SCOPE

The threat of fire and toxic smoke in the facility represents a significant risk to the safety and security of the community, the staff, inmates, volunteers, contractors and visitors. The purpose of this policy is to clearly identify and conform to applicable federal, state and/or local fire safety codes, and to establish a process of creating, disseminating and training all individuals in the facility on the emergency plans for fire safety and evacuation.

402.2 POLICY

It is the policy of this office that fire prevention strategies are a high priority.

The Jail Commander shall ensure that a fire alarm and automatic detection system are installed, maintained and periodically tested. Any variance, exception or equivalency issues must be approved by the fire jurisdiction authorities, and must not constitute a serious life-safety threat to the occupants of the facility.

402.2.1 FIRE CODES

The Office shall conform to all federal, state and local fire safety codes.

402.2.2 FIRE PREVENTION RESPONSIBILITY

All staff, volunteers and contractors who work in the facility are responsible for the prevention of fires. They should be trained and given the tools to carry out the tasks necessary to reduce the risk of fire.

402.3 FIRE SUPPRESSION PRE-PLANNING

The Jail Commander shall, in cooperation with the Idaho State Fire Marshal, local fire department or other qualified entity, develop a plan for responding to a fire. The plan shall include, but not be limited to:

(a) A fire suppression pre-plan by the Idaho State Fire Marshal, local fire department or other qualified entity.

(b) Fire prevention, safety inspection plans and record retention schedules developed by designated staff or as required by applicable law.

(c) Documentation of all fire prevention inspections, all orders to correct and all proofs of corrections should be maintained for a minimum of two years or as otherwise required by law.

(d) An evacuation plan (see the Evacuation Plan Policy).

(e) A plan for the emergency housing of inmates in case of fire.

(f) The cross-training of responders and facility staff via drills, should occur at least quarterly, if practicable.

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402.4 FIRE PREVENTION EQUIPMENT

All required fire alarms, sprinklers and detection devices shall be in good working order at all times.

Should such a device become inoperative, the Jail Commander or the authorized designee shall be responsible for ensuring that emergency repairs are undertaken as soon as possible and that staff is provided with an alternative emergency fire safety and evacuation plan.

Any time any fire prevention system is inoperative and poses a serious life-safety risk, that portion of the facility shall not be inhabited by inmates or staff.

402.5 FIREFIGHTING EQUIPMENT

The Jail Commander shall ensure that the facility is equipped with the necessary firefighting equipment (e.g. SCBA's, extinguishers) in an amount and in a location as recommended by the Idaho State Fire Marshal, local fire authority or other qualified entity. The locations of firefighting equipment will be shown on the facility fire plan (schematic).

While the staff is not trained as fully qualified firefighters, the Jail Commander or the authorized designee will ensure that the staff is trained to initially respond to a fire with the purpose of facilitating the safety of the occupants, including evacuation, if necessary.

402.5.1 SELF-CONTAINED BREATHING APPARATUS (SCBA)

The facility should maintain sufficient quantities of self-contained breathing apparatus (SCBA) for staff to initially respond to a fire with the purpose of facilitating the safety of the occupants, including evacuation, if necessary. The Jail Commander or the authorized designee is responsible for fit testing and training.

402.6 FIRE TRAINING

The Training Sergeant is responsible for ensuring that within the first six months of assignment to the facility, all staff members receive training on the use of the SCBA sufficient to demonstrate proficiency. The staff should also be trained in the use of the facility's firefighting equipment sufficient to demonstrate proficiency. The staff should receive refresher training at least annually on the use of firefighting equipment.

Each shift will have at least one designated staff member who is trained to maintain the facility's firefighting equipment, including the SCBA.

402.7 FIRE SAFETY OFFICER

The Jail Commander shall appoint a facility employee as the Fire Safety Officer (FSO). The FSO shall receive training in applicable regulations, inspection processes and fire prevention practices.

402.7.1 INSPECTIONS

The Office shall be inspected by the FSO on a monthly basis to ensure that fire safety standards are maintained. These inspections will be focused on, but not limited to, fire prevention, staff training and proficiency, firefighting equipment availability and functionality, alarms, fire detectors, fire safety equipment, and staff familiarity with prevention and suppression techniques,

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suppression pre-planning, SCBA use, emergency response, fire safety equipment use and the evacuation plan.

The Jail Commander or the authorized designee shall ensure that staff conduct monthly fire and safety inspections of the facility and that all fire safety equipment is tested at least quarterly.

The FSO shall coordinate with the Idaho State Fire Marshal, the local fire department or other qualified entity for the required annual inspections.

The result of all fire inspections and fire equipment testing shall be documented and reflect the date, time and results of the safety inspection. Inspection reports shall be provided to the Jail Commander and the Sheriff, and maintained for one year.

402.7.2 FURNISHINGS

An annual inspection from the local fire authority may be conducted on all furnishings within the facility as to its appropriateness.

402.7.3 FLAMMABLE, TOXIC AND CAUSTIC MATERIALS

The Jail Commander, in collaboration with the local environmental health expert, will review the type of materials introduced into the facility to ensure that they are controlled and used safely. All such materials will be safely stored and only used by inmates under the direction of the staff.

402.8 EMERGENCY HOUSING OF INMATES

The Jail Commander or the authorized designee shall develop a plan for the emergency housing of inmates in the event of a fire. The plan should include procedures for continuing to house inmates in the facility, identification of alternate facilities and the potential capacity of those facilities, inmate transportation options, and contact information for allied agencies. This plan shall be reviewed annually and revised if necessary.

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Emergency Power and Communications

403.1 PURPOSE AND SCOPE

The Valley County Sheriff's Office facility must continue to operate as a safe and secure environment regardless of emergencies, including electrical outages. The purpose of this policy is to establish guidelines regarding back-up power and communication systems, and the inspection, preventive maintenance and testing of the systems to ensure a seamless transition in the event of a loss of power.

403.2 POLICY

It is the policy of this office to ensure that power to critical systems and communications continues to operate within the facility in the event of a loss of power.

403.2.1 PREVENTIVE MAINTENANCE

It is the responsibility of the Sheriff and Jail Commander to ensure that there is sufficient emergency power to operate all essential lighting, security equipment, safety equipment and communications systems. The emergency power system should have sufficient fuel to allow the facility to operate continuously for a three-day period, if necessary, without external resources.

The emergency power system should be inspected, tested and maintained as necessary. In the event that the system fails, the Jail Commander or Shift Supervisor should contact the designated maintenance authority or repair company, to obtain necessary repairs as soon as practicable. If the emergency power system cannot be repaired within eight hours, portable emergency generators shall be secured as the temporary emergency power source until the repair or replacement of the primary system occurs.

403.2.2 SAFETY AND SECURITY

All safety and security equipment will be repaired or replaced in an expedited manner by qualified personnel. In the event that safety and security equipment become inoperable or damaged and it is not safe to operate a secure portion of the facility, that portion of the facility should be vacated and the inmates housed elsewhere. Or, staffing should be increased sufficiently for the area to remain safe and secure until the repair can be completed.

403.2.3 INSPECTION AND TESTING

The Jail Commander is responsible for scheduled testing of emergency power systems. The power system manufacturer should be contacted for the required testing intervals and load information. The emergency power system should be load-tested in accordance with the manufacturer's recommendations or at least two times a year.

All emergency equipment and systems should be inspected by a qualified individual twice a year.

Power generators should be inspected and tested by a qualified individual at least monthy.

All testing and inspections shall be documented and the results included in a report to the Jail Commander.

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Evacuation Plan

404.1 PURPOSE AND SCOPE

The purpose of this policy is to promote planning and to establish procedures, responsibilities and training requirements for the staff of the Valley County Sheriff's Office Detention Center in case of fire and other emergency evacuations.

404.2 POLICY

The community, staff, volunteers, contractors and inmates should have a well-researched and validated evacuation plan that can be implemented in the event any portion of this facility requires evacuating due to an emergency (e.g., fire, smoke, flood, storm, contagious disease or pestilence). All custody staff should be knowledgeable about the evacuation plan, policy and procedures.

404.3 EVACUATION PLAN

The Valley County Sheriff's Office maintains an evacuation plan to be implemented in the event of a fire, natural disaster or other emergency. At minimum the evacuation plan shall address the following:

- Location of facility floor plans and building plans
- Emergency keys that are readily accessible
- Procedures on how inmates are to be released from locked areas
- Relocation areas to be used for housing inmates in the event of a full or partial evacuation
- Notifications
- Training and drill requirements for staff
- Reporting requirements

The Jail Commander should ensure that the evacuation plan is maintained and updated as needed and is reviewed for accuracy at least annually by a qualified independent inspector and in coordination with the local fire authority.

A current copy of the evacuation plan shall be maintained in the Administration office and in the command area of each annex facility.

Plans for evacuation routes will be posted in all public areas of the facility. All custody staff will be familiar with evacuation routes for inmates.

404.3.1 RELEASE OF INMATES IN AN EMERGENCY

All facility employees shall receive training on the locking system of the detention center to the extent that they would be able to release inmates immediately in the event of a fire or other emergency.

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404.3.2 EXITS
All exits in this facility should be distinctly and permanently marked. Exit signs and directional arrows for traffic flow will be clearly visible and maintained in all public areas of the facility.

Except for temporary reasons, such as maintenance or repairs, all exits to the facility shall remain free from obstacles at all times regardless of the frequency of use. It is the duty of all staff to remove any obstructions that block, either partially or completely, staff's ability to observe or use any exit.

All housing areas and places of assembly that are designed for occupancy of 50 individuals or more shall have two available exits.

404.3.3 EMERGENCY HOUSING OF INMATES
The Jail Commander or the authorized designee shall develop a plan on the emergency housing of inmates in the event of a full or partial evacuation of the facility. The plan will address when inmates should be housed in place, identification of alternate facilities and the potential capacity of those facilities, inmate transportation options, and contact information for allied agencies. This plan shall be reviewed at least annually and revised if necessary.

404.4 TRAINING DRILLS
The Jail Commander should ensure that drills of the evacuation plan are conducted at least annually on each shift and for all facility locations. Drills will include staff and volunteers. The local fire agency may be invited to participate in one or more drills annually. Nonviolent and compliant inmates may participate. Violent and/or dangerous inmates or those known to be a flight risk will not be involved in the drills.

Drills should be designed to ensure that all staff members are proficient in their duties during each type of evacuation. Each drill should be documented as to its scope and participants. Upon completion of the drill, each staff member will be required to complete a written test to document knowledge and to show proficiency.

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Chapter 5 - Inmate Management

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Population Management System

500.1 PURPOSE AND SCOPE

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

500.2 POLICY

It is the policy of this facility that an inmate population management system should be established and maintained to account for the admission, processing and release of inmates. The Jail Commander or the authorized designee is responsible for ensuring that detailed daily reports of the facility's inmate population are completed and maintained by the staff. The reports shall reflect the average daily population of sentenced and non-sentenced inmates by categories of adult male, adult female. The Jail Commander should collect and submit the data to the Sheriff in a monthly report within 10 working days of the end of each month. The Sheriff or the authorized designee should maintain the data in an accessible, verifiable format for historical purposes, trend analysis and to respond to funding opportunities.

500.2.1 DATA COLLECTION

A monthly population report may include, but will not be limited to:

(a) Current number of beds in:
    1. Compliance with Idaho Jail Standards
    2. General housing
    3. Medical/mental health

(b) Average Daily Population (ADP) for:
    1. Minimum security
    2. Maximum security
    3. High security
    4. Administrative segregation
    5. Total prisoner days

(c) Highest one-day inmate population

(d) Number and percentage of:
    1. Total monthly bookings
    2. Male inmates
    3. Female inmates
    4. Non-sentenced inmates

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5. Felony inmates
6. Misdemeanor inmates
7. Civil commitments
8. Juveniles detained as adults
9. Pretrial inmates released
10. Sentenced inmates released early due to lack of space
11. Inmates receiving psychotropic medication
12. Holds (e.g., transport, county, out-of-county, state, federal or tribal)
13. State prisoners on parole or probation

(e) Number of inmates:

1. Enrolled in work release program
2. Enrolled in work furlough program
3. Assigned to home electronic monitoring program

(f) Number of:

1. Inmate-on-inmate assaults
2. Inmate-on-staff assaults
3. Escapes/attempted escapes
4. Active misdemeanor warrants
5. Active gross misdemeanor warrants
6. Active felony warrants
7. Inmate grievances and dispositions
8. Inmate disciplinary reports and dispositions

(g) Any other demographic information (e.g., gang activity)

The Jail Commander or the authorized designee is responsible for ensuring that all required information is collected and supplied to the Idaho State Sheriffs' Association on a monthly basis. Information shall be verified for accuracy and retained in accordance with established records retention schedules.

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Inmate Counts

501.1 PURPOSE AND SCOPE

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

501.2 POLICY

It is the policy of this office to account for all inmates within and under the control of this facility through scheduled and other counts as needed.

501.3 PROCEDURE

The Jail Commander or the authorized designee shall be responsible for creating and maintaining a written procedure establishing the process and frequency of counts. Inmate counts shall be conducted at least three times during a 24-hour period. Emergency counts may be conducted at the direction of the Shift Supervisor as needed. Electronic counts shall not be substituted for direct staff observation.

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

Any discrepancy in the count should immediately be reported to the Jail Commander and resolved prior to the release of the shift personnel responsible for the count. A formal count in which all inmates are personally identified by a deputy should be conducted upon each shift change and again one time prior to midnight, as established by the Jail Commander. The result of the formal count will be used to calculate the average daily population statistics for the facility.

In the event that an escape is discovered during the inmate count, the Shift Supervisor will initiate action to investigate the escape by promptly notifying law enforcement agencies and the Jail Commander, initiating a search, and complying with other procedures as needed in accordance with the Facility Emergencies Policy.

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

All count sheets shall be signed by the Shift Supervisor and forwarded to the Records Division. Count sheets shall be maintained for a period of time prescribed by statute, ordinance or policy.

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Reception

502.1 PURPOSE AND SCOPE

This policy establishes guidelines for admission, including implementing security measures, processing initial classification, processing immigration detainers, identifying medical and mental health issues, seizing and storing personal property, and providing intake telephone calls.

502.2 POLICY

This office shall use the following standardized guidelines when receiving individuals to be booked into this detention center to maintain security and to respect individual's civil rights.

502.3 PRE-BOOKING SCREENING

All individuals shall be screened prior to booking to ensure each individual is physically acceptable for admission and that all arrest or commitment paperwork is present (see the Medical Screening Policy). Required paperwork includes, as applicable:

(a) Arrest reports

(b) Probable cause declarations

(c) Warrants or court orders

(d) Victim notification information

(e) Documentation of needs related to religious practices, such as diet, clothing, and appearance (see the Religious Programs Policy)

(f) Accommodation requests related to disabilities (see the Inmates with Disabilities Policy)

(g) Information regarding suicidal statements or actions, or assessments of suicide risk

(h) Medical and mental health records

Any discrepancies in required paperwork should be resolved or missing documentation located before accepting the individual for booking from the arresting or transporting deputy.

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

502.3.1 IMMIGRATION DETAINERS

No individual should be held based solely on a federal immigration detainer under 8 CFR 287.7 unless the individual has been charged with a federal crime or the detainer is accompanied by a warrant, affidavit of probable cause, or removal order. Notification to the federal authority issuing the detainer should be made before release.

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502.4 SEARCHES BEFORE ADMISSION

The Jail Commander shall be responsible for designating which items will be considered contraband, approved personal property, and excess personal property, and for creating procedures regarding the disposition of each category of property

All individuals and their property shall be searched for contraband before being accepted for booking. All contraband items will be handled according to detention center procedures. Items of possible evidentiary value may be turned over to the arresting or transporting deputy for processing or be processed according to the detention center's rules for handling evidence (see the Disposition of Evidence Policy). Approved personal property should be accepted. Items not approved should be returned to the arresting or transporting deputy prior to the individual being accepted for booking, or disposed of according to detention center procedures. A description of the items returned to the arresting or transporting deputy shall be documented in the individual's booking record.

Searches shall be conducted in accordance with the Searches Policy.

502.5 ADMISSION PROCESS

A unique booking number shall be assigned to each individual specific to the current admission. Photographs and fingerprints shall be taken.

Members facilitating the admission process should attempt to gather a comprehensive record of each individual, including the following:

- Identifying information, including name and any known aliases or monikers
- Current or last known address and telephone number
- Date and time of arrest
- Date and time of admission
- Name, rank, agency, and signature of the arresting deputy and transporting deputy, if different
- Health insurance information
- Legal authority for confinement
- Sex
- Gender identity
- Age
- Date and place of birth
- Race
- Height and weight
- Occupation and current or most recent employer

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- Emergency contact, including name, address, telephone number, and relationship to the individual
- Driver's license number and state where issued, state identification number, or passport number
- Social Security number
- Information regarding religious practices and disabilities
- Local, state, and federal criminal history records
- Notation of any unique marks or physical characteristics, such as scars, birthmarks, or tattoos
- Medical clearance, if applicable
- Suicide risk
- Inventory of all personal property, including clothing, jewelry, and money
- A record of personal telephone calls made at the time of booking or the opportunity to place calls if the calls were not made
- Records related to past periods of detention at the detention center

502.5.1 LEGAL BASIS FOR DETENTION

Individuals admitted to the detention center shall be notified of the charge or other legal basis of confinement in a language they understand.

502.6 TRANSITION FROM RECEPTION TO HOUSING UNITS

The Shift Supervisor or the authorized designee is responsible for ensuring only individuals who qualify are placed into appropriate housing. Those who will not be housed include individuals who are:

(a) Eligible for release on a book and release warrant.

(b) Intoxicated or under the influence of any intoxicating substance.

(c) Arranging bail. Such individuals should be permitted a reasonable amount of time, at the discretion of the Shift Supervisor or designee, to make telephone calls before being housed.

502.6.1 MONITORING FOR SIGNS OF INTOXICATION AND WITHDRAWAL

Members should respond promptly to an individual's complaint of symptoms and remain alert to signs of drug and alcohol overdose and withdrawal, which include but are not limited to sweating, nausea, abdominal cramps, anxiety, agitation, tremors, hallucinations, rapid breathing, and generalized aches and pains. Any member who suspects that an individual may be suffering from overdose or experiencing withdrawal symptoms shall promptly notify the Shift Supervisor and the appropriate medical staff

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502.6.2 SEPARATION

Individuals should be kept separate from admitted individuals during the admission process. When justified, individuals may be moved to administrative segregation during the booking process (see the Special Management Inmates Policy).

Newly admitted individuals should be separated according to the detention center's classification plan (see the Inmate Classification Policy).

502.7 PROPERTY CONTROL

All approved personal property received from individuals at the time of booking shall be inventoried. A receipt referencing the individual's booking number should be signed by the individual and the booking member. The original copy of the property receipt should be retained and placed in the individual's file and/or with the property.Excess personal property shall be handled according to detention center procedures.

502.7.1 VERIFICATION OF MONEY

All monies belonging to the individual shall be verified in front of the individual. The individual should initial the dollar amount on the booking sheet. All money is deposited into the kiosk system with the receipt electronically logged onto the inmate's financial account.

Negotiable checks or other instruments and foreign currency shall also be sealed in an envelope with the amount indicated but not added to the cash total and placed into the inmate's property. Jewelry, with the exception of a wedding band, and other small property shall also be sealed in an envelope. All envelopes shall clearly indicate the contents on the front. The member sealing an envelope shall initial across the sealed flap.

502.7.2 PROPERTY STORAGE

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

502.8 TELEPHONE CALLS

Every individual should be allowed to make a reasonable number of completed telephone calls as soon as possible after arrival.

(a) Telephone calls may be limited to local calls, but long-distance calls may be made by the individual at their own expense.

    1. The Office should pay the cost of any long-distance calls related to arranging for the care of a child or dependent adult.

(b) The individual should be given sufficient time to make any necessary arrangements, including child or dependent adult care, or transportation upon release.

    1. These telephone calls are not intended to be lengthy conversations. The member assigned to monitor or process the individual may use their judgment in determining the appropriate duration of the calls.

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(c) Calls to an attorney shall be deemed confidential and shall not be monitored, eavesdropped upon, or recorded.

There is no obligation for members to make a telephone call on an individual's behalf; however, members shall facilitate reasonable accommodations to individuals with disabilities to make phone calls (see the Inmates with Disabilities Policy). A member is not required to wake a sleeping individual so that the individual may complete a call. The individual should be provided the opportunity to make telephone calls once awake.

502.9 SHOWERING AND CLOTHING EXCHANGE

Individuals may be required to shower before being dressed in clean jail clothing. Showering should occur before transfer from the temporary holding area to a housing unit (see the Inmate Hygiene Policy).

502.10 SECURITY FOR CIVIL INDIVIDUALS

Individuals arrested and brought to this detention center based on process in a civil action or proceeding will not be received unless the Valley County Sheriff's Office receives a deposit of money to meet the individual's expenses for food, clothing and bedding.

The requirement for security does not apply when the State of Idaho is a party to the civil action or where a party is committed as a punishment for disobedience to the mandates, process, writs, or orders of court.

The Valley County Sheriff's Office should consult with legal counsel for handling individuals described in Idaho Code 20-613.

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Inmate Handbook and Orientation

503.1 PURPOSE AND SCOPE

This policy provides for the orientation of inmates booked into the Valley County Sheriff's Office facility. The purpose of the orientation is to inform inmates of the detention center routine, rules, inmate rights and services.

503.2 POLICY

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

503.2.1 INITIAL ORIENTATION

To assist with the inmate's transition into a custody environment, the orientation will include the following topics, supplemented by a more detailed inmate handbook that will be provided to each inmate:

(a) Facility rules and disciplinary sanctions

(b) Correspondence, visiting and telephone rules

(c) Availability of personal care items and opportunities for personal hygiene

(d) Inmate grievance procedure

(e) Co-pays, fees and charges (Idaho Code 20-607)

(f) Medical, dental and mental health services

(g) Possibilities for pretrial release

(h) Programs and activities, including application procedures

(i) Classification/housing assignments and appeal procedures

(j) Court appearance, where scheduled, if known

(k) Sexual abuse and sexual harassment information including the following (28 CFR 115.33):

1. Facility's zero-tolerance policy
2. Prevention and intervention
3. Instruction on how inmates can avoid being victims of sexual abuse and sexual harassment through self-protection techniques
4. Treatment and counseling for victims of sexual abuse or sexual harassment

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5. Reporting sexual abuse or sexual harassment incidents, including how to report such incidents anonymously
6. Mailing addresses and telephone numbers, including toll-free hotline numbers where available, or local, state or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies (28 CFR 115.53)
7. Information regarding confidentiality, monitoring and mandatory reporting

(l) Contacting foreign consuls

(m) Requests for religious accommodations

(n) Emergency procedures (e.g. fires, evacuations)

(o) Voting, including registering to vote

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

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

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

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

503.2.2 ORIENTATION FOR NON-READERS, VISUALLY-IMPAIRED OR DEAF OR HARD-OF-HEARING INMATES

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

Inmates who are deaf or hard of hearing shall be provided with interpretation services. Reasonable efforts should be made by the staff to assist the inmate in understanding the information.

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Inmate Safety Checks

504.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a requirement for conducting visual safety checks at least every 30 minutes for all inmates, and for creating and maintaining a log to document all safety checks.

504.2 POLICY

It is the policy of the Valley County Sheriff's Office that all correctional staff shall conduct safety checks at least once every 30 minutes on all inmates, or more frequently as determined by inmate custody status and/or housing classification.

Safety checks shall be made through direct visual observation. Cameras and monitors may supplement the required visual observation safety checks but they shall not replace the need for direct visual observation. Safety checks will be clearly documented on permanent logs in accordance with the office Daily Activity Logs and Shift Reports Policy.

Cameras and monitors shall be used primarily to monitor hallways, stairwells, points of access through the security perimeter and common areas. Whenever inmate living areas are visible via cameras or monitors, provisions shall be made to shield the shower and toilet areas to protect inmate privacy.

504.3 SAFETY CHECKS

The staff shall adhere to the following procedures when conducting safety checks:

(a) Safety checks shall be conducted at least every 30 minutes and more frequently if necessary.

(b) Safety checks shall be conducted on an irregular schedule (staggered) so that inmates cannot predict when the checks will occur.

(c) Safety checks shall be done by personal observation of the deputy and shall be sufficient to determine whether the inmate is experiencing any stress or trauma.

(d) Cameras and monitors may supplement the required visual observation safety checks but they shall not replace the need for direct visual observation.

(e) Safety checks will be clearly documented on permanent logs in accordance with the office Daily Activity Logs and Shift Reports Policy.

(f) Actual times of the checks and notations should be recorded on the daily activity logs.

(g) Log entries shall never be made in advance of the actual check. Log entries made in this manner do not represent factual information and are prohibited.

(h) Special management inmates shall be checked more frequently as detailed in the Special Management Inmates Policy.

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Special Management Inmates

505.1 PURPOSE AND SCOPE

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

505.1.1 DEFINITIONS

Definitions related to this policy include:

Administrative segregation - The physical separation of an inmate who is prone to escape or assault staff or other inmates, or one who is mentally deficient, in need of medical isolation or infirmary status. This is a non-punitive classification process.

Protective custody - A level of custody either requested or required for an inmate’s protection from others.

Special management inmate - An inmate who falls into either of the previously mentioned classifications.

505.2 POLICY

This office shall provide for the secure and segregated housing of any inmate, but shall not impose more deprivation of privileges than is necessary to obtain the objective of protecting the inmate, staff or the public.

505.3 SPECIAL MANAGEMENT INMATES HOUSING CRITERIA

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

Individuals who may be classified as special management inmates include, but are not limited to, inmates who are:

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

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- Exhibiting medical issues.
- Physically impaired.

505.4 CIRCUMSTANCES REQUIRING IMMEDIATE SEGREGATION

Inmates will generally be assigned to segregation through the classification process. The Jail Commander or Shift Supervisor has the authority to immediately place any inmate into segregation when it reasonably appears necessary to protect the inmate or others (see the Disciplinary Segregation Policy).

Reasons that an inmate may be placed into immediate segregation include the following:

(a) The inmate requests protection or is under court-ordered protection, or the staff has determined that the inmate requires protection.

(b) There is reason to believe the inmate poses a danger to him/herself or others.

(c) The inmate poses an escape risk.

(d) The inmate requires immediate mental health evaluation and medical housing is not reasonably available.

(e) The inmate is charged with a disciplinary infraction and is awaiting a disciplinary hearing. In the judgment of the staff, the inmate may become disruptive or dangerous if left in general population.

(f) The inmate is in the process of being transferred to a higher security classification.

(g) Other circumstances where, in the judgment of the staff, the inmate may pose a threat to him/herself, others or the security of the facility.

505.4.1 REVIEW PROCESS

The Jail Commander shall be notified when any inmate is placed in immediate segregation and shall be informed of the circumstances leading to the order to segregate. Within 72 hours of the inmate being placed into segregation, the Jail Commander or the authorized designee must review the circumstances surrounding the segregation to determine which of the following actions shall be taken:

(a) The inmate is designated for administrative segregation.

(b) The inmate is designated for protective custody.

(c) The inmate remains segregated pending a disciplinary hearing.

(d) The inmate is returned to general inmate population.

Inmates in administrative segregation or protective custody are to be released from those areas only after a review by the Jail Commander or the authorized designee.

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505.5 PROTECTIVE CUSTODY

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

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

505.6 MAINTENANCE OF PRIVILEGES

Inmates who are classified for housing in administrative segregation or protective custody shall, at a minimum, be allowed access to programs and services including, but not limited to, the following:

- Access to services related to acceptable hygiene
- Inmate telephones
- Family visitation
- Educational programing appropriate to the inmate classification
- Access to commissary services
- Library and access to legal services
- Social services
- Faith-based guidance, counseling and religious services
- Recreation activities and exercise
- Social and professional visits

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

505.7 REVIEW OF STATUS

The Shift Supervisor or classification officer shall review the status of all inmates who are housed in segregation units and designated for administrative segregation or protective custody. This review shall occur every seven days for the first two months of segregation and at least once every 30 days thereafter. The review should include information about these inmates to determine whether their status in administrative segregation and protective custody is still warranted.

If other reasonable housing options exist that will provide for the safety of the inmate, the inmate should be moved out of segregation. In reviewing an alternative housing decision, the safety of the inmate shall receive the utmost consideration.

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505.8 HEALTH EVALUATION REQUIREMENTS

After notification from staff that an inmate is being placed in segregation, the Shift Supervisor shall ensure that the following occurs:

(a) A qualified health care professional shall review the inmate's health record to determine whether existing medical, dental or mental health needs contraindicate the placement or require special accommodations.

(b) If contraindications or special accommodations are noted, the qualified health care professional shall inform the Shift Supervisor and coordinate the appropriate plan for the inmate based on the safety needs of the facility and the medical needs of the inmate.

505.8.1 HEALTH CONSIDERATIONS

Due to the possibility of self-inflicted injury and depression during periods of segregation, health evaluations should include notations of any bruises and other trauma markings and the Medical Director's comments regarding the inmate's attitude and outlook.

(a) Unless medical attention is needed more frequently, each inmate in segregation should receive a daily visit by medical staff. A medical assessment should be documented in the inmate's medical file.

(b) A Medical Director shall also conduct weekly rounds for a mental health evaluation.

When an inmate is classified as a special management inmate due to the presence of a serious mental illness and is placed in a segregation setting, the staff shall document this in the inmate's file and notify the Medical Director. When an inmate is expected to remain in segregation for more than 30 days (based upon disciplinary decisions, protective needs or other factors), theMedicalDirector shall be notified.

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

505.9 SAFETY CHECKS

A staff member shall conduct a face-to-face safety check of all special management inmates, including those housed in administrative segregation or protective custody, at least every 30 minutes or more frequently, on an irregular schedule. Inmates who are violent, have mental health problems or who demonstrate behavior that is easily identified as out of the ordinary or bizarre in nature should be personally observed by the staff every 15 minutes on an irregular schedule.

Inmates who are at risk of suicide shall be under continuous observation until seen by a MedicalDirector. Subsequent supervision routines should be in accordance with orders provided by the qualified health care professional.

Special management inmates shall receive increased monitoring to include, at a minimum:

(a) A daily visit by the Jail Commander or the authorized designee.

(b) Visits by members of the program staff, upon request.

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All management, program staff and qualified health care professional visits shall be documented in the appropriate records and logs and retained in accordance with established records retention schedules.

505.10 LOG PROCEDURES

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

- Inmate name
- Inmate identification number
- Housing location
- Classification status
- Date admitted
- Date and time of entry and exit from the cell
- Type of infraction or reason for admission
- Tentative release date
- Any special medical or psychiatric problems or needs
- Personnel on-duty
- Disturbances or counseling for behavior
- Time meals are served
- Date and time of entry and exit of all visitors (e.g. physicians, attorneys, volunteers)
- Notations of use of force
- Use of emergency or restraint equipment

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

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

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

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

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505.10.1 LOG INSPECTION AND ARCHIVAL OF LOGS

The Shift Supervisor shall review and evaluate the logs and pass any significant incidents via the chain of command to the Jail Commander for review.

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

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Management of Weapons and Control Devices

506.1 PURPOSE AND SCOPE

This policy will address the availability and control of weapons.

506.2 POLICY

It is the policy of the Valley County Sheriff's Office that the presence and the use of weapons in the detention center will be tightly controlled and supervised to reduce the potential for injury. Staff will only carry and use those weapons for which they have been trained in and are qualified to use.

506.3 FIREARMS

With the exception described below, armed personnel shall secure all firearms in gun lockers located at the entry points prior to entering the secure perimeter. Firearms shall not be stored inside the secure perimeter at any time. If it is necessary to load or unload a firearm, it shall be done in a safe manner outside of the facility.

Firearms shall only be allowed in the secure perimeter of the facility when it is necessary to protect the safety and security of staff, inmates, contractors, volunteers or the public. Firearms shall only be allowed inside the secure perimeter with the approval of the Jail Commander or the authorized designee and under the direct supervision of a supervisor.

506.4 OTHER WEAPONS, TOOLS, AND CHEMICAL AGENTS

Office-approved weapons, tools, and chemical agents, including but not limited to pepper projectiles, batons, conducted energy devices (CEDs), impact weapons, weapon-fired projectiles, noise/flash distraction devices, sting grenades, and similar devices, may be possessed and used only by custody staff members who have received office-authorized training and are qualified to use them.

Office-approved weapons, tools, and chemical agents shall only be allowed inside the secure perimeter with the approval of the Sheriff, Chief Deputy, Jail Commander or the authorized designee.

506.5 STORAGE OF WEAPONS, CHEMICAL AGENTS, AND CONTROL DEVICES

The armory shall be located in a secure and readily accessible repository outside of inmate housing and activity areas. It shall be secured at all times. Access to the armory shall be limited by the Sheriff, Chief Deputy, Jail Commander or the authorized designee. Only personnel who have received office-approved training in the maintenance of the stored equipment and who have been designated by the Sheriff, Chief Deputy,Jail Commander are authorized to be inside the armory.

The following equipment shall be stored and secured in the armory:

(a) All office-approved weapons.

(b) All office-approved control devices and associated supplies, with the exception of the CED.

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(c) All security equipment, such as helmets, face shields, stab or protective vests, and handheld shields.

(d) All office-approved chemical agents.

506.5.1 WEAPONS LOCKER

There should be a secure weapons locker located outside of the secure perimeter of the detention center.

506.5.2 INVENTORY

The Rangemaster is responsible for maintaining all weapons, chemical agents and control devices in a safe and secure manner, and to inventory and report the condition and availability of the facility's weapons and control devices on a monthly basis.

To facilitate the inventory, all weapons, chemical agents and control devices shall be stored in assigned locations inside the armory. A log sheet shall be maintained within the armory at all times, detailing the exact location of each item. The removal of any weapon, chemical agent or control device shall be documented on the log sheet, showing who removed the item, the date and time of removal and the reason for removal. An additional log entry shall be made indicating the date and time of the item's return.

The Chief Deputy shall be immediately notified in the event that any weapon, chemical agent or control device is determined to be missing. An immediate and thorough search of the facility shall take place in order to locate the item.

506.5.3 REVIEW, INSPECTION AND APPROVAL

Every control device and chemical agent will be periodically inspected for serviceability and expiration dates by the Rangemaster or the instructor designated to train on the use of a particular control device or chemical agent. The Rangemaster or the designated instructor is responsible to ensure replacement of outdated or unserviceable items.

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Inmate Classification

507.1 PURPOSE AND SCOPE

This policy describes the Valley County Sheriff's Office's classification process, which is designed to identify security and health issues so that inmates may be held in such a way as to foster a safe and secure facility.

507.1.1 DEFINITIONS

Definitions related to this policy include:

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

507.2 POLICY

It is the policy of this office to process all individuals entering this detention center to determine whether they will be housed in the detention center, cited and released, released on their own recognizance (O.R.) or bail, or released back to the community through an appropriate release mechanism, including alternatives to incarceration programs, such as electronic supervision. The detention center shall maintain a master file system that contains updated cell assignments and the status of all inmates housed in the detention center.

Anyone housed in the detention center shall be properly classified according to security and health risks so that appropriate supervision, temporary holding, and housing assignments may be made.

507.3 CLASSIFICATION PLAN

The Jail Commander or the authorized designee should create and maintain a classification plan to guide members in the processing of individuals brought into the detention center (Idaho Code 20-602).

The plan should include an initial screening process, as well as a process for determining appropriate housing assignments (28 CFR 115.42). The plan should include use of an objective screening instrument, procedures for making decisions about classification and housing assignments, intake and housing forms, and a process to ensure that all classification and housing records are maintained for each inmate. The plan should include an evaluation of the following criteria:

- Age
- Sex
- Current charges
- Behavior during arrest and intake process
- Criminal and incarceration history
- Emotional and mental condition
- Potential risk of safety to others or self

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- Special management inmate status
- Special needs assessment for vulnerable inmates
- Behavioral or physical limitations or disabilities
- Medical condition
- Level of sobriety at booking
- Suicidal ideation
- Escape history and degree of escape risk
- Prior assaultive or violent behavior
- The need to be separated from other classifications of inmates (e.g., juvenile offenders, gang affiliation, confidential informant, former law enforcement, sexual orientation)
- Prior convictions for sex offenses against an adult or child
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender-nonconforming (see the Prison Rape Elimination Act Policy for transgender and intersex definitions)
- Previous sexual victimization
- The inmate's own perception of their vulnerability
- Whether the inmate is a foreign national and if so from what country (see the Foreign Nationals and Diplomats Policy)
- Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Office (28 CFR 115.41)
- Any other criteria as deemed appropriate by the Sheriff or the authorized designee

The plan should include a methodology for evaluating the classification process and a periodic review for the purpose of continuous quality improvement.

Information obtained in response to screening questions shall be considered confidential and shall only be made available to those who have a legitimate need to know (28 CFR 115.41).

507.3.1 INMATE RESPONSE TO SCREENING

Inmates may not be compelled by threat of discipline to provide information or answers regarding (28 CFR 115.41):

(a) Whether the inmate has a mental, physical, or developmental disability.

(b) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender-nonconforming.

(c) Whether the inmate has previously experienced sexual victimization.

(d) The inmate's own perception of vulnerability.

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507.4 INITIAL CLASSIFICATION

The initial classification process is intended to identify predatory, violent and at-risk inmates. It should occur early in the intake process to allow for appropriate supervision while an inmate is being temporarily held in this facility and until a decision is made to place the individual into a more permanent housing assignment.

Inmates should be interviewed by an intake deputy as soon as possible in the booking process. The intake deputy shall complete the initial classification form. The initial classification form should include a place for the intake deputy to make a housing recommendation. This recommendation should be based on the initial classification form, an assessment of the inmate's condition and the inmate's interview.

The initial classification form shall be placed in the inmate's file and provided to the classification deputy, who will, within the limits of available resources, determine the appropriate temporary housing location.

507.5 CLASSIFICATION UPON HOUSING

Once it has been determined that the person arrested will not be released from custody on bail or O.R., a more in-depth classification of the inmate will be conducted as soon as possible but no later than 24 hours after the inmate's arrival at the facility, after which the inmate will be moved to more permanent housing.

507.5.1 INTERVIEW

The comprehensive classification process begins with a review of any initial classification information obtained during the reception and booking process, as well as an interview by the classification deputy.The review of initial classification documents and the questions, answers and observations from the inmate's interview will be documented and numerically scored, representing the security level and housing assignment appropriate for each inmate.

Individualized determinations shall be made about how to ensure the safety of each inmate (28 CFR 115.42).

507.5.2 OVERRIDE

The classification deputy has the authority to override the scores when it appears necessary to more appropriately assign housing. The override capability exists to use the classification deputy’s training and expertise in those instances when the numerical scores are not reflective of the inmate’s potential security or health risk. All overrides will be reviewed by a supervisor and are intended to be an exception, rather than the rule.

507.6 REVIEWS AND APPEALS

Once an inmate is classified and housed, he/she may appeal the decision of the classification deputy. The appeal process shall begin at the first-line supervisor level. The decision by the supervisor may be appealed to the Jail Commander or the authorized designee. The decision by the Jail Commander or the authorized designee is final.

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507.6.1 PERIODIC CLASSIFICATION REVIEWS

The classification deputy shall review the status of all inmates who have been incarcerated in the facility for more than 10 days. Additional reviews should occur each 10 days thereafter. The review should examine changes in the inmate's behavior or circumstances and should either raise, lower or maintain the classification status (28 CFR 115.41).

Housing and program assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats experienced by the inmate (28 CFR 115.42).

Inmate risk levels shall be reassessed when required due to a referral, request, incident of sexual abuse, or receipt of additional information that increases the inmate's risk of sexual victimization or abusiveness (28 CFR 115.41).

507.6.2 MEMBER REQUESTED REVIEW

At any point during an inmate's incarceration, a member may request a review of the inmate's classification. The reason for the review, the review itself, and the outcome of the review shall be documented in the inmate's file. Nothing in this section shall prohibit members from immediately moving an inmate to another location in the detention center based on exigent circumstances. Under such circumstances, the member moving the inmate must immediately document the action and notify the classification deputy.

507.7 HOUSING ASSIGNMENTS

Inmates should be housed based upon the following criteria (Idaho Code 20-602):

- Classification level
- Age
- Sex
- Legal status (e.g., pretrial or sentenced)
- Need for protection or separation
- Criminal sophistication
- Any other criteria identified by the Jail Commander

507.7.1 SEPARATION

Male and female inmates shall be housed to ensure visual and physical separation.

Civil detainees shall be housed separately from pretrial and sentenced inmates.

507.8 CLASSIFICATION SPACE ALLOCATION

The classification plan depends on the ability of the facility to physically separate different classes of inmates. To ensure that allocated space meets the current population needs, the Jail Commander or the authorized designee should periodically meet with representatives of the classification deputies to discuss the fixed resources (e.g., cells, dorms, dayrooms).

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The Jail Commander should report at least quarterly to the Sheriff on the ability of the facility to operate safely and securely and to perform its mission.

507.9 SINGLE-OCCUPANCY CELLS

Single-occupancy cells may be used to house the following categories of inmates:

- Maximum security
- Administrative segregation
- Medical condition or disabilities (upon consultation with medical staff and the availability of medical beds)
- Mental condition (upon consultation with mental health staff and the availability of mental health beds)
- Sexual predators
- Any inmate with an elevated risk of being taken advantage of, being mistreated, or becoming a victim of sexual abuse or harassment
- Any other condition or status for single-occupancy housing

The classification supervisor shall notify the Jail Commander or the authorized designee when single-occupancy cells are not available for housing the above described inmates. In such cases, a risk assessment shall be used to identify inmates in the above categories who may be safely housed together.

507.10 PRISON RAPE ELIMINATION ACT (PREA) CONSIDERATIONS

Housing, bed, work and program assignments should be made to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive (28 CFR 115.42). Inmates identified as being at high risk for sexually aggressive behavior will be monitored and housed in an area that will minimize the risk to other inmates and staff. All inmates identified as being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety. However, inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers (28 CFR 115.43; 28 CFR 115.68).

Housing and program assignments of a transgender or intersex inmate shall include individualized consideration for the inmate’s health and safety and any related supervisory, management or facility security concerns. A transgender or intersex inmate’s views with respect to his/her own safety shall be given serious consideration.

Lesbian, gay, bisexual, transgender or intersex inmates shall not be placed in dedicated facilities, units or wings solely on the basis of such identification or status, unless such placement is pursuant to a consent decree, legal settlement or legal judgment (28 CFR 115.42).

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507.11 STAFF TRAINING IN CLASSIFICATION

Classification deputies should receive training specific to inmate classification before being assigned primary classification duties. Individuals not specifically trained in inmate classification may work in classification provided that they are under the immediate supervision of a trained and qualified staff member.

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Control of Inmate Movement

508.1 PURPOSE AND SCOPE

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

508.2 POLICY

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

508.3 MOVEMENT OF INMATES

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

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

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

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

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Use of Restraints

509.1 PURPOSE AND SCOPE

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

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

509.1.1 DEFINITIONS

Definitions related to this policy include:

Clinical restraints - Restraints applied when an inmate's disruptive, assaultive and/or self-injurious behavior is related to a medical or mental illness. Clinical restraints can include leather, rubber or canvas hand and leg restraints with contact points on a specialized bed (four/five-point restraints) or a portable restraint chair.

Custody restraints - Include steel handcuffs and leg restraints, polyurethane or nylon soft restraints, waist restraints and chair restraints, applied to control an inmate who is assaultive, engaging in self-injurious behavior or attempting to damage property.

Therapeutic seclusion - Isolation of an agitated, vulnerable and/or severely anxious inmate with a serious mental illness as part of his/her treatment when clinically indicated for preventive therapeutic purposes.

509.2 POLICY

It is the policy of this office that restraints shall be used only to prevent escape, self-injury, injury to others or property damage. Restraints may also be applied according to inmate classification, such as maximum security, to control the behavior of a high-risk inmate while he/she is being moved outside the cell or housing unit.

Restraints shall never be used for retaliation or as punishment. Restraints shall not be applied for more time than is necessary. Restraints are to be applied only when less restrictive methods of controlling the dangerous behavior of an inmate have failed or appear likely to fail. Each incident where restraints are used shall be documented by the handling staff member and the documents placed in the appropriate file prior to the end of the staff member’s shift.

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

509.3 USE OF RESTRAINTS - CONTROL

Supervisors shall proactively oversee the use of restraints on any inmate. Whenever feasible, the use of restraints, other than routine use during transfer, shall require the approval of a

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Shift Supervisor prior to application. In instances where prior approval is not feasible, the Shift Supervisor shall be apprised of the use of restraints as soon as practicable.

Restraint devices, such as restraint chairs, WRAP (see Valley County LE policy manual), shall only be used on an inmate when it reasonably appears necessary to overcome resistance, prevent escape or bring an inmate under control, thereby preventing injury to the inmate or others, or eliminating the possibility of property damage. Restraints shall not be applied for more time than is reasonably necessary to achieve the above goals.

Excluding short-term use to gain immediate control, placing an inmate in a restraint chair or other restraints for extended periods requires approval from the Jail Commander or the authorized designee prior to taking action. The medical staff shall be called to observe the application of the restraints, when feasible, prior to the application or as soon as practicable after the application, and to check the inmate for adequate circulation.

The use of restraints for purposes other than for the controlled movement or transportation of an inmate shall be documented on appropriate logs to include, at minimum, the type of restraint used, when it was applied, a detailed description of why the restraint was needed and when it was removed.

The following provisions shall be followed when utilizing restraints to control an inmate:

(a) Restraints shall not be used as punishment, placed around a person's neck or applied in a way that is likely to cause undue physical discomfort or restrict blood flow or breathing (e.g., hog-tying).

(b) Restrained inmates shall not be placed face down or in a position that inhibits breathing.

(c) Restraints shall not be used to secure a person to a fixed object except as a temporary emergency measure. A person who is being transported shall not be locked in any manner to any part of the transporting vehicle, except for items installed for passenger safety, such as seat belts.

(d) Inmates in restraints shall be housed either alone or in an area designated for restrained inmates.

(e) Restraints shall be applied for no longer than is reasonably necessary to protect the inmate or others from harm.

(f) Staff members shall conduct direct face-to-face observation at least twice every 30 minutes to check the inmate's physical well-being and behavior. Restraints shall be checked to verify correct application and to ensure they do not compromise circulation. All checks shall be documented, with the actual time recorded by the person doing the observation, along with a description of the inmate's behavior. Any actions taken should also be noted in the log.

(g) The specific reasons for the continued need for restraints shall be reviewed, documented and approved by the Jail Commander or Shift Supervisor at least every two hours.

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(h) As soon as possible, but within four hours of placement in restraints, the inmate shall be medically assessed to determine whether he/she has a serious medical condition that is being masked by the aggressive behavior. The medical assessment shall be a face-to-face evaluation by a qualified health care professional and shall recur once every six hours of continued restraint thereafter.

(i) As soon as possible, but within eight hours of placement in restraints, the inmate must be evaluated by a mental health professional to assess whether the inmate needs immediate and/or long-term mental health treatment.

509.4 USE OF RESTRAINTS - CLINICAL

Inmates may be considered for clinically ordered restraints or seclusion when exhibiting dangerous behavior that is believed to be a product of a medical or mental illness and that puts the inmate and/or others at risk of physical harm, or when medical care is urgently required and the inmate is not considered competent to give or withhold consent.

Clinical restraints and/or therapeutic seclusion shall only be used when an inmate's safety or the safety of others cannot be protected by less restrictive means and only upon the direct order of a Medical Director and notification of the Jail Commander or the authorized designee prior to taking action. Restraints shall be used no longer than is reasonably necessary to provide for the legitimate safety concerns of the inmate, staff or others.

The following provisions shall be used any time clinical restraints or therapeutic seclusion is authorized:

(a) Excluding short-term use to gain immediate control of an inmate exhibiting dangerous or destructive behavior, an inmate may be placed in clinical restraints or therapeutic seclusion only on the orders of theMedical Director and only after making a determination that less restrictive interventions are ineffective to prevent the inmate from causing property damage or serious injury to him/herself or others.

(b) Medical restraints or therapeutic seclusion shall never be ordered or otherwise applied as a means of coercion, discipline, punishment, convenience or retaliation.

(c) The qualified health care professional's order may only be in effect for up to 12 hours for adult inmates and up to two hours for inmates age 17 or younger.

(d) Within one hour of the application of restraints or therapeutic seclusion, a face-to-face observation of the inmate to evaluate the need for continued restraint or therapeutic seclusion shall be conducted by the Medical Director.

(e) If deemed clinically necessary, the Medical Director who gave the initial order for restraints or therapeutic seclusion may renew the original order for an additional four hours for an adult or up to two hours for a person who is age 17 or younger.

(f) Inmates placed in medical restraints shall be placed in designated cells within the medical unit. The restraints shall be applied in the least restrictive manner possible, based on the Medical Directorevaluation and order.

(g) Inmates placed in restraints shall only be placed in a face-up position.

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(h) The Medical Director or authorized designee shall conduct face-to-face checks at minimum every 15 minutes to assess the inmate's condition and behavior. The restraints shall be checked for proper application and to ensure that circulation is not compromised. Checks shall be documented in the inmate's medical file.

(i) Except in the event of a medical emergency for the inmate, only the Medical Director or authorized designeeshall determine when an inmate shall be released from medical restraints or therapeutic seclusion.

509.5 RANGE OF MOTION

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

509.6 FOOD AND HYDRATION

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

Offering food and hydration to inmates will be documented to include the time, the name of the person offering the food or water/juices, and the inmate’s response (receptive, rejected). Inmates shall be given the opportunity to clean themselves should they soil themselves or their clothing while they are in restraints.

509.7 AVAILABILITY OF CARDIOPULMONARY RESUSCITATION EQUIPMENT

Cardiopulmonary resuscitation (CPR) equipment, such as barrier masks, shall be provided by the facility and located in close proximity to the location where inmates in restraints are held.

509.8 RESTRAINED INMATE HOLDING

Restrained inmates should be protected from abuse by other inmates. Under no circumstances will restrained inmates be housed with inmates who are not in restraints. In most instances, restrained inmates are housed alone or in an area designated for restrained inmates.

509.9 PREGNANT INMATES

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

Inmates who are known to be pregnant will not be handcuffed behind their backs or placed in waist restraints while being transported.

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509.9.1 INMATES IN LABOR

No inmate who is in labor, delivering or recovering from a birth shall be restrained except when all of the following exist:

(a) There is a substantial flight risk or some other extraordinary medical or security circumstance that dictates restraints be used to ensure the safety and security of the inmate, the staff of this or the medical facility, other inmates or the public.

(b) A supervisor has made an individualized determination that such restraints are necessary to prevent escape or injury.

(c) There is no objection from the treating medical care provider.

(d) The restraints used are the least restrictive type and are used in the least restrictive manner.

The supervisor shall, within 10 days, make written findings specifically describing the type of restraints used, the justification and the underlying extraordinary circumstances (Idaho Code 20-902(3)(b)).

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Searches

510.1 PURPOSE AND SCOPE

The purpose of this policy is to provide clear direction on maintaining the safety and security of the detention center by conducting searches in balance with protecting the constitutional rights of inmates.

The introduction of contraband into the detention center poses a serious risk to the safety and security of members, inmates, and the public. Any item that is not available to all inmates may be used as currency by those who possess the item and will allow those in possession of the item to have control over other inmates. Any item that may be used to disengage a lock or other electronic security device or that could compromise the physical plant jeopardizes the safety and security of this detention center. Carefully restricting the flow of contraband into the detention center can only be achieved by thoroughly searching inmates and their environment.

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

510.1.1 DEFINITIONS

Definitions related to this policy include:

Contraband - Anything unauthorized for inmates to possess, including drugs and weapons of any kind.

Excess property - Anything authorized for inmates to possess but in an unauthorized manner or quantity.

Modified strip search - A search that requires the removal or rearranging of some of a person's clothing and does not include a visual inspection of the exposed breasts, buttocks, or genitalia of the person. This search may include a thorough tactile search of an inmate's partially unclothed body. This also includes searching the inmate's clothing after it has been removed.

Pat-down search - A search used to check an individual for contraband. It involves thoroughly patting down an inmate's clothed body to locate any items that could pose a danger to the deputy, the inmate, or others.

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

Strip search - A search that requires the removal or rearranging of some or all of a person's clothing to permit a visual inspection of the underclothing, breasts, buttocks, anus, or outer genitalia of the person.

510.2 POLICY

It is the policy of this office to promote the safety of members, inmates, and visitors by conducting effective and appropriate searches of inmates and areas within the detention center in accordance

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with applicable laws. Members shall always be alert to the possible presence of contraband and shall take immediate action to seize and appropriately handle contraband when found.

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

510.3 PAT-DOWN SEARCHES

Pat-down searches will be performed on all inmates/arrestees upon entering the secure booking area of the detention center. Additionally, pat-down searches shall occur frequently within the detention center. At a minimum, members shall conduct pat-down searches in circumstances that include:

(a) When inmates leave their housing units to participate in activities elsewhere in the detention center (e.g., exercise yard, medical unit, visiting) and when they return.

(b) During searches of housing units.

(c) When inmates come into contact with other individuals housed outside of their housing units, such as on work details.

(d) Any time a member believes inmates may have contraband on their persons.

Except in emergencies, all pat-down searches will be conducted by a member of the same gender as the inmate. Absent the availability of a member of the same gender, it is recommended that a witnessing member be present during a pat-down search of an individual of another gender. All cross-gender pat-down searches shall be documented (28 CFR 115.15).

510.4 MODIFIED STRIP SEARCHES, STRIP SEARCHES, AND PHYSICAL BODY CAVITY SEARCHES

Deputies shall consider and be able to articulate the reason for the search and the scope, manner, and location of the search, and will utilize the least invasive search method to meet the goals of the search.

510.4.1 STRIP SEARCHES PRIOR TO PLACEMENT IN A HOUSING UNIT

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

(a) No person held prior to placement in a housing unit shall be subjected to a modified strip search or strip search unless there is reasonable suspicion based upon specific and articulable facts to believe the person is concealing contraband. Factors to be considered in determining reasonable suspicion include but are not limited to:

1. The detection of an object during a pat-down search that may be contraband and cannot be safely retrieved without a modified strip search or strip search.

2. Circumstances of a current arrest that specifically indicate the person may be concealing contraband.

(a) A felony or controlled substance arrest charge or being under the influence of a controlled substance should not suffice as reasonable suspicion absent other facts.

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3. Custody history (e.g., past possession of contraband while in custody, assaults on members, escape attempts).
4. The person's actions or demeanor, such as a refusal to submit to a pat-down search.
5. Criminal history (e.g., level of experience in a custody setting; convictions for escape, possession of drugs or weapons, crimes of violence; being a fugitive).
6. An alert by a metal detector or drug detection device.
7. Other reliable information that the person possesses contraband.

(b) Except in the case of a medical emergency, no modified strip search or strip search of an inmate shall be conducted before admittance to a housing unit without prior written authorization from the Shift Supervisor.

510.4.2 PHYSICAL BODY CAVITY SEARCHES

Physical body cavity searches shall be completed as follows:

(a) No person shall be subjected to a physical body cavity search without approval of the Jail Commander or the authorized designee and only with the issuance of a search warrant.

(b) Only a qualified health care professional may conduct a physical body cavity search. Except in exigent circumstances, only a qualified health care professional who is not responsible for providing ongoing care to the inmate may conduct the search.

(c) Except for the qualified health care professional conducting the search, persons present must be of the same gender as the person being searched. Only deputies needed to maintain the safety and security of the medical personnel shall be present during the search.

(d) Privacy requirements, including restricted touching of body parts, and sanitary condition requirements are the same as required for a strip search.

(e) All such searches shall be documented, including:

1. The facts that led to the decision to perform a physical body cavity search of the inmate.
2. The reasons less intrusive methods of searching were not used or were insufficient.
3. The Jail Commander's approval.
4. A copy of the search warrant.
5. The time, date, and location of the search.
6. The medical personnel present.
7. The names, genders, and roles of any deputies present.
8. Any contraband discovered by the search.

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(f) Completed documentation should be placed in the inmate's file. A copy of any search warrant and the results of the physical body cavity search shall be included with the related reports and made available, upon request, to the inmate or other authorized representative (except for those portions of the warrant ordered sealed by a court).

(g) All contraband should be processed in accordance with the office's current evidence procedures.

(h) If appropriate, a crime report and/or disciplinary report shall be completed.

510.4.3 DOCUMENTING STRIP SEARCHES
The member conducting a strip search shall:

(a) Document the name and gender of the person searched.

(b) Document the facts that led to the decision to perform the search of the inmate.

(c) Document the reasons less intrusive methods of searching were not used or were insufficient.

(d) Document the supervisor's approval.

(e) Document the time, date, and location of the search.

(f) Document the names of staff present, their gender, and their roles.

(g) Document any complaints made by the inmate or problems encountered during the search.

(h) Itemize all contraband discovered by the search and process it in accordance with the office's current evidence procedures.

(i) If appropriate, complete a crime report and/or disciplinary report.

(j) Ensure the completed documentation is placed in the inmate's file. A copy of the written authorization shall be retained and made available to the inmate or other authorized representative upon request.

510.5 PROHIBITED SEARCHES OF TRANSGENDER AND INTERSEX INMATES

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

510.6 HOUSING UNIT SEARCHES

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

(a) All inmates shall vacate their living areas and be patted down by members.

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(b) Inmates should be escorted to a separate holding area, such as the recreation yard.

(c) Members shall search the living areas of the inmates, including bedding, personal storage areas, bunks, and other areas with inmate access.

(d) Any contraband located shall be processed in accordance with the current evidence procedures.

(e) Members shall attempt to identify the inmate who possessed the contraband and file appropriate inmate discipline and/or crime reports.

(f) Any excess property shall be seized, inventoried, and retained pending disposition according to detention center procedures.

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

510.7 PHYSICAL PLANT SEARCHES

The following areas of this detention center shall be periodically searched for contraband:

(a) Exercise yards shall be searched before and after each inmate group occupies the yard.

(b) Holding cells shall be searched before and after each occupation.

(c) Program areas, such as classrooms and multipurpose rooms, shall be searched after each use by an inmate or inmate group.

(d) Laundry areas shall be searched before and after inmate use.

(e) Kitchen areas shall be frequently searched for contraband and to account for tools, knives, and food items.

(f) Inmate visiting and public areas shall be frequently inspected.

(g) The detention center perimeter shall be searched at least once each shift.

510.8 CRIMINAL EVIDENCE SEARCHES

The Jail Commander or the authorized designee shall be notified, as soon as practicable, any time it is suspected that a crime has been committed in the detention center or other area controlled by detention center members, and there is a need to search for evidence related to the crime. A search for evidence may be conducted by members whenever there is a need for such action.

Any evidence collected in connection with an alleged crime should be processed in accordance with the office's current evidence procedures.

510.9 TRAINING

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

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510.10 CANINE-ASSISTED SEARCHES

It is the policy of this detention center to use canines to assist members in searching for contraband. Such searches shall occur only with a supervisor's approval. Prior to the canine accessing the facility, all inmates shall be cleared of the area to be searched.

Canines will generally be used to assist members in physical plant, housing unit, and perimeter searches. Contact between inmates and canines should be kept to a minimum (see the Canines Policy).

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Reporting In-Custody Deaths

511.1 PURPOSE AND SCOPE

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

511.1.1 DEFINITIONS

Definitions related to this policy include:

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

511.2 POLICY

It is the policy of this office to follow state and local guidelines for reporting in-custody deaths (IDAPA 06.01.01.312).

511.3 MANDATORY REPORTING

All in-custody deaths shall be reported as required.

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

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

511.4 PROCEDURE

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

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

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

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

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

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

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511.5 IN-CUSTODY DEATH REVIEW

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

(a) Sheriff and/or the Jail Commander

(b) Prosecuting Attorney

(c) County Attorney

(d) Investigative staff

(e) Responsible Physician, qualified health care professionals, supervisors or other staff who are relevant to the incident

The in-custody death review should be conducted no later than 72 hours after the incident.

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Staff and Inmate Contact

512.1 PURPOSE AND SCOPE

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

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

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

512.2 POLICY

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

512.3 GENERAL CONTACT GUIDELINES

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

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

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

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

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

512.4 ANTI-FRATERNIZATION

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

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

Prohibited interactions include but are not limited to:

(a) Communications of a sexual or romantic nature.

(b) Salacious exchanges.

(c) Sexual abuse, sexual assault, sexual contact, or sexual harassment (Idaho Code 18-6110).

(d) Exchanging letters, phone calls, or other similar communications, such as texting.

(e) Exchanging money or other items.

(f) Extending privileges, giving or accepting gifts, gratuities, or favors.

(g) Bartering.

(h) Any financial transactions.

(i) Being present at the home of an inmate for reasons other than an official visit without reporting the visit.

(j) Providing an inmate with the staff member’s personal contact information, including social media accounts.

512.4.1 EXCEPTIONS

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

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

512.5 REPORTING

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

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

Members shall promptly notify their immediate supervisor if:

- A family member or close associate has been incarcerated or committed to the custody of the facility.

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- The member is involved in a personal or family relationship with a current inmate or with an inmate who has been discharged within the previous year.

If a notification is made to a supervisor or Administration that a family member or close associate is admitted to the facility, Administration will make attempts to relieve that Deputy from their shift until the conflict is remedied. Until resolved, the officer shall limit their contact with the person incarcerated.

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Transportation of Inmates Outside the Secure Facility

513.1 PURPOSE AND SCOPE

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

513.2 POLICY

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

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

513.3 PROCEDURES

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

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

(a) Obtaining all necessary paperwork for the inmate being transported (e.g., medical/ dental records, commitment documents).

(b) The member completing the transport should be aware of all contingencies that may be needed to include:

1. Type of restraints to be used on the inmates being transported.
2. The routes, including alternate routes, to be taken during the transportation assignment. Routes should be selected with security for the community in mind.
3. Emergency response procedures in the event of a collision, breakdown of a transportation vehicle or other unforeseen event.

(c) Ensuring that all inmates are thoroughly searched and appropriate restraints are properly applied.

1. Inmates who are known to be pregnant will not be handcuffed behind their backs or placed in waist restraints while being transported (see Use of Restraints Policy).

(d) Ensuring that all vehicle security devices (e.g., window bars, inside cages, door locks) are in good repair and are operational.

(e) Thoroughly searching the transporting vehicle for contraband before any inmate is placed inside, and again after removing the inmate from the transporting vehicle.

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If the member needs to stop for any reason during the transport, the member shall notify Control and/or Dispatch that they are stopping (providing location) with the reason for the stop. Once they are cleared from the stop, the member shall let Control and/or Dispatch that they are back enroute.

513.3.1 TRANSPORTATION LOGS

Inmate transportation logs shall be developed by the Jail Commander or the authorized designee and used to log all inmate transportation. The logs shall include:

- Name and identification number of the inmate.
- Date and start/stop time of the transport.
- Location where the inmate was transported.
- Name and identification number of the transporting deputy.
- Circumstances of any unusual events associated with the transportation.

The logs shall be retained by the facility in accordance with established records retention schedules.

513.4 TRAINING

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

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

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Safety and Sobering Cells

514.1 PURPOSE AND SCOPE

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

514.1.1 DEFINITIONS

Definitions related to this policy include:

Safety cell - An enhanced protective housing designed to minimize the risk of injury or destruction of property; it is used for inmates who display behavior that reveals intent to cause physical harm to themselves or others, to destroy property, or who are in need of a separate cell, for any reason, until suitable housing is available.

Sobering cell - A holding cell designed to minimize the risk of injury by falling or dangerous behavior. It is used as an initial sobering place for arrestees or inmates who are a threat to their own safety or the safety of others as a result of being intoxicated from any substance, and who require a protected environment to prevent injury or victimization by other inmates.

514.2 POLICY

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

A sobering or safety cell shall not be used as punishment or as a substitute for treatment. The Jail Commander or the authorized designee shall review this policy annually with the Medical Director.

514.3 SAFETY CELL PROCEDURES

The following guidelines apply when placing any inmate in a safety cell:

(a) Placement of an inmate into a safety cell requires approval of the Shift Supervisor or the Medical Director.

(b) A safety cell log shall be initiated every time an inmate is placed into the safety cell and should be maintained for the entire time the inmate is housed in the cell. Cell logs will be retained in accordance with established office retention schedules.

(c) A safety check consisting of direct visual observation that is sufficient to assess the inmate's well-being and behavior shall occur twice every 30 minutes. Each safety check of the inmate shall be documented. Supervisors shall inspect the logs for completeness every two hours and document this action on the safety cell log.

(d) Inmates should be permitted to remain normally clothed or should be provided a safety suit, except in cases where the inmate has demonstrated that clothing articles may pose a risk to the inmate's safety or the facility. In these cases, the reasons for not providing clothing shall be documented on the safety cell log.

(e) Inmates in safety cells shall be given the opportunity to have fluids (water, juices) at least hourly. Deputies shall provide the fluids in rubber or paper cups. The inmates shall be given sufficient time to drink the fluids prior to the cup being removed. Each

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time an inmate is provided the opportunity to drink fluids will be documented on the safety cell log.

(f) Inmates will be provided meals during each meal period. Meals will be served on rubber trays, paper plates or in other safe containers and the inmates will be monitored while eating the meals. Inmates shall be given ample time to complete their meals prior to the plate or container being removed. All meals provided to inmates in safety cells will be documented on the safety cell log.

(g) The Shift Supervisor shall review the appropriateness for continued retention in the safety cell at least every eight hours. The reason for continued retention or removal from the safety cell shall be documented on the safety cell log.

(h) A medical assessment of the inmate in the safety cell shall occur within 12 hours of placement or at the next daily sick call, whichever is earliest. Continued assessment of the inmate in the safety cell shall be conducted by Medical Director or authorized designee and shall occur at least every 24 hours thereafter. Medical assessments shall be documented.

(i) A mental health assessment shall be conducted as soon as possible of an inmate's placement in the safety cell. The mental health professional's recommendations shall be documented.

514.4 SOBERING CELL PROCEDURES

The following guidelines apply when placing any inmate in a sobering cell:

(a) A sobering cell log shall be initiated every time an inmate is placed into a sobering cell. The log shall be maintained for the entire time the inmate is housed in the cell. Cell logs will be retained in accordance with established office retention schedules.

(b) A safety check consisting of direct visual observation that is sufficient to assess the inmate's well-being and behavior shall occur at least once every 30 minutes. Each visual observation of the inmate by staff shall be documented. Supervisors shall check the logs for completeness every two hours and document this action on the sobering cell log.

(c) Qualified health care professionals shall assess the medical condition of the inmate in the sobering cell at least every 12 hours in accordance with the office Detoxification and Withdrawal Policy. Only inmates who continue to need the protective housing of a sobering cell will continue to be detained in such housing.

(d) Inmates will be removed from the sobering cell when they no longer pose a threat to their own safety and the safety of others and are able to continue the booking process.

(e) Females and males will be detained in separate sobering cells.

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Biological Samples

515.1 PURPOSE AND SCOPE

This policy provides guidelines for the collection of biological samples from those inmates required to provide samples upon conviction for certain offenses. This policy does not apply to biological samples collected at a crime scene or taken from a person in conjunction with a criminal investigation.

515.2 POLICY

The Valley County Sheriff's Office will assist in the expeditious collection of required biological samples from inmates in accordance with the laws of this state and with as little reliance on force as practicable.

515.3 PERSONS SUBJECT TO BIOLOGICAL SAMPLE COLLECTION

All adults and juveniles who have been tried as adults and are convicted of or plead guilty to any felony crime or the attempt to commit any felony crime are required to provide a biological sample and a right thumbprint impression (Idaho Code 19-5506).

515.4 PROCEDURE

When an inmate is required to provide a biological sample, a trained employee shall attempt to obtain the sample in accordance with this policy.

515.4.1 COLLECTION

The following steps should be taken to collect a sample:

(a) Verify that the inmate is required to provide a sample pursuant to Idaho Code 19-5506.

(b) Verify that a biological sample has not been previously collected from the inmate by querying the Idaho State Police Forensic Services (ISPFS) DNA database. There is no need to obtain a biological sample if one already exists for the inmate in the Idaho DNA database (Idaho Code 19-5506; Idaho Code 19-5507).

(c) Use the designated collection kit provided by ISPFS to perform the collection and take steps to avoid cross contamination.

515.5 CALCULATED USE OF FORCE TO OBTAIN SAMPLES

If an inmate refuses to cooperate with the sample collection process, deputies should attempt to identify the reason for refusal and seek voluntary compliance without resorting to using force. Force will not be used in the collection of samples except as authorized by court order and only with the approval of the Jail Commander and guidance from the Shift Supervisor. Methods to consider when seeking voluntary compliance include contacting:

(a) The inmate's parole or probation officer when applicable.

(b) The appropriate prosecuting attorney to seek additional charges against the inmate for failure to comply or otherwise bring the refusal before a judge (Idaho Code 19-5512).

(c) The judge at the inmate's next court appearance.

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(d) The inmate's attorney.

(e) A chaplain.

(f) A supervisor who may be able to authorize disciplinary actions to compel compliance, if any such actions are available.

The Jail Commander shall review and approve any calculated use of force with the guidance of the Shift Supervisor. The supervisor shall be present to supervise and document the calculated use of force.

515.5.1 VIDEO RECORDING

A video recording should be made any time force is used to obtain a biological sample. The recording should document all staff participating in the process, in addition to the methods and all force used during the collection. The recording should be part of the inmate's investigation file and retained in accordance with the office's established records retention schedule.

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End of Term Release

516.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain procedures governing the end of term release of inmates to ensure that inmates are not released in error.

516.2 POLICY

It will be the policy of the Valley County Sheriff's Office to provide for the timely, efficient and legal release of inmates.

516.3 RELEASE PROCEDURE

Inmates who have reached the end of their sentenced term or who are ordered released by the court will be scheduled for release. Inmates scheduled for release shall be escorted by the staff to the transfer/release area to begin the release procedure 30 minutes prior to their scheduled release time.

The Shift Supervisor or release officer shall sign and date the release paperwork on the same day the inmate is to be released.

Inmates shall not be released or moved during inmate count, change of shift or at any time that would pose a potential safety threat or disrupt the orderly operation of the facility.

All inmates must be positively identified by the staff prior to being released from the facility. Inmate identities should be verified using intake records bearing the inmate's name, photograph and facility identification number.

The inmate should be permitted to make arrangements for transportation prior to release.

Before any inmate may be released, the following conditions should be met:

(a) The identity of the inmate has been verified.

(b) All required paperwork for release is present. The staff shall review the active inmate record to verify the validity of the documents authorizing the release. The record should also be reviewed for other release-related or pending matters, including:

1. Verifying calculations and release-date adjustments for good time (Idaho Code 20-621).
2. Any pending arrangements for follow-up, such as medications needed, appointments or referral to community or social resources.

(c) Releasing staff should complete National Crime Information Center (NCIC) and local warrant checks to ensure that there are no outstanding warrants or detention orders. If any agency has outstanding charges against the inmate, the staff shall notify the agency that the inmate is available for release.

(d) If an inmate has known mental health concerns, a responsible party shall be notified of the inmate's pending release.

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(e) All personal property shall be returned to the inmate during the release process. The inmate should acknowledge receipt of his/her property by signature. The deputy shall also sign the receipt. Any discrepancies shall be promptly reported to the Shift Supervisor. If unresolved at that level, the inmate may submit a complaint to the Sheriff's Office..

(f) All facility property must be returned by the inmate. Any missing or damaged facility property should be documented and promptly reported to the Shift Supervisor. The Supervisor will contact a Patrol Deputy to take a report on the destruction on facility property.

(g) A forwarding address for the inmate should be on file and verified with the inmate.

(h) Inmates on probation or parole should be directed by the staff to report to the probation or parole office immediately upon release. The parole authorities having jurisdiction shall be notified of the inmate's release, if required.

(i) If needed, inmates may be allowed to make a reasonable number of telephone calls to arrange for transportation.

(j) Arrangements shall be made for completion of any pending action, such as grievances or claims of damaged or lost possessions.

(k) If the inmate is being released to another authority, the releasing deputy shall record the time, date, authority for release, receiving authority and any necessary medical or behavioral information pertinent to the inmate's well being on the release form and shall sign the completed form. The identity of the receiving deputy shall also be verified.

The housing sheet, release log and daily census log shall be updated accordingly after the inmate's release. The releasing deputy shall ensure all release documents are complete and properly signed by the inmate and the staff where required.

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Over-Detention and Inadvertent Releases

517.1 PURPOSE AND SCOPE

This policy is intended to provide guidance to staff and management to prevent and address over-detention or inadvertent release.

517.1.1 DEFINITIONS

Definitions related to this policy include:

Inadvertent release - Any instance of an inmate being mistakenly released.

Over-detention - Any instance of an inmate being mistakenly detained beyond his/her scheduled release date.

517.2 POLICY

It is the policy of this office to reasonably ensure that over-detention and inadvertent releases do not occur.

517.3 OVER-DETENTION

Any custody member who discovers or receives information of an over-detention, or a complaint from an inmate regarding over-detention (which could be discovered through a grievance), should immediately notify the Shift Supervisor (see the Inmate Grievances Policy).

The Shift Supervisor or the deputy on shift should immediately conduct an investigation to determine the correct release date of the inmate and to report the findings to the Shift Supervisor.

Inmates who are found to be over-detained shall be processed for immediate release in accordance with the End of Term Release Policy. The Shift Supervisor shall ensure that the Jail Commander is notified, an entry is made to the daily activity log, and that a report is completed.

517.4 INADVERTENT RELEASE

Whenever an inadvertent release is discovered, the custody member making the discovery shall immediately notify the Shift Supervisor and Jail Commander. The notification shall be documented in the daily activity log.

517.4.1 INADVERTENT RELEASE INVESTIGATION

The Shift Supervisor or deputy on shift should immediately conduct an investigation to determine the cause of the inadvertent release.

The Shift Supervisor will coordinate a response based upon the seriousness of the threat the inmate may pose to the community. The threat assessment should be based upon the inmate's criminal history and the reason he/she is currently in custody, among other factors.

In the case of an inadvertent release, the Shift Supervisor should immediately notify the Jail Commander and ensure a report is completed. The Jail Commander should notify the Sheriff and Chief Deputy.

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An appropriate evaluation of the circumstances shall be made to determine whether the inadvertent release should be classified as an escape.

517.4.2 RETURNING THE INMATE TO CUSTODY

When the inmate is located and returned to the facility, the appropriate notifications should be made as soon as possible.

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Chapter 6 - Inmate Due Process

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Inmate Discipline

600.1 PURPOSE AND SCOPE

This policy addresses the fair and equitable application of inmate rules and disciplinary sanctions for those who fail to comply.

600.2 POLICY

It is the policy of this office to maintain written general categories of prohibited inmate behavior that are clear, consistent and uniformly applied. Written rules and guidelines will be made available to all inmates. They will include a process for resolving minor infractions and a hearing process for a more serious breach of inmate rules. Criminal acts may be referred to the appropriate criminal agency.

Inmates may be disciplined for frivolous and malicious lawsuits in accordance with Idaho Code 20-628. Legal counsel should be consulted whenever an inmate is subject to this violation.

600.3 DUE PROCESS

Inmates who are subject to discipline as a result of rule violations shall be afforded the procedural due process established in the policies, procedures and practices relating to inmate discipline. All inmates will be made aware of the rules of conduct related to maintaining facility safety, security and order, as well as clearly defined penalties for rule violations. Staff will not engage in arbitrary actions against inmates. All disciplinary actions will follow clearly established procedures. All disciplinary sanctions will be fairly and consistently applied.

The process for an inmate accused of a major rule violation include:

(a) Jail Commander or designee notice to the inmate of the disciplinary hearing, to allow the inmate time to prepare a defense.

(b) An impartial hearing officer.

(c) The limited right to call witnesses and/or present evidence on his/her behalf.

(d) The appointment of an assistant or representative in cases where the inmate may be incapable of self-representation.

(e) A formal written decision that shows the evidence used by the hearing officer, the reasons for any sanctions and an explanation of the appeal process. Inmates will be notified of any report placed in his/her file and any action taken.

(f) Reasonable sanctions for violating rules that relate to the severity of the violation.

(g) Published rules of conduct related to maintaining facility safety, security and order and clearly defined penalties for a violation of rules.

(h) The opportunity to appeal the finding.

600.3.1 INMATE RULES AND SANCTIONS

The Jail Commander is responsible for ensuring that inmate rules and sanctions are developed, distributed, reviewed annually and revised as needed.

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Inmates cannot be held accountable for rules of which they are unaware. However, it is impossible to define every possible prohibited act or rule violation that might be encountered in a detention facility. Therefore, a current list of recognized infractions that are generally prohibited should be available in each housing unit. Any revised inmate rules shall not go into effect until all inmate rule handbooks have been replaced or the revised rules have been made available in each housing unit. All inmates, regardless of their housing unit, shall have access to these rules. Inmate rules shall be translated into the languages that are understood by the inmates (see the Inmate Handbook and Orientation Policy).

Disciplinary procedures governing inmate rule violations should address rules, minor and major violations, criminal offenses, disciplinary reports, prehearing detention and prehearing actions or investigations.

600.3.2 RULE VIOLATION REPORTS

A record of all disciplinary infractions and punishment administered will be made. This requirement may be satisfied by retaining copies of rule violation reports, including the disposition of each violation. Rule violation reports are required for major rule violations or any other violation that will require investigation or a formal resolution. The staff member who observed or detected the rule violation or who was charged with investigating a rule violation is responsible for completing the rule violation report.

The rule violation report shall include, at minimum:

- The date, time and location of the incident.
- Specific rules violated.
- A written description of the incident.
- The identity of known participants in the incident.
- Identity of any witnesses to the incident.
- Description and disposition of any physical evidence.
- Action taken by staff, including any use of force.
- Name and signature of the reporting deputy.
- Date and time of the report.

The supervisor investigating the violation shall ensure that documentation in the investigation or rule violation report includes:

- Date and time the explanation and the written copy of the complaint and appeal process was provided to the inmate.
- The inmate’s response to the charges.
- Reasons for any sanctions.

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- The identity of any staff or witnesses involved, as revealed by the inmate.
- The findings of the hearing officer.
- The inmate’s appeal, if any.
- The appeal findings, if applicable.

600.4 RULE VIOLATION PROCEDURES

The facility has written policy and procedures for handling minor rule infractions. Infractions of the rules for which the maximum penalty is deprivation or limitation of privelges for seven (7) days or less, shall be considered minor rule infractions. Procedures for handling minor rule infractions shall include:

(a) The inmate shall be informed fo the specific charges

(b) The inmate shall be given an opportunity to explain or deny charges

(c) The inmate shall be notified of any report placed in his/her file and of any action taken

(d) The inmate shall have the right to appeal any disciplinary decision or action

600.4.1 MULTIPLE MINOR RULE VIOLATIONS

Staff may initiate a major rule violation report if an inmate is charged with three or more incidents involving minor rule violations in a consecutive 30-day period. Copies of all minor rule violations will be attached to the major rule violation report. A staff member shall conduct a hearing according to the procedures of a major rule violation.

600.4.2 MAJOR RULE VIOLATIONS

The facility has written policy and procedures for handling major rule infractions. Where the possible sanction of violation of a rule is limitation or deprivation of privileges more than seven (7) days and/or the placement in disciplinary detention, the violation shall be treated as a major infraction. Procedures for handling major infractions shall include:

(a) Facility employees alleging a major rule violation shall prepare a disciplinary report and forward it to the designated disciplinary deputy or committee without delay. The report shall include at a minimum:

i. A description of the incident

ii. Specific rule violated

iii. Unusual inmate behavior

iv. Staff or inmate witnesses

v. Disposition of any physical evidence

vi. Any immediate action taken, including use of force and pre-hearing detention

vii. Reporting staff member's signature with date and time report is made

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(b) An investigation of the reported major rule infraction shall be started within twenty four (24) hours of the time the alleged violation was reported unless there are exceptional circumstances to justify a delay.

(c) The inmate charged with a major rule infraction shall be provided with a written statement of the charges, including a detailed description of the incident, the specific rule violated, and notice of the hearing on the incident. The inmate shall have at least twenty-four (24) hours prior to the hearing to prepare a defense.

(d) A hearing on the reported major infraction shall be held within five (5) days of the time the statement of charges is delivered to the inmate before a designated disciplinary deputy or committee. The deputy or committee shall not have been directly involved in the incident. Hearing procedures shall include the following provisions:

i. The inmate shall be present at the hearing unless he/she waives in writing the right to attend or the inmate's behavior justifies exclusion from the hearing.

ii. The inmate may request the services of a facility employee to represent him/her at the hearing if the inmate is unable to understand the proceedings in any way. The employee is only there to help understand the proceedings and not as any form of counsel.

iii. The inmate shall be allowed to call witnesses and present documentary evidence in their defense. The disciplinary deputy or committee can impose reasonable restrictions on the length of testimony and the number of witnesses.

iv. The disciplinary deputy or committee shall render a decision based on the preponderance of evidence presented and prepare a written record of the decision and any sanctions imposed.

v. A copy of the decision and the sanctions imposed shall be provided to the inmate.

600.4.3 ADMINISTRATIVE SEGREGATION HOUSING

Inmates who are accused of a major rule violation may be moved to administrative segregation housing for prehearing detention, with the Shift Supervisor’s approval, if there is a threat to safety or security. Inmates placed in prehearing detention are subject to the property and privilege restrictions commensurate with segregated confinement.

The Jail Commander or the authorized designee shall, within 72 hours including weekends and holidays, review the status of any inmate in prehearing detention to determine whether continued prehearing segregation housing is appropriate.

600.5 INVESTIGATIONS

Investigations involving major rule violations should be initiated within 24 hours of the initial report and completed in sufficient time for the inmate to have a disciplinary hearing, which is required within 72 hours of the time the inmate was informed, in writing, of the charges. If additional time is needed, the investigating supervisor will request more time in writing from the Shift Supervisor. The inmate will be notified in writing of the delay.

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If upon completion of the investigation, the investigating supervisor finds insufficient evidence to support a major rule violation, he/she may discuss alternative sanctions with the Shift Supervisor, including handling the incident as a minor violation or recommending that charges be removed. Such alternatives shall be documented in the inmate's file.

If the investigating supervisor determines that sufficient evidence exists to support a major rule violation, he/she will act as the hearing coordinator and will be responsible for:

- Reviewing all reports for accuracy and completeness.
- Overseeing or conducting any required additional investigation.
- Making a determination as to the final charges.
- Making preliminary decisions about the appointment of a staff member to act as an assistant to the inmate.
- Identifying any witnesses that may be called to the hearing.

600.6 NOTIFICATIONS

An inmate charged with a major rule violation shall be given a written description of the incident and the rules violated at least 24 hours before a disciplinary hearing.

Unless waived in writing by the inmate, hearings may not be held in less than 24 hours from the time of notification.

600.7 HEARING OFFICER

The Jail Commander shall appoint at least one hearing officer to preside and conduct disciplinary hearings of major rule violations. The hearing officer should be a qualified supervisor or suitably trained designee who will have the responsibility and authority to rule on charges of inmate rule violations. The hearing officer shall also have the power to impose sanctions. The hearing officer shall not investigate nor preside over any inmate disciplinary hearing on cases where he/she was a witness or was directly involved in the incident that generated the complaint.

600.8 HEARING PROCEDURE

Inmates charged with major rule violations are entitled to be present at a hearing unless waived in writing or excluded because their behavior poses a threat to facility safety, security and order. Staff shall inform the hearing officer when any inmate is excluded or removed from a scheduled hearing and shall document the reasons for the exclusion or removal. A copy of the report shall be forwarded to the Jail Commander.

Hearings may be postponed or continued for a reasonable period of time for good cause. Reasons for postponement or continuance shall be documented and forwarded to the Jail Commander.

The hearing officer shall disclose to the accused inmate all witnesses who will be participating in the hearing. Inmates have no right to cross-examine witnesses. However, the accused inmate may be permitted to suggest questions that the hearing officer, in his/her discretion, may ask.

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600.8.1 EVIDENCE

Accused inmates have the right to make a statement, present evidence and call witnesses at the hearing. Requests for witnesses shall be submitted in writing by the inmate no later than 12 hours before the scheduled start of the hearing. The written request must include a brief summary of what the witness is expected to say.

The hearing officer may deny the request when it is determined that allowing the witness to testify would be unduly hazardous to institutional safety or correctional goals, when the witness's information would not be relevant or would be unnecessarily duplicative, or is otherwise unnecessary. The reason for denying a witness to testify shall be documented in the hearing report. The reason for denial of any documents requested by the inmate shall also be documented in the hearing record.

A witness's signed written statement may be submitted by the inmate as an alternative to a live appearance. The hearing officer shall review and determine whether the statement is relevant to the charges and shall document the reason for exclusion when any written statement is not given consideration.

Absent a safety or security concern, all staff reports and evidence, including exculpatory evidence, obtained during the disciplinary investigation shall be made available to the accused inmate prior to the hearing.

600.8.2 CONFIDENTIAL INFORMANTS

If information from any confidential informant is to be presented at the hearing, information establishing the reliability and credibility of the informant shall be provided to the hearing officer prior to the hearing. The hearing officer shall review such information to determine whether the informant is reliable and credible.

600.8.3 STAFF ASSISTANCE

A staff member shall be assigned to assist an inmate who is incapable of representing him/herself at a disciplinary hearing due to literacy, developmental disabilities, language barriers or mental status.

The scope of the duties of the assistant shall be commensurate with the reasons for the appointment. The assistant should be allowed sufficient time to confer with the inmate to fulfill his/her obligations. In these cases the inmate does not have a right to appoint a person to assist in his/her disciplinary hearing. The final decision regarding the appointment rests with the hearing officer.

Inmate discipline is an administrative and not a judicial process. Inmates do not have a right to an attorney in any disciplinary hearing. Additionally, disciplinary matters may be referred for criminal prosecution and jail disciplinary action concurrently as there is no double jeopardy defense for an administrative process.

600.8.4 DISCIPLINARY DECISIONS

Disciplinary decisions shall be based on the preponderance of evidence presented during the disciplinary hearing.

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The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of discipline, if any, should be imposed (28 CFR 115.78(c)).

600.8.5 REPORT OF FINDINGS

The hearing officer shall write a report regarding the decision and detailing the evidence and the reasons for the disciplinary action. A copy of the report shall be provided to the inmate. The original shall be filed with the record of the proceedings. All documentation related to the disciplinary process shall be retained and a copy should be placed in the inmate's file.

If it is determined that the inmate's charge is not sustained at the end of the disciplinary hearing, the documentation in reference to the incident shall be retained in the inmate's file and maintained in accordance with records retention requirements.

All disciplinary hearing reports and dispositions shall be reviewed by the Jail Commander or the authorized designee soon after the final disposition.

600.9 DISCIPLINARY APPEALS

Inmates wishing to appeal the decision of the hearing officer must do so in writing within five days of the decision. All appeals will be forwarded to the Jail Commander or the authorized designee for review.

Only appeals based on the following will be considered:

(a) The disciplinary process or procedures were not followed.

(b) There was insufficient evidence to support the hearing officer's decision.

(c) The discipline imposed was not proportionate to the violation committed.

A final disposition shall be rendered as soon as possible if the inmate's appeal is granted or discipline is reduced but no later than 10 days after the appeal. The decision of the review authority shall be final and the result of the appeal shall be provided to the inmate in writing.

600.10 LIMITATIONS ON DISCIPLINARY ACTIONS

Article 1 § 6 of the Idaho State Constitution expressly prohibits all cruel or unusual punishment. Additionally, there shall be the following limitations:

- In no case shall any inmate or group of inmates be delegated the authority to punish any other inmate or group of inmates.
- In no case shall a safety cell, as specified in the Juvenile Housing Policy and the Safety and Sobering Cells Policy, be used for disciplinary purposes.
- In no case shall disciplinary action be impulsive, retaliatory or vengeful.
- Corporal punishment is strictly prohibited.
- Food shall not be withheld as a disciplinary measure.

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- Correspondence privileges shall not be withheld except in cases where the inmate has violated correspondence regulations, in which case correspondence other than legal mail may be suspended for no longer than 72 hours without the review and approval of the Jail Commander.
- In no case shall access to the courts and/or legal counsel be suspended as a disciplinary measure.
- No inmate may be deprived of the implements necessary to maintain an acceptable level of personal hygiene.
- Disciplinary segregation in excess of 15 days without review by the Jail Commander is prohibited. The review shall include a consultation with health care staff. Such reviews shall continue at least every 15 days thereafter until the disciplinary status has ended.
- Discipline may be imposed for sexual activity between inmates. However, such activity shall not be considered sexual abuse for purposes of discipline unless the activity was coerced (28 CFR 115.78(g)).
- No discipline may be imposed for sexual contact with staff unless there is a finding that the staff member did not consent to such contact (28 CFR 115.78(e)).
- No inmate may be disciplined for falsely reporting sexual abuse or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, if the report was made in good faith based upon a reasonable belief that the alleged conduct occurred (28 CFR 115.78(f)).

600.11 GUIDELINES FOR DISCIPLINARY SANCTIONS

The sanctions imposed for rule violations can range from counseling, loss of privileges, extra work, loss of good and/or work time and restitution for damaging jail property, to implementation of the Disciplinary Segregation Policy. To the extent that there is available therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for sexual abuse, the facility shall consider whether to require an inmate being disciplined for sexual abuse to participate in such interventions as a condition of access to programming or other benefits (28 CFR 115.78(d)).

Discipline shall be commensurate with the nature and circumstances of the offense committed, the inmate’s disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories (28 CFR 115.78(b)).

Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse (28 CFR 115.78(a)).

The Sheriff or the Jail Commander shall be responsible for developing and implementing a range of disciplinary sanctions for violations.

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600.12 TRAINING

The Jail Commander or the authorized designee is responsible for ensuring that a wide range of training and disciplinary tools are available to aid staff and that preprinted forms are available for documenting rule violations in a consistent and thorough manner.

The Training Sergeant is responsible for developing and delivering, or procuring, training for staff members who participate in the disciplinary hearing process. Training topics should include the legal significance of due process protections and the hearing officer’s role in assuring that those protections are provided.

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Disciplinary Segregation

601.1 PURPOSE AND SCOPE

This policy specifically addresses disciplinary segregation and guiding principles relating to the conditions attached to that segregation. It will provide guidance to the staff on acceptable practices with regard to management of inmates in disciplinary segregation or classified as requiring special management needs.

601.1.1 DEFINITIONS

Definitions related to this policy include:

Disciplinary segregation - A status assigned to an inmate after a disciplinary hearing in which the inmate was found to be in violation of a detention center rule or state or federal law. This status results in separating the inmate from the rest of the inmate population to serve the consequence imposed.

601.2 POLICY

The Valley County Sheriff's Office will maintain a disciplinary segregation unit to house inmates who, after an impartial due process hearing, are being sanctioned for violating one or more detention center rules. Restrictions on privileges will be subject to the disciplinary process and in accordance with this policy.

601.3 DISCIPLINARY SEGREGATION

Inmates may be placed into disciplinary segregation only after an impartial hearing to determine the facts of the rule violation, in accordance with the office Inmate Discipline Policy. The hearing officer shall impose discipline in accordance with the discipline schedule established by the Jail Commander. Maximum discipline for any one incident, regardless of the number of rules violated, shall not exceed 30 days for any one violation.

Inmates who are in disciplinary segregation for more than 15 days shall have their case reviewed by the Jail Commander. The Jail Commander’s review will include a consultation with health care staff. The case will be reviewed every 15 days thereafter, including consultations with health care staff. This review shall be documented.

601.4 INMATE ACCESS TO SERVICES

The ability to discipline inmates for conduct violations is not absolute. Absent legitimate government reason, inmates continue to have a right to receive certain services. However, inmates in disciplinary segregation, in accordance with the Inmate Discipline Policy, or special management inmates, who are disciplined for one or more rule violations, may be subject to loss of privileges or credit for good time and work.

Services to provide for basic human needs must continue to be made available. There are minimum service requirements that must be maintained to ensure the facility continues to operate in a constitutional manner. All custody staff will adhere to the following policy sections to guide

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them in the supervision of inmates held in disciplinary isolation or classified as requiring special management needs (Idaho Code 20-621).

601.4.1 MEDICATION, CLOTHING AND PERSONAL ITEMS

Inmates placed in disciplinary segregation are considered special management inmates and shall not be denied prescribed medication.

Special management inmates will be provided with clothing that identifies their status, but in no case will this clothing be used to intentionally disgrace the inmate.

Absent unusual circumstances, special management inmates will continue to have the same access to personal items in their cell as general population inmates have, including the following:

- Clean laundry
- Barbering and hair care services
- Clothing exchanges
- Bedding and linen exchanges

Inmates in disciplinary segregation shall not be deprived of bedding or clothing except in cases where the inmate destroys such articles or uses them to attempt suicide. The decision to continue to deprive the inmate of these articles must be made by the Jail Commander or the authorized designee and reviewed every 24 hours.

601.4.2 SHOWERING AND PERSONAL HYGIENE

Inmates in disciplinary segregation should be allowed to shower with the same frequency as the general inmate population, if reasonably practicable, but at minimum shall be afforded the opportunity to shower at least daily and shave Monday, Wednesday and Friday. The opportunities for each inmate to shave and shower will be documented on the disciplinary segregation unit log.

Exceptions to this policy can only be made when the restriction is determined to be reasonably necessary for legitimate government purposes. Any exceptions to this basic requirement must be reviewed and approved by the Shift Supervisor. The circumstances necessitating a restriction must be clearly documented on the unit log.

601.4.3 DENIAL OF AUTHORIZED ITEMS OR ACTIVITIES

Personal items may be withheld when it reasonably appears that the items will be destroyed by the inmate or it is reasonably believed that the personal item will be used for a self-inflicted injury or to harm others.

Whenever an inmate in disciplinary segregation is denied personal care items or activities that are usually authorized to the general population inmates, except for restrictions imposed as a result of a disciplinary hearing, the deputy taking such action shall prepare a report describing the circumstances that necessitated the need to restrict personal items or activities. The report shall be submitted to a supervisor for review, who will then forward it to the Jail Commander. A copy of the report shall be placed in the inmate’s file (Idaho Code 20-621).

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Inmates in disciplinary segregation may not be allowed to purchase items from the commissary other than items related to hygiene or to correspondence .

601.4.4 MAIL AND CORRESPONDENCE

Inmates in disciplinary segregation shall have the same privileges to write and receive correspondence as inmates in general population, except in cases where inmates violated correspondence regulations. In such cases, mail privilege may be suspended. The Jail Commander or the authorized designee shall approve all mail privilege suspensions that exceed 72 hours. Legal mail shall not be suspended from access or delivery to the inmate.

601.4.5 VISITATION

Inmates in disciplinary segregation shall have the same opportunities for visitation as general population inmates, except when the visitation privileges are suspended pursuant to a sanction imposed by the disciplinary hearing officer. Disciplinary sanctions that limit or curtail visitation must be clearly documented and approved by a supervisor if not a condition of the original approved discipline.

601.4.6 READING AND LEGAL MATERIALS

Inmates in disciplinary segregation shall have the same access to reading materials and legal materials as the general population inmates, unless the restriction is directed by a court of law or there is a reasonable basis to believe the materials will be used for illegal purposes or pose a direct threat to the security and safety of the facility. In such cases the basis for the action shall be documented in the inmate’s file and unit log. Access to courts and legal counsel shall not be suspended as a disciplinary measure.

601.4.7 EXERCISE

Inmates in disciplinary segregation shall be given the opportunity for an hour of exercise per day outside of their cell. Exceptions to this may occur if there are legitimate security or safety considerations. The circumstances relating to the limitation of exercise shall be documented in an incident report. The report shall be reviewed and the restriction shall be approved by a supervisor.

601.4.8 LIMITED TELEPHONE PRIVILEGES

Inmates in disciplinary segregation may have their telephone privilege restricted or denied. Exceptions include the following:

(a) Making calls to attorneys

(b) Responding to verified family emergencies when approved by a supervisor

All telephone access based on the above exceptions shall be documented on the unit log.

601.4.9 BEDDING AND CLOTHING

Inmates in disciplinary segregation shall not be deprived of bedding or clothing except in cases where the inmate destroys such articles or uses them to harm him/herself or others or for something other than the intended purpose. Clothing and bedding shall be returned to the inmate

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as soon as it is reasonable to believe the behavior that caused the action will not continue. The decision to continue to deprive the inmate of these articles must be made by the Jail Commander or the authorized designee and reviewed at least every eight hours. This review shall be documented and placed into the inmate's file.

601.5 DISCIPLINARY DETENTION DIET

Under no circumstances will an inmate be denied food as a means of punishment. A disciplinary detention diet may only be used for major violations of detention center rules in accordance with the Inmate Discipline Policy. No inmate receiving a prescribed medical diet is to be placed on a disciplinary detention diet without review and written approval of the Responsible Physician or pursuant to a written plan approved by the Responsible Physician. Disciplinary detention diets shall be served twice during each 24-hour period and must meet statutorily prescribed minimum food and nutritional requirements as described in the Disciplinary Detention Diet Policy.

Before any inmate is placed on a disciplinary detention diet, the following shall occur:

(a) The Responsible Physician shall review the medical condition and history of the inmate and approve the alternative meal service.

(b) The Jail Commander shall review the incident report and medical reports and shall approve the use of a disciplinary detention diet.

(c) The custody staff and qualified health care professionals shall monitor these special circumstances and report their observations to the Jail Commander.

601.6 INITIAL EVALUATION OF INMATES UPON PLACEMENT

After notification from staff that an inmate is being placed in segregation, the Shift Supervisor shall ensure that the following occurs:

(a) A qualified health care professional shall review the inmate’s health record to determine whether existing medical, dental or mental health needs contraindicate the placement or require special accommodations.

(b) If contraindications or special accommodations are noted, the qualified health care professional shall inform the Shift Supervisor and coordinate the appropriate plan for the inmate based on the safety needs of the facility and the medical needs of the inmate.

601.7 MENTAL HEALTH CONSIDERATIONS

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

(a) A qualified health care professional should visit each inmate a minimum of once a day and more often if needed. A medical assessment should be documented in the inmate's medical file.

(b) Mental health staff or a qualified mental health professional should be available to conduct interviews as requested by the Medical Director.

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When an inmate is classified as a special management inmate due to the presence of a serious mental illness and is placed in a segregation setting, the mental health progress notes and management plan should reflect the changed environment. When an inmate is expected to remain in segregation for more than a 30 days (based upon disciplinary decisions, protective needs or other factors) the special management treatment plan should be updated to reflect this.

Where reasonably practicable, a qualified health care professional should provide screening for suicide risk following admission to the segregation unit.

601.8 SAFETY CHECKS

A staff member shall conduct a face-to-face safety check of all disciplinary segregation inmates at least every 30 minutes on an irregular schedule. If an inmate is violent, has mental health problems or demonstrates unusual behavior, the face-to-face check by custody should occur every 15 minutes on an irregular schedule.

Inmates who are at risk of suicide shall be under continuous observation until seen by a qualified health care professional. Subsequent supervision routines should be in accordance with orders provided by the qualified health care professional.

Disciplinary segregation inmates shall receive increased monitoring to include at a minimum:

(a) A visit by the Shift Supervisor once a day.

(b) Visits by program staff, upon request.

(c) Visits by a qualified health care professional a minimum of once a day and more often, if needed.

All management, program staff and qualified health care professional visits shall be documented on the appropriate records and logs and retained in accordance with established records retention schedules.

601.8.1 DOCUMENTATION OF SEGREGATION CHECKS

Segregation rounds shall be documented on door cards, log and/or rounds forms, and include the following:

(a) All admissions and releases from segregation

(b) Visits to inmates in segregation

(c) Services or programs provided to inmates housed in segregation

(d) Disciplinary action taken on inmates housed in segregation

(e) Deprivation or removal of an authorized item with the reason noted

(f) Date and time of contact or action taken

(g) Signature or initials of the qualified health care professional making rounds

(h) Any needed referrals

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(i) All significant findings and observations, medical assessment, treatment, recommendations, notifications and actions should be documented in the inmate's health record.

601.9 LOG PROCEDURES

All management, program staff and qualified health care professional visits shall be documented on the appropriate records and logs and retained in accordance with established records retention schedules.

Handwritten logs should be completed in ink. Once an entry is made it should not be modified. If corrections or changes are needed they should be done by way of a supplemental entry.

Electronically captured logs will be maintained in a way that prevents entries from being deleted or modified once they are entered. Corrections or changes must be done by way of supplemental entries. At a minimum the log will contain the following:

- Inmate name
- Inmate identification number
- Housing location
- Classification status
- Date admitted
- Date and time of entry and exit from the cell
- Type of infraction or reason for admission
- Tentative release date
- Any special medical or psychiatric problems or needs
- Counseling for behavior

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

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

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

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

601.9.1 LOG INSPECTION AND ARCHIVAL OF LOGS

The Shift Supervisor shall review and evaluate the logs and pass any significant incidents via the chain of command to the Jail Commander for review.

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

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Inmate Access to Courts and Counsel

603.1 PURPOSE AND SCOPE

The purpose of this policy is to protect the constitutional rights of inmates to access the courts and legal counsel, while holding inmates accountable to the rules and regulations that govern conduct in this facility.

603.2 POLICY

It is the policy of this office that all inmates will have access to the courts and the ability to consult with legal counsel.

603.3 INMATE ACCESS

Staff should not unreasonably interfere with inmates' attempts to seek counsel and where appropriate should assist inmates with making confidential contact with attorneys and authorized representatives.

Access to courts and legal counsel may occur through court-appointed counsel, attorney or legal assistant visits, telephone conversations or written communication. To facilitate access, this facility will minimally provide:

- Confidential attorney visiting areas that include the means by which the attorney and the inmate can share legal documents.
- Telephones that enable confidential attorney-client calls. Calls to legal counsel shall be of a reasonable duration.
- Reasonable access to legal materials.
- A means of providing assistance through the court process by individuals trained in the law. This assistance will be available to illiterate inmates and those who cannot speak or read English or who have disabilities that would impair their ability to access.
- Writing materials, envelopes and postage for indigent inmates for legal communications and correspondence.

The Jail Commander shall be responsible for ensuring that information regarding access to courts and legal counsel and requesting legal materials or legal assistance is included in the inmate handbook that is provided during inmate orientation.

603.4 CONFIDENTIALITY

All communication between inmates and their attorneys is confidential, including telephone conversations, written communication, and video conferencing. The content of written attorney-client communication will not be reviewed or censored, but the documents may be inspected for contraband.

Outgoing and incoming legal correspondence shall be routed through staff who have received special training in inspecting confidential documents and who are accountable for maintaining

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confidentiality. Incoming legal correspondence shall be opened in the presence of the recipient inmate. All inspections shall be completed in the presence of the inmate. Legal correspondence should not be digitally scanned, stored, or delivered electronically.

Inmates may seek the assistance of other inmates in writing writs and other legal correspondence to the courts when needed, subject to the security and safety needs of the inmates, staff, and the facility.

603.5 INMATE REQUEST FOR ASSISTANCE

Written materials addressing how an inmate can access local attorneys and key legal documents shall be available in each housing unit. Staff shall provide these materials to any inmate upon request. However, staff shall not provide legal advice or assist any inmate in the completion of any legal document.

Habeas corpus forms shall be made available to any inmate by the staff upon request.

Legal forms filled out by the inmate shall be forwarded to court administration directly or via an appointed legal assistant.

603.6 VISITATION RELATED TO LEGAL DEFENSE

Visits with inmates that are related to legal defense, including attorneys, paralegals, and investigators, will be permitted only in the areas designated for legal visitation to ensure confidentiality. Contact visits may be approved by the Jail Commander for special circumstances.

(a) Visits shall be of a reasonable length of time to discourage any allegation that the defense of the inmate was hindered due to the length of time allowed for the legally authorized visit. These visits shall be of such a length of time that they do not interfere with the security, order, and discipline of this facility. The permissible time for visitation should be flexible but shall not substantially interfere with other facility schedules, such as medical examinations, meal service or other required activities.

(b) Only materials brought to this facility by an approved legal assistant shall be allowed.

(c) All materials shall be subject to security inspections by the staff and shall be routed through the Shift Supervisor for logging and distribution.

Ifnecessary, and with some restrictions, one inmate may assist another in legal research when the inmate being helped is acting as his own attorney.No mail between the two is considered legal mail.

603.7 IN PROPRIA PERSONA (PRO SE) INMATES

Inmates may be granted pro se status by court order only. Any time a court order is received designating an inmate as having been granted pro se status, all relevant records systems at the facility shall be updated to reflect this information. A copy of the court order shall be maintained in the inmate's file in accordance with established records retention schedules.

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The court may, but is not required to appoint to an inmate who is designated pro se a back-up attorney, paralegal, or other person to assist the inmate with legal research. All information related to appointed assistants should be recorded in the relevant facility records.

Any provision of legal materials shall be in accordance with court directives and in consultation with the Prosecuting Attorney.

603.7.1 PRO SE STATUS MISUSE

Any inmate who is granted pro se status and is found to be misusing or abusing that status to the extent that it poses a demonstrable threat to the safety and security of the facility shall be immediately reported to the Jail Commander. The Jail Commander may recommend the suspension or a limitation of the inmate's pro se privileges if they adversely affect the safety and security of the detention center.

Upon the concurrence with the findings and recommendation of the Jail Commander, the Sheriff or the authorized designee shall consult with the office's legal counsel prior to notifying the court of any intent to limit the described pro se privileges.

The inmate may petition the court if the inmate is dissatisfied with the action taken.

603.7.2 PRO SE STATUS - MATERIALS AND SUPPLIES

The facility may provide the following materials and supplies to a pro se inmate. These items may be retained by the inmate but must be kept in the container supplied for such purpose. The items may include the following:

- Up to one-half of a ream of 8½-inch x 11-inch plain bond typing paper
- Up to three ruled legal notepads
- Standard legal size envelopes
- One dozen (maximum) black lead golf pencils
- Two erasers
- One legal size accordion file
- 9-inch x 12-inch manila envelopes and 10-inch x 14-inch manila envelopes
- Law books (provided on jail tablets)

Unless otherwise ordered by the court, the Office shall have no obligation to supply materials beyond those listed above. Replacement of any of the listed items shall be accomplished through a written request to the Shift Supervisor or the authorized designee. Supplies provided by a court legal liaison will be received and distributed by the Shift Supervisor or the authorized designee. All supplies distributed to the inmate will be recorded in the inmate's pro se activities record. Supplies not listed in this policy are subject to approval by the Jail Commander or the authorized designee.

Access to ballpoint pens, for signature purposes only, will be provided through a supervisor. The use of the pen will be supervised by the staff and taken from the inmate immediately after its use.

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Copies of an inmate's final legal (criminal case) work product, upon the inmate's request, may be provided subject to arrangements with the court.

Inmates may purchase their own legal books and materials. However, such materials will be subject to safety inspection and rules pertaining to items permitted to be in the inmate's possession. Personal books must be marked with the inmate's name and booking number.

Any books or materials found in the inmate's possession beyond what is authorized will be returned or placed in the inmate's property.

603.7.3 PRO SE INMATES INTERVIEWING WITNESSES

A pro se inmate may be permitted to interview prospective witnesses in the regular visitation area. Requests for visits outside of normal visiting hours will be directed to a supervisor for approval and should be accommodated when practicable.

Interviews conducted by pro se inmates are subject to the following rules and restrictions:

(a) No interview will be permitted without notification from a judge confirming or validating the prospective witness. The pro se inmate is responsible for providing the judge with the list of prospective witnesses for validation.

(b) No visit shall be permitted by a prospective witness who is in the custody of this office or otherwise detained by a government agency, except upon a specific court order.

603.7.4 PRO SE INMATES TELEPHONE USAGE

Pro se inmates may use the telephones in their housing areas to place calls concerning their cases. Court-authorized pro se telephone calls shall not be monitored and shall be provided without charge to the inmate in accordance with the orders of the court (see the Inmate Telephone Access Policy).

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Foreign Nationals and Diplomats

604.1 PURPOSE AND SCOPE

This policy addresses the privileges and immunities afforded to members of foreign diplomatic missions and consular posts.

This policy also addresses the legal requirements related to consular notifications that should occur when a foreign national is in custody.

Inmate access to a consular officer is addressed in the Inmate Telephone Access and Inmate Visitation policies.

604.2 POLICY

The Valley County Sheriff's Office Detention Center will treat foreign diplomatic and consular personnel with due regard for the privileges and immunities to which they are entitled under international law. The Office will investigate all claims of immunity and accept custody of the person when appropriate.

The Valley County Sheriff's Office Detention Center will also honor the laws related to foreign nationals in custody by making proper consular notifications and by assisting those who wish to contact their consular representative.

604.3 DIPLOMATIC AND CONSULAR IMMUNITY

604.3.1 AVAILABILITY OF RESOURCES

The Shift Supervisor will ensure that current contact information for the U.S. Department of State and the U.S. Mission to the United Nations is readily available for office members who need to verify a claim of diplomatic or consular immunity. Relevant material for law enforcement published by the U.S. Department of State Bureau of Diplomatic Security should be readily available as well.

604.3.2 ADDRESSING CLAIMS OF DIPLOMATIC OR CONSULAR IMMUNITY

When an arrestee who claims diplomatic or consular immunity is brought to the Valley County Sheriff's Office Detention Center the receiving deputy shall first inform the Shift Supervisor and then generally proceed as follows:

(a) Do not accept custody of the person from the transporting officer. The person should not be brought inside the Valley County Sheriff's Office Detention Center unless doing so would facilitate the investigation of their claim of immunity.

(b) Do not handcuff the person, or, if handcuffs have been applied, remove them unless there is an articulable threat that would justify their use.

(c) If the person has already been accepted into custody, inform the person that they will be detained until their identity and immunity can be confirmed. Attempt to obtain a U.S. Department of State-issued identification card or other identification or documents that may relate to the claimed immunity.

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(d) In all cases, verify the status and level of immunity by contacting the U.S. Department of State or the U.S. Mission to the United Nations, as appropriate.

It will be the responsibility of the Shift Supervisor to communicate the claim of immunity to the on-duty supervisor of the arresting agency (if not the Valley County Sheriff's Office). The Shift Supervisor may assist another agency in determining the person's immunity status.

The Shift Supervisor is responsible for ensuring appropriate action is taken based upon information received regarding the person's immunity status.

604.3.3 REPORTING

If the person's immunity status has been verified, the Shift Supervisor should ensure a report is prepared describing the details and circumstances of any detention or custody. A copy of the report should be faxed or mailed as soon as possible to the U.S. Department of State in Washington, D.C. or to the U.S. Mission to the United Nations in New York in cases involving a member of the United Nations community.

604.4 CONSULAR NOTIFICATIONS

604.4.1 CONSULAR NOTIFICATION LIST AND CONTACTS

The Jail Commander will ensure that the U.S. Department of State's list of countries and jurisdictions that require mandatory notification is readily available to office members. There should also be a published list of foreign embassy and consulate telephone and fax numbers, as well as standardized notification forms that can be faxed and then retained for the record. Prominently displayed placards informing inmates of rights related to consular notification should also be posted.

604.4.2 CONSULAR NOTIFICATION ON BOOKING

Office members assigned to book inmates shall:

(a) Inform the foreign national, without delay, that the foreign national may have their consular officers notified of the arrest or detention and may communicate with them. Members shall ensure this notification is acknowledged and documented.

(b) Determine whether the foreign national's country is on the U.S. Department of State's mandatory notification list.

(c) If the foreign national's country is not on the list for mandatory notification but the foreign national requests that their consular officers be notified, then:

1. Notify the nearest embassy or consulate of the foreign national's country of the person's arrest or detention by faxing the appropriate notification form. If no fax confirmation is received, a telephonic notification should be made and documented.

2. Forward any communication from the foreign national to their consular officers without delay.

(d) If the foreign national's country is on the list for mandatory notification, then:

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1. Notify the nearest embassy or consulate of the foreign national's country, without delay, of the person's arrest or detention by faxing the appropriate notification form. If no fax confirmation is received, a telephonic notification should be made and documented.
2. Tell the foreign national that this notification has been made and inform the foreign national without delay that they may communicate with their consular officers.
3. Forward any communication from the foreign national to the consular officers without delay.
4. Document all notifications to the embassy or consulate and retain the faxed notification and any fax confirmation for the inmate's file.

Members should never discuss anything with consulate personnel beyond the required notifications, such as whether the inmate is requesting asylum. Requests for asylum should be forwarded to the Shift Supervisor.

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Inmate Rights - Protection from Abuse

605.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines to ensure that inmates are afforded a safe, healthful environment free from abuse, corporal punishment or harassment, and that inmate property is protected.

605.2 POLICY

It is the policy of this office to make every reasonable effort to protect inmates from personal abuse, corporal punishment, personal injury, disease, property damage and harassment by other inmates or staff. Staff shall take reasonable actions to safeguard vulnerable inmates from others and shall use the classification policies and procedures to make housing decisions that will provide for inmate safety. Abuse of inmates by staff or other inmates will not be tolerated.

The Jail Commander or the authorized designee shall be responsible for including prohibitions against inmate abuse and harassment, rules regarding respect for the property of others, and the prevention of disease in the inmate handbook. All inmates shall receive a copy of the inmate handbook during the booking process, which shall be printed in a language understood by the inmate. The inmate also shall receive verbal instruction on inmate rights during orientation.

605.3 RESPONSIBILITY

It shall be the responsibility of all facility staff to adhere to policies, procedures and practices, and to make every reasonable effort to prevent inmate injury, harassment and abuse, to prevent theft or damage to inmate property and to eliminate conditions that promote disease. These procedures include, but are not limited to:

- Following the classification guidelines for inmate housing.
- Closely supervising inmate activities and interceding as needed to prevent violence, harassment or abuse of inmates.
- Using force only when necessary and to the degree that is reasonable.
- Reporting all inmate injuries, investigating the cause of reported injuries and documenting these efforts in an incident report.
- Enforcing all rules and regulations in a fair and consistent manner.
- Preventing any practice of inmates conducting kangaroo courts or dispensing discipline toward any other inmate.
- Conducting required safety checks of all inmate housing areas.
- Checking all safety equipment for serviceability and making a report of any defective equipment to the appropriate supervisor or Jail Commander.
- Referring sick or injured inmates to a qualified health care professional without unnecessary delay.

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- Maintaining high standards of cleanliness throughout the detention center.
- Documenting all abuse protection efforts in facility logs and incident reports as applicable.

605.4 TRAINING

The Jail Commander or authorized designee shall be responsible for developing and delivering a training curriculum on the topic of protecting inmates from abuse to all staff. A roster of attendees shall be maintained from each class. Training completion documents shall be filed in each employee's training file.

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Prison Rape Elimination Act (PREA)

606.1 POLICY

It is the Detention Center policy to have zero tolerance for any form of sexual assault, abuse or harassment between inmates, between inmates and staff or between staff.

606.2 DEFINITIONS

For purposes of this chapter, the following terms apply:

- **Agency head:** means the principal official of an agency.
- **Contractor:** means a person who provides services pursuant to a contractual agreement with the agency.
- **Direct staff supervision:** means that security staff is in the same room with, and within reasonable hearing distance of, the resident or inmate.
- **Employee:** means a person who works directly for the agency or facility.
- **Exigent circumstances:** mean any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.
- **Facility:** means a Detention Center or temporary holding facility operated by a Sheriff's Office for the confinement of individuals.
- **Facility head:** means the principal official of a facility.
- **Gender nonconforming:** means a person whose appearance or manner does not conform to traditional societal gender expectations.
- **Inmate:** means any person incarcerated or detained in a prison or jail.
- **Intersex:** means a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.
- **Juvenile inmate:** means any person under the age of 18 who is under adult court supervision and incarcerated or detained in a prison or jail.
- **Medical practitioner:** means a health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A "qualified medical practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.
- **Mental health practitioner:** means a mental health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A "qualified mental health practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

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- **Pat-down search:** means a running of the hands over the clothed body of an inmate by an employee to determine whether the individual possesses contraband.
- **Security staff:** means employees primarily responsible for the supervision and control of inmates in housing units, recreational areas, dining areas, and other program areas of the facility.
- **Staff:** means employees.
- **Strip search:** means a search that requires a person to remove or arrange some or all clothing so as to permit a visual inspection of the person's breasts, buttocks, or genitalia.
- **Transgender:** means a person whose gender identity (i.e., internal sense of feeling male or female is different from the person's assigned sex at birth.
- **Substantiated allegation:** means an allegation that was investigated and determined to have occurred. Unfounded allegation means an allegation that was investigated and determined not to have occurred.
- **Unsubstantiated allegation:** means an allegation that was investigated, and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.
- **Volunteer:** means an individual who donates time and effort to enhance the activities and programs of the agency

Definitions related to sexual abuse.

For purposes of this chapter, the following terms apply:

Sexual abuse includes –

1. Sexual abuse of an inmate by another inmate; and
2. Sexual abuse of an inmate by a staff member, contractor, or volunteer.

Sexual abuse of an inmate by another inmate includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
2. Contact between the mouth and the penis, vulva, or anus.
3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
4. Any other intentional touching either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse of an inmate by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate:

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1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
2. Contact between the mouth and the penis, vulva, or anus.
3. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
4. Penetration of the anal or genital opening, however, slight, by a hand, finger, object, or other instrument, which is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
5. Any other intentional contact, either directly or through the clothing of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, which is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
6. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section.
7. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, and
8. Voyeurism by a staff member, contractor, or volunteer.

Sexual harassment includes –

1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another; and
2. Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Voyeurism by a staff member, contractor or volunteer means an invasion of privacy of an inmate by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

606.3 PROCEDURES

Reporting and Investigating:

1. The facility shall make every effort to inform inmates of the means available to safely report rape and sexual activity or abuse.
2. The facility shall provide two (2) or more avenues for an inmate to report rape and sexual activity or abuse.
3. The facility personnel shall treat all information regarding sexual assault and sexual activity or abuse with confidentiality.

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4. The facility shall have a process which requires reporting of any instances of solicitation of correctional personnel by inmates.
5. The facility shall have a process in place for an initial internal investigation when a complaint is reported and a subsequent external investigation when rape or sexual activity is suspected by an agency employee, volunteer, contract employee or affiliate of the agency. Requiring a subsequent external investigation does not apply in cases of inmate-on-inmate sexual activity or assault.
6. The facility shall make provisions for housing the victim inmate away from the accused inmate until the investigation is complete.

606.4 TRAINING

The Detention Center shall provide a minimum of one (1) hour per year of training for all personnel on how to prevent, detect and report rape and sexual activity among inmates. This training will also include training on Idaho Code 18-6110. This training will count towards the 40 hours of training every two years already required by Idaho Jail Standards and Idaho Peace Officer Standards and Training.

606.5 POLICY 15.2 VIOLATION OF IDAHO CODE 18-6110

It is the Detention Center policy to investigate and if appropriate, prosecute Detention Center staff, contractors or volunteers who violate Idaho Code 18-6110 – Sexual Contact with a Prisoner.

Procedure:

1. The facility shall make every effort to inform inmates of the means available to safely report rape and sexual activity or abuse.
2. The facility shall provide two (2) or more avenues for an inmate to report rape and sexual activity or abuse.
3. The facility personnel shall treat all information regarding sexual assault and sexual activity or abuse with confidentiality.
4. The facility shall have a process which requires reporting of any instances of solicitation of correction personnel by inmates.
5. The facility shall have a process in place for an initial internal investigation when a complaint is reported and a subsequent external investigation when rape or sexual activity or abuse is suspected by an agency employee, volunteer, contract employee or affiliate of the agency. Requiring a subsequent external investigation does not apply in cases of inmate-on-inmate sexual activity, abuse or assault.
6. The facility shall make provisions for housing the victim inmate at another facility until the investigation is complete.

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Grooming

607.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure inmate grooming standards are based on legitimate government interests.

607.2 POLICY

It is the policy of this facility to allow inmates choice in personal grooming, except when a valid government interest justifies that grooming standards be established. The Jail Commander or the authorized designee shall establish inmate grooming standards specific to inmate classification, work status, facility safety and security, or inmate health and hygiene. Any established standards should not unreasonably interfere with religious observances. Grooming standards should be identified in the inmate handbook.

607.3 HAIRCUTS

Inmates will be provided haircuts and hair-cutting tools subject to established facility rules. If hair length, style, or condition presents a security or sanitation concern, haircuts may be mandatory. Inmates who significantly alter their appearance may be required to submit to additional booking photos.

Inmates shall not cut names, numbers, or other designs into their hair. Inmates shall not manipulate their hair into any style, including but not limited to braids, ponytails, cornrows, or twists, that could facilitate the concealment and movement of contraband and weapons.

607.3.1 HAIR CARE SERVICES

The Jail Commander or the authorized designee shall establish written procedures for inmate hair care services. The procedures will include schedules for hair care services and allow rescheduling for conflicts, such as court appearances.

Inmates shall generally be permitted to receive hair care services once per month after being in custody for at least 30 days. Staff may suspend access to hair care services if an inmate appears to be a danger to him/herself or others or to the safety and security of the facility.

607.4 SHAVING

Inmates may shave on Monday, Wednesday or Friday. Facial hair shall be clean and well groomed. Long beards may allow inmates to conceal weapons or contraband. Inmates may be required to trim facial hair if it poses a security or safety risk. Inmates may be required to submit to new booking photographs if their appearance is significantly altered due to facial hair. Inmates with facial hair who work around food shall wear appropriate facial coverings.

An inmate may be denied access to razors if he/she appears to be a danger to him/herself or others, or if such access may jeopardize the safety and security of the facility.

Inmates may be restricted from significantly altering their appearance for reasons of identification in court.

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607.5 NAILS

Nail clippers will be kept at the control station and will be issued to inmates during haircuts. Inmate workers are required to keep their nails clean and trimmed. Inmates with long nails may be required to trim their nails if there is a security concern and the inmate is admitted to general population.

607.6 GROOMING EQUIPMENT

Grooming equipment is to be inventoried and inspected by the member at the beginning of each shift and prior to being issued to inmates. The member shall ensure that all equipment is returned by the end of the shift and is not damaged or missing parts.

Grooming equipment will be disinfected before and after each use by the methods approved by the state organization that oversees the Barber and Cosmetology Services Licensing Board. Cleaning methods include (IDAPA 24.28.01.200.03):

(a) Removing foreign matter.

(b) Cleaning tools with soap or detergent and water.

(c) Immersing non-electrical equipment in disinfectant.

(d) Spraying electrical equipment with disinfectant.

(e) Storing cleaned equipment labeled as such in clear, covered containers.

Every precaution should be taken to prevent the transfer of disease-causing pathogens from person to person (Idaho Code 54-5819) (see the Inmate Hygiene Policy). Disinfectant solution shall be changed at least once per week or whenever the solution is cloudy or dirty. Solution will be stored in covered containers with labeled instructions for its use and the Environmental Protection Agency registration number. Disinfectants should be mixed and changed according to manufacturer instructions.

607.7 PERSONAL CARE ITEMS

Inmates are expected to maintain their hygiene using approved personal care items.

No inmate will be denied the necessary personal care items. For sanitation and security reasons, personal care items shall not be shared.

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Inmate Nondiscrimination

608.1 PURPOSE AND SCOPE

The constitutional rights of inmates regarding discrimination are protected during incarceration. These protections extend to administrative decisions (e.g., classification, access to programs, availability of services). This policy is intended to guide the staff toward nondiscriminatory administrative decisions and to detail an inmate complaint and discrimination investigation process.

608.2 POLICY

All decisions concerning inmates housed at this facility shall be based on reasonable criteria that support the health, safety, security, and good order of the facility.

608.3 DISCRIMINATION PROHIBITED

Discriminating against an inmate based upon actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, and any other classification or status protected by law is prohibited.

Reasonable and comparable opportunities for participation in services and programs including vocational, educational, and religious programs shall be made available to inmates in a nondiscriminatory manner.

608.4 INMATES REPORTING DISCRIMINATION

Inmates who wish to report an allegation of discrimination may communicate with facility management in any way, including:

(a) Confidential correspondence addressed to the Jail Commander or the Sheriff or other government official, including the courts or legal representatives.

(b) Verbally to any supervisor or other staff member of this facility.

608.4.1 HANDLING COMPLAINTS OF DISCRIMINATION

Staff shall promptly forward all written allegations of discrimination by inmates to the Shift Supervisor. If the allegation is presented verbally, the receiving staff member shall prepare an incident report identifying the circumstances prompting the allegation, the individuals involved, and any other pertinent information that would be useful to investigating the allegation.

Unless the complaint submitted by the inmate is clearly identified as confidential and addressed to the Jail Commander, Sheriff, or other official, the Shift Supervisor shall review the complaint and attempt to resolve the issue. In any case, the Shift Supervisor shall document the circumstances of the allegation and what actions, if any, were taken to investigate or resolve the complaint. All reports of alleged discrimination shall be forwarded to the Jail Commander for review and further investigation or administrative action as needed.

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Administrative evaluations and response to allegations of discrimination shall be based upon objective criteria:

(a) The inmate’s classification

(b) The inmate’s criminal history

(c) Current and past behavior and disciplinary history

(d) Housing availability

(e) The availability of programs

(f) The ability to safely provide the requested services

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Inmate Grievances

609.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process by which inmates may file grievances and receive a formal review regarding the conditions of their confinement.

609.2 POLICY

It is the policy of this office that any inmate may file a grievance relating to conditions of confinement, which includes release date, housing, medical care, food services, hygiene and sanitation needs, recreation opportunities, classification actions, disciplinary actions, program participation, telephone and mail use procedures, visiting procedures, and allegations of sexual abuse.

Grievances will not be accepted if they are challenging the rules and policies, state or local laws, court decisions, and probation/parole actions.

Retaliation for use of the grievance system is prohibited.

609.3 INMATE GRIEVANCE PROCEDURES

Members shall attempt to informally resolve all grievances at the lowest level. All attempts to resolve a grievance shall be documented in the inmate's file. If there is no resolution at this level, the inmate may request a grievance form which must be completed and turned back in to a deputy within 24 hours of issuance.

A grievance should be filed by an inmate within 14 days of the complaint or issue.

Inmates cannot file a grievance on behalf of another inmate or as a group for the same incident, but an inmate may assist another inmate in the preparation of a grievance. Deputies may take reasonable steps to assist the inmate in the preparation of a grievance, if requested.

Upon receiving a completed inmate grievance form, the deputy shall acknowledge receipt of the grievance by signing the form. The deputy receiving the form shall attempt to resolve the issue in the grievance. All attempts shall be documented with how it was resolved, or why they could not resolve the issue. If the issue could not be resolved, the deputy shall gather all associated paperwork and reports and immediately forward them to a supervisor.

609.3.1 EXCEPTION TO INITIAL GRIEVANCE FILING

Inmates may request to submit the grievance directly to a supervisor or mail it directly to the Jail Commander if they reasonably believe the issues to be grieved are sensitive or that their safety would be in jeopardy if the contents of the grievance were to become known to other inmates.

Inmates with limited access to mail privileges, who are in segregation units or are indigent, may deposit their grievances in the locked grievance box within their housing unit or place their grievance in a sealed envelope labeled “Grievance” and deposit it in the regular mail boxes. These envelopes will be delivered directly to the Jail Commander and not forwarded to the United States Postal Service.

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609.3.2 TIMELY RESOLUTION OF GRIEVANCES

Upon receiving a completed inmate grievance form, the Shift Supervisor shall ensure that the grievance is investigated and resolved or denied in a timely manner, as established by the Jail Commander.

Grievances related to medical care should be investigated by the Medical Director. The findings of that investigation, along with any recommendations, shall be forwarded to the Shift Supervisor. Appeals shall be forwarded to the Jail Commander or designee as the final level of appeal.

Grievances related to food matters should be investigated by the food services manager. The findings of that investigation, along with any recommendations, shall be forwarded to the Shift Supervisor. Appeals shall be forwarded to the Jail Commander or designee as the final level of appeal.

Grievances related to censored or rejected mail should be investigated by a member who was not involved in the decision. The findings of that investigation, along with any recommendations, shall be forwarded to the Shift Supervisor. Appeals shall be forwarded to the Jail Commander or designee as the final level of appeal.

Other grievances relating to programs or other services provided by the Office shall be investigated by a deputy. Findings relating to the investigation, along with any recommendations, will be forwarded to the Shift Supervisor. Appeals shall be forwarded to the Jail Commander or designee as the final level of appeal.

609.3.3 APPEALS TO GRIEVANCE FINDINGS

Inmates may appeal the finding of a grievance to the Jail Commander or designee as the final level of appeal within five days of receiving the findings of the original grievance. The Jail Commander or designee will review the grievance and either confirm or deny it. If the Jail Commander or designee confirms the grievance, he/she will initiate corrective actions. In either case, the inmate shall receive a written response to the appeal.

Appeals related to sexual abuse allegations shall be confirmed or denied by the Jail Commander or designee within 10 calendar days.

609.3.4 RECORDING GRIEVANCES

The Jail Commander should maintain a grievance log in a central location accessible to all supervisors. The supervisor who originally receives a grievance shall record the grievance along with its finding on the grievance log. Periodic reviews of the log should be made by the Jail Commander or the authorized designee to ensure that grievances are being handled properly and in a timely manner. A copy of each grievance should be filed in the inmate’s official record and maintained throughout the inmate’s period of incarceration.

The original grievance should be retained in a file maintained by the Jail Commander or the authorized designee, and shall be retained in accordance with established records retention schedules.

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609.3.5 FRIVOLOUS GRIEVANCES
Inmates shall use the grievance process only for legitimate problems or complaints. If there is concern that an inmate is abusing the grievance process, he/she shall be informed that continued behavior may result in disciplinary action.

609.3.6 EMERGENCY GRIEVANCES
Inmates may file an emergency grievance to address issues that could subject the inmate to immediate substantial risk of personal injury or cause other serious and irreparable harm, as defined by the Jail Commander. An emergency grievance may be submitted to any member and forwarded immediately without substantive review to the Shift Supervisor.

The Shift Supervisor should promptly initiate an investigation or direct the manager responsible for the program or service to commence an investigation. The Shift Supervisor should produce or receive findings and recommendations from the investigation within 48 hours of receipt of the grievance and communicate the resolution to the inmate immediately. The inmate may appeal the decision to the Jail Commander within 24 hours of notification, and the Jail Commander will communicate the final decision within 24 hours of receipt of the appeal.

609.4 GRIEVANCE AUDITS
The Jail Commander should perform an annual audit of all inmate grievances and complaints filed the previous calendar year. The Jail Commander should forward a memorandum to the Sheriff detailing the findings, including recommendations regarding any changes to policy or procedures or any additional training that might be warranted to reduce future complaints. Specific identifying information regarding dates, times or individuals named in the complaints is not part of this process and should not be included in the memorandum.

The Sheriff should evaluate the recommendations and ensure appropriate action is taken.

Any training issues identified as a result of this audit should be forwarded to the Training Sergeant, who will be responsible for ensuring all necessary and required training is scheduled and completed.

609.5 ADDITIONAL PROVISIONS FOR GRIEVANCES RELATED TO SEXUAL ABUSE
The following apply to grievances that relate to sexual abuse allegations (28 CFR 115.52):

(a) Inmates may submit a grievance regarding an allegation of sexual abuse at any time.

(b) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing such grievances and to file such grievances on behalf of inmates if the inmate agrees to have the grievance filed on his/her behalf. Staff members who receive a grievance filed by a third party on behalf of an inmate shall inquire whether the inmate wishes to have the grievance processed and shall document the inmate’s decision.

(c) Grievances may be submitted to any staff member and need not be submitted to the member who is the subject of the complaint.

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(d) Staff receiving a grievance shall forward the grievance to a supervisor. Grievances shall not be forwarded to any supervisor who is the subject of the complaint. The supervisor receiving the grievance shall refer the grievance to the Shift Supervisor for investigation. Inmates and staff are not required to attempt to informally resolve grievances related to sexual abuse.

(e) The Shift Supervisor shall ensure that grievances related to sexual abuse are investigated and resolved within 90 days of the initial filing. The Shift Supervisor may grant an extension of up to 70 days if reasonable to make an appropriate decision. If an extension is granted, the inmate shall be notified and provided a date by which a decision will be made.

(f) At any level of the process, including the appeal, if the inmate does not receive a response within the allotted time, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.

(g) Inmates may be disciplined for filing a false grievance related to alleged sexual abuse only when it is determined that the inmate filed the grievance in bad faith.

609.5.1 EMERGENCY GRIEVANCES RELATED TO SEXUAL ABUSE

Any inmate who believes he/she or any other inmate is in substantial risk of imminent sexual abuse may file an emergency grievance with any supervisor. The supervisor shall determine whether immediate action is reasonably necessary to protect the inmate and shall provide an initial response within 48 hours.

The supervisor shall refer the grievance to the Shift Supervisor, who will investigate and issue a final decision within five calendar days.

The initial response and final decision shall be documented and shall include a determination whether the inmate is in substantial risk of imminent sexual abuse and identify actions taken in response to the emergency grievance (28 CFR 115.52).

609.6 TRAINING

The Training Sergeant shall ensure that all members receive initial and periodic training regarding all aspects of the Inmate Grievances Policy. All training delivered should include testing to document that the member understands the subject matter.

609.7 ACCESS TO THE GRIEVANCE SYSTEM

All inmates shall be provided with a grievance process for resolving complaints arising from detention center matters with at least one level of appeal.

Inmates will receive information concerning the grievance procedure during the orientation process. Information will also be contained in the inmate handbook. Information regarding the grievance process will be provided to inmates in the language they understand.

The information will include:

- A grievance form or instructions for registering a grievance.
- Instructions for the resolution of the grievance at the lowest appropriate staff level.

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- The appeal process to the next level of review.
- Written reasons for denial of a grievance at each level of review.
- A provision of required timeframes for responses.
- A provision for resolving questions of jurisdiction within the detention center.
- Consequences for abusing the grievance system.

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Inmate Voting

610.1 PURPOSE AND SCOPE

This policy establishes the requirement for providing eligible inmates the opportunity to vote during elections, pursuant to election statutes.

610.2 POLICY

Inmates who have not been convicted of a felony and are in custody during trial continue to have the right to vote. Except for individual inmates who have lost the right to vote, sentenced inmates also maintain this right. Because inmates are unable to access public voting polls, the Jail Commander or the authorized designee shall develop written procedures whereby the county registrar of voters allows qualified inmates to vote in local, state and federal elections, pursuant to election codes.

Inmates should be advised of voting methods during the inmate orientation.

610.3 VOTING REQUIREMENTS

Inmates maintain their right to vote while incarcerated if they are:

(a) A citizen of the United States.

(b) A resident of the county.

(c) At least 18 years of age at the time of the next election.

(d) Mentally competent (not been declared mentally incompetent by a court).

(e) Awaiting trial or on trial for a criminal offense.

(f) Serving time for a traffic or misdemeanor offense or as a condition of probation.

(g) Not convicted of a felony offense and sentenced to serve time in a state prison.

(h) Not on parole as a result of a felony conviction.

610.4 PROCEDURES

Prior to each election, the Jail Commander will designate a deputy to be a liaison between the Office and the local registrar of voters. The designated deputy will be responsible for assisting inmates who have requested to vote.

610.4.1 REGISTERING TO VOTE

An inmate who is eligible to vote and requests to register should complete a voter application. The application should be submitted to the liaison deputy, who will forward the application to the local election official.

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610.4.2 REQUESTING AN ABSENTEE BALLOT

An inmate who will be in custody during an election and requests to vote by absentee ballot should complete an application. The completed application should be submitted to the liaison deputy, who will forward the application to the local election official.

610.4.3 VOTING

All ballots received shall be delivered to inmates in a timely manner to ensure compliance with the inmate’s right to vote. Once the ballot has been delivered to the inmate, it shall be the responsibility of the inmate to mail his/her ballot in accordance with the state's voting requirements. If the inmate is indigent, the detention center will mail the ballot; if not, the inmate is responsible for the postage.

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Inmates with Disabilities

611.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines for equal access to Valley County Sheriff's Office services, programs, and activities for inmates with disabilities, in accordance with Title II of the Americans with Disabilities Act (ADA).

This policy also includes guidelines to provide effective communication with inmates with disabilities.

611.1.1 DEFINITIONS

Definitions related to this policy include (28 CFR 35.104):

ADA Coordinator - The member designated by the Jail Commander to coordinate the detention center's efforts to comply with the ADA (28 CFR 35.107).

Assistive devices, auxiliary aids, and services - Tools used by inmates with disabilities to facilitate their participation in services, programs, and activities offered by the Valley County Sheriff's Office and to facilitate effective communication. They include but are not limited to the use of gestures or visual aids to supplement oral communication; a notepad and pen or pencil to exchange written notes; a computer or typewriter; an assistive listening system or device to amplify sound; a teletypewriter (TTY) or videophones (video relay service or VRS); taped text; qualified readers; a qualified interpreter; wheelchairs and other devices that facilitate mobility; audio books and large-print material; visible alarm signals; special diets; and lifts, trapeze bars, and shower chairs.

Disability - A physical or mental impairment that substantially limits a major life activity, including hearing, seeing, speaking, or performing manual tasks, regardless of whether the person uses assistive devices, auxiliary aids, and services. Individuals who wear ordinary eyeglasses or contact lenses are not considered to have a disability (42 USC § 12102; 28 CFR 35.108).

Modification - Any change, adjustment, alteration, adaptation, or accommodation that renders the Valley County Sheriff's Office service, program, or activity suitable for use, enjoyment, or participation by an inmate with a disability. This may include alteration of existing buildings and facilities.

A modification includes any change or exception to a policy, practice, or procedure that allows an inmate with a disability to have equal access to services, programs, and activities. It also includes the provision or use of assistive devices, auxiliary aids, and services.

Qualified interpreter - A person who is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified interpreters include oral interpreters, transliterators, sign language interpreters, and intermediary interpreters. Qualified interpreters should be licensed as required by Idaho Code 54-2904.

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611.2 POLICY

It is the policy of the Valley County Sheriff's Office that inmates with disabilities have equal access to services, programs, and activities of the Valley County Sheriff's Office.

The Valley County Sheriff's Office will not discriminate against or deny any inmate access to services, programs, or activities based upon the presence or suspected presence of disabilities.

611.3 ADA COORDINATOR RESPONSIBILITIES

The ADA Coordinator will work with the Jail Commander and the Medical Director as appropriate to (28 CFR 35.130):

(a) Establish procedures to determine at admission if modifications are necessary for participation in the detention center's services, programs, and activities, to document an inmate's disability and preferred assistive devices, auxiliary aids, or services as applicable, and to regularly reassess in consultation with the inmate whether alternative or additional modifications are necessary.

(b) Provide notice to inmates regarding the rights and protections afforded by the ADA (e.g., posters, published notices, handbooks, and orientation materials describing detention center services, programs, and activities and the availability of assistive devices, auxiliary aids, and services, as well as modifications) (28 CFR 35.106).

(c) Establish classification criteria to make housing assignments for inmates with disabilities.

1. Absent unusual circumstances, inmates with disabilities should not be (28 CFR 35.152):

(a) Housed in a medical area unless they are receiving medical care or treatment.

(b) Classified as special management inmates unless they meet the criteria provided in the Special Management Inmates Policy.

(d) Establish housing areas that are equipped to meet the physical needs of inmates with disabilities, including areas that allow for personal care and hygiene in a reasonably private setting, and that allow inmates with disabilities to be integrated into the larger inmate population as appropriate to the inmate's needs.

(e) Establish procedures for reviewing and processing requests for modifications that will help members provide inmates with disabilities access to the detention center's services, programs, and activities, as appropriate.

(f) Make reasonable modifications to policies, practices, and procedures as necessary to allow inmates with disabilities to participate in the detention center's services, programs, and activities.

(g) Enlist or contract with trained service personnel who have experience working with inmates with disabilities, and assign individuals with adequate training to assist inmates with disabilities with basic life functions as needed.

(h) Establish procedures for restraining, transporting, and moving inmates with disabilities.

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(i) Establish procedures that give inmates with disabilities equal opportunities to participate in or benefit from all aspects of the detention center's efforts to prevent, detect, and respond to sexual abuse and sexual harassment (28 CFR 115.16).

(j) Establish procedures for responding to commonly encountered disabilities such as sight or mobility impairments and intellectual or developmental disabilities.

(k) Develop, implement, and publish procedures to provide for prompt and equitable resolution of complaints and inquiries regarding discrimination in access to services, programs, and activities (28 CFR 35.107). The complaint procedures should include an appeal process.

(l) Establish procedures for provision, maintenance, and cleaning of assistive devices and auxiliary aids used by inmates.

(m) Act as a liaison with local disability advocacy groups or other disability-focused groups regarding access to the detention center's services, programs, and activities.

(n) Facilitate a process of periodic self-evaluation. The process should include:

1. Inspection of current facilities to identify access issues.
2. Review of current detention center services, activities, and programs for access issues.
3. Assessment and update, if necessary, of current compliance measures.
4. Identification of recurring areas of complaint for which new methods of modification should be considered.
5. Review of the detention center's emergency programs, services, and activities as they apply to inmates with disabilities.
6. Recommendation of a schedule to implement needed improvements.

(o) Develop and implement procedures to provide that new construction and any alteration to an existing building or facility are undertaken in compliance with the ADA (28 CFR 35.151).

(p) Verify that third parties providing services, programs, or activities to inmates through contract, outsourcing, licensing, or other arrangement have established reasonable policies and procedures to prevent discrimination against and denial of access to inmates with disabilities (28 CFR 35.152).

(q) Recommend amendments to this policy, as needed.

611.4 REQUESTS

The goal of any modification should be to allow an inmate with a disability to participate in the service, program, or activity the same as an inmate who does not have a disability. The Valley County Sheriff's Office will not require inmates with disabilities to furnish their own assistive device, auxiliary aid, or service as a condition for receiving access to Valley County Sheriff's Office services, programs, and activities (28 CFR 35.160).

Upon receiving a request for a modification, members should make reasonable efforts to accommodate the request based upon the preference of the inmate with the disability by providing

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a reasonable modification consistent with any procedures related to the inmate's disability. Members should not ask about the nature and extent of an inmate's disability but should limit questions to elicit information necessary to determine the need for a modification and the appropriate type of modification.

If there are no current procedures in place, members receiving an inmate request for a modification should direct the inmate to provide the request in writing or assist the inmate in doing so, as needed. The written request should be brought to the on-duty supervisor as soon as practicable and during the member's current shift. The supervisor should review the request within 24 hours of receipt. The reviewing supervisor should evaluate the request and, if approved, notify the Jail Commander, ADA Coordinator, and any other members as necessary to implement the modification.

A supervisor who does not grant the modification, either in part or in full, should forward the request to the Jail Commander and the ADA Coordinator for processing as soon as reasonably practicable.

Requests that are minor and do not reasonably appear related to a significant or ongoing need may be addressed informally, such as rearranging chairs to make room for a wheelchair. Such requests need not be made in writing.

611.4.1 DENIAL OF A REQUEST

Requests for modifications should be approved unless complying with the request would result in (28 CFR 35.150):

(a) A substantial alteration of the service, program, or activity.

(b) An undue financial or administrative burden on the Valley County Sheriff's Office. All resources available for use in the funding and operation of the service, program, or activity at issue should be considered in this determination.

(c) A threat to or the destruction of the historic significance of a historic property.

(d) A direct threat to the health or safety of others (28 CFR 35.139).

(e) A threat to the orderly operation or function of the detention center.

If any of these circumstances are present, the ADA Coordinator should work with Valley County Sheriff's Office members and the inmate requesting the modification to determine if an alternative modification is available. If no alternative modification is appropriate, the ADA Coordinator shall issue a written statement explaining why a modification of the service, program, or activity will not be made (28 CFR 35.150).

Where physical modification of an existing building or facility, or new construction, would be unfeasible or unduly burdensome, the ADA Coordinator should work with Valley County Sheriff's Office members and the inmate requesting the modification to determine whether alternative modifications are available. Alternative methods that should be considered include (28 CFR 35.150):

(a) Reassigning services, programs, or activities to accessible buildings or facilities.

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(b) Utilizing technology, equipment, and vehicles or other conveyances.

(c) Any other means or methods that would make services, programs, or activities readily accessible.

611.4.2 SURCHARGES

Surcharges shall not be imposed upon inmates with disabilities to cover the costs of providing modifications (28 CFR 35.130(f)).

611.5 ASSISTIVE DEVICES AND AUXILIARY AIDS

An inmate should be permitted to retain assistive devices and auxiliary aids prescribed or recommended by a qualified health care professional. An inmate may be required to provide documentation from a qualified health care professional describing the medical necessity for the device or aid. Any devices and aids brought to the detention center by the inmate or by others after the inmate has been admitted shall be subject to a security check. The detention center accepts no responsibility for loss or damage to any device or aid provided by the inmate.

Any assistive device or auxiliary aid that is determined to present an imminent risk of bodily harm or an imminent risk to the security of the detention center may be temporarily removed from use and stored with the inmate's property. The ADA Coordinator or the Shift Supervisor should work with the inmate to make alternate modifications pending review by a qualified health care professional. The removal of a device or aid and any alternate accommodations made shall be noted in the daily log and the inmate's health care records.

Within 24 hours of any removal of an assistive device or auxiliary aid, a qualified health care professional will consult with the inmate and review relevant records to determine whether the permanent removal may be injurious to the inmate's health or safety. If the qualified health professional finds that the device or aid is medically necessary and the Jail Commander determines after investigation of the specific facts presented that it should not be returned because of verified security concerns, options include, as applicable:

(a) Reclassifying the inmate to an accessible housing unit or cell.

(b) With qualified health care professional approval, modifying the device or aid to meet the needs of the inmate and the security needs of the detention center.

(c) Supplying the inmate with an alternate device or aid.

(d) Providing the inmate with an opportunity to petition the court for the return of the device, in accordance with local, state, and federal law.

611.6 COMMUNICATIONS

Members should remain alert to the possibility of communication problems when engaging with inmates with disabilities. When a member knows or suspects an inmate requires assistance to effectively communicate, the member should identify the inmate's choice of assistive devices, auxiliary aids, and services. The inmate's choice should be honored unless another effective means of communication exists. Notice of an inmate's disability and preferred method of communication should be provided to members who have contact with the inmate so that effective

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communication may be achieved. Members should consider all information reasonably available to them when determining how to communicate with an inmate with a disability, including (28 CFR § 35.160):

(a) The methods of communication usually used by the inmate.

(b) The nature, length, and complexity of the communication involved.

(c) The context of the communication.

In emergency situations involving an imminent threat to the safety or welfare of any person, members may use whatever modification reasonably appears effective under the circumstances. This may include, for example, exchanging written notes or using the services of a person who knows sign language but is not a qualified interpreter, even if the inmate who is deaf or hard of hearing would prefer a qualified sign language interpreter. Once the emergency has ended, the member should inquire as to the individual's preference and give primary consideration to that preference.

611.6.1 INTERVIEWS AND INTERROGATIONS

In an effort to ensure that the rights of inmates with disabilities are protected during any formal interview or interrogation that takes place in the detention center, the Valley County Sheriff's Office will provide reasonable modifications before beginning an interview or interrogation, unless exigent circumstances exist or the inmate has made a clear indication that the inmate understands the process and desires to proceed without receiving a modification. If *Miranda* warnings are required under the circumstances, these should be provided to the inmate via the inmate's preferred method of communication.

Interrogations should be recorded whenever reasonably practicable.

611.6.2 QUALIFIED INTERPRETERS

A qualified interpreter may be needed in lengthy or complex interactions (e.g., the admissions process, health care consultations, classification interviews, disciplinary hearings) for inmates who normally rely on sign language or speechreading (i.e., lip-reading) to understand what others are saying. The qualified interpreter should not be a person with an interest in the matter. A person providing interpretation services may be required to establish the accuracy and trustworthiness of the interpretation in a legal proceeding.

Qualified interpreters should be:

(a) Available within a reasonable amount of time.

(b) Experienced in providing interpretation services in the person's primary language.

(c) Familiar with the use of text- and video-based communications products and systems.

(d) Certified in either American Sign Language (ASL) or Signing Exact English (SEE).

(e) Able to understand and adhere to the interpreter role without deviating into other roles, such as counselor or legal adviser.

(f) Knowledgeable of the ethical issues involved when providing interpreter services.

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Members should use detention center-approved procedures to request a qualified interpreter at the earliest reasonable opportunity or when it is reasonably apparent that an interpreter is needed. The use of a video remote interpreting service should be considered, where appropriate, if a live interpreter is not available. Inmates with disabilities shall not be required to provide their own interpreters (28 CFR 35.160).

Except in an emergency involving an imminent threat to the safety or welfare of any person and no qualified interpreter is reasonably available, members shall not use another inmate or a member who has not been hired or contracted specifically to serve as a qualified interpreter as an interpreter.

611.7 DOCUMENTATION

Whenever any modification has been provided, the member involved should document:

(a) The type of modification, assistive device, auxiliary aid, or service provided.

(b) Whether the individual elected to use an assistive device, auxiliary aid, or service provided by the detention center or another identified source, if applicable.

(c) Whether the individual's express preference for the modification was not honored and the reason an alternative method was used.

The documentation and any written communications exchanged should be maintained consistent with the Records and Data Practices Policy.

611.8 COMPLAINTS

A member who receives a complaint or becomes aware of potential disability discrimination, an ADA violation, or an inmate's inability to access a detention center service, program, or activity should document the complaint and promptly refer the matter to the ADA Coordinator (28 CFR 35.107). The Valley County Sheriff's Office shall assist inmates with disabilities who require assistance to file a complaint regarding members of the Valley County Sheriff's Office (see the Inmate Grievances Policy).

611.9 TRAINING

Members should receive periodic training on ADA compliance, to include:

(a) Awareness and understanding of this policy, related procedures and forms, and available resources.

(b) Procedures for handling requests for modifications.

(c) Accessing assistive devices, auxiliary aids, and services needed to accommodate requests for modifications.

(d) General requirements of the ADA, including modifying policies and practices, communicating with and assisting inmates, accepting calls placed through alternative systems, and identifying alternate ways to provide access to services, programs, and activities as appropriate.

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Management staff, even if they do not interact regularly with inmates with disabilities, should receive training as appropriate to understand and reinforce this policy.

Training records should be maintained in accordance with the established records retention schedule.

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Chapter 7 - Medical-Mental Health

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Health Care Administrative Meetings and Reports

700.1 PURPOSE AND SCOPE

The Office recognizes that the delivery of effective health care requires open and frequent communication between the Medical Director and the Jail Commander. This policy provides guidelines for the continuous monitoring, planning and problem resolution in providing health care that addresses the medical needs of the inmate population and prevents potential outbreaks of communicable and contagious illness.

700.1.1 DEFINITIONS

Definitions related to this entire chapter include:

Access to care - An inmate should be seen in a timely manner by a qualified health care professional. The inmate should be given a professional clinical diagnosis and receive treatment that is ordered.

Clinical practice guidelines - A systematically developed science-based statement designed to assist practitioners and inmates with decisions about appropriate health care for specific clinical circumstances. Clinical practice guidelines are used to assist clinical decision-making, assess and assure the quality of care, educate individuals and groups about clinical disease, guide the allocation of health care resources and reduce the risk of legal liability for negligent care.

Clinical setting - An examination or treatment room, either on- or off-site, which is appropriately supplied and equipped to address a patient's health care needs.

Daily - Seven days a week, including holidays.

Direct order - A written order issued by a qualified health care professional specifically for the treatment of an inmate's particular condition.

Health authority - The Medical Director, health services administrator or health agency responsible for providing all health care services or coordinating the delivery of all health care services.

Health appraisal - A comprehensive health evaluation completed within 14 days of an inmate's arrival at the facility.

Health care - The sum of all actions, preventive and therapeutic, taken for the physical and mental well-being of the inmate population. The term health care includes medical, both physical and psychological, dental, nutrition and other ancillary services, as well as maintaining safe and sanitary environmental conditions.

Health-trained custody staff - A deputy or other facility employee who has received training from the Medical Director or the authorized licensed designee in limited aspects of health care coordination.

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HIPAA - Health Insurance Portability and Accountability Act

Mental health staff - Qualified health care professionals who have received instruction and supervision in identifying and interacting with individuals in need of mental health services.

Physical examination - An objective, hands-on evaluation of an individual. It involves the inspection, palpation, auscultation and percussion of a body to determine the presence or absence of physical signs of disease.

Medical Director - An individual licensed to practice medicine and provide health services to the inmate population of the facility, or the physician at an institution with final responsibility for decisions related to medical judgment.

Qualified health care professional - Physicians, physician's assistants, nurses, nurse practitioners, dentists, mental health professionals or other persons who, by virtue of their education, credentials and experience are permitted by law to evaluate and care for patients within the parameters of his/her license or certification.

Sick call - The evaluation and treatment of an ambulatory patient, either on- or off-site, by a qualified health care professional.

Special needs - Health conditions that require regular care.

Standing order - Written orders issued by a physician that specify the same course of treatment for each patient suspected of having a given condition and the specific use and amount of prescription drugs (e.g., immunizations, insulin, seizure medications).

Suicidal ideation - Having thoughts of suicide or of taking action to end one's own life. Suicidal ideation includes all thoughts of suicide when the thoughts include a plan to commit suicide and when they do not.

Treatment plan - A series of written statements specifying a patient's particular course of therapy and the roles of qualified health care professionals in delivering the care.

Triage - The sorting and classifying of health care requests to determine priority of need and the proper place for health care to be rendered.

700.2 POLICY

The Sheriff shall select the Medical Director in accordance with the Health Authority Policy. It is the policy of this facility that the Medical Director should meet with the Jail Commander at least weekly. The Medical Director should discuss the effectiveness of the health care system, a description of any environmental or access issues that require improvement, and detail any progress that has been made in previously reported areas.

The data for the weekly meetings discussed should cover the following topics:

- Health care services
- Quality improvement findings

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- Infection control efforts
- Inmate grievances
- Environmental inspections report

700.2.1 STATISTICAL REPORTS

In addition to the quarterly report described above, a statistical report will be provided annually to the Jail Commander. The statistical report will be available through JMS and may include, but not be limited to, the following:

(a) The number of inmates receiving health services by category of care

(b) The number of referrals to specialists

(c) Prescriptions written and medications dispensed

(d) Laboratory and X-ray tests completed

(e) Infirmary admissions, if applicable

(f) On-site and off-site hospital admissions

(g) Serious injuries or illnesses

(h) Deaths

(i) Off-site transports

(j) Infectious disease monitoring

(k) Emergency services provided to inmates

(l) Dental visits provided

(m) Number of health care grievances by category (e.g., medication error, missed appointment, health staff complaint) and whether the grievance was founded or unfounded

It is the responsibility of the Jail Commander to ensure that copies of the statistical reports and documentation of any remedies implemented are retained in accordance with established records retention schedules.

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Access to Health Care

701.1 PURPOSE AND SCOPE

The provision of adequate health services in a custody setting is a constitutional right afforded to all inmates. The purpose of this policy is to provide custody personnel and qualified health care professionals with a process to inform newly booked inmates of the procedure to access health care services and how to use the grievance system, if necessary.

701.2 POLICY

It is the policy of this office that all inmates, regardless of custody status or housing location, will have timely access to a qualified health care professional and receive a timely professional clinical judgment and appropriate treatment.

The Valley County Sheriff's Office facility will provide medical, dental and mental health services as necessary to maintain the health and well-being of inmates to a reasonable and socially acceptable standard.

701.3 ACCESS TO CARE

Inmate medical requests will be evaluated by qualified health care professionals or health-trained custody staff. Health care services will be made available to inmates from the time of admission until they are released. Information regarding how to contact the medical staff will be posted in all inmate housing areas. Medications and community health resources and referrals may be provided upon request when the inmate is released.

Unreasonable barriers shall not be placed on an inmate's ability to access health services. Health care that is necessary during the period of imprisonment shall be provided regardless of an inmate's ability to pay, the size of the facility or the duration of the inmate's incarceration. Such unreasonable barriers include:

- Punishing inmates for seeking care for their health needs.
- Assessing excessive co-payments that prevent or deter inmates from seeking care for their health needs.
- Deterring inmates from seeking care for their health needs by scheduling sick call at unreasonable times.

All routine requests for medical attention shall be promptly routed to a qualified health care professional.

Any incident of an inmate refusing medical treatment or causing a disruption in the delivery of health care services shall be documented in an incident report.

701.4 HEALTH CARE GRIEVANCES

Custody personnel should authorize and encourage resolution of inmate complaints and requests on an informal basis whenever possible. To the extent practicable, custody personnel should provide inmates with opportunities to make suggestions to improve programs and conditions.

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Inmates will be informed of the grievance process during inmate orientation. The grievance process is also explained in the inmate handbook, which all inmates receive and which they should have additional access to in their housing units. All grievances will be handled in accordance with the Inmate Grievances Policy.

Custody personnel should minimize technical requirements for grievances and allow inmates to initiate the grievance process by briefly describing the nature of the complaint and the remedy sought. For simple questions and answers regarding clinical issues, inmates may meet with a qualified health care professional or may submit a written correspondence.

Inmate grievances regarding health care issues will be investigated by the Medical Director and reviewed by the Detention Sergeant for appropirateness. The inmate should be provided with a written response in accordance with the schedule set forth in the Inmate Grievances Policy. Responses to inmate grievances should be based on the community standard of health care.

Copies of grievances and the facility's response shall be sent to the Jail Commander, who, in consultation with the Responsible Physician, shall serve as the final authority in response to all inmate grievances.

If an inmate is not satisfied with the response, the inmate may appeal the grievance as outlined in the Inmate Grievances Policy.

701.5 POSTING AVAILABLE RESOURCES

A listing of telephone numbers for medical, dental, mental health and ambulance services shall be posted at the facility’s medical area and in the primary staff control station, along with a schedule of availability.

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Non-Emergency Health Care

702.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a daily triage system of inmate requests for health care services. This is to ensure that the health needs of the population are addressed properly and in a timely manner.

702.2 POLICY

It is the policy of this office to provide daily access to the qualified health care professionals or health-trained custody staff in order for inmates to request medical services. All health care requests will be documented, triaged and referred appropriately. Qualified health care professionals will conduct sick call and clinics for health care services on a scheduled basis to ensure a timely response to requests for medical services.

The Medical Director, in coordination with the Jail Commander or the authorized designee, is responsible for developing a process that includes:

(a) A process for inmates to request health services on a daily basis.

(b) A priority system for health care services to acquire and address requests for routine health care and for urgent or emergent injuries, illnesses and conditions.

(c) Making health care request forms available in each housing unit and to all inmates upon request.

(d) A system, in which health care requests are documented, triaged and referred appropriately.

(e) Restrictions that prohibit anyone, except qualified health care professionals, from diagnosing or treating illnesses or injuries.

702.3 HEALTH CARE REQUESTS

Inmates will be instructed on how to obtain medical services during the inmate orientation process and in the inmate handbook. Inmates shall submit a medical request form on the inmate kiosk.

Medical request forms should be available in languages representative of the population. Inmates who communicate in a language not available in printed form shall have access to interpreter services.

Inmates with disabilities should be provided with appropriate assistance or accommodation to ensure they are able to request health care services.

All medical requests submitted by an Inmate will be answered by the Medical Director or designee.

702.4 TRIAGE OF HEALTH CARE REQUESTS

Qualified health care professionals shall perform a daily triage. Sick call is available one day a week and shall be performed by a qualified health care professional. At any time a Deputy deems necessary, medical care for an Inmate may be sought out during medication pass with a qualified

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health care professional. Qualified health care professionals shall confer with the Medical Director on continuation of care that may be needed.

Other qualified health care professionals should schedule inmates in need of specialized treatment for the next available providers' clinic. The providers clinic is available once a week, if immediate medical care is needed, the Medical Director may give verbal orders over the phone for urgent treatment.. The qualified health care professional shall document the referral in the providers' scheduling book and on the inmate's medical record.

The frequency and duration of sick call should be sufficient to meet the needs of the inmate population, but should be conducted at least weekly by a qualified health care professional. If an inmate's custody status precludes attendance at sick call, arrangements shall be made to provide sick call services in the place of the inmate's detention.

702.5 GUIDELINES FOR ELECTIVE PROCEDURES OR SURGERY

The Medical Director and the Jail Commander shall work cooperatively to develop guidelines that govern elective procedures or surgery for inmates. The guidelines must include decision-making processes for elective procedures or surgery that is needed to correct a substantial functional deficit, or an existing pathological process that threatens the well-being of the inmate over a period of time. Any discussion of this nature with the inmate should be conducted in a language easily understood by the inmate and should be carefully documented in the inmate's medical record. This record should be maintained in accordance with established records retention schedules.

702.6 REQUESTS FOR OUTSIDE MEDICAL CARE

Inmates who request access to health care services outside the facility may do so with advance authorization from the Jail Commander or the authorized designee. The inmate shall be required to provide proof of sufficient private funds available to pay for all costs associated with transportation to the off-site facility and all costs associated with the medical services, diagnostics, treatment plans, medications or any other costs associated with off-site medical care.

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Referrals and Coordination of Specialty Care

703.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for referring inmates who need health care or specialty care that is beyond the resources available in the facility. The policy includes guidelines regarding transportation under appropriate security provisions, and the formulation of advance written agreements for around the clock or on-call availability of alternate services. Specialty care includes specialist-provided health care, such as nephrology, surgery, dermatology and orthopedics.

703.2 POLICY

It is the policy of this office that inmates have access to necessary hospitalization and specialty services for serious medical needs. This facility will provide, either directly or through contracted sources, specialty care and emergency medical services to inmates when the need is determined by the Medical Director

703.3 JAIL COMMANDER RESPONSIBILITY

The Jail Commander or the authorized designee, in coordination with the Medical Director are responsible for establishing written agreements with outside specialty health care services for emergency and urgent care that is not available within the facility. In addition, a plan shall be developed for the secure transportation of inmates to a facility where such care is available.

703.4 REFERRAL TO OFF-SITE MEDICAL CARE

A qualified health care professional shall evaluate the inmate, and if indicated, shall recommend specialty appointments in writing on the order sheet in the inmate's medical record. A referral form should be completed and any supporting documentation attached. The written referral shall be reviewed and authorized, if appropriate, by the Medical Director.

703.5 OFF-SITE COORDINATION

The qualified health care professional is responsible for recommending off-site medical and psychiatric care for inmates, coordinating outside appointments and notifying supervisory correctional staff of off-site transportation needs. The Jail Commander should establish a written transportation procedure that ensures inmates are transported securely and in a timely manner for medical, mental health, dental clinic or other specialty appointments. The procedure shall include the secure transfer of medical information to the receiving health care service.

Any conflicts that arise regarding off-site consultation trips will be communicated by the deputy responsible for transportation to the Medical Director and Jail Commander or the authorized designee so that modifications may be made.

The detention center supervisor shall keep a log of missed appointments to determine if transportation issues are impeding the ability of inmates to access appropriate medical care. Any issues identified shall be discussed and resolved between the Medical Director and the Jail Commander.

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Emergency Health Care Services

704.1 PURPOSE AND SCOPE

The purpose of this policy is to establish plans and procedures for responding to medical emergencies in the facility when the level of medical or mental health services exceed the licensure or certification of staff who are on-duty and to define staff training requirements.

704.2 POLICY

It is the policy of this office that emergency medical, mental health and dental services are available 24 hours a day. These services may include off-site health care services.

704.3 PROCEDURES

The Jail Commander or the authorized designee shall work cooperatively with the Medical Director to develop plans and procedures for responding to emergency medical incidents that occur when the level of medical or mental health services needed exceeds the licensure or certification of staff who are on-duty. The plans should include: on-site emergency first aid, basic life support and crisis intervention; emergency evacuation of an inmate from the facility, including security procedures, to ensure an immediate transfer when appropriate; on-call physicians, dentists and mental health professionals; predetermined back-up; health care services when the emergency health facility is not located in a nearby community; and the identification of primary, secondary and tertiary acute care facilities.

The plan may additionally include, but is not limited to, these components:

(a) Health-trained custody staff shall respond to all emergencies immediately upon notification.

(b) Contact information for emergency on-call health care services, both on- and off-site, is available and accessible for facility supervisors.

(c) Qualified health care professionals shall respond by reporting to the area of the emergency with the necessary emergency equipment and supplies.

(d) Emergency equipment and supplies are regularly maintained and accessible to the qualified health care professionals and health-trained custody staff.

(e) Most inmates will be stabilized on-site and then transferred to an appropriate health care unit, if necessary.

(f) Notification of on-call physicians and mental health staff will be done as soon as the situation reasonably allows.

(g) The qualified health care professionals will determine if the inmate needs to be transported to a local emergency room for treatment.

(h) When necessary, facility staff shall activate 9-1-1 and notify a supervisor as soon as reasonably practicable.

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(i) The Jail Commander and the Medical Director will coordinate on the notification of the inmate's next of kin in cases of serious illness and injury. Death notifications will be made in accordance with the Inmate Death - Clinical Care Review Policy.

The goal of any emergency medical response plan is to provide emergency medical care to those in need, as expeditiously as possible. While facility size and patient proximity to the health care service will vary, staff training will emphasize responding to medical emergencies as soon as reasonably possible.

704.4 EMERGENCY PROCEDURES

The Jail Commander or the authorized designee is responsible for ensuring the following information, equipment, and personnel are available in the event an inmate requires emergency treatment:

(a) A current list of names, addresses, and telephone numbers of all persons and agencies to be notified in an emergency. The list should be available to all health care and custody staff at all times, and should be updated quarterly.

(b) Emergency drugs, equipment, and supplies should be readily available at all times and replenished after each use. An inventory control system should be in use to ensure the necessary supplies are present when needed and have not expired. This includes opioid antagonists and epinephrine as provided by Idaho Code 54-1735.

(c) A physician, dentist, and mental health professional should be available on-call 24 hours a day, seven days a week (this can include off-site health care services), and there should be a back-up health care services plan.

(d) Ambulances should be accessed through the facility staff or by calling the appropriate emergency number. There should be a clear security plan in place for the transportation of inmates.

(e) The Shift Supervisor will be contacted and informed of any emergency as soon as practicable.

(f) All decisions regarding medical treatment and the need for emergency transportation are to be made by the qualified health care professionals or health-trained custody staff.

(g) Whenever reasonably possible, the on-call health care service should be notified prior to transporting the inmate to the hospital or other emergency care. However, in the event of a life- or limb-threatening emergency, the inmate shall be sent to the hospital in the most expedient way possible, which may require notifying the specific health care service after the inmate has been transported.

704.5 FIRST-AID KITS

The Medical Director or the authorized designee is responsible for determining the contents, number, location and procedures for monthly inspections of all first-aid kits in the facility. The Medical Director shall also ensure that:

(a) The contents of each first-aid kit are:

1. Appropriate for its location and approved by the Medical Director.

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2. Arranged for quick use.
3. Documented on the outside cover.
4. Inventoried every month.
5. Secured with a plastic tamper-proof seal.
    (a) Once the seal has been broken, the kit should be taken to the medical unit so the contents can be inventoried and restocked.

(b) Written protocols and training materials are developed for the use of medical supplies and equipment by health-trained custody staff.

(c) Inspections and testing of supplies and equipment are documented and maintained in accordance with established records retention schedules.

704.6 TRAINING

The Jail Commander shall ensure that all qualified health care professionals are trained in the delivery of emergency medical services in the custody environment during new employee orientation.

The Jail Commander or the authorized designee shall ensure that all facility staff members who have contact with inmates receive first-aid and basic life support training during new employee orientation, and that annual refresher training is conducted for the facility and qualified health care professionals. Training should include, but not be limited to:

(a) The location of all emergency medical equipment and medications, and the proper use of the equipment, such as AEDs.

(b) How to properly summon internal and external emergency services.

(c) Recognition of basic life support signs and symptoms, and the actions required in emergency situations.

(d) Administration of basic first-aid.

(e) Certification in CPR in accordance with the recommendations of the certifying health organization.

(f) Recognition of the signs and symptoms of mental illness, violent behavior and acute chemical intoxication and withdrawal.

(g) Procedures for inmate transfers to appropriate medical facilities or health care service.

(h) Suicide recognition, prevention and intervention techniques.

All records of the training provided, testing procedures and the results, and certificates achieved shall be maintained in each qualified health care professional's training file in accordance with established records retention schedules. The Medical Director should be bound by similar requirements in the contractual language between the Office and the vendor.

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704.7 AUTOMATED EXTERNAL DEFIBRILLATORS (AED)

The Medical Director or the authorized designee is responsible for ensuring that an Automated External Defibrillator (AED) is available in the facility and that all employees are trained in its use. The AED shall be inspected and tested at a frequency consistent with the manufacturer's recommendations to ensure functionality.

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Health Care for Pregnant Inmates

705.1 PURPOSE AND SCOPE

The purpose of this policy is to establish prenatal and postpartum health care services for inmates who are pregnant. Services may include assistance recovering from the effects of potentially unhealthy lifestyles, which could include tobacco use, alcohol and drug abuse or addiction, and a lack of previous adequate medical care. Because of unhealthy lifestyle choices prior to incarceration, many inmate pregnancies are classified as high-risk. This policy is intended to protect the health of the pregnant inmate and her fetus.

705.2 POLICY

It is the policy of this office that a qualified health care professional should provide comprehensive prenatal and postpartum care for all pregnant inmates during their incarceration, which includes, but is not limited to the following:

- Pregnancy testing
- Prenatal care, both routine and high-risk if needed
- Management of drug- or alcohol-addicted pregnant inmates
- Comprehensive counseling and assistance services
- Nutrition modification for term of pregnancy and lactation
- Birthing in an appropriate setting
- Postpartum care
- Family planning education and services
- Access to privately funded pregnancy alternative options

A qualified health care professional shall provide counseling and information to pregnant inmates regarding planning for their unborn child.

705.3 BOOKING - PREGNANCY SCREENING

When booking a female inmate, the following steps shall be taken:

(a) All females shall be asked if they are pregnant. If the inmate states she is pregnant, a confirming urine test should be performed at the next available clinic and documented in the medical record.

(b) Pregnant inmates who appear to be under the influence of or withdrawing from alcohol or other substances should be referred to a nurse, if available, or other available resource.

(c) The Medical Director, in collaboration with facility staff, shall ensure the appropriate clinic visits are scheduled.

(d) A medical record should be opened with a notation indicating pregnancy.

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(e) The inmate should be interviewed by a qualified health care professional for the following information, which should be written in the medical record:

1. Last menstrual period (LMP)
2. Estimated date of conception (EDC)
3. Estimated due date (40 weeks from EDC)
4. Number of pregnancies (Gravidity)
5. Number of live births (Parity)
6. Therapeutic abortions (TAB)
7. Spontaneous abortions (SAB), aka miscarriages
8. Prenatal care history
9. Current medications
10. Any current adverse symptoms: vaginal bleeding or discharge, abdominal cramping or pain (if yes, notify on-site or on-call physician)
11. High-risk factors if known: drug or alcohol use/abuse, smoking, previous pregnancy problems, other medical problems (cardiac, seizures, diabetes/DM, hypertension/HTN)
12. If recent heroin or methadone use is identified, notify the on-site or on-call physician for orders.

(f) Each pregnant inmate should have:

1. A completed medical recommendation form for a low bunk assignment, in a lower tier, with no waist chains, as appropriate.
2. A completed special diet form ordering a pregnant diet.
3. Prenatal vitamins prescribed at one per day for the duration of the pregnancy.
4. An appointment at the next available obstetric clinic if the inmate is 10 or more weeks gestation.

705.4 HOUSING

Inmates who are known to be pregnant may be housed in any unit appropriate for their classification, with the following exceptions:

(a) All pregnant inmates identified at intake or the obstetric clinic to be high-risk or who are in their last trimester of pregnancy shall be housed in the medical unit.

(b) Housing in the medical unit shall be by order of an obstetric specialist or the Medical Director.

705.5 COUNSELING AND TREATMENT

The Office should provide all necessary counseling and treatment to pregnant inmates to ensure they are receiving the proper care. To accomplish this, the following shall occur:

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(a) The directions of the obstetric specialist shall be followed throughout the pregnancy and postnatal period. No non-medical staff has the unilateral authority to change or overrule an order or care recommendation made by the Medical Director. The Jail Commander and Medical Director shall develop a process by which perceived conflicts between medical orders/recommendations and safety and security interests of the detention center can be discussed and resolved. Ultimately, the detention center must provide adequate treatment for an inmate's medical needs.

(b) The Medical Director shall be consulted immediately if a patient is under 10 weeks gestation and has medical concerns.

(c) Any pregnant inmate with medical problems that occur between scheduled obstetric appointments shall be seen by a qualified health care professional. If the qualified health care professional assesses the problem as urgent and a physician is not available on-site, the inmate shall be sent to the hospital for evaluation.

(d) The inmate shall be advised to notify health-trained staff immediately of the following:

1. Vaginal bleeding
2. Acute, persistent abdominal or pelvic pain and/or severe cramping
3. Leaking fluid
4. Decreased or no fetal movement
5. Headache or blurred vision
6. Rapid weight gain with swelling (edema)
7. Abnormal vaginal discharge
8. Symptoms of a urinary tract infection (UTI)
9. Fever

(e) Postpartum examinations and additional appointments should be scheduled by the obstetric clinic as needed.

705.6 RESTRAINTS

Inmates who are known to be pregnant or who are in labor shall not be placed in restraints except as provided in the Use of Restraints Policy.

705.7 ABORTIONS

Inmates who wish to terminate their pregnancy may be referred to outside counseling services for further information regarding available options. The Office shall not impede the woman’s access to abortion counseling or services and shall provide necessary transportation and supervision to such services. Any financial obligations will be the responsibility of the inmate. These rights will be posted in all areas that house female inmates.

705.7.1 STAFF INVOLVEMENT

Staff members who object to facilitating an inmate’s elective abortion (including arranging, transporting, security) should not be required to perform such duties.

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Inmate Medical Fees

706.1 PURPOSE AND SCOPE

The purpose of this policy is to provide facility staff and qualified health care professionals with the information necessary to educate newly processed inmates on the procedures and their responsibilities for inmate medical fees at the time of intake.

706.2 POLICY

It is the policy of this office that all individuals booked into and held at the facility shall be informed of the guidelines associated with inmate medical fees. All inmates will be advised of the guidelines in writing during the orientation. This information will be conveyed in a language that is easily understood by the inmate (Idaho Code 20-619).

The inmate medical fee shall be waived for any service that is initiated by medical staff, including follow-up appointments, mandated health screening, work clearance, chronic care and mental health care.

706.3 INMATE MEDICAL FEE GUIDELINES

(a) Inmate initiated medical visits will result in a fee to the inmate as determined by the Jail Commander listed below:

1. County, immigration and Federal Inmates
    (a) $20 flat rate co-pay
2. IDOC holds
    (a) $5 medical and mental health visit
    (b) $10 dental visit

(b) The shift supervisor will complete a log of co-pay charges and forward the log daily to the custodial administration. The inmate's account will then be debited twenty dollars for the inmate medical fee. The inmate shall be provided treatment regardless of his/her ability to pay the fee.

(c) The following inmate health services shall be exempt from medical fees:

1. Intake medical screening
2. Health appraisals (14-day physicals)
3. Public health evaluations
4. Prenatal services and all services related to pregnancy
5. Public health programs that are funded by other sources
6. Laboratory and diagnostic services
7. Life-threatening emergency services
8. Follow-up monitoring of chronic health conditions (e.g. hypertension services, seizure monitoring, medication monitoring)

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9. Educational information on the inmate's condition
10. When an assault requires medical attention

Any incident of an inmate refusing medical treatment or causing a disruption in the delivery of health care services shall be documented in an incident report.

706.4 FEE APPEAL PROCESS

Inmates charged for health services shall be permitted to challenge the fee in accordance with the Inmate Grievances Policy.

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Health Authority

707.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the responsibility of the health authority as arranging for all levels of health services, assuring the quality of all health services, identifying lines of medical authority for the inmate health program and assuring that inmates have access to all health services.

The policy also establishes properly monitored processes, policies, procedures and mechanisms to ensure that the contracted scope of services is adequately and efficiently delivered.

The health authority is defined as the Medical Director, health services administrator or health agency responsible for providing all heath care services or coordinating the delivery of all heath care services (see the Health Care Administrative Meetings and Reports Policy).

707.2 POLICY

The health authority is responsible and accountable for all levels of health care and has the final authority regarding clinical issues within this detention center. The health authority is responsible for establishing, implementing and annually reviewing/revising policies for all clinical aspects of the health care program and for monitoring the appropriateness, timeliness and responsiveness of care and treatment. The health authority also approves all medical decisions and protocols.

707.3 SELECTION PROCESS

The Sheriff or the authorized designee shall select a health authority using an existing office procurement or selection process. The individual or organization selected shall be designated as the health authority for inmate health care on behalf of the facility.

Aside from any monetary or term considerations, the contract between the Office and the selected individual or organization shall minimally include:

(a) Language establishing the scope of services being contracted and the type of health care service needed.

(b) Job descriptions, minimum qualifications and performance expectations for contract personnel.

(c) Language requiring the contractor to develop appropriate measures and review processes for assessing the quality, effectiveness and timeliness of the services provided and periodically reporting those findings to the facility.

(d) Identification of the Medical Director, who shall serve as the medical authority on treatment matters requiring medical expertise and judgment.

(e) Language regarding the minimum frequency that the health authority shall be present at the facility.

(f) The roles and responsibilities of staff in ensuring that the contractor may adequately deliver services in a safe and secure environment.

(g) A written plan for coordinating medical care from multiple health care services.

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(h) A written plan for the collection and maintenance of inmate health records that is compliant with the Health Insurance Portability and Accountability Act (HIPAA).

(i) Identification of a dispute resolution process for the contracted parties and for inmates who may be questioning treatment plans.

(j) Language and a plan addressing issues of liability and indemnification for issues related to inmate health care.

The health authority shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operation of the health services program. If the health authority is other than a physician, any final clinical judgments shall rest with a single designated Medical Director.

The health authority or the authorized designee will meet at least monthly with custody representatives to discuss the health care program and any issues that require correction or adjustment.

Security regulations are applicable to facility staff and health care personnel.

707.4 PROVISION OF HEALTH CARE

The health authority is responsible for arranging the availability of health care services. The qualified health care professionals should determine what medical services are needed on a case-by-case basis. The Jail Commander shall provide the administrative support for making the health care services available to inmates. Clinical decisions are the sole province of the qualified health care professionals and should not be countermanded by non-health care professionals.

If routine health services are provided by medical personnel outside this facility, all office policies regarding treatment, transfer, transportation or referral of emergencies shall be followed.

The health authority is responsible for ensuring that the health services manual complies with all applicable state and federal law and that a review is conducted annually. An annual audit of the quality and adequacy of health care services shall be done, with corrective action taken when deficiencies are identified.

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Health Appraisals

708.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the process for conducting health appraisals on all inmates following their arrival at this facility and for the continuity of care for inmates who remain in custody for extended periods. Further, it is to ensure the inmate's health care needs are met and that health care started at one facility continues as needed.

708.2 POLICY

It is the policy of this office that all inmates will receive a comprehensive health appraisal within 14 days of incarceration unless there is documented evidence that the inmate has received a health appraisal within the previous 90 days. In addition to the initial health appraisal, the inmate should have an annual evaluation to reassess his/her health status and to provide access to preventive medicine through education and lifestyle programs.

708.3 INITIAL HEALTH APPRAISAL

Deputies, upon booking, shall complete an initial health screening questionnaireFrom this, they can determine who needs a health appraisal and a hands-on physical evaluation.

Inmates shall be scheduled for a hands-on physical evaluation by a qualified health care professional (physician, mid-level practitioner or registered nurse) after completing an initial health screening. The evaluation shall include:

(a) Review of the medical screening.

(b) Review of the health history questionnaire.

(c) Recording of all vital signs

(d) A medical examination, including a review of mental and dental status.

(e) Initiation of treatment or therapy, as appropriate.

(f) Development and implementation of a treatment plan, including recommendations for housing, job assignment and program participation.

The Medical Director shall review and authorize all health appraisals as soon as practicable.

708.3.1 PRISON RAPE ELIMINATION ACT (PREA) SCREENING FOLLOW-UP

Inmates who have an identified history of sexual victimization shall be offered a follow-up meeting with a qualified health care or mental health provider within 14 days of intake screening (28 CFR 115.81).

708.4 ANNUAL HEALTH EXAMINATIONS

The Medical Director will determine the criteria for periodic health examinations for inmates. Inmates should be scheduled for an annual health examination within 14 days of the inmate's annual incarceration anniversary. The examination should include:

- A review of current vital signs and weight.

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- An evaluation of any health-related issues arising since the last health evaluation.
- Initiation of treatment, as appropriate.
- Any updates to the inmate treatment plan.

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Healthy Lifestyle Promotion

709.1 PURPOSE AND SCOPE

The purpose of this policy is to affirm the Office's commitment to promote healthy lifestyle choices by inmates by providing health education and inmate self-care learning opportunities that include classes, audio and video presentations and brochures and pamphlets.

709.2 POLICY

This office will encourage inmates to maintain a healthy lifestyle by providing health education and wellness information.

709.3 HEALTH CARE ENCOUNTERS

During health care encounters, the qualified health care professionals should instruct inmates at the time service is rendered on how to avoid preventable diseases, such as athlete's foot, flu and the common cold, tooth decay and sexually transmitted diseases. Such instruction should be documented in the health record. Documentation should include the topics discussed, the written materials provided, if any, and that the inmate acknowledged an understanding of the information.

Informative brochures from various health organizations should also be available to inmates in the medical unit.

Following are examples of appropriate topics for inmate education:

- Access to health care services
- Dangers of self-medication
- Personal hygiene and dental care
- Prevention of communicable diseases
- Education, smoking cessation
- Family planning
- Self-care for chronic conditions
- Self-examination for health concerns
- The benefits of physical fitness
- Chronic diseases and disabilities
- Counseling in preparation for release
- Domestic violence
- Medications
- Nutrition
- Sexually transmitted diseases

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- Substance abuse
- Tuberculosis

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Transfer Screening

710.1 PURPOSE AND SCOPE

This policy recognizes that inmates are frequently transferred within the correctional authority's system and to facilities outside the system. This policy establishes a process for medical screening of transferred inmates to ensure continuation of care and to avoid unnecessary diagnostics.

710.2 POLICY

It is the policy of this office that inmates who are transferred to another jail, correctional system or health care facility will be screened prior to transfer to ensure that the receiving facility can assume and continue proper care. Medical needs of the inmate will be clearly communicated to the receiving facility, including the ongoing treatment plan, scheduled surgeries and outside appointments.

Inmates who are transferred to other facilities shall be sent with a discharge summary that includes information about the inmate's medical and mental health condition, the current treatment plan and any medications, if needed.

710.3 TRANSFERS

Any inmate being transferred to another correctional or health care facility should be medically screened prior to transfer as described below.

The medical screening should include:

(a) A determination of whether the inmate is being treated for a medical, mental health or dental problem.

(b) A determination of whether the inmate has any apparent, current medical, mental health or dental needs or complaints.

(c) What medication, if any, the inmate is presently prescribed.

(d) Whether the inmate has any evidence of abuse or trauma.

(e) Whether the inmate has any physical deformities or special daily living assistance needs.

(f) The inmate's classification and medical clearance status (i.e., general population, segregation).

(g) Whether the inmate has any pending follow-up appointments or requirements.

Completed discharge summaries, including the medical screening results, shall accompany inmates being transferred to another office's jurisdiction to ensure that the receiving health care service can assume and continue necessary care. A release of information authorization is not required.

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If the receiving facility requests a copy of the medical record, it will be supplied within five working days.

The discharge summary and any related medical records being transferred shall be placed in a file or envelope that maintains the privacy of the inmate's medical information. The transporting personnel shall be provided separate written instructions regarding medication or health interventions, including necessary precautions that are required en route. The transporting personnel shall also document on the transfer log the date, time and name of the person receiving the inmate and the medical records.

710.3.1 EXTENDED TRANSPORTATION OF INMATES

When an inmate will be in transfer status for several days and housed temporarily at various custody facilities along the way, a medical transfer packet shall be prepared by the qualified health care professional in a form that will advise the temporary housing facilities of any medical needs of the inmate. When medically appropriate, a small supply of medication should be provided with the medical transfer packet so it will be available to the temporary housing facility as needed.

710.4 RECEIVING TRANSFERRED INMATES

When an inmate being transferred to this facility arrives without a full and comprehensive medical transfer packet from another facility, the inmate shall be medically screened and receive a comprehensive health appraisal, in accordance with the Medical Screening Policy and Health Appraisals Policy. The medical department of the sending facility should be promptly contacted to determine if the transferred inmate has any medical needs that require immediate attention or any scheduled surgeries or appointments with community health care services. Arrangements should then be made with the sending facility for the delivery of a more detailed review of the inmate's medical needs.

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Medical Screening

711.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a medical screening process for newly booked inmates so that medical, mental health and dental issues are properly identified and addressed, and to obtain a medical clearance when necessary.

711.2 POLICY

It is the policy of this office that a medical screening be performed on all inmates upon arrival at the intake area to ensure that existing, emergent and urgent health care, dental or mental health needs are identified, risks are assessed and inmates with contagious and communicable diseases are properly classified and housed for their health and the health of the general population.

711.3 ELEMENTS OF MEDICAL SCREENING

The medical screening shall be performed by health services personnel when available, but may also be performed by health-trained correctional staff. The Medical Director, in cooperation with the Jail Commander, shall establish protocols for use by health-trained correctional staff during the medical screening. All completed medical screenings should be forwarded to the Medical Director. A review of any positive finding shall be performed by a qualified health care professional.

Regardless of training, no inmate should be allowed to conduct health care evaluations or provide treatment to any other inmate.

All inmates shall complete a medical screening as part of the booking process. If an arrestee refuses to cooperate with the medical screening, the screener will complete as much of the health assessment as reasonably possible and the arrestee will be closely observed until he/she cooperates with the remainder of the screening process.

The Medical Director should work cooperatively with the Jail Commander to develop the medical screening forms, which should be applicable for general health, mental health and suicide screening purposes. The forms should be completed as soon as possible, but no later than 24 hours after the arrival of an inmate but prior to an inmate being housed in the general population. All medical screening forms shall be forwarded to the medical unit, and the qualified health care professionals shall be alerted to those that need priority attention.

711.3.1 MEDICAL SCREENING INQUIRY

The medical screening inquiry should include a review of the inmate's prior detention center medical record, if any, and document the following:

- History of any infectious or communicable diseases that are considered serious in nature; current symptoms, treatment or medications; chronic illness or health issues, including communicable diseases or any special health requirements and/or dietary needs
- Acute dental problems

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- Past and recent serious communicable disease symptoms (e.g., chronic cough, coughing up bloody sputum, lethargy, weakness, weight loss, loss of appetite, fever, night sweats)
- Mental illness, including psychiatric hospitalizations within the last three months
- Gender issues
- History of or current suicidal ideation
- Acute allergies
- History of or current prescription or illegal drug use, including the time of last use
- History or current symptoms of substance abuse withdrawal
- Current, recent or suspected pregnancy; any history of gynecological problems and present use and method of birth control
- Appearance or history of developmental disability, body deformities or other physical abnormalities
- Other health issues as identified by the Medical Director

Qualified health care professionals should assist in developing specific mental health medical screening questions and should provide training in analyzing inmate responses. The Medical Director should establish the role of the qualified health care professional in the medical screening process.

Should the medical screening identify a need for a more comprehensive medical assessment of the inmate, a qualified health care professional should initiate appropriate follow-up action, which may include transporting the inmate to an off-site medical facility.

711.3.2 MEDICAL SCREENING OBSERVATION

The staff member completing the medical screening shall document the following observations:

(a) Appearance (e.g., sweating, tremors, anxious, disheveled)

(b) Behavior (e.g., disorderly, appropriate, insensible)

(c) State of consciousness (AVPU):

1. Alert - spontaneously responsive
2. Verbal - requires verbal stimulation to respond
3. Pain - requires painful stimulation to respond
4. Unresponsive - does not respond

(d) Ease of movement (e.g., body deformities, gait)

(e) Breathing (e.g., persistent cough, hyperventilation)

(f) Skin (e.g., lesions, jaundice, rashes, infestations, bruises, scars, recent tattoos, needle marks or other indications of drug abuse)

(g) Any other observable health symptoms

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The Jail Commander and the Medical Director should develop a procedure through which it can be reliably determined what prescription medications the inmate is taking and the medical urgency for continuing those medications without interruption.

711.3.3 DOCUMENTATION
Written documentation of the medical screening should include the name of the screener, the date and time and the following information:

- Immediate or scheduled referral to a qualified health care professional
- Guidance regarding housing placement, including disciplinary detention if necessary
- Guidance regarding activity limitations and work assignment
- The inmate's responses to questions asked by the interviewer
- Other individualized observations and recommendations

The initial medical screening should become part of the inmate’s medical record and should be retained in accordance with established records retention schedules.

711.4 MEDICAL SCREENING DISPOSITIONS

Persons who are brought to the facility who are obviously in need of immediate medical attention shall be cleared by a Physician at a medical facility for medical clearance. Medical conditions that require a medical clearance include, but are not limited to:

- Unconsciousness
- Uncontrolled bleeding
- Significant injuries from a motor vehicle accident
- Significant injuries from an altercation
- Significant injuries from handcuffs or other restraint devices
- Knife wounds, gunshot wounds, or lacerations
- Exposure to pepper spray, Taser® device deployment or blunt force trauma during arrest
- Intoxication to a degree that the individual cannot speak coherently or stand or walk unaided
- Recent drug overdose
- Suspected or known complications of pregnancy
- Active seizures
- Suspected or know complications of diabetes
- Exhibiting behavior indicating a potential danger to themselves or others
- Active tuberculosis or other serious contagious diseases

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- Actively suicidal
- Any other medical condition, which, in the opinion of the booking personnel, should be urgently referred for evaluation by medically trained personnel.

Inmates with these medical conditions are not suitable for admission to the facility until medically cleared by Physician at a medical facility. This office requires medical clearance from an outside entity when such inmates are identified.

Medical clearance documentation shall include the medical diagnosis, treatment received at the emergency medical facility, any medications prescribed, any ongoing medical requirements and any follow-up medical care that may be indicated before the arrestee is accepted for booking.

The Jail Commander is responsible for notifying local police agencies and medical facilities of the detention center admission refusal policy and the required medical clearance documentation.

Based upon the information obtained during the screening process, the classification disposition of the inmate shall be one of the following:

- General population, or other appropriate cell assignment
- General population, or other appropriate cell assignment and timely referral to appropriate health care services,
- Immediate referral to health care services prior to housing

711.5 HEALTH APPRAISAL

Generally, a comprehensive health appraisal should occur within 14 days of booking (see the Health Appraisal Policy). However, when it is appropriate and based on an inmate’s health condition, an early health appraisal should be recommended. An inmate may also be cleared for housing in general population with a prompt referral to the appropriate health care services when it is in accordance with the inmate’s overall classification. Upon the identification of a mentally disordered inmate, a physician's opinion will be secured within 24 hours, or next sick call, whichever is earliest.

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Mental Health Services

712.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that all inmates have access to mental health services and that inmates identified as needing these services are referred appropriately.

712.1.1 DEFINITION

Definitions related to this policy include:

Mental health services - A variety of psycho-social and pharmacological therapies, either individual or group, including biological, psychological and social therapies to alleviate symptoms, attain appropriate functioning and prevent relapse.

712.2 POLICY

It is the policy of this office that a range of mental health services shall be available for any inmate who requires them.

712.3 MENTAL HEALTH SERVICES

The Jail Commander should collaborate with the local public and private organizations that offer mental health services, treatment and care to those inmates in need of such services.

Such services may include:

- Assistance with mental health screening, diagnosis and care, including intake screening.
- Referral to services for the detection, diagnosis and treatment of mental illness and follow-up care after release from custody.
- Crisis intervention and the management of psychiatric episodes.
- Stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting.
- Psychotropic medication management and psychotherapy.
- Suicide prevention.
- Segregation rounds by qualified health care professionals.
- Treatment of severe adjustment disorders.
- Referral, transportation and admission to licensed mental health facilities for inmates whose psychiatric needs exceed the treatment or housing capability of the facility.
- Obtaining and documenting informed consent.
- Release planning services.

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712.4 BASIC MENTAL HEALTH SERVICES

Inmates may be referred to a qualified health care professional through the Medical Director. Qualified health care professionals should respond to all referrals in a timely manner and initiate the appropriate treatment services.

(a) If the inmate has received previous mental health treatment, the inmate should be asked to complete a release of information form so his/her treatment records can be obtained.

(b) Inmates who have been determined to be in need of ongoing mental health services after their release from this facility should be provided with information about community mental health treatment resources. Arrangements for more comprehensive mental health care may be made, if appropriate.

(c) Inmates who are identified as being developmentally disabled should be evaluated for special housing needs. The qualified health care professional should work in cooperation with classification personnel to establish the best reasonably available housing option.

(d) Inmates who are suspected or known to be developmentally disabled should receive a mental health appraisal by the qualified health care professional as soon as reasonably practicable but no later than 24 hours after booking. Inmates who are developmentally disabled should be referred, where appropriate and available, for placement in non-correctional facilities or in units specifically designated for housing the developmentally disabled.

(e) Inmates enrolled in mental health treatment, including psychiatric medication management, should be provided information regarding the risks and benefits to treatment. Informed consent documents should be signed by the inmate to establish his/her consent to treatment. The signed forms should be placed in the inmate's health record and retained in accordance with established records retention schedules.

(f) A treatment plan should be established for all inmates enrolled in mental health services.

1. Psychiatric and special needs treatment plans shall be reviewed every 180 days, at a minimum. Inmates taking psychotropic medication should be seen by a psychiatrist at least every 90 days. Inmates classified as requiring mental health special needs should be seen at least monthly by a qualified health care professional.

2. Inmates enrolled in other ongoing forms of mental health treatment should have treatment plan updates completed every six months, at a minimum.

3. Inmates who present to the qualified health care professional as having notable difficulty adjusting to the correctional environment, but who are not diagnosed with a serious mental illness, should be evaluated for the appropriateness of mental health treatment. Consideration should be given to the qualified health care professional and the facility staff working together to address the issues that may be affecting the inmate's ability to adjust to incarceration.

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(g) The qualified health care professional should utilize a site-specific suicide prevention program to ensure the safety of inmates who present with a risk of self-harm.

1. Qualified health care professionals should view inmates daily in the segregation unit to determine the mental health status of inmates housed there.
2. Segregated inmates may be referred by the detention center staff to qualified health care professionals for follow-up if concerns arise regarding their ability to function in disciplinary detention.

(h) If the qualified health care professional has concerns about the level of mental health services that are required to manage an inmate housed in the facility, the health authority shall be notified and the Medical Director shall be the decision-maker regarding the health care needs of the inmate.

1. The Medical Director may consult with a psychiatrist, specialist or other health care service in determining whether the inmate should be transferred to a facility that is better equipped to handle the inmate's psychiatric needs.
2. The Medical Director should notify the Jail Commander of the request to transfer the inmate for medical treatment.
3. The case review and disposition of the patient should be documented in the inmate's health record and retained in accordance with established records retention schedules.

Inmates determined to be in need of substance abuse treatment services should be informed of the facility programs available and shall be provided information about community substance abuse treatment resources.

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Mental Health Screening and Evaluation

713.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the process by which all inmates receive an initial mental health screening by qualified mental health staff using an instrument developed by qualified health care professionals. The initial mental health screening takes place at the time of booking, and is for the safety of the inmate and the general population. It helps the custody staff to make appropriate classification and housing decisions and to ensure that the treatment and intervention needs of the inmate are met.

713.2 POLICY

It is the policy of this office that all individuals booked into the facility shall receive an initial mental health screening by a qualified mental health professional, qualified mental health staff. A more comprehensive medical appraisal shall be conducted within the first 14 days of incarceration to confirm the initial findings and to ensure that, if needed, an appropriate treatment plan that meets the individual needs of the inmate is in place.

713.3 MENTAL HEALTH SCREENING

The initial screening is designed to identify whether mental health conditions exist that require immediate or ongoing intervention. The screening shall be performed prior to the inmate being placed in general housing and should include:

(a) Inquiry into whether the inmate is or has:

1. Thoughts or history of suicidal behavior.
2. Been prescribed or is taking any psychotropic medication or antidepressants.
3. Been treated for mental health issues.
4. A history of psychiatric treatment.
5. A history of substance abuse or been treated for substance abuse.

(b) Any observations of:

1. Appearance and behavior.
2. Abuse, injury or trauma.
3. Symptoms of aggression, depression or psychosis.

(c) A determination of whether the inmate is cleared for or referred to:

1. General housing.
2. General housing with mental health referral.
3. Mental health emergency treatment.

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This information shall be recorded on the receiving screening form. It will become part of the inmate's health record and be retained in accordance with established records retention schedules.

713.4 MENTAL HEALTH APPRAISAL

All new inmates shall receive a mental health appraisal by a qualified mental health professional within 14 days, unless documentation exists that an appraisal has been completed within the previous 90 days. Mental health appraisals should include, but not necessarily be limited to the following assessments:

- Mental health status
- Suicide potential
- Violence potential
- Previous psychiatric treatment
- Any history of treatment with psychotropic medication or antidepressants
- Substance abuse or treatment for substance abuse
- Educational history
- Sexual abuse victimization (28 CFR 115.81)
- Predatory behavior or perpetrated sexual abuse (28 CFR 115.81)

Following the appraisal, the qualified mental health professional shall develop a treatment plan for the inmate and make recommendations regarding the inmate's housing, job assignment and program participation.

713.5 MENTAL HEALTH REFERRALS

Qualified mental health staff should administer a complete and thorough evaluation of inmates referred for treatment as soon as practicable, but no later than 14 days from the referral. The evaluation should include:

- Review of the inmate's screening and appraisal information.
- Observation of the inmate's behavior.
- Information gathered from interviews and testing to determine the inmate's mental health condition, intellect, personality, problems and ability to deal with a custody environment.
- Collection of the inmate's mental health history.

Following the evaluation, a plan of treatment and maintenance, which may include a complete psychological evaluation, should be developed to meet the inmate's needs.

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Special Needs Medical Treatment

714.1 PURPOSE AND SCOPE

This purpose of this policy is the proper treatment and management of inmates with chronic diseases and special needs. This is accomplished by utilizing nationally recognized, generally accepted clinical guidelines and establishing communication between qualified health care professionals and custodial personnel.

714.1.1 DEFINITIONS

Definitions related to this policy include:

Chronic disease - An illness or condition that affects an individual's well-being for an extended interval, usually at least six months, and generally is not curable but can be managed for optimum functioning within any limitations the condition creates in the individual.

Chronic disease program - The inmate has regular clinic visits during which a qualified health care professional monitors the medical condition and adjusts treatment as necessary. The program also includes patient education for symptom management.

714.2 POLICY

It is the policy of this office that all individuals identified as having chronic diseases or special needs are enrolled in a chronic disease program to decrease the frequency and severity of the symptoms, prevent disease progression and complication, and foster improved function.

When a qualified health care professional recognizes that an inmate requires accommodation due to a special need, correctional personnel should be notified in writing. Consultation between the qualified health care professional and custody personnel should occur regarding the condition and capabilities of inmates with known special needs prior to a housing, work or program assignment, transfer to another facility or the imposition of disciplinary action.

Qualified health care professionals shall furnish special needs information regarding inmates to custodial personnel in order for them to accurately classify and house inmates in the facility. It is the responsibility of the Jail Commander or the authorized designee to ensure that inmates with special needs are receiving the proper care and that their needs are effectively communicated to custodial staff for appropriate accommodation.

714.3 CLINICAL PRACTICE GUIDELINES

The Medical Director or the authorized designee is responsible for establishing and annually reviewing clinical protocols to ensure consistency with the Idaho state law and to the rules of the Idaho Board of Medicine and Board of Nursing.

The clinical protocols for the management of chronic disease and special needs include, but are not limited to:

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- Communicable diseases
- Developmentally disabled inmates
- Diabetes
- Dialysis
- Frail or elderly inmates
- High blood cholesterol
- HIV
- Hypertension
- Mental illness
- Mobility impairments
- Pregnancy
- Seizure disorder
- Suicidal ideation
- Terminally ill
- Tuberculosis

714.4 DOCUMENTATION

Documentation in an inmate's medical record should include information regarding the chronic disease protocols deployed, who is responsible for the various protocols, the extent to which chronic disease protocols are being followed and should include, but not be limited to:

- The frequency of follow-up for medical evaluation.
- How the treatment plan was adjusted when clinically indicated.
- The type and frequency of diagnostic testing and prescribed therapeutic regimens.
- The prescribed instructions for diet, exercise, adaptation to the correctional environment and medication.
- Clinical justification of any deviation from the established protocol.

A master list of all chronic disease and special needs patients should be maintained by the Medical Director or the authorized designee.

714.5 CHRONIC CARE PROGRAM

(a) Newly incarcerated inmates shall receive a medical screening. This screening includes the documentation of any acute or chronic health problems or injuries, special needs, and any medications or treatments the inmate is currently receiving.

1. If the inmate has been incarcerated previously, his/her health records should be reviewed.

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2. A special needs communication form should be completed and sent to the classification unit, the Shift Supervisor and the housing officer to ensure the inmate is properly housed.
3. Current medications being taken by the inmate should be verified and continued as deemed appropriate by the Medical DIrector.
4. A health assessment shall be completed within 14 days of incarceration and a physical examination conducted within six months of incarceration.
5. The status of a special needs inmate should be evaluated, at minimum, every 90 days to determine the need for the continued designation.

(b) The Jail Commander or the authorized designee and the Medical Director or the authorized designee should consult with one another prior to taking action regarding any special needs inmate with regard to housing, program or work assignments, disciplinary measures or transfers to other facilities.

1. When immediate action is required and prior consultation is not reasonably practicable, the consultation should occur as soon as practicable but no later than 72 hours post-action.

(c) Individual treatment plans are used to guide treatment for episodes of illness. The format for treatment planning may vary, but should include, at a minimum:

1. The frequency of follow-up for medical evaluation and adjustment of treatment modality.
2. The type and frequency of diagnostic testing and therapeutic regimens.
3. When appropriate, instructions about diet, exercise, adaptation to the correctional environment and medication.

(d) Reasonable effort should be made to obtain health information and records from previous health care services, with the consent of the inmate, when the inmate has a medical problem that was being treated prior to incarceration.

(e) Upon transfer to another correctional facility, a summary of the inmate's current condition, medications and treatment plan will be forwarded to the receiving facility in a sealed envelope to maintain inmate privacy.

(f) Requests for health information from community health care services must be submitted with the inmate's written consent. If the inmate does not consent, the community health care service may be advised that the person is an inmate and the health information may not be provided without the inmate's written consent.

(g) When inmates are sent out of this facility for emergency or specialty treatment, written information regarding the inmate's current medical status and treatment should accompany the inmate. Upon return to the facility, treatment recommendations from outside health care services should be reviewed by the Medical Director or the authorized designee for any changes in the custodial environment or in-house treatment plan.

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(h) Inmates identified as developmentally disabled shall be considered for discharge planning services.

1. A responsible adult will contacted upon discharge from the facility to assume responsibility of the disabled inmate.

(i) With the inmate's written consent, the health services staff should:

1. Share necessary information with outside health care services.
2. Arrange for follow-up appointments.
3. Arrange for transfer of health summaries and relevant parts of the health record to health care services or others assisting in planning or providing for services upon release.

(j) Contacts with community providers should be documented via an administrative note in the patient's health record.

(k) Patients with serious mental health issues, including those receiving psychotropic medication, will be informed about community options for continuing treatment and provided with follow-up appointments when possible.

(l) Medications should be provided as appropriate.

(m) The Medical Director is responsible for ensuring that local site-specific procedures facilitate discharge planning.

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Communicable Diseases

715.1 PURPOSE AND SCOPE

This policy is intended to provide guidelines for facility staff to assist in minimizing the risk of contracting and/or spreading communicable diseases. The policy offers direction in achieving the following goals:

(a) Managing the risks associated with bloodborne pathogens (BBP), aerosol transmissible diseases (ATD) and other potentially infectious substances.

(b) Providing appropriate treatment for ill inmates while minimizing the risk of the spread of disease.

(c) Making decisions concerning the selection, use, maintenance, limitations, storage and disposal of personal protective equipment (PPE).

(d) Ensuring proper reporting to local, state and federal agencies.

(e) Establishing procedures for the identification, education, immunization, prevention, surveillance, diagnosis, medical isolation (when indicated), treatment and follow-up care for new inmates, and for inmates or employees who have contracted a communicable disease from an ill inmate.

(f) Providing appropriate treatment, counseling and confidentiality should an employee become exposed to a communicable disease.

(g) Protecting the privacy rights of all personnel who may be exposed to or contract a communicable disease during the course of their duties.

715.1.1 DEFINITIONS

Definitions related to this policy include:

Aerosol transmissible disease (ATD) - A disease or pathogen for which droplet (whooping cough, influenza, streptococcus) or airborne (measles, chickenpox, tuberculosis) precautions are required.

Aerosol transmissible disease (ATD) exposure - Any event in which all of the following have occurred:

- An employee has been exposed to an individual who has or is suspected to have an ATD, or the employee is working in an area or with equipment that is reasonably expected to contain aerosol transmissible pathogens associated with an ATD.
- The exposure occurred without the benefit of applicable exposure controls required by this section.
- It reasonably appears from the circumstances of the exposure that transmission of disease is likely sufficient to require medical evaluation.

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Airborne precautions - These include the use of an Airborne Infection Isolation Room (AIIR) that meets the American Institute of Architects/Facility Guidelines Institute (AIA/FGI) standards for AIIRs, for infectious agents such as measles, chickenpox and tuberculosis, in addition to medical personnel wearing masks or respirators.

Bloodborne pathogens (BBP) - Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Bloodborne pathogen exposure - Includes, but is not limited to, the contact of blood or other potentially infectious materials with the eyes, mouth, other mucous membranes, non-intact skin, needle sticks, human bites, cuts, abrasions or any contact with blood or body fluids that is synonymous with BBP exposure as defined by the federal Centers for Disease Control and Prevention (CDC).

Ectoparasitic infections - Parasites that live on the skin, such as lice (pediculosis) and scabies (sarcoptic mange). Both infections are communicable and may lead to secondary infections.

HBV - Hepatitis B

HIV - Human Immunodeficiency Virus

Medical isolation - Housing in a separate room with a separate toilet, hand-washing facility, soap and single-service towels, and with appropriate accommodations for showering.

NIOSH - National Institute for Occupational Safety and Health

Nosocomial - Acquired during hospitalization. Nosocomial infections are infections that present 48 to 72 hours after admission to a hospital.

OSHA - Occupational Health and Safety Administration

Personal protective equipment (PPE) - Respiratory equipment, garments, gloves and other barrier materials designed to reduce employee exposure to hazards.

Source control measures - The use of procedures, engineering controls and other devices or materials to minimize the spread of airborne particles and droplets from an individual who has or exhibits signs or symptoms of having an ATD.

Standard precautions - Infection control practices used to prevent the transmission of disease that can be acquired by contact with blood, bodily fluids, non-intact skin (including rashes) and mucous membranes. Applies to all inmates receiving care, regardless of diagnosis or presumed infection status.

Universal precautions - A set of precautions designed to prevent transmission of HIV, HBV and other BBP when providing first aid or health care.

715.2 POLICY

It is the policy of this office to maintain an effective program that focuses on the identification, education, immunization, prevention, surveillance, diagnosis, medical isolation (when indicated),

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treatment, follow-up and proper reporting to local, state and federal agencies of communicable diseases. The program is designed to ensure that a safe and healthy environment is created and maintained for all occupants of the facility.

715.2.1 EXPOSURE CONTROL OFFICER

The Jail Commanderand Medical Director will act as the Exposure Control Officer (ECO) who shall be responsible for:

(a) Establishing written procedures and a training program related to BBPs.

(b) Establishing written procedures and a training program related to ATDs.

(c) Working with the Jail Commander to develop and administer any additional related policies and practices necessary to support the effective implementation of an Exposure Control Plan.

(d) Acting as a liaison during OSHA inspections and conducting program audits to maintain a current Exposure Control Plan.

(e) Maintaining a current list of facility staff requiring training, developing and implementing a training program, maintaining class rosters and quizzes, and periodically reviewing the training program.

(f) Reviewing and updating the Exposure Control Plan annually, on or before January 1 of each year.

Supervisors are responsible for exposure control in their respective areas. They shall work directly with the ECO and the affected employees to ensure that the proper procedures are followed.

715.2.2 PROCEDURES

The ECO shall be responsible for establishing, implementing and maintaining effective written procedures for the following:

(a) Incorporating the recommendations contained in the CDC’s “Respiratory Hygiene/ Cough Etiquette in Healthcare Settings.”

(b) Screening and referring cases and suspected cases of ATD to appropriate facilities within five hours of identification.

(c) Creating a multidisciplinary team, including the Responsible Physician, security and administrative representatives, who will meet at least quarterly to review and discuss communicable disease issues and activities. The ECO shall retain minutes of these meetings in accordance with established records retention schedules. The ECO also shall coordinate with the local public health entity on appropriate policy and procedure.

(d) Conducting an assessment on the incidence and prevalence of tuberculosis (TB) within the facility’s population and the surrounding community. If the statistics indicate a risk, the ECO shall develop a written plan that addresses the management of TB, from testing to follow-up care.

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(e) Communicating with employees, other employers and the local health office regarding the suspected or diagnosed infectious disease status of referred inmates, including notification of exposed employees.

(f) Reducing the risk of ATDs through the Exposure Control Plan and reviewing the plan at least annually.

(g) Reducing the risk of exposure to BBPs (HIV, hepatitis).

(h) Providing a system of medical services for employees who may become exposed to communicable diseases during the course of their employment.

(i) Ensuring that all employees who have occupational exposure to communicable disease participate in a training program at the time of their initial assignment, at least annually thereafter, and any time there is a change in working conditions.

(j) Making all exposure and treatment plans available for employees, employee representatives and NIOSH review.

(k) Facilitating the mandatory testing and reporting of diseases including:

1. Reporting cases of venereal disease to the appropriate health authority (Idaho Code 39-602).
2. Testing of persons charged with offenses involving the use of injectable drugs or sex offenses in which bodily fluid has likely been transmitted (Idaho Code 39-604).
3. Prompt notification to the appropriate health authority and Jail Commander in the event of a refusal of testing or treatment.

715.3 COMMUNICABLE DISEASE PROGRAM COMPONENTS

715.3.1 SURVEILLANCE

Surveillance takes place throughout the period of the inmate's incarceration and is done in a variety of encounters and inspections. These include, but are not limited to, the following:

(a) **Medical screening** - Each newly booked inmate shall be evaluated for health care needs and signs and symptoms of infectious disease. The receiving screening includes questions regarding known symptoms of TB, HIV, sexually transmitted diseases (STDs) and HBV. The individual completing the medical screening should observe the inmate for obvious signs of infection.

(b) **Health assessment** - Inmates shall have a health assessment within the first 14 days of incarceration. The health assessment process includes screening for symptoms of communicable disease. Inmates will have a Purified Protein Derivative (PPD) test or a chest X-ray for TB and a blood test for STDs. Voluntary HIV testing is provided based on identified risk.

(c) **Periodic health assessments** - Annual testing for TB is performed on all inmates who are in the facility for one year or more.

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(d) **Sick call and referrals** - At any time during incarceration an inmate may request to be evaluated for an infectious disease through the sick call process. Health and correctional staff can request that an inmate be evaluated if they notice any signs of potentially infectious disease.

(e) **Contact investigation** - When an inmate housed in the general population develops symptoms of an infectious disease, the Medical Director should work cooperatively with the Jail Commander or the authorized designee and the public health department to provide appropriate screening and testing of potentially exposed persons.

(f) **Environmental health and safety inspections** - The health and safety of the facility environment shall be inspected by the local public health entity and reported to the Jail Commander at least quarterly in a written report. Conditions identified as adversely affecting the health and safety of the inmates and/or employees or visitors shall be promptly addressed and corrected.

715.3.2 IDENTIFICATION

Any inmate suspected of having a communicable disease will be evaluated by a qualified health care professional as soon as reasonably practicable. Inmates suspected of having communicable diseases will be appropriately isolated until disease confirmation and the period of communicability is determined. Long-term housing consideration will be based on the classification status as well as the behavior, medical needs and safety of inmates and staff. These inmates shall be examined by a qualified health care professional staff within 24 hours. The instructions of the qualified health care professional regarding care of the patient and sanitizing of eating utensils, clothing and bedding shall be carefully followed.

715.3.3 TREATMENT

Qualified health care professionals shall provide care as directed by the Medical Director.

(a) The Medical Director and the Jail Commander shall collaborate on treatment planning with the public health department, as appropriate.

(b) Complete documentation of the signs, symptoms, diagnostic results, treatment and outcome of care provided to inmates who are suspected or confirmed as having a communicable disease will be entered into the inmate's health record.

715.3.4 COMMUNICATION

The Medical Director shall ensure the following notifications are made whenever a communicable disease is identified:

(a) Notification to the public health department of all reportable diseases and conditions shall be made as soon as practicable. This is done by completing appropriate forms, and if necessary, contacting the public health department directly for situations of multiple spread occurrences.

(b) The Medical Director and the Jail Commander shall be kept informed of any incidence of communicable disease.

(c) The Jail Commander shall be apprised of any medical situation that raises the risk of disease level for inmates, correctional officers or any other staff members.

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715.3.5 CONTINUOUS QUALITY IMPROVEMENT

A continuous quality improvement committee shall be formed consisting of the Medical DIrector, the Jail Commander or the authorized designee and a representative from the local public health entity. The purpose of the committee is to monitor infection control issues and evaluate infection control processes to ensure effectiveness.

715.3.6 EMPLOYEE TRAINING

The Medical Director or the authorized designee shall provide education to all correctional staff who have contact with infected inmates during the initial employee orientation and annually thereafter. The Training Sergeant shall schedule this training and shall retain all associated records in accordance with established records retention schedules.

715.3.7 DATA COLLECTION AND REPORTING

The health authority shall be responsible for ensuring the systematic collection and analysis of data to assist in the identification of problems, epidemics or clusters of nosocomial infections. All reportable illnesses as defined by the public health department shall be reported as required.

715.3.8 STANDARD PRECAUTIONS

Standard precautions shall be used by health care practitioners to minimize the risk of exposure to blood and bodily fluids of infected patients. The Medical Director shall be responsible for establishing basic guidelines including, but not limited to:

- Washing hands or using hand sanitizer before and after all patient or specimen contact.
- Handling all blood and bodily fluids such as saliva, urine, semen and vaginal secretions as if they are known to be infectious. Where it is not possible to distinguish between fluid types, all bodily fluids are to be assumed infectious.
- Wearing gloves for potential contact with blood and other bodily fluids.
- Placing used syringes immediately in a nearby, impermeable container. Do not recap or manipulate any needle in any way.
- Wearing protective eyewear and a mask if splatter with blood or other bodily fluids is possible.
- Handling all linen soiled with blood and/or bodily secretions as infectious.
- Processing all laboratory specimens as infectious.
- As appropriate, wearing a mask for TB and other ATDs.

715.3.9 TRANSMISSION-BASED PRECAUTIONS

Transmission-based precautions may be needed in addition to universal precautions for selected patients who are known or suspected to harbor certain infections. These precautions are divided into three categories that reflect the differences in the way infections are transmitted. Some diseases may require more than one category.

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(a) Airborne precautions are designed to prevent the spread of ATDs, which are transmitted by minute particles called droplet nuclei or contaminated dust particles. These particles, because of their size, can remain suspended in the air for long periods of time, even after the infected person has left the room. Some examples of diseases requiring airborne precautions are TB, measles and chicken pox.

1. An inmate requiring airborne precautions should be assigned to a designated respiratory isolation room with special ventilation requirements. The door to this room must be closed at all possible times. If an inmate must move from the isolation room to another area of the facility, the inmate should wear a mask during transport. Anyone entering the isolation room to provide care to the inmate must wear a respirator.

(b) Droplet precautions are designed to prevent the spread of organisms that travel on particles much larger than the droplet nuclei. These particles do not spend much time suspended in the air, and usually do not travel beyond a few feet of the inmate. These particles are produced when an inmate coughs, talks or sneezes. Examples of disease requiring droplet precautions are meningococcal meningitis, influenza, mumps and German measles (rubella).

1. All staff should wear masks within 3 feet of the inmate. Inmate movement should be restricted to the minimum necessary for effective facility operations. The inmate should wear a mask during transport.

(c) Contact precautions are designed to prevent the spread of organisms from an infected inmate through direct (touching the inmate) or indirect (touching surfaces or objects the inmate touched) contact. Examples of inmates who might be placed in contact precautions are those infected with the following:

1. Antibiotic-resistant bacteria
2. Hepatitis A
3. Scabies
4. Impetigo
5. Lice

The following guide shall be used to determine the appropriate precautions that are necessary to reduce the risk of infection transmission while inmates are being transported. Inmates shall receive training on the disease transmission process and will be provided with appropriate barrier devices.

Precautions for inmate contact and transportation

	GLOVES	**SURGICAL MASKS**	**N95 MASKS**	**ISOLATION GOWNS**
Contact				
Inmate	No	No	No	No

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Personnel	Yes	No	No	Yes
Droplet				
Inmate	No	Yes	No	No
Personnel	No	Yes	No	Yes
Airborne				
Inmate	No	Yes	No	No
Personnel	No	No	Yes	No

715.3.10 ENVIRONMENTAL HEALTH AND SAFETY

The Medical Director or the authorized designee shall conduct a monthly inspection of areas where health services are provided to verify the following:

- The equipment is inspected and maintained to the manufacturer's recommendations.
- The area is clean and sanitary.
- The appropriate measures are being taken to ensure the unit is occupationally and environmentally safe.

715.3.11 REGULATED WASTE

The Jail Commander or the authorized designee, in coordination with the Medical Director, will provide for the management of biohazardous materials and waste and the establishment of a protocol for the decontamination of equipment used in medical and dental treatment. Medical and dental equipment decontamination shall comply with all applicable local, state and federal regulations. Precautions may include, but are not limited to:

(a) Discarding biohazardous waste in red plastic bags marked with the word BIOHAZARD and displaying the international symbol for biohazardous material. Contaminated disposable PPE shall be discarded in these receptacles.

(b) Whenever a large amount of fluid blood is present, an absorbent powder should be used to gelatinize the fluid, which should assist in clean up. Standard precautions shall be used when removing the product that should then be placed in a red biohazard bag.

(c) Used biohazard bags shall be stored in covered, rigid waste receptacles in designated locations pending weekly removal by a biohazard waste removal contractor.

(d) Records documenting biohazardous waste removal, spore count logs and cleaning logs shall be retained in accordance with established records retention schedules.

715.4 ECTOPARASITE CONTROL

Ectoparasite control will be initiated, where clinically indicated, immediately following the medical screening or when the inmate manifests signs and symptoms of lice or scabies.

(a) Any inmate who indicates parasitical infection upon entering the facility shall be treated by a qualified health care professional.

(b) Any inmate suspected of having lice/scabies may be referred to sick call by a deputy.

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(c) An inmate may access sick call if he/she believes there is a problem with lice/scabies.

(d) A qualified health care professional shall evaluate any inmate with a lice/scabies complaint. If there are positive findings, the inmate shall be treated for the infestation accordingly.

1. The lice and scabies treatment guidelines will be followed by the qualified health care professional if a physician's order for administering medication is obtained.

   (a) The prescribing physician shall be notified if the inmate is pregnant, as certain medications are contraindicated for pregnant women. An alternative topical application must be prescribed in these situations.

   (b) Documentation in the medical record should include the patient's symptoms, observations regarding the condition, patient education and prescribed treatment.

2. The inmate's clothing and linen shall be removed from his/her cell, placed in a plastic bag and sent to the laundry. These items are considered contaminated and must be disinfected by:

   (a) Machine washing (hot cycle), machine drying (hot cycle), dry cleaning or ironing, or

   (b) Storage in a plastic bag for non-washable items for 10-14 days (head lice), seven days (pubic lice). This method is not recommended for body lice.

   (c) Isolation is not necessary as long as clothing and bedding are properly disinfected and inmates do not share items.

      1. An inmate having poor hygiene should be housed in a single cell until 24 hours after beginning treatment.

      2. Gloves are to be used for direct contact until the inmate has been treated and the clothing/bedding have been removed for disinfecting.

3. Cell mates, sexual partners and any personnel having direct hands-on contact with an infected inmate should be evaluated for prophylactic treatment because of the long incubation period of the scabies parasite.

715.5 EMPLOYEE EXPOSURE CONTROL

All facility staff that may come in contact with another person's blood or bodily fluids shall follow these procedures and guidelines. For the purposes of this policy, contact with blood or bodily fluids is synonymous with BBP exposure.

All employees shall use the appropriate barrier precautions to prevent skin and mucous membrane exposure whenever contact with blood or bodily fluid is anticipated. Disposable gloves shall be

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worn, if reasonably possible, before making physical contact with any inmate and when handling the personal belongings of an inmate.

Should gloves come in contact with blood or other bodily fluids, the gloves shall be disposed of as contaminated waste. Care should be taken to avoid touching other items (e.g., pens, books or other personal items) while wearing disposable gloves in a potentially contaminated environment. All procedures involving blood or other potentially infectious materials shall be done in a way to minimize splashing, spraying or otherwise generating droplets of those materials.

Eating, drinking, smoking, applying lip balm and handling contact lenses shall be prohibited in areas where the potential for exposure exists.

715.5.1 IMMUNIZATIONS

All facility staff members who may be exposed to, or have contact with, a communicable disease shall be offered appropriate treatment immunization. The ability of staff to provide health care services is predicated on a safe and secure working environment where employees feel safe to do their work, and assures public safety.

Staff shall also receive a TB test prior to job assignment and voluntary annual testing thereafter, at no cost to the employee.

The HBV immunization shall be available to all employees who have direct inmate contact and who test negative for HBV antibodies. The immunization is voluntary and provided at no cost to the employee. Employees who decline the offer of immunization and/or test shall be required to sign a waiver. Employees receiving immunization and testing shall be required to sign a consent form. Employees may reverse their decision to decline at any time by signing a consent form.

715.5.2 PERSONAL PROTECTIVE EQUIPMENT (PPE)

The PPE is the last line of defense against communicable disease. Therefore, the following equipment is provided to all personnel to assist in the protection against such exposures:

- Disposable latex gloves
- Safety glasses or goggles
- Rescue mask with a one-way valve
- Alcohol (or similar substance) to flush skin

The PPE should be inspected at the start of each shift and replaced immediately after each use and when it becomes damaged.

715.5.3 DECONTAMINATION OF PERSONAL PROTECTIVE EQUIPMENT

After using any reusable PPE, it shall be washed or disinfected and stored appropriately. If it is not reusable (e.g., disposable gloves), it shall be discarded in a biohazard waste container.

Any PPE that becomes punctured, torn or loses its integrity shall be removed as soon as reasonably feasible. The employee shall wash up and replace the PPE if the job has not been

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terminated. If the situation resulted in a contaminated non-intact skin event, the affected area shall be decontaminated as described below.

A contaminated reusable PPE that must be transported prior to cleaning shall be placed into a biohazard waste bag. Gloves shall be worn while handling the biohazard waste bag and during placement into the biohazard waste container. The gloves shall be included with the waste.

715.5.4 DECONTAMINATION OF SKIN AND MUCOUS MEMBRANES

Personnel shall wash their hands as soon as possible following the removal of potentially contaminated gloves. Antibacterial soap and warm water or an approved disinfectant shall be used, paying particular attention to the fingernails.

If an employee's intact skin contacts someone else's blood or bodily fluids or other potentially infectious materials, the employee shall immediately wash the exposed part of his/her body with soap and warm water and/or an approved disinfectant as soon as possible. If the skin becomes grossly contaminated, body washing shall be followed by an approved hospital strength disinfectant. If large areas of the employee's skin are contaminated, the employee shall shower as soon as reasonably possible, using warm water and soap and/or an approved disinfectant. Medical treatment should be obtained.

Contaminated non-intact skin (e.g., injured skin, open wound) shall be cleaned using an approved disinfectant and then dressed or bandaged as required. Medical treatment is required. All hand, skin and mucous-membrane washing that takes place shall be done in the designated cleaning or decontamination area. Cleaning shall not be done in the kitchen, bathrooms or other locations not designated as a cleaning or decontamination area.

715.5.5 DECONTAMINATION OF CLOTHING

Contaminated clothing such as uniforms and undergarments shall be removed as soon as reasonably feasible and rinsed in cold water to prevent the setting of bloodstains. If the clothing may be washed in soap and hot water, do so as soon as reasonably possible.

If the clothing must be dry-cleaned, place it into a biohazard waste bag and give it to the ECO. The ECO will secure a dry cleaner that is capable of cleaning contaminated clothing, and shall inform the dry cleaner of the potential contamination. The cost of dry cleaning shall be paid according to labor contract agreements.

Contaminated leather boots shall be brushed and scrubbed with detergent and hot water. If the contaminant soaked through the boot, the boot shall be discarded and replaced. The cost of replacement shall be paid according to labor contract agreements.

715.5.6 DECONTAMINATION OF VEHICLES

Contaminated vehicles and components such as the seats, radios and doors, shall be washed with soap and warm water and disinfected with an approved germicide as soon as reasonably feasible.

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715.5.7 DECONTAMINATION OF THE CLEANING AREA

The ECO shall designate a location in the facility that will serve as the area for cleaning/ decontamination. This area is to be used to keep equipment clean and sanitary and for employees to wash any potential contamination from their bodies. This area is to be thoroughly cleaned after each use and to be maintained in a clean and sanitary order at all times between each use. The application of cosmetics, smoking of cigarettes and consumption of food and drink are prohibited in this area at all times.

715.6 SHARPS AND ITEMS THAT CUT OR PUNCTURE

All personnel shall avoid using or holding sharps (needles) unless they are assisting medical personnel or collecting them for evidence. Unless required for reasons related to evidence preservation, employees are not to recap sharps. If recapping is necessary, a one-handed method shall be employed to avoid a finger prick. Disposal, when possible, shall be into a puncture-proof biohazard container.

All sharps and items that cut or puncture (e.g., broken glass, razors and knives) shall be treated cautiously to avoid cutting, stabbing or puncturing one’s self or any other person. In addition, if a sharp object contains known or suspected blood or other bodily fluids, that item is to be treated as a contaminated item. If the item is not evidence, touching it with the hands shall be avoided. Rather, use a device such as tongs or a broom and a dustpan to clean up debris. If the material must be touched, protective gloves shall be worn.

715.7 POST-EXPOSURE REPORTING AND FOLLOW-UP REQUIREMENTS

In actual or suspected employee exposure incidents, proper documentation and follow-up action must occur to limit potential liabilities and to ensure the best protection and care for the employees.

715.7.1 EMPLOYEE RESPONSIBILITY TO REPORT EXPOSURE

To provide appropriate and timely treatment should exposure occur, all employees shall verbally report the exposure to their immediate supervisor and complete a written exposure report as soon as possible following the exposure or suspected exposure. That report shall be submitted to the employee’s immediate supervisor. Employees should document in the exposure report whether they would like the person who was the source of the exposure to be tested for communicable diseases.

715.7.2 SUPERVISOR REPORTING REQUIREMENTS

The supervisor on-duty shall investigate every exposure that occurs as soon as possible following the incident, while gathering the following information:

(a) Name and employee identification number of the employee exposed

(b) Date and time of incident

(c) Location of incident

(d) What potentially infectious materials were involved

(e) Source of material or person

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(f) Current location of material or person

(g) Work being done during exposure

(h) How the incident occurred or was caused

(i) PPE in use at the time of the incident

(j) Actions taken post-event (e.g., clean-up, notifications)

The supervisor shall advise the employee of the laws and regulations concerning disclosure of the identity and infectious status of a source, and of information contained in this policy regarding source testing.

If the ECO is unavailable to seek testing of the person who was the source of the exposure, it is the responsibility of the exposed employee's supervisor to ensure testing is sought according to the guidelines in this policy.

715.7.3 MEDICAL CONSULTATION, EVALUATION AND TREATMENT

Any employee who was exposed or who suspects he/she was exposed to HIV or to hepatitis B or C should be seen by a physician or qualified health care professional as soon as reasonably possible.

The doctor or qualified health care professional should be given the supervisor's report and the employee's medical records relevant to the visit and examination. The blood of the exposed employee shall be tested.

The qualified health care professional will provide the ECO and/or the Office's risk manager with a written opinion/evaluation of the exposed employee's medical condition. This opinion should only contain the following information:

- If a post-exposure treatment is indicated for the employee
- If the employee received a post-exposure treatment
- Confirmation that the employee received the evaluation results
- Confirmation that the employee was informed of any medical condition that could result from the exposure incident and whether further treatment or evaluation will be required
- Whether communicable disease testing from the source is warranted, and if so, which diseases the testing should include

All other findings or diagnosis shall remain confidential and are not to be included in the written report.

715.7.4 COUNSELING

The Office shall provide the exposed employee (and his/her family if necessary) the opportunity for counseling and consultation.

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715.7.5 CONFIDENTIALITY OF REPORTS

Most of the information involved in this process must remain confidential. The ECO shall ensure that all records and reports are kept in the strictest confidence. The ECO shall be responsible for maintaining records containing the employee's treatment status and the results of examinations, medical testing, and follow-up procedures.

The Office's risk manager shall be responsible for keeping the name of the employee and copies of any information provided to the consulting health care professional on file.

This information is confidential and shall not be disclosed to anyone without the employee's written consent (except as required by law). Test results from persons who may have been the source of an exposure are to be kept confidential as well.

715.7.6 SOURCE TESTING

Testing of a person who was the source of an exposure to a communicable disease should be sought when it is desired by the exposed employee or when it is otherwise appropriate.

There are five methods to obtain such testing. It is the responsibility of the ECO to ensure the proper testing and reporting occurs. These methods are:

(a) Obtaining voluntary consent from any person who may be the source of an exposure to test for any communicable disease.

(b) Filing a report with the county health officer when an employee is exposed to the bodily fluids of an arrestee. The county health officer may pursue testing for HIV or hepatitis B or C.

(c) Seeking consent for testing or applying for a court order for HIV, hepatitis B and hepatitis C testing.

(d) Seeking a court order when the person who may be the source of an exposure will not consent to testing and the exposure does not fall under a statutory scheme for testing. This covers testing for any communicable disease as deemed appropriate by a qualified health care professional and documented in the request for the court order.

(e) Under certain circumstances, a court may issue a search warrant for testing an inmate when an employee of the Valley County Sheriff's Office qualifies as a crime victim.

715.7.7 EXPOSURE FROM A NON-INMATE

Upon notification of an employee's exposure to a non-inmate (e.g., visitor, attorney, volunteer, vendor) the ECO should attempt to determine if the person who was the source of the exposure will voluntarily consent to testing. If consent is provided, the following steps should be taken:

(a) A licensed qualified health care professional should notify the person to be tested of the exposure and make a good faith effort to obtain voluntary informed consent from the person or his/her authorized legal representative to perform a test for HIV, hepatitis B, hepatitis C and other communicable diseases the qualified health care professional deems appropriate.

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(b) The voluntary informed consent obtained by the qualified health care professional must be in writing and include consent for three specimens of blood. The ECO should document the consent as a supplement to the Exposure Control Report.

(c) The results of the tests should be made available to the source and the exposed employee.

If consent is not obtained, the ECO should promptly consult with the Prosecuting Attorney and consider requesting that a court order be sought for appropriate testing.

715.7.8 EXPOSURE FROM AN INMATE

If the ECO receives notification from an employee of a potential exposure from an inmate, the ECO should take the following steps:

(a) Seek consent from the person who was the source of the exposure and seek a court order, if consent is refused.

(b) Take reasonable steps to immediately contact the county health officer and provide preliminary information regarding the circumstances of the exposure and the status of the involved individuals to determine whether the county health officer will order testing.

(c) Remain in contact with the county health officer to determine whether testing of the inmate will occur and whether the testing satisfies the medical needs of the employee.

(d) The results of the tests should be made available to the inmate and the exposed employee.

Since there is potential for overlap between the two statutory schemes, the ECO is responsible for coordinating the testing with the county health officer to prevent unnecessary or duplicate testing.

If the exposed employee is not covered by either statutory scheme, the ECO should seek consent or a court order in the same manner as for a non-inmate.

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Detoxification and Withdrawal

717.1 PURPOSE AND SCOPE

Significant percentages of inmates have a history of alcohol and/or drug abuse. Newly incarcerated individuals may enter the facility while under the influence of a substance or they may develop symptoms of alcohol or drug withdrawal. This policy is intended to ensure that the staff is able to recognize the symptoms of intoxication and withdrawal from alcohol or drugs, and that those inmates who are intoxicated or experiencing withdrawal are provided appropriate medical treatment.

This policy also identifies protocols to be used by qualified health care professionals. These protocols are appropriate for inmates who are under the influence of alcohol or drugs or who are experiencing withdrawal from any type of substance abuse.

717.1.1 DEFINITIONS

Definitions related to this policy include:

Alcohol withdrawal - A medical condition characterized by physiological changes that occur when alcohol intake is discontinued in an individual who is addicted to alcohol.

Detoxification - The process by which an individual is gradually withdrawn from drugs by the administration of decreasing doses of the drug on which the person is physiologically dependent, or a drug that is cross-tolerant to the dependent drug, or a drug that medical research has demonstrated to be effective in detoxifying the individual from the dependent drug.

717.2 POLICY

Withdrawal from alcohol or drugs can be a life-threatening medical condition requiring professional medical intervention. It is the policy of this office to provide proper medical care to inmates who suffer from drug or alcohol overdose or withdrawal.

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

The Medical Director shall develop written medical protocols on detoxification symptoms necessitating immediate transfer of the inmate to a hospital or other medical facility, and procedures to follow if care within the facility should be undertaken.

717.3 STAFF RESPONSIBILITY

Staff should remain alert to signs of drug and alcohol overdose and withdrawal. These symptoms include, but are not limited to, sweating, nausea, abdominal cramps, anxiety, agitation, tremors, hallucinations, rapid breathing and generalized aches and pains. Any staff member who suspects that an inmate may be suffering from overdose or experiencing withdrawal symptoms shall promptly notify the Shift Supervisor, who shall ensure that a qualified health care professional is promptly notified.

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717.4 MEDICAL STAFF RESPONSIBILITY

The qualified health care professional will evaluate the inmate using approved protocols in order to determine the most appropriate care plan, which will be based on the patient's history, current physical status and treatment needs. Any patient who cannot be safely treated in the facility will be referred to an appropriate treatment facility off-site.

717.5 PROCEDURE

Inmates who are observed experiencing severe, life-threatening intoxication (overdose) or withdrawal symptoms will be promptly seen by a physician or referred to an off-site emergency facility for treatment. Detoxification shall be conducted under medical supervision at the facility or in a hospital or community detoxification center under appropriate security conditions.

If the qualified health care professional determines that an inmate is at risk for progression to a more severe level of withdrawal, the inmate will be appropriately housed in an area where he/she can be kept under constant observation by qualified health care professionals or trained correctional staff.

717.6 WITHDRAWAL AND DETOXIFICATION PROTOCOLS

Protocols are available to the qualified health care professionals to guide the care and treatment of individuals who are intoxicated or experiencing drug and/or alcohol withdrawal. These protocols, which have been developed and approved by the Medical Director, fall within nationally accepted guidelines and are reviewed annually.

When dealing with inmates who are in a custody situation, qualified health care professionals shall utilize detoxification protocols in accordance with local, state and federal laws.

No direct supervision is required at the time of identifying and initiating care. Overall supervision is provided by the Medical Director. Qualified health care professionals shall evaluate and provide care to patients utilizing written procedures and/or physician orders.

717.7 ALCOHOL WITHDRAWAL SYMPTOMS CHART

The following chart describes typical symptoms of mild, moderate and severe withdrawal. It is to be used as a guide for determining when to refer inmates to a qualified health care professional. Not all symptoms are always present.

	MILD	**MODERATE**	**SEVERE** (Delirium Tremens)
ANXIETY	Mild restlessness and anxiety	Obvious motor restlessness	Extreme restlessness and agitation with appearance of intense fear is common
APPETITE	Impaired appetite	Marked anorexia	Often rejects all food and fluid except alcohol
BLOOD PRESSURE	Normal or slightly elevated systolic	Usually elevated systolic	Elevated systolic and diastolic

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CONFUSION	Oriented, no confusion	Variable confusion	Marked confusion and disorientation
CONVULSIONS	No	May occur	Severe convulsions are common
HALLUCINATIONS	No hallucinations	Often vague, transient, visual and auditory hallucinations and delusions, often with insight, often occurring only at night	Visual and occasional auditory hallucinations, usually of fearful or threatening content. Misidentification of persons and frightening delusions relating to hallucinatory experiences
MOTOR CONTROL	Inner "shaky"	Visible tremulousness	Gross uncontrollable shaking
NAUSEA	Nausea	Nausea and vomiting	Dry heaves and vomiting
PULSE	Tachycardia	Pulse 100-120	Pulse 120-140
SLEEP	Restless sleep or insomnia	Marked insomnia and nightmares	Total wakefulness
SWEATING	None or slight	Obvious	Extreme

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Administration of Psychotropic Medication

718.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines under which an inmate may be involuntarily administered psychotropic medications during a mental health emergency, to protect the safety of the inmate and others.

718.1.1 DEFINITIONS

Definitions related to this policy include:

Mental health emergency - Any emergency situation that requires an immediate response to an individual in psychiatric crisis, for the preservation of life or the prevention of serious bodily harm to the inmate, staff or others. It is not necessary for harm to take place or to become unavoidable prior to involuntary treatment being imposed.

Psychotropic medication - Any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders.

718.2 POLICY

It is the policy of this office that an inmate may be involuntarily given psychotropic medication on an emergency basis only when the inmate is found by a physician to be a danger to him/herself or others by reason of mental disorders.

718.3 MEDICATION IN AN EMERGENCY

Psychotropic medication shall not be administered to an inmate absent an emergency unless the inmate has given his/her informed consent or administration has been authorized under a court order.

Involuntary emergency administration of psychotropic medication shall occur only under the following conditions:

- The inmate has been afforded interventions, beginning with the least restrictive options, as approved by the Medical Director or psychiatrist.
- The administration and duration are authorized by a physician.
- A physician specifies the conditions under which the medication is to be administered.

The details of each condition must be documented in the inmate's medical record.

This policy limits the number of times that involuntary psychotropic medication may be administered to one dose only during the mental health emergency, as defined by a qualified health care professional. If the emergency is not resolved, the patient shall be transferred from the jail to an appropriate facility that is designed to treat mental health emergencies.

Psychotropic medication shall not be administered for disciplinary reasons.

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718.3.1 PROCEDURES

When it has been determined that an inmate's behavior might lead to death or injury to the inmate or others, and that a mental health emergency is imminent, the following procedures shall be followed:

- The inmate shall be subdued by custody personnel using tactics that provide the safest resolution for the inmate and the involved staff given the circumstances.
- The qualified health care professional shall evaluate the inmate for any injuries and mental status. If there are no qualified health care professional available, the inmate shall be transported to an appropriate facility that is designed to treat mental health emergencies as soon as reasonably practicable.
- The Medical Director shall be contacted for direction.
- If psychotropic medication is authorized by the Medical Director, the qualified health care professional will first attempt to gain inmate consent.
- If consent is not obtained, the medication shall be involuntarily administered in the safest manner possible.
- The inmate will be monitored for any adverse reactions and side effects twice every hour by custody personnel.
- A qualified health care professional shall check the inmate at 30-minute intervals for the first two hours.
- The inmate shall be evaluated by the Medical Director within 24 hours to determine continued treatment planning.
- If the emergency is not resolved with a single dose of medication, or if the inmate does not continue treatment on a voluntary basis, consideration should be given to the prompt transfer of the inmate to an appropriate facility that is designed to treat mental health emergencies.
- All clinical interaction with the inmate shall be fully documented in the inmate's medical record and shall include the date and time of treatment and the signature of the qualified health care professional.

718.3.2 POST ADMINISTRATION CARE

Less restrictive treatment alternatives should be developed as soon as reasonably practicable.

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Clinical Performance Enhancement

719.1 PURPOSE AND SCOPE

This office recognizes the importance of ensuring that qualified health care professionals are competent in their clinical skills and that the clinical performance enhancement review addresses areas in need of improvement.

719.1.1 DEFINITIONS

Definitions related to this policy include:

Clinical performance enhancement review - The process of having a qualified health care professional's work reviewed by another professional (peer review) of at least equal training in the same general discipline (e.g., review of the facility's physicians by the Medical Director).

Independent review - The assessment of a qualified health care professional's compliance with discipline-specific and community standards. The review is an analysis of a practitioner's clinical practice. This review may be conducted by someone who may or may not be directly employed by the institution. However, if the review was prompted by an inmate complaint, the reviewing practitioner must not have been previously involved in the care of that inmate.

719.2 POLICY

It is the policy of this office to conduct a biannual peer review of all qualified health care professionals. The clinical performance enhancement review process is neither an annual performance review nor a clinical case conference process. It is a professional review focused on the qualified health care professional's clinical skills. Its purpose is to enhance competence and address areas in need of improvement.

An immediate peer review may be authorized by the Medical Director if serious problems of practice arise with a specific qualified health care professional.

719.3 COMPONENTS OF THE CLINICAL PERFORMANCE ENHANCEMENT

The clinical performance enhancement review process is to be conducted biannually on all qualified health care professionals. The result of these reviews shall be kept confidential. Documentation from the review shall include the following:

- Name of the individual being reviewed
- Date of the review
- Name and credentials of the reviewer
- Confirmation that the review was shared with the qualified health care professional
- Summary of findings and corrective action, if any

If a clinical performance enhancement review identifies a serious concern, the Medical Director shall implement an independent review by someone who is not directly employed by this office.

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The result of this review shall be shared with the appropriate health care service by the Medical Director, and a plan of correction shall be implemented.

The Medical Director will keep a log of clinical performance enhancement reviews of all qualified health care professionals to ensure compliance with this policy.

719.4 HEALTH CARE COMPLAINTS

The Jail Commander, in cooperation with the Medical Director, shall be responsible for developing and implementing a process by which inmates may submit complaints about the health care services they have received. There shall also be a means of collecting and analyzing the observations of other qualified health professionals, correctional staff or other non-medical staff regarding the delivery of health care services.

The Medical Director shall convene a panel of independent physicians to review the practice of the physician about whom complaints or observations have been made. The Responsible Physician shall take appropriate action at the recommendation of the panel.

719.5 RECORDS

All clinical performance enhancement review reports and complaint investigations shall be considered confidential. The contents of such files shall not be revealed to other than the involved employee or authorized personnel, except pursuant to lawful process or as otherwise authorized or required by statute.

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Clinical Decisions

720.1 PURPOSE AND SCOPE

This policy recognizes that a coordinated effort between the Medical Director and the Jail Commander is needed to ensure an adequate health care system. It emphasizes the importance of clinical decisions being the sole responsibility of the qualified health care professional.

720.1.1 DEFINITIONS

Definitions related to this policy include:

Clinical decisions - The process of formulating a differential diagnosis with information gathered from an inmate's medical history and physical and mental examinations, developing a list of possible causes and ordering tests to help refine the list or identify a specific disease.

Differential diagnosis - A systematic method of identifying unknowns or diagnosing a specific disease using a set of symptoms and testing as a process of elimination.

720.2 POLICY

Clinical decisions and actions regarding inmate health care are the sole responsibility of qualified health care professionals and should not be countermanded by others. The Medical Director shall be responsible for arranging for appropriate health resources and for determining what services are needed. The Jail Commander or the authorized designee shall be responsible for providing the custodial support to ensure a safe and secure environment for delivery of services and accessibility to the inmates.

720.3 MEDICAL AUTONOMY

Clinical decisions shall be made only after a thorough evaluation of the patient's complaint and physical or mental condition. The implementation of clinical decisions is to be completed in an effective and safe manner that does not violate the security regulations of the facility.

720.4 PROBLEM RESOLUTION

Any issues arising because of the clinical decision process shall be reviewed under the provisions of the Continuous Quality Improvement Policy using medical records, grievances, staff complaints and any other relevant data.

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Licensure, Certification and Registration Requirements

721.1 PURPOSE AND SCOPE

The purpose of this policy is to recognize that inmates are entitled to health care services that are provided by qualified health care professionals working within the scope of their respective licensure, certification, registration and training. This policy also establishes a credentials verification process.

721.2 POLICY

It is the policy of this office that all qualified health care professionals who provide health care services to inmates possess the required licensure, certification or registration appropriate to their field of expertise. Job descriptions shall include minimum qualifications and specific duties and responsibilities, and shall be approved by the Medical Director.

The current credentials and job descriptions for all qualified health care professionals will be on file at the facility and retained in accordance with established records retention schedules.

Any health care provided to inmates at the facility that is not provided by a qualified health care professional is provided in accordance with a standing order or direct order issued by personnel who are qualified under governing laws to give such orders.

721.3 CREDENTIALING AND FILE MAINTENANCE

A completed file of current licenses, certifications, registration, reference checks and applications shall be maintained by the Office Department of Human Resources and by the Medical Director or the authorized designee at this facility.

(a) The Medical Director or the authorized designee should obtain confirmation of current licensure, certification and registration prior to making any offer of employment.

(b) Inquiries into any sanctions or disciplinary actions of state boards, employers and the U.S. Department of Health and Human Services' National Practitioner Data Bank should be conducted prior to making any offer of employment.

(c) Individuals should be required to pass a job related pre-employment background investigation. Employment references may be obtained via mail or over the phone with documentation.

(d) Each employee should be held responsible for providing renewal verification of licenses, certificates and registration prior to the expiration date.

(e) Any group or individual providing health care services must complete the credentialing process that is appropriate for their profession and must provide the facility a copy of current licensure and, when appropriate, a Drug Enforcement Administration (DEA) certificate to prescribe controlled substances.

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(f) To be eligible for hire, all qualified health care professionals must possess and maintain a current CPR certification and provide documentation to the Medical Director or the authorized designee.

721.4 STUDENTS AND/OR INTERNS

If the health care services provided to an inmate are performed by an intern, resident or student who is authorized to provide specific health care services as part of a formal medical training program, the individual in training will work under the control and supervision of a qualified health care professional. Assigned tasks shall be commensurate with the intern, student or resident's level of training.

There shall be a written agreement between the facility and the entity sponsoring the training program that covers the scope of work, duration of the agreement and any legal or liability issues.

Any student, intern or resident working in the facility shall participate in a facility orientation that includes, but is not limited to, topics such as fire safety, facility security, items that are considered contraband and inmate culture.

All interns, residents or students shall be required to agree in writing to abide by all facility policies, including those relating to hostages, facility security and the confidentiality of information.

All training provided, written agreements and/or contracts shall be maintained in the intern, resident or student's file by the Medical Director or the authorized designee in accordance with established records retention schedules.

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Suicide Prevention and Intervention

722.1 PURPOSE AND SCOPE

This policy establishes the suicide prevention and intervention to identify, monitor and, when necessary, provide for emergency response and treatment of inmates who present a suicide risk while incarcerated at the office detention facilities.

This policy is intended to reduce the risk of self-inflicted injury or death by providing tools to the staff that will allow a timely and organized emergency response to suicide, suicide attempts or an inmate's unspoken indication that suicide is being considered. The three key components of this plan are evaluation, training and screening with intervention.

722.2 POLICY

It is the policy of this office to minimize the incidence of suicide by establishing and maintaining a comprehensive suicide prevention and intervention program designed to identify inmates who are at risk of suicide and to intervene appropriately whenever possible. The program shall be developed and approved by the local public health entity and reviewed annually by the Jail Commander. A copy of this policy shall be maintained in each unit of the facility where it can be easily accessed by all staff members.

722.3 SUICIDE PREVENTION TEAM

The Jail Commander in cooperation with the Medical Director shall act as the suicide prevention team. The team will evaluate and approve the suicide prevention and intervention program annually. The suicide prevention team should consist of qualified health care professionals and the Jail Commander or the authorized designee. The yearly evaluation will include a review of all current policies to ensure they are relevant, realistic and consistent with the mission of the program. The program and policies will be updated as needed.

The suicide prevention team shall also ensure that the facility is evaluated annually to identify any physical plant characteristics or operational procedures that might be modified to reduce the risk of inmate suicide. This should be accomplished by conducting a review of suicides and suicide attempts, physical inspection, review of various facility inspection reports and by participating in inmate/management team meetings. If physical modifications are recommended, the team shall ensure the Jail Commander is promptly notified.

It shall also be the responsibility of the suicide prevention team to coordinate with the Training Sergeant to ensure that suicide prevention training is provided in compliance with all applicable statutes and standards.

722.4 STAFF TRAINING

All facility staff members who are responsible for supervising inmates shall receive initial and annual training on suicide risk identification, prevention and intervention, to include, at minimum:

- The provisions of this policy.

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- Identification of the warning signs and indicators of potential suicide, including training on suicide risk factors.
- Identification of the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors.
- Responding to suicidal and depressed inmates.
- Communication between corrections and health care personnel.
- Using referral procedures.
- Housing observation and suicide watch-level procedures.
- Follow-up monitoring of inmates who attempt suicide.

Recommendations for modification to the suicide training should be directed to the Jail Commander, who shall review the recommendations and approve, if appropriate.

722.5 SCREENING AND INTERVENTION

All inmates shall undergo medical and mental health screening during the intake process. A portion of the intake medical screening is devoted to assessing inmates at risk for suicide. Upon an inmate entering the facility, he/she should be assessed by custody staff for the ability to answer medical and mental health screening questions.

Any inmate who appears to be unable to answer the initial medical screening questions shall be examined by a qualified health care professional at a designated hospital and receive medical clearance before acceptance into the jail. Inmates who refuse to answer these questions shall be placed under observation until the screening can be completed or until sufficient information is obtained to allow the staff to make appropriate decisions concerning housing and care.

Staff members shall promptly refer any inmate who is at risk for suicide to classification, health services and mental health services. The inmate shall remain under direct and constant observation in a safe setting until designated staff makes appropriate health care and housing decisions.

722.6 SUICIDE WATCH

Inmates should only be housed on suicide watch with the approval of a qualified health care professional and the Shift Supervisor. If a qualified health care professional is not present in the detention center, the Shift Supervisor may make the decision to place an inmate on suicide watch but should notify a qualified health care professional as soon as practicable. Inmates placed on suicide watch shall be closely monitored and housed in a cell that has been designed to be suicide resistant. Prior to housing the inmate, the staff should carefully inspect the cell for objects that may pose a threat to the inmate’s safety.

Qualified health care professionals are primarily responsible for the treatment of inmates on suicide watch. Deputies and general employees are responsible for the physical safety of the

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inmates. All staff members should coordinate their efforts to ensure that inmates do not have the means or the opportunity to injure themselves.

An observation log shall be maintained for each inmate on suicide watch. A staff member shall be designated to make a direct visual observation of the inmate twice every 30 minutes at approximately 15-minute intervals. A Shift Supervisor and a qualified health care professional, if available, must observe the inmate at least once every five hours. Each staff member who is required to observe the inmate shall make notations in the observation log documenting the time of observation and a brief description of the inmate's behavior.

An inmate classified as actively suicidal must be continuously monitored by direct visual observation of a deputy. While monitoring may be supplemented by video monitoring, it may never be a substitute for direct visual monitoring.

The status of suicidal inmates should be readily identifiable in a manner discernible by staff. When standard-issue clothing presents a security or medical risk to the inmate or others, the inmate shall be supplied with a security garment that is designed to promote inmate safety and not cause unnecessary humiliation and degradation. Use of the security garment shall be documented in the inmate's health record. Suicidal inmates shall not be permitted to retain undergarments or any other item that can be fashioned into an implement for hanging (e.g., plastic bags, shoelaces or sheets). Inmates shall not be permitted to keep personal property while housed on suicide watch and shall not be permitted to possess razors or other sharp objects, such as pencils, items with staples or any other item that may be used to cause a self-inflicted injury. Physical restraints should only be used as a last resort measure. The decision to use or discontinue use of restraints should be made in consultation with qualified health care professionals

Inmates who are not actively suicidal but who have expressed suicidal thoughts or have a recent history of self-injurious behavior should be observed by staff at irregular intervals, not to exceed every 15 minutes.

722.6.1 INTERVENTION

Any suicide attempt is a medical emergency. Staff should take action to facilitate emergency medical care and preserve and collect evidence as necessary. A qualified health care professional should be summoned immediately any time the staff suspects a suicide attempt is imminent. Staff should take reasonable and appropriate precautions to mitigate the ability of the inmate to injure him/herself, and should consider establishing and maintaining a non-threatening conversation with the inmate while awaiting assistance. If a qualified health care professional is not immediately available, the inmate should be placed in an appropriate and safe location until such time as qualified health care professionals or the Medical Director is available.

Following a suicide attempt, staff should initiate a medical emergency response and initiate and continue appropriate life-saving measures until relieved by qualified health care professionals. The arriving medical staff should perform the appropriate medical evaluation and intervention. The Medical Director or the authorized designee should be notified in situations when referral and transportation to the emergency room of a local hospital is required.

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722.6.2 NOTIFICATION

In the event of an attempted or completed suicide, the Jail Commander should be promptly notified. The Jail Commander should notify the Sheriff.

The location where a suicide or attempted suicide has occurred should be treated as a crime scene after the inmate has been removed from the cell or after emergency medical care is rendered. The area should be secured and access-controlled to preserve evidence until the appropriate investigation can be completed.

All suicides or attempted suicides shall be documented in an incident report. Any injury must be documented in an inmate injury report.

All in-custody deaths, including those resulting from suicide, should be investigated and documented in accordance with the Reporting Inmate Deaths Policy.

722.7 FOLLOW-UP

Qualified health care professionals should evaluate any inmate placed on suicide watch within 24 hours of placement or at the next available physician's visit, whichever is earliest. After evaluation, qualified health care professionals should make a recommendation whether to keep the inmate on suicide watch. Only a qualified health care professional may remove an inmate from suicide watch.

All changes in inmate status should be reported to the qualified health care professional to ensure the inmate receives appropriate care. The inmate's health record should be updated to reflect all contacts, treatment and any other relevant information, and the records maintained in accordance with established records retention schedules.

Although the goal of this program is to significantly reduce the risk of in-custody deaths, the ongoing care of suicidal inmates after release must also be considered. Inmates who are at risk for suicide should work with local or area mental health resources and inmate families after release. A deputy should complete the necessary application, documenting the reasons why the inmate is believed to be suicidal. The completed application should accompany the released inmate to the designated facility.

722.7.1 DEBRIEFING

Any suicide attempt or death of an inmate or on-site staff member requires a staff debriefing. Information will be communicated to the oncoming Shift Supervisor and staff to apprise them of the incident and actions taken with regard to the incident. Such debriefing will be appropriately documented and shall be reviewed by administration, security and the Medical Director.

722.8 TRANSPORTATION

Inmates at risk for suicide pose additional challenges during transport and while being held in court holding facilities. The transportation staff should take reasonable steps to closely monitor at-risk inmates whenever they are transported or held in any cell that is not designated as a suicide-watch cell. All additional security and monitoring measures implemented by the staff should be documented in the inmate's record. The transporting deputy should ensure that the suicide threat or other danger is communicated to personnel at the receiving facility.

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Inmate Death - Clinical Care Review

723.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the actions and notifications required in the event of an in-custody death and the medical care received by the inmate. The policy requires that a review of all in-custody deaths be conducted to assess the appropriateness of the clinical care provided and the effectiveness of the facility's policies and procedures.

723.1.1 DEFINITIONS

Definitions related to this policy include:

Administrative review - An assessment of the facility's emergency response actions surrounding the death of an inmate. The purpose of the administrative review is to identify areas where operations, policies and procedures may be improved.

Clinical mortality review (CMR) - An assessment of the medical condition of the inmate prior to treatment, the clinical care provided by contractors and the circumstances of the death. The purpose of the CMR is to identify areas of patient care or system policies and procedures that may be improved.

Psychological autopsy - A written reconstruction of an inmate's life with an emphasis on factors that may have contributed to his/her death. This is sometimes referred to as a psychological reconstruction and is usually conducted by a psychologist or other qualified mental health care professional.

723.2 POLICY

It is the policy of this office that all in-custody deaths are reviewed to determine the appropriateness of the clinical care provided, to determine whether existing policies are appropriate or if revision is necessary and to identify any other issues associated with the circumstances of the death. A postmortem examination should be performed according to the laws of the jurisdiction if the cause of death is unknown, if the death occurred under suspicious circumstances or if the inmate was not under current medical care.

723.3 NOTIFICATIONS

In the event of an in-custody death, all authorities with jurisdiction, including the Coroner or the authorized designee shall immediately be notified by the Jail Commander or the authorized designee at the time of death.

The Medical Director should also be notified and should coordinate with the Jail Commander, who will be responsible for notifying his/her chain of command regarding all medical issues surrounding the in-custody death.

Information regarding the individual designated by the deceased inmate for notification should be provided to the Coroner or the authorized designee, who is charged with the responsibility of making such notifications.

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723.4 DOCUMENTATION

The qualified health care professional on-duty at the time of the in-custody death shall ensure that all witnessed facts concerning the death are documented on the inmate's health record. Written documentation should include, but is not limited to, the time of death, the preceding circumstances surrounding the death, nature of the death, treatment rendered and who was notified of the death and by whom.

The Medical Director should initiate a death report and document it in accordance with the Continuous Quality Improvement Policy.

723.5 CLOSING THE MEDICAL RECORD

The Medical Director should review the inmate's health record to ensure appropriate entries have been made, and within 24 hours of the death have the original and a complete copy of the medical record made and delivered as follows (see the Reporting Inmate Deaths Policy):

(a) Seal the original in an envelope and retain in the custody of the Medical Director.

(b) Send the copy to the facility for inclusion into the inmate file and retain in accordance with established records retention schedules.

723.6 DEATH BY SUICIDE

In the event of a suspected inmate suicide, the qualified health care professional shall make a report within 24 hours to the Medical Director containing:

(a) The inmate's known mental health history.

(b) The most recent known mental health treatment.

(c) All known circumstances surrounding the suicide.

A psychological autopsy should be conducted by a qualified mental health professional if the cause of death is determined to be a suicide.

The initial CMR should be conducted by the Medical Director and, if available, a mental health care professional. The CMR should be finalized within 30 days by the Medical Director. The findings should be shared with the treating staff.

723.7 DEATH REVIEW

All deaths should be reviewed within 30 days. The review shall consist of an administrative review, a CMR and a psychological autopsy if the death was by suicide.

Treating staff shall be informed of the CMR and the administrative review findings at the quarterly continuous quality improvement meeting.

Corrective actions identified through the CMR should be implemented and monitored in accordance with the Continuous Quality Improvement Policy for systemic issues and the Inmate Safety Policy for staff-related issues.

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Nursing Assessment Protocols

724.1 PURPOSE AND SCOPE

The purpose of this policy is to establish standards for evaluating and treating inmates with medical issues that are easily and effectively treated or triaged by nursing personnel who have been properly trained in the use of nursing assessment protocols.

724.1.1 DEFINITIONS

Definitions related to this policy include:

Nursing assessment protocols - Written instructions or guidelines that specify the steps to be taken in evaluating an inmate's health status and providing medical treatment. Protocols may include first-aid procedures for the identification and care of ailments that ordinarily would be treated with over-the-counter (OTC) medication or through self-care. These protocols also may address more serious symptoms, such as chest pain, shortness of breath or intoxication. The protocols provide a sequence of steps to evaluate and stabilize an inmate until a qualified health care professional is contacted and orders for further care are received.

724.2 POLICY

It is the policy of this office that medical care performed by personnel other than a physician shall be performed pursuant to a written protocol or order of the Medical Director.

724.3 PROTOCOL DEVELOPMENT AND AUTHORIZATION

The facility's Medical Director or the authorized designee shall develop, review and authorize all nursing protocols used for the treatment of inmates, and shall develop, deliver or procure appropriate training for the nurses on their use. Each nursing assessment protocol will have a signed declaration indicating it has been reviewed and approved by the Medical Director.

The protocols developed shall be appropriate for the training and experience of the health care services staff members who will deliver the services. Each protocol shall comply with the standards of practice for the level of care the health care services staff members are authorized to provide. The protocols shall only include the use of OTC medications.

The Medical Director shall review the nursing assessment protocols annually, revising as necessary and dating and signing approved protocols.

724.4 TRAINING

Nurses will be trained and approved in the nursing assessment protocols prior to their use. The training shall be documented and should include:

(a) Evidence that new nurses have been trained.

(b) Demonstration of knowledge and skills.

(c) Evidence of annual review of skills.

(d) Evidence of retraining when protocols are introduced or revised.

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724.5 AUTHORIZED USE OF PROTOCOLS

Nursing staff may use a nursing assessment protocol only after they have been trained and authorized by the Medical Director. Nursing assessment protocols shall only be used after a nurse fully evaluates the inmate's complaint and the inmate's condition meets the appropriate criteria.

Inmates may only be treated using a nursing protocol for the same condition on two consecutive visits. If the inmate requests service for the same condition a third time, the inmate should be referred to a physician's assistant, nurse practitioner, registered nurse or physician.

The assessment protocols only include the use of OTC medication. When OTCs are administered per the protocol, they do not require the signature of a physician. However, the order and the administration of the medication shall be documented on the medication administration record.

A registered nurse (RN) is considered the minimum certification level required to independently initiate medical treatment. The RN must be present to physically assess the inmate; an assessment cannot be done via telephone or electronically.

A licensed vocational nurse (LVN) is generally prohibited from independently initiating any standardized protocol. Under very specific circumstances (e.g., early detoxification, history of a seizure disorder), it may be acceptable for an LVN to initiate a standing order following a telephone consultation with a physician, physician's assistant, psychiatrist, dentist or other person who meets the minimum certification level to initiate such orders. Under these circumstances, it is essential that the inmate be personally evaluated within 24 hours by a physician's assistant, nurse practitioner, registered nurse or physician.

Nursing assessment protocols shall not include the administration of any prescription medication, with the exception of protocols addressing an emergency or a life-threatening situation. Treatment with prescription medication may only be initiated upon a written or verbal order from a physician, psychiatrist, dentist or other person who is licensed to dispense medication in the state, either independently or under the supervision of a physician.

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Medical Equipment and Supply Control

725.1 PURPOSE AND SCOPE

This policy outlines the control and inventory process to be utilized in accounting for all medical equipment and supplies. Medical equipment and supplies can pose a hazard for both the inmate population and the staff. Unauthorized possession of medical equipment and supplies constitutes possession of contraband. Unauthorized use of medical equipment and supplies violates inmate rules detailed in the inmate handbook. Since it is necessary to have a well-stocked medical space within the secure perimeter of the facility, there must be a plan to ensure that equipment and medical supplies are accounted for and tightly controlled.

725.2 POLICY

It is the policy of this office that all medical equipment, including sharps, needles and other items must be tightly controlled so they cannot be used as weapons or to facilitate the injection of drugs or other substances. Additionally, these tools and supplies must be controlled to prevent exposure to biohazards.

725.3 STAFF RESPONSIBILITIES

It is the responsibility of the Jail Commander to ensure that the inmate handbook clearly defines the unauthorized possession and/or use of medical equipment and supplies as a rule violation that may result in discipline.

The Medical Director or the authorized designee shall create and maintain an inventory log for all medical equipment and supplies. This log will be utilized by medical personnel who work within the facility to track and control medical equipment and supplies. When not in use, all medical equipment and supplies shall be stored in a secure manner to prevent unauthorized access.

At the beginning of each shift, the qualified health care professional shall inventory the medical supplies and equipment within their control. Any time a disposable item is used, the log shall reflect its use and disposal. At the end of each shift, the qualified health care professional will conduct another inventory using the supply and equipment log, and reconcile any disposable supplies used during their shift.

If there is a discrepancy that indicates that medical supplies or equipment are missing, a Shift Supervisor shall be immediately notified. The Shift Supervisor shall initiate a search for the missing supplies and/or equipment. The Shift Supervisor shall document the incident and any actions taken, and provide the Jail Commander with a complete report.

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Continuation of Care

726.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain a proactive health system in the facility that fosters the continuation of health care needs that, if discontinued, would have a negative effect on the health of the inmate. The sole objective is to maintain or improve the health of the inmates. This policy is intended to ensure that inmates receive health services in keeping with current community standards as ordered by qualified health care professionals.

726.2 POLICY

It is the policy of this office that all inmates shall have access to the continuation of care for a health issue, provided the treatment plan meets community standards. The inmate's health care needs will be assessed by qualified health care professionals and continued as determined or referred after release.

726.3 CONTINUITY OF CARE

The Jail Commander is responsible for coordinating with the Medical Director to ensure that all inmates receive appropriate health care, including, but not limited to:

(a) Newly booked inmates shall have a medical screening as part of the booking and classification process. This screening includes documentation of acute or chronic health issues or conditions, existing injuries and medications or treatments the inmate is currently receiving.

1. Any prior detention center health records, including those from other facilities, should be reviewed.
2. Current medications will be verified and continued as deemed appropriate by the Medical Director or the authorized designee.

(b) A health assessment is completed on or before the 14th day of continuous incarceration.

(c) Individual treatment plans that are used to guide treatment. The format for planning may vary but should include, at a minimum:

1. The frequency of follow-up for medical evaluation and adjustment of treatment modality.
2. The type and frequency of diagnostic testing and therapeutic regimens.
3. When appropriate, instructions about diet, exercise, medication and adaptation to the correctional environment.
4. Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.

(d) Reasonable effort should be made to obtain information and records relating to previous health care professionals with the consent of the inmate, if the inmate is currently under medical care.

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(e) Upon transfer to another facility, a medical discharge summary of the inmate's current condition, medications and treatment plan will be forwarded in a sealed envelope (to maintain confidentiality) to the receiving facility.

(f) Response to requests for health information from medical facilities and health care professionals, with the inmate's written consent.

(g) When inmates are sent out of the facility for emergency or specialty medical treatment, written information regarding the inmate's reason for transfer, pertinent medical problems and list of current medications should be sent with the inmate and may be given to those providing care upon request. The name and phone number of a contact person who the medical facility can call should be included with the patient health information. Upon the inmate's return to the facility, treatment recommendations should be reviewed by the Medical Director or the authorized designee and appropriate plans should be made for continuing care in the facility based on the treating facility's diagnosis, recommended medications and other treatment.

(h) Upon release from the facility, inmates should be given written instructions for the continuation of care including, but not limited to:

1. The name and contact information of health care facilities for follow-up appointments.
2. Prescriptions and/or an adequate supply of medication for those with chronic medical or psychiatric conditions.

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Continuous Quality Improvement

727.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a Continuous Quality Improvement (CQI) process of health care review in an effort to identify improvement needs in policies, processes or staff actions, and to develop and implement better health care strategies to improve the processes and outcomes of the health care services delivered at this facility.

727.2 POLICY

It is the policy of this office that an internal review and CQI process for inmate health care delivery and outcomes is developed and maintained, measurable goals and objectives are established and reviewed annually, and that the process itself is periodically reviewed and updated as needed. The process should be supervised by the Medical Director. The data evaluated should result in more effective access to services, an improved quality of care and a better utilization of resources.

727.3 CQI TECHNIQUES AND MONITORING

The CQI process may be applied to any aspect of health care delivery and health service outcomes, including, but not limited to, monitoring and reviewing the following:

- Quality of the medical charts, by the Medical Director or the authorized designee
- Investigations of complaints and grievances
- Corrective action plans and plan outcomes
- Deaths in custody, suicide attempts, sentinel events, and incident and management of serious communicable disease outbreaks
- Plans for employee education and training, using investigation findings
- Records of internal review activities
- Quarterly reports to the Medical Director and Jail Commander
- Legal requirements for confidentiality of medical records
- Credentialing (assessing and confirming qualifications), privileging (authorization to provide services), and training of employees and the associated peer review processes
- Condition and effectiveness of the care environment
- Adequacy and quality of supplies and equipment
- Quality of care provided to individual patients
- Accuracy and efficiency of pharmacy services and medication administration
- Ease of access to care
- Risk minimization tactics
- Data describing the types, quality and quantity of care provided

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- Accreditation compliance

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Informed Consent and Right to Refuse Medical Care

728.1 PURPOSE AND SCOPE

This policy recognizes that inmates have a right to make informed decisions regarding their health care. It establishes the conditions under which informed consent should be obtained prior to treatment, when medical care may proceed without consent, the documentation process for the refusal of medical care and the retention of refusal forms.

728.1.1 DEFINITIONS

Definitions related to this policy include:

Informed consent - The written agreement by an inmate to a treatment, examination or procedure. Consent is sought after the inmate has received the material facts about the nature, consequences and risks of the proposed treatment, the examination or procedure, the alternatives to the treatment and the prognosis if the proposed treatment is not undertaken, in a language understood by the inmate.

728.2 POLICY

It is the policy of this office that, generally, all health care examinations, treatments and procedures shall be conducted with the informed consent of the inmate. Exceptions may include emergencies, life-threatening conditions and public health matters.

728.3 INFORMED CONSENT

The qualified health care professional initiating treatment shall inform the inmate of the nature of the treatment and its possible side effects and risks, as well as the risks associated with not having the treatment.

For invasive procedures or any treatment where there is some risk to the inmate, informed consent is documented on a written form containing the signatures of the inmate and a health services staff witness.

A signed informed consent shall be obtained and witnessed by the prescribing psychiatrist for the initiation of psychotropic medication.

Appropriate arrangements shall be made to provide language translation services as needed before an inmate signs any informed consent form.

For minors and conservatees, the informed consent of a parent, guardian or legal custodian applies where required by law. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment can be administered to an inmate.

728.4 REFUSAL OF TREATMENT

When an inmate refuses medical, mental health or dental treatment or medication, he/she shall be counseled regarding the necessity of the treatment/medication and the consequences of

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refusal. The inmate shall then be requested to sign a form acknowledging that he/she refused an examination and/or treatment.

The form shall be filled out completely by the qualified health care professional and include the inmate's name, booking number, treatment/medication refused, the risks or consequences of refusal and the inmate's mental status. The form must be signed by the inmate and a witness.

In the event that the inmate refuses to sign, a notation to this effect shall be documented on the inmate signature line. This shall require a signed acknowledgement by two witnesses.

Documentation regarding the inmate's mental status shall be noted in the medical record, along with a brief note describing the intervention of the qualified health care professional.

The completed form is to be placed in the inmate's medical record.

It is the responsibility of the qualified health care professional to refer all refusal forms to the Medical Director.

Any time there is a concern about the decision-making capacity of the inmate, an evaluation shall be conducted, particularly if the refusal is for critical or acute care.

All refusals of psychotropic medication shall be referred to the Medical Director or the authorized designee.

Any time an inmate refuses to take his/her medication, attend sick call or a scheduled medical appointment, a signed refusal must be obtained by the qualified health care professional.

The refusal form shall be a permanent part of the inmate's medical record. The inmate may revoke his/her refusal at any time.

728.5 RECORDS

The Jail Commander or the authorized designee shall work with the Medical Director to develop medical care consent and refusal forms and a system for retaining records in the inmate's health file in accordance with established records retention schedules.

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Management of Health Records

729.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a uniform manner of maintaining the active inmate health records for easy accessibility during clinical treatment, and the storage methods for inactive health records. This policy also recommends practices that will ensure the confidentiality of health record information by separating it from custody records.

729.1.1 DEFINITION

Definition related to this policy:

Protected health information - Information that relates to the inmate's past, present or future physical or mental health or condition, the provision of medical care to the inmate, or the past, present or future payment for the provision of health care to the inmate (45 CFR 160.103).

729.2 POLICY

It is the policy of this office to maintain the confidentiality of inmates' protected health information. Inmate health records will be maintained separately from custody records and under secure conditions, in compliance with all local, state and federal requirements.

The Medical Director or the authorized designee will establish standardized facility procedures for recording information in the file and for the control and access to inmate health records. Inmate workers shall not have any access to inmate health records.

729.3 INITIATING A HEALTH RECORD

Following the initial medical screening process, the qualified health care professional shall initiate a health record for each inmate. The Medical Director shall be responsible for developing and implementing procedures for standardized record formatting.

729.4 CONFIDENTIALITY OF INMATE HEALTH RECORDS

Information regarding an inmate's health status is confidential. Active health records shall be maintained separately from custody records. Access to an inmate's health record shall be in accordance with state and federal law (Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191 and the implementing regulations).

The inmate's protected health information may be disclosed, with the inmate's written authorization, to any person so designated. A fully completed authorization for release and/or a disclosure of protected health information form shall be required prior to disclosure based upon informed consent.

The inmate's protected health information may be disclosed by the qualified health care professional without the inmate's authorization under certain circumstances and when approved by the Medical Director or the authorized designee. Those circumstances include:

(a) To known qualified health care professionals who are members of the health care team responsible for the inmate's care.

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(b) To custody staff regarding inmates as reasonably necessary to protect the safety, security and good order of the facility. Examples may include information that the inmate may be:

1. Suicidal.
2. Homicidal.
3. A clear custodial risk.
4. A clear danger of injury to self or others.
5. Gravely disabled.
6. Receiving psychotropic medications.
7. A communicable disease risk.
8. In need of special housing.

(c) To the local public health officer when an inmate is part of a communicable disease investigation.

(d) Pursuant to a court order or valid subpoena duces tecum, accompanied by satisfactory assurance that the inmate has been given notice and an opportunity to file an objection or efforts have been made to secure a protective order as required under HIPAA (45 CFR 164.512).

(e) To a law enforcement officer for purposes of a criminal investigation, to avert a serious threat to the health or safety of any person or to fulfill mandatory reporting requirements.

(f) To a law enforcement officer when the inmate has died as a result of criminal conduct.

The inmate's limited protected health information may also be disclosed to a law enforcement officer for purposes of identifying or locating a suspect or when the inmate is a victim of a crime. When reasonably possible, the approval of the Jail Commander should be obtained prior to disclosure.

Attorneys requesting health record information regarding an inmate should be advised that an authorization for release and/or a disclosure of medical information form or an attorney release form signed by the inmate is required.

Family members may be informed of the inmate's custody status and whether the inmate is receiving medical care. Family members requesting additional information must provide a proper authorization for release and/or disclosure of medical information form.

The Jail Commander, in consultation with the Medical Director, shall designate personnel who will be responsible for reviewing all requests for access to medical records and who will propose related policies and procedures and other activities designed to facilitate proper documentation of health care and access to records.

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729.5 HEALTH RECORD CONTENTS

(a) To standardize record keeping and to identify responsibilities, the following should apply to inmate health records:

1. The qualified health care professional or the authorized designee should be responsible for ensuring that all required information and forms are included in the medical records. There should also be a periodic informal review as described in the Continuous Quality Improvement Policy.
2. The qualified health care professional or the authorized designee should be responsible for ensuring incoming written findings and recommendations are returned with the inmate from any off-site visit and filed in the inmate's medical record.

(b) Inmate health records shall minimally contain, but are not limited to:

1. Identifying information (e.g., inmate name, identification number, date of birth, sex) on each sheet in the file.
2. A completed inmate medical/mental health screening form.
3. Health appraisal information and data forms.
4. Complaints of illness or injury.
5. A problem summary, containing medical and mental health diagnoses and treatments as well as known allergies.
6. Immunization records.
7. Progress notes of all significant findings, diagnoses, treatments and dispositions.
8. Orders from a qualified health care professional for prescribed and administered medications.
9. X-ray and laboratory reports and diagnostic studies.
10. A record of the date, time and place of each clinical encounter with inmates.
11. Health service reports.
12. Individualized treatment plans when available or required
13. Consent and refusal forms.
14. Release of information authorization forms (including HIPAA forms).
15. Results of specialty consultations and off-site referrals.
16. Special needs treatment plans, if applicable.

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729.6 ACTIVE INMATE HEALTH RECORDS

Active inmate health records will be accessible to qualified health care professionals as necessary for the provision of medical treatment and other uses allowed by law or the Jail Commander or the authorized designee, under exigent circumstances, to protect the safety, security and good order of the facility.

All entries in the inmate health record will have the place, date, time, signature and title of each individual providing care and should be legible.

Documentation in the inmate health record is done in the subjective, objective, assessment and plan (SOAP) format. An inmate health record is initiated at the first health encounter following the initial medical screening.

If an inmate has been previously incarcerated, the previous health record should be reactivated. If a new record has been initiated and a previous record exists, medical records personnel should merge the two records in order to compile a complete history, unless mandated statutory retention schedules have provided for the destruction of one file and there is a need to create a new file.

New information shall be entered on the health record at the completion of each encounter.

All inmate health records shall be returned to the file prior to the end of each watch.

729.7 INACTIVE MEDICAL RECORDS

When an inmate is released from custody, medical records personnel should remove the inmate’s health record from the active file.

The health record should be reviewed for completeness. Any loose documents should be filed according to the established health record format.

The health record should be securely stored in the area designated for inactive inmate health records, in accordance with established records retention schedules but no less than 10 years from the date of the last clinical encounter. Adult records and juvenile records may have different jurisdictional retention requirements.

Inactive inmate medical records may be stored off-site. Health record information from inactive files may be transmitted to specific and designated physicians or medical facilities upon the written request or authorization of the inmate.

729.8 ELECTRONIC MEDICAL RECORDS

If medical records are maintained in an electronic format, the system should be structured with redundancies to ensure the records will survive any system failure.

729.9 HIPAA COMPLIANCE

The Jail Commander, in consultation with the Medical Director, shall ensure that a health record protection and disclosure compliance plan conforming to the requirements of HIPAA is prepared and maintained. The plan should detail all necessary procedures for security and review of the access and disclosure of protected health information. At minimum, the plan will include:

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- Assignment of a HIPAA compliance officer, who is trained in HIPAA compliance and will be responsible for maintaining procedures for and enforcing HIPAA requirements, including receiving and documenting complaints about breaches of privacy.
- Ongoing training on HIPAA requirements, depending on the level of access the member has to protected health information.
- Administrative, physical and technical safeguards to protect the privacy of protected health information.
- Procedures for the permitted or required use of disclosure of protected health information and the mitigation of harm caused by improper use or disclosure.
- Protocol to ensure privacy policies and procedures, any privacy practice notices, disposition of any complaints, and other actions, activities and designations required to be documented, are maintained for at least six years after the date of creation or last effective date, whichever is later.

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Inmate Health Care Communication

730.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain effective communication between the treating qualified health care professionals and custody personnel. This communication is essential at all levels of the organization to ensure the health and safety of all occupants of the facility.

730.2 POLICY

It is the policy of this office that effective communication shall occur between the Jail Commander and the treating qualified health care professionals regarding any significant health issues of an inmate. All health issues should be considered during classification and housing decisions in order to preserve the health and safety of the occupants of this facility.

When a qualified health care professional recognizes that an inmate will require accommodation due to a medical or mental health condition, custody personnel shall be promptly notified in writing.

The Jail Commander shall be responsible for establishing measurable goals relating to processes that enhance good communication between the qualified health care professionals and the custody staff. The Jail Commander should also establish, in writing, the desired performance objectives relating to practices that support good communication between the qualified health care professionals and the custody staff. The Jail Commander should review the documents annually for any necessary revisions or updates in support of continuous improvement in the delivery of health care services.

730.3 MANAGING SPECIAL NEEDS INMATES

Upon an inmate's arrival at the facility, the qualified health care professional, in consultation with the custody staff, should determine if the inmate has any special needs.

(a) If staff determines that an inmate has special needs, a communication form or other appropriate documentation relating to special needs should be completed and sent to classification personnel, the Shift Supervisor and the housing officer. This is to ensure that the inmate is assigned to a housing unit that is equipped to meet his/her special needs.

(b) The qualified health care professional should arrange for the appropriate follow-up evaluation.

(c) The health care of special needs inmates should be continuous and ongoing. At minimum, the inmate should be seen by the Medical Director or a qualified health care professional at least once every 90 days to evaluate his/her continued designation as a special needs inmate.

(d) Inmates who have been determined by qualified health care professionals to require a special needs classification should be seen at least once monthly by a qualified health care professional.

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(e) Prior to transfer to another facility, a medical transfer summary should be completed detailing any special requirements that should be considered while the inmate is in transit and upon his/her arrival at the destination. Discharge planning should be included, as appropriate.

(f) A treatment plan should be developed for each inmate and should include, at a minimum:

1. The frequency of follow-up for medical evaluation and anticipated adjustments of the treatment modality.
2. The type and frequency of diagnostic testing and therapeutic regimens.
3. When appropriate, instructions about diet, exercise, adaptation to the correctional environment and using prescribed medications.

(g) When clinically indicated, the qualified health care professionals and the custody personnel should consult regarding the condition and capabilities of inmates with known medical and/or psychiatric illnesses or developmental disabilities prior to any of the following:

1. Housing assignment
2. Program or job assignment
3. Admissions to, and transfers from or between institutions
4. Disciplinary measures for mentally ill patients

(h) Qualified health care professionals and custody personnel should communicate about inmates who require special accommodation. These include, but are not limited to, inmates who are:

1. Chronically ill
2. Undergoing dialysis
3. In an adult facility, as an adolescent
4. Currently in treatment for a communicable disease
5. Physically disabled
6. Pregnant
7. Frail or elderly
8. Terminally ill
9. Mentally ill or suicidal
10. Developmentally disabled

730.4 NOTIFICATION TO SUPERVISORS

In the event that there is no mutual agreement regarding an individual or group of inmates who require special accommodation for medical or mental health conditions, supervisors in the respective chain of command within the health care and custody staff should address these issues.

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Forensic Evidence

731.1 PURPOSE AND SCOPE

The purpose of this policy is to maintain credibility between the inmates and the facility's qualified health care professionals by establishing clear guidelines restricting facility health care professionals from participating in the collection of forensic evidence for disciplinary or legal proceedings.

731.1.1 DEFINITION

Definitions related to this policy include:

Forensic evidence - Physical or psychological data collected from an inmate that may be used against the inmate in disciplinary or legal proceedings.

731.2 POLICY

Qualified health care professionals of this facility are generally prohibited from participating in the collection of forensic evidence or performing psychological evaluations for disciplinary or legal proceedings.

Qualified health care professionals of this facility should not be involved in the collection of forensic evidence except when complying with state laws requiring the collection of blood samples from inmates, provided the inmate has consented to the procedure and staff are not involved in any punitive action against the inmate.

Qualified health care professionals of this facility may collect blood or urine for testing for alcohol or drugs when it is done for medical purposes and under a physician’s order. Qualified health care professionals of this facility may conduct inmate-specific, court-ordered laboratory tests and examinations or radiology procedures with the consent of the inmate.

Qualified health care professionals of this facility are prohibited from being involved in the following procedures:

(a) Body cavity searches

(b) Psychological evaluations for use in adversarial proceedings

(c) Blood draws for lab studies ordered by the court, without inmate consent

(d) Any medical procedure, except emergency lifesaving measures, that does not have the inmate’s written consent

It shall be the responsibility of the Sheriff or the authorized designee to arrange for appropriately trained professionals to collect forensic evidence for disciplinary or legal proceedings.

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Oral Care

732.1 PURPOSE AND SCOPE

The intent of this policy is to ensure that inmates have access to dental care and treatment for serious dental needs. While the focus of this policy is primarily on urgent and emergent dental care, as with medical or mental health care, dental care is available based upon patient need.

732.1.1 DEFINITIONS

Definitions related to this policy include:

Infection control practices - Are defined by the American Dental Association (ADA) and the Centers for Disease Control and Prevention (CDC) as including sterilizing instruments, disinfecting equipment and properly disposing of hazardous waste.

Oral care - Includes instruction in oral hygiene, examinations and treatment of dental problems. Instruction in oral hygiene minimally includes information on plaque control and the proper brushing of teeth.

Oral examination - Includes taking or reviewing the patient's oral history, an extra-oral head and neck examination, charting of teeth and examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer and adequate illumination.

Oral screening - Includes visual observation of the teeth and gums and notation of any obvious or gross abnormalities requiring immediate referral to a dentist.

Oral treatment - Includes the full range of services that in the supervising dentist's judgment are necessary for proper mastication and for maintaining the inmate's health status.

732.2 POLICY

It is the policy of this office that oral care is provided under the direction of a dentist licensed in this state and that care is timely and includes immediate access for urgent or painful conditions. There are established priorities for care when, in the dentist's judgment, the inmate's health would otherwise be adversely affected.

732.3 ACCESS TO DENTAL SERVICES

Emergency and medically required dental care is provided to each inmate upon request. Dental services are not limited to extractions. It is the goal of dental services to alleviate pain and suffering, ensure that inmates do not lose teeth merely as a consequence of incarceration and to provide appropriate dental service whenever medically required to maintain nutrition.

Access to dental services should be as follows:

(a) All inmates wishing to see the dentist for a non-emergency issue shall complete a sick call form. Requests should be triaged according to the nature and severity of the problem and should be seen by a dentist according to assigned priority. Inmates

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requesting dental services on weekends or after hours will initially be evaluated by a qualified health care professional and referred appropriately.

(b) If an inmate suffers obvious trauma or other dental emergency, the qualified health care professional may arrange for immediate access to the dentist or may transfer the inmate to an emergency room for treatment.

(c) Inmates who are furloughed or sentenced to work release or another form of community release may see their own dentist pursuant to approval of scheduling arrangements with facility medical and custody staff. The inmate will be financially responsible for any payment. The Office is under no obligation to transport the inmate to this appointment.

(d) Records documenting all dental treatment should be maintained in the inmate's medical record file and retained in accordance with established records retention schedules. Examination results should be recorded on a uniform dental record using a numbered system.

(e) Medications prescribed by a dentist should be administered in accordance with pharmacy procedures and documented in the inmate’s medical record.

(f) Necessary dental services identified by a dentist that are not available on-site should be provided by referral to community resources as deemed necessary by the facility dentist.

732.4 DENTAL CARE OPTIONS

Inmates should be offered a dental screening by a qualified health care professional or a dentist during their 14-day medical assessment. This dental screening should include an evaluation of the current dental status and instruction on oral hygiene and preventive oral education.

Inmates should be offered a dental examination, supported by diagnostic x-rays if necessary, by a dentist within 12 months of incarceration.

Inmates who are scheduled to be incarcerated for less than 12 months should have access to the treatment of dental pain, fillings, extractions of non-restorable teeth, cleaning and treatment of symptomatic areas and repair of partials and dentures.

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Pharmaceutical Operations

733.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the procedures and protocols under which the facility must manage a pharmaceutical operation in order to comply with federal, state and local laws that govern prescribing and administering medication.

733.1.1 DEFINITIONS

Definitions related to this policy include:

Administration - The act of giving a single dose of a prescribed drug or biological substance to an inmate. Administration is limited to qualified health care professionals and health-trained custody staff members in accordance with state law.

Controlled substances - Medications classified by the Drug Enforcement Administration (DEA) as Schedule II-IV (21 USC § 812).

Delivery - The act of providing a properly labeled prescription container (e.g., a dated container that includes the name of the individual for whom the drug is prescribed, the name of the medication, dose and instructions for taking the medication, the name of the prescribing physician and expiration dates). Under these circumstances a single dose at a time can be delivered to the inmate, according to the written instructions, by any qualified health care professional or health-trained custody staff member.

Dispensing - Those acts of processing a drug for delivery or administration to an inmate pursuant to the order of a qualified health care professional. Dispensing consists of:

- Comparing directions on the label with the directions on the prescription or order to determine accuracy.
- Selection of the drug from stock to fill the order.
- Counting, measuring, compounding or preparing the drug.
- Placing the drug in the proper container and affixing the appropriate prescription label to the container.
- Adding any required notations to the written prescription.

Dispensing does not include the acts of distributing, delivery or administration of the drug. The function of dispensing is limited to pharmacists and qualified health care professionals.

Distributing - The movement of a drug, in the originally labeled manufacturer's container or in a labeled pre-packaged container, from the pharmacy to a health care services area.

Dose - The amount of a drug to be administered at one time.

Drug - An article recognized in the United States Pharmacopoeia and National Formulary (USP-NF), the Homeopathic Pharmacopoeia of the United States or any supplement that is intended for

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use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans. A substance, other than food, intended to affect the structure or any function of the human body.

Pharmaceutical operations - The functions and activities encompassing the procurement, dispensing, distribution, storage and control of all pharmaceuticals used within the detention center, the monitoring of inmate drug therapy and the provision of inmate/patient drug information.

733.2 POLICY

It is the policy of this office that pharmaceutical operations meet all federal, state and local legal requirements and be sufficient in scope to meet the needs of the facility population.

733.3 PHARMACEUTICAL OPERATIONS

(a) The Medical Director, in conjunction with the pharmacist, shall establish a list of all prescription and non-prescription medications available for inmate use.

1. Drugs approved for use in the facility should promote safe, optimum and cost-efficient drug therapy.
2. The list should be periodically updated.

(b) The Medical Director, in conjunction with the pharmacist, shall ensure appropriate medication storage, handling and inventory control.

(c) The Medical Director shall inspect the pharmaceutical operation quarterly and regularly review charts on medication utilization.

(d) The Medical Director shall be responsible for establishing and maintaining a system for the secure storage and accountability of all controlled substances, syringes and needles. Medications shall be stored under proper conditions of security, segregation and environmental control at all storage locations.

1. Medication shall be accessible only to legally authorized persons.
2. Medication and device cabinets (stationary or mobile) shall be closed and locked when not in use.
3. Controlled substances shall be stored and handled in accordance with DEA regulations.
4. Medication requiring refrigeration shall be stored separately, either in a refrigerator that is locked or in a refrigerator that is in a locked room and is used exclusively for medication and medication adjuncts. The inside temperature of this refrigerator shall be maintained between 36 and 46 degrees. The inside temperature shall be monitored and recorded daily on a refrigerator temperature log.
5. Antiseptics and other medications for external use shall be stored separately from internal and injectable medications.

(e) Medication shall be kept in pharmacist-packaged or the original manufacturer's labeled containers. Medication shall only be removed from these containers to prepare a dose for administration. Drugs dispensed to inmates who are off grounds or are being discharged from the facility shall be packaged in accordance with the provisions of

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the federal packaging laws (15 USC § 1471 et seq.) and any other applicable state and federal law.

(f) Medication shall be properly labeled with the label firmly affixed to the prescription package. Each label shall indicate the name, address and telephone number of the dispensing pharmacy, in addition to:

1. The medication name, strength, quantity, manufacturer, manufacturer's lot number or internal control number and expiration date.
2. Directions for use, dispensing date and drug order expiration date. Accessory or cautionary labels shall be applied as appropriate.
3. In cases where a multiple dose package is too small to accommodate the prescription label, the label may be placed on an outer container into which the multiple dose packages are placed.

(g) Medication that is outdated, visibly deteriorated, unlabeled, inadequately labeled, discontinued or obsolete shall be stored in a separate secure storage area and disposed of in accordance with the following requirements:

1. Controlled substances shall be disposed of in accordance with the state and federal regulations.
2. Unused, outdated or discontinued doses or excess inventories of non-controlled drugs that have not been in the possession of the inmate shall be returned to the pharmacy for disposition.
3. Returned, non-controlled substances that have been in the possession of the inmate, unclaimed personal medication collected at intake, or individual doses of medication removed from the original pharmacy packaging shall be destroyed at the facility by health services staff, who will and placed in the medical waste disposal system.
4. Pharmaceutical waste shall be separated from other types of medical waste for handling and disposal purposes, and will be discarded in designated containers distinctly identified for medical waste.

(h) All medication preparation, storage and administration areas shall be clean, organized, illuminated, ventilated and maintained at an appropriate temperature range. Any mobile medication cart that is not being used in the administration of medication to inmates shall be stored in a locked room that meets similar requirements.

(i) Current drug reference information, such as a Physician's Desk Reference (PDR) or an approved website, shall be available to staff.

(j) An annual report on the status of the pharmaceutical operation will be prepared by the pharmacist and provided to the Responsible Physician and the Jail Commander.

733.4 PRESCRIBING MEDICATIONS

All medications shall be prescribed in a safe and effective manner for clinically appropriate reasons and documented in the individual patient medical record. Records shall be retained in accordance with established records retention schedules.

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(a) Any medication prescribed by a qualified health care professional shall specify the drug name, strength, dose, route, frequency, discontinuation date and indication for use if the medication is intended to be used as needed. Medication shall not be prescribed for an indefinite period. The qualified health care professional shall review medication regimens at specified time intervals. An order to continue or discontinue any medication shall be documented in the medical record, which will supersede any earlier orders for that medication. A physician's signature shall be required on all verbal orders within 72 hours of the order.

(b) Any medication prescription that is not complete or is questionable shall not be prepared until clarification is received from the qualified health care professional. Staff shall make an effort to obtain prescription clarification in a timely manner.

(c) Medication shall only be ordered upon approval of the Responsible Physician. Medication shall be prescribed and ordered from the facility list of approved medications unless the Medical Director approves otherwise.

(d) Some inmates may be permitted to possess and self-administer some medications when monitored and controlled, in accordance with this policy.

(e) Apparent adverse drug reactions shall be recorded in the inmate's health record by the qualified health care professional.

(f) The qualified health care professional shall notify the Shift Supervisor of all known medication errors in a timely manner. Medication error reports shall be completed on all known medication errors.

733.5 PER DOSE MEDICATION ADMINISTRATION

Psychotropic medication, controlled substances, tuberculosis (TB) medication, seizure medication and those listed as directly observed therapy (DOT) shall be administered to inmates on a per dose basis. Health-trained custody staff members may administer medication on the order of the Medical Director or a qualified health care professional.

(a) Each medication ordered on a per dose basis for individual inmates shall be kept in the medication room of the facility.

(b) Medication dispensing envelopes bearing the inmate's name, booking number, housing location and the medication and its dosing schedule shall be generated for each inmate receiving per dose medication. These shall be administered from the individually packaged supply and delivered to the patient at each scheduled medication time.

(c) The qualified health care professional or health-trained custody staff member will confirm the inmate's identity prior to administering the medication by comparing the name/booking number on the dispensing envelope with the inmate's identification badge/armband.

1. Inmates should have a fluid container and adequate fluid to take the medication being administered.

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2. The qualified health care professional or health-trained custody staff member should observe the inmate taking the medication to prevent "cheeking" or "palming".

3. The qualified health care professional or health-trained custody staff member should inspect the inmate's mouth after the inmate swallows the medication to ensure it was completely ingested. If the inmate appears to be "cheeking" the medication, a chart entry will be made and a notation entered on the medication envelope as well as the back of the Medication Administration Record (MAR).

(d) The qualified health care professional or health-trained custody staff member shall record each medication administered by initialing the appropriate date and time. The qualified health care professional or health-trained custody staff member shall authenticate the initials by placing his/her initials, signature or name stamp in the designated area on the lower portion of the MAR. Pre-charting is not allowed.

1. In the event that medication cannot be administered (for example, the inmate is in court or the medication is not in stock), a note explaining the situation and planned action shall be made on the back of the MAR or on a progress note.

(e) The qualified health care professional or health-trained custody staff member shall have inmates who refuse their medication sign a refusal form at the medication round. If the inmate willfully refuses to sign the refusal form, the qualified health care professional or health-trained custody staff member shall advise custody staff, who should attempt to resolve the situation through voluntary compliance, by reminding the inmate that a refusal to sign may lead to disciplinary action. The qualified health care professional or health-trained custody staff member shall also:

1. Note the refusal on the medication log including the date and time.

2. Review the medication logs for prior refusals.

3. Document patterns of refused medications on the inmate's medical record.

4. Make a reasonable effort to convince the inmate to voluntarily continue with the medication as prescribed.

5. Report continued refusals to the Medical Director and have the inmate complete and sign a medication refusal form.

(f) No inmate should be deprived of prescribed medication as a means of punishment.

733.6 SELF ADMINISTRATION OF MEDICATION

Upon approval of the Medical Director or qualified health care professional, inmates may be allowed to self-administer prescribed medication, other than psychotropic medication, seizure medication, controlled drugs, TB medication or any medication that is required to be DOT or has the recognized potential for abuse.

The qualified health care professional ordering medication should educate the inmate regarding potential side effects and the proper use of the medication.

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(a) Medication may be ordered through a pre-booking examination or medical clearance obtained at a hospital or other clinic, an emergency room visit or evaluation by an on-site qualified health care professional.

(b) Any questions the inmate may have concerning his/her medication should be addressed at this time.

(c) The inmate shall be instructed to carry medication at all times or to secure it in designated areas within the housing unit.

(d) All self-administered medications are to be documented on the MAR.

(e) Upon receipt of the medication, the qualified health care professional or health-trained custody staff member should issue the inmate his/her medication as follows:

1. The qualified health care professional or health-trained custody staff member issuing the medication should confirm correct identity by comparing the name/ booking number of the self-administer package to the inmate's identification badge/armband.

2. When issuing self-administered medication, documentation on the MAR should include the number of pills issued and the qualified health care professional or health-trained custody staff member's initials.

(f) The continuous quality improvement coordinator should monitor inmate compliance by randomly interviewing inmates about the name, purpose, dose, schedule and possible side effects of their prescription medication and will inspect the inmates' self-administered medication and review their medical records. Any violation of the rules will be reported to the custody liaison.

(g) Any self-administered medication may be changed to per-dose at the discretion of the medical staff if the inmate is not responsible enough to self-administer the medication or has a history of frequent rule violations. Documentation in the medical record should accompany any decision to change the medication to per-dose. Custody and health care staff should continuously monitor and communicate with each other regarding inmates complying with the conditions and rules for self-administered medication.

(h) Inmates who arrive at the facility with prescribed medication should be administered per dose for any new medications or refills until the new medication or refill is received from the pharmacy.

733.7 NON-PRESCRIPTION MEDICATION

Any over-the-counter non-prescription medication available to inmates for purchase in the facility commissary shall be approved jointly by the Jail Commander and the Medical Director and shall be reviewed annually.

The Jail Commander and the Medical Director should establish a limit on the amount of non-prescription medication an inmate may purchase and have in his/her possession at any time. Inmates with medication in an amount above the proscribed limit may be subject to disciplinary sanctions.

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733.8 TRAINING

All health-trained custody staff members authorized to deliver, administer and provide medication assistance shall be trained prior to engaging in any tasks related to delivery or administration of medication.

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Release Planning

734.1 PURPOSE AND SCOPE

This office recognizes that inmates may require information and assistance with health care follow-up upon release from custody. The purpose of this policy is to establish guidelines to assist staff with providing resources for the continuity of an inmate's health care after he/she is released from custody.

734.1.1 DEFINITION

Definitions related to this policy include:

Release planning - The process of providing sufficient resources for the continuity of health care to an inmate before his/her release to the community.

734.2 POLICY

The qualified health care professional should work with correctional staff to ensure that inmates who have been in custody for 30 or more days and have pending release dates, as well as serious health, dental or mental health needs, are provided with medication and health care resources sufficient for the inmate to seek health care services once released.

A minimum 14 day supply of all currently prescribed medication will be provided to an inmate who is to be released; a one-week supply will be provided to an inmate who is transferring to a new custody facility.

The Jail Commander or the authorized designee shall be responsible for ensuring that release preparation curriculum and materials are developed and maintained for this purpose, and that community resource information is kept current. Release planning should include:

(a) Resources for community-based organizations that provide health care services, housing, funding streams, employment and vocational rehabilitation.

(b) Lists of community health professionals.

(c) Discussions with the inmate that emphasize the importance of appropriate follow-up care.

(d) Specific appointments and medications that are arranged for the inmate at the time of release.

734.3 PREPARATION FOR RELEASE

Upon notification of the imminent release of an inmate who has been identified as having serious medical or mental health needs, release planning shall include the following:

(a) A medical screening shall be conducted to assess the inmate's immediate medical needs, and arrangements should be made for community follow-up where needed, including sufficient medication.

(b) With the inmate's written consent, the qualified health professional should:

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1. Share necessary information with health care services.
2. Arrange for follow-up appointments.
3. Arrange for the transfer of health summaries and relevant parts of the health record to community health care services or others who are assisting in planning for or providing services upon the inmate’s release.

(c) Contact with community health care services shall be documented via an administrative note in the inmate’s health record.

(d) Inmates with serious mental health issues, including those receiving psychotropic medication, shall be informed about community options for continuing treatment and provided with follow-up appointments, when reasonably possible.

(e) Medication will be provided as appropriate.

734.4 RELEASE PLANNING RECORDS

All records of community referrals, transfer forms, logs, documentation of release planning, lists of medication provided, records release authorization forms and any other relevant documents shall be maintained in the inmate’s health file and retained in accordance with established records retention schedules.

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Privacy of Care

735.1 PURPOSE AND SCOPE

This policy recognizes that inmates have a right to privacy and confidentiality regarding their health-related issues. It also recognizes inmates' right to health care services that are provided in such a manner as to ensure that privacy and confidentiality, and encourage inmates use and trust of the facility's health care system.

735.1.1 DEFINITION

Definitions related to this policy include:

Clinical encounters - Interactions between inmates and health care professionals involving a treatment and/or an exchange of confidential health information.

735.2 POLICY

It is the policy of this office that, in order to instill confidence in the health care system by the inmate population, all discussions of health-related issues and clinical encounters, absent an emergency situation, will be conducted in a setting that respects the inmate's privacy and encourages the inmate's continued use of health care services.

735.3 CLINICAL EVALUATIONS

Emergency evaluations and rendering of first aid should be conducted at the site of the emergency, if reasonably practicable, with transfer to the medical clinic or emergency room as soon as the inmate is stabilized.

Inmates shall have a same-sex escort for encounters with an opposite-sex qualified health care professional or health-trained staff member, as appropriate.

Custody personnel should only be present to provide security if the inmate poses a risk to the safety of the qualified health care professional or others.

735.4 REPORTING INAPPROPRIATE ACCESS OF MEDICAL INFORMATION

The Jail Commander and the Medical Director shall establish a process for staff, inmates or any other persons to report the improper access or use of medical records.

735.5 TRAINING

All corrections personnel, interpreters and qualified health care professionals who are assigned to a position that enables them to observe or hear qualified health care professional/inmate encounters shall receive appropriate training on the importance of maintaining confidentiality when dealing with inmate health care. The Training Sergeant shall be responsible for scheduling such training and for maintaining training records that show the employee attended, in accordance with established records retention schedules.

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Chapter 8 - Environmental Health

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Sanitation Inspections

800.1 PURPOSE AND SCOPE

The Valley County Sheriff's Office has established a plan to promote and inspect the environmental safety and sanitation requirements established by applicable laws, ordinances and regulations. This policy establishes a plan of housekeeping tasks and inspections required to identify and correct unsanitary or unsafe conditions or work practices in this facility.

800.2 POLICY

It is the policy of the Office to maintain a safe and sanitary facility. To accomplish this goal the Office will maintain a written plan that contains schedules and procedures for conducting weekly and monthly sanitation inspections of the facility. The Jail Commander will ensure that the plan addresses, at minimum:

(a) Schedules of functions (e.g., daily, weekly, monthly or seasonal cleaning, maintenance, pest control and safety surveys).

(b) Self-inspection check lists to identify problems and to ensure cleanliness of the facility.

(c) Procedures, schedules and responsibilities for coordinating annual inspections by the county health department, including how deficiencies on the inspection report are to be corrected in a timely manner.

(d) A list of approved equipment, cleaning compounds, chemicals and related materials used in the facility, and instructions on how to operate, dilute or apply the material in a safe manner.

(e) Record-keeping of self-inspection procedures, forms and actions taken to correct deficiencies.

(f) Training requirements for custody staff and inmate workers on accident prevention and avoidance of hazards with regard to facility maintenance.

Consideration should be given to general job descriptions and/or limitations relating to personnel or inmates assigned to carrying out the plan. Specialized tasks, such as changing air filters and cleaning ducts or facility pest control, are more appropriately handled by the Office or by contract with private firms.

Inmates engaged in sanitation duties shall do so only under the direct supervision of qualified custody staff. When inmate work crews are used, additional controls should be implemented to account for all equipment and cleaning materials.

All staff shall report any unsanitary or unsafe conditions to a supervisor. Staff shall report repairs needed to the physical plant and equipment by submitting a work order to a supervisor. Shift Supervisors will conduct cleaning inspections on a daily basis. The Jail Commander or the authorized designee will conduct weekly safety and sanitation inspections of the facility.

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800.3 WORK ORDERS

All reports of unsafe or unsanitary conditions as well as repairs needed to the physical plant and equipment shall be documented in a work order. The Jail Commander will designate a staff person to receive these work orders and take appropriate action to ensure the repairs or action taken. All work and action taken will also be documented. Reports for budget resources above and beyond already budgeted maintenance items shall be reported to the Jail Commander.

800.4 MATERIAL SAFETY DATA SHEETS (MSDS)

Materials and substances used in the operation and maintenance of the facility may qualify as hazardous material. Hazardous material is required to have a companion Material Safety Data Sheet (MSDS) that is provided by the manufacturer or distributor of the material. The MSDS provides vital information on individual hazardous material and substances, including instructions on safe handling, storage, and disposal, prohibited interactions and other details relative to the specific material.

The Jail Commander shall be responsible for ensuring that a written hazard communication plan is developed, implemented and maintained at each workplace. Each area of the facility in which any hazardous material is stored or used shall maintain a MSDS file in an identified location that includes (29 CFR 1910.1200(e)(1)):

(a) A list of all areas where hazardous materials are stored.

(b) A physical plant diagram and legend identifying the storage areas of the hazardous material.

(c) A log for identification of new or revised MSDS materials.

(d) A log for documentation of training by users of the hazardous material.

800.4.1 MSDS USE, SAFETY AND TRAINING

All supervisors and users of MSDS information must review the latest issuance from the manufacturers of the relevant substances. Staff and inmates shall have ready and continuous access to the MSDS for the substance they are using while working. In addition, the following shall be completed (29 CFR 1910.1200(e)(1)(ii)):

(a) Supervisors shall conduct training for all staff and inmates on using the MSDS for the safe use, handling and disposal of hazardous material in areas they supervise.

(b) Upon completion of the training, staff and inmates shall sign the acknowledgement form kept with each MSDS in their work area.

(c) Staff and inmates using the MSDS shall review the information as necessary to be aware of any updates and remain familiar with the safe use, handling and disposal of any hazardous material in their workplace.

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800.4.2 MSDS DOCUMENTATION MAINTENANCE

Changes in MSDS information occur often and without general notice. Any person accepting a delivery, addition, or replacement hazardous material shall review the accompanying MSDS and if additions or changes have occurred, the revised MSDS shall be incorporated into the file and a notation shall be made in the MSDS revision log.

Supervisors shall review MSDS information in their work areas semi-annually to determine if the information is up-to-date and that appropriate training has been completed. Upon review, a copy of the MSDS file and all logs shall be forwarded to the maintenance supervisor or the authorized designee.

800.4.3 MSDS RECORDS MASTER INDEX

The maintenance supervisor or the authorized designee will compile a master index of all hazardous materials in the facility, including locations, along with a master file of MSDS information. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semi-annual reviews will be maintained in the MSDS master file. The master index should also include a comprehensive, up-to-date list of emergency phone numbers (e.g., fire department, poison control center) (29 CFR 1910.1200(g)(8)).

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Hazardous Waste and Sewage Disposal

801.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a system for disposing of hazardous waste. The Office recognizes that the effectiveness of a disposal system depends not only on the written policies, procedures and precautions, but on adequate supervision and the responsible behavior of the staff and inmates. It is the responsibility of everyone in the facility to follow hazardous waste disposal instructions, utilizing prescribed precautions and using safety equipment properly.

801.1.1 DEFINITION

Definitions related to this policy include:

Hazardous waste - Material that poses a threat or risk to public health or safety, or is harmful to the environment (e.g., batteries, paints, solvents, engine oils and fluids, cleaning products).

801.2 POLICY

It is the policy of this office that any sewage and hazardous waste generated at the facility shall be handled, stored and disposed of safely and in accordance with all applicable federal and state regulations and in consultation with the local public health entity. The Jail Commander or the authorized designee shall be responsible for:

- Contracting with a hazardous waste disposal service.
- Developing and implementing a storage and disposal plan that has been reviewed and approved by a regulatory agency.
- Including hazardous waste issues on internal health and sanitation inspection checklists.
- Including hazardous waste issues in the inmate handbook and ensuring that inmates receive instruction on proper handling and disposal during inmate orientation.
- Developing and implementing procedures for the safe handling and storage of hazardous materials until such time as the contractor removes the items from the facility.
- Ensuring the staff is trained in the proper identification of hazardous waste and the appropriate handling, storage and disposal of such items.

801.3 DISPOSAL PROCEDURE

801.3.1 SEWAGE DISPOSAL

All sewage and liquid waste matter must be disposed of into a public system of sewerage or, if public sewerage is not available, into a private system of sewage disposal in accordance with the requirements of the local public health entity.

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The institution's use of the private system must be discontinued and the private system must be properly abandoned when public sewerage becomes available.

801.3.2 HAZARDOUS WASTE
Hazardous waste generated in the facility shall be properly disposed in designated containers and stored until removed by the contractor.

801.4 SAFETY EQUIPMENT

The Jail Commander and the county emergency manager shall ensure that appropriate safety equipment is available. All supervisors shall be knowledgeable in how to access the safety equipment at all times. The county may coordinate with local fire departments or contracted vendors to obtain the necessary safety equipment.

801.5 TRAINING

The Training Sergeant shall be responsible for ensuring that all facility personnel receive appropriate training in the use of appropriate safety equipment and the identification, handling and disposal of hazardous waste. Training records shall be maintained, including the course roster, curriculum, instructor name and credentials, and testing instruments.

801.6 SUPERVISOR RESPONSIBILITY

Supervisors are responsible for monitoring any hazardous waste containment issue, ensuring that employees have the appropriate safety equipment, that any exposed persons receive immediate medical treatment, and that the appropriate measures are taken to lessen the exposure of others. Supervisors shall ensure that incident reports are completed and forwarded to the Jail Commander in the event of an exposure to staff, inmates or visitors.

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Housekeeping and Maintenance

802.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines to ensure that the facility is kept clean and in good repair in accordance with accepted federal, state and county standards.

802.2 POLICY

The Jail Commander shall establish housekeeping and maintenance plans that address all areas of the facility. The plan should include, but is not limited to (Idaho Code 20-620):

- Schedules that determine the frequency of cleaning activities on a daily, weekly or monthly timetable, by area of the facility.
- Supervision of the staff and inmates to ensure proper implementation of the procedures and to ensure that no inmate supervises or assigns work to another inmate.
- Development and implementation of an overall sanitation plan (e.g., cleaning, maintenance, self inspection, staff training, inmate supervision).
- Development of inspection forms.
- All inmate responsibilities, which should be included in the inmate handbook.
- A process to ensure that deficiencies identified during inspections are satisfactorily corrected and documented.
- Detailed processes for the procurement, storage and inventory of cleaning supplies and equipment.
- A process for the preventive maintenance of equipment and systems throughout the facility.
- Staff supervision of the provision and use of cleaning tools and supplies.

To the extent possible, cleaning and janitorial supplies shall be nontoxic to humans. Any poisonous, caustic or otherwise harmful substances used for cleaning shall be clearly labeled and kept in a locked storage area.

802.3 SANITATION SCHEDULE

A daily, weekly and monthly cleaning schedule will be established by the housing unit supervisor. The facility staff should implement a site-specific plan for cleaning and maintenance of each area of the detention center (e.g., housing, food preparation, laundry, loading dock/trash storage, barber shop, warehouse, common areas). The following recommendations include, but are not limited to, specific areas and items:

(a) Daily cleaning:

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1. Detention Center floors are swept and wet-mopped daily and kept free from hazardous objects at all times.
2. Each inmate is responsible for keeping his/her cell area clean at all times. Cells and dormitories should be free of accumulations of food or unnecessary articles that might attract vermin.
3. Durable, fire-retardant trash receptacles and ashtrays (if smoking is authorized) are provided throughout the facility and are emptied and cleaned daily.
4. Toilets, lavatories, sinks and other sanitary equipment are cleaned with hot, sudsy water.
5. Shower facilities are thoroughly cleaned with hot water, soap and scouring powder.
6. Mop sinks and janitor's closets are thoroughly cleaned after each use.
7. Equipment and tools are thoroughly cleaned after each use and appropriately stored in a well-ventilated area that does not allow inmate access.

(b) Weekly cleaning:

1. Floors are scrubbed and rinsed.
2. Bars, screens, ledges and other exposed surfaces are dusted and/or washed weekly or when they are soiled, dirty or it is otherwise necessary.
3. Air conditioning/heating grates are cleaned.
4. Water is poured into floor drains to test for flow.

(c) Monthly cleaning:

1. Walls and ceilings are to be washed. Inmates are prohibited from placing pictures, pin-ups or other objects on walls or ceilings that might be used to conceal contraband or create a breeding place for vermin.
2. Bunk pans are cleaned.

802.3.1 MAINTENANCE

Painted surfaces should be free of scaling or deterioration. Repainting should be done with a light, soft-toned, fire-retardant and washable paint.

All plumbing, lighting, ventilation equipment, furnishings and security hardware in inmate living areas should be kept in working order. Any broken fixture, equipment, furnishing or hardware should be promptly repaired or replaced.

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802.4 TRAINING

All custodial staff and inmate workers assigned cleaning duties shall receive instruction commensurate with their tasks, including proper cleaning techniques, the safe use of cleaning chemicals and areas of responsibility.

802.5 SELF-INSPECTION CHECKLIST

The Jail Commander or the authorized designee should develop an inspection checklist that includes the cleaning and maintenance items that will be checked by supervisors on a daily, weekly and monthly basis throughout the facility.

The inspection checklist will closely correspond to the established cleaning and maintenance schedule.

Inspection checklists shall be forwarded to the Jail Commander or the authorized designee for annual review, filing and retention as required by the established records retention schedule.

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Physical Plant Compliance with Codes

803.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the timeline, process and responsibilities for facility maintenance, inspections and equipment testing in compliance with all applicable federal, state and local building codes.

803.2 POLICY

It is the policy of this office that all construction of the physical plant (renovations, additions, new construction) will be reviewed and inspected in compliance with all applicable federal, state and local building codes. All equipment and mechanical systems will be routinely inspected, tested and maintained in accordance with applicable laws and regulations.

803.3 COMPLIANCE WITH CODES AND STATUTES

Plumbing, sewage disposal, solid waste disposal and plant maintenance conditions will comply with rules and regulations imposed by state regulatory entities governing such practices.

803.4 RESPONSIBILITIES

The Jail Commander shall be responsible for establishing and monitoring the facility maintenance schedule, the inspection schedules of the Shift Supervisors and deputies, and ensuring that any deficiencies discovered are corrected in a timely manner.

Copies of the local jurisdiction’s applicable health and sanitation codes shall be kept in the facility by the Jail Commander or the authorized designee. The Jail Commander or the authorized designee is responsible for developing internal health and sanitation inspection checklists, for maintaining valid licensing and sanitation certificates and inspection reports and for proof of corrective actions.

803.5 PROCEDURE

All safety equipment (e.g., emergency lighting, generators and/or an uninterruptible power source (UPS)) shall be tested at least quarterly. Power generators and UPS equipment should be inspected weekly and load-tested quarterly or according to the manufacturer's instructions. All completed inspection forms shall be kept on file for review by the appropriate office committees or external agencies.

Any remodeling or new construction shall have prior approval of the local fire, building and health authorities. Any required plans and permits will be procured prior to the commencement of any changes to the facility.

The following areas of the facility shall be inspected and evaluated for functionality, wear, and rodent or pest infestation. The list is not meant to be all inclusive:

- Admissions
- Food services

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- Inmate housing
- Laundry
- Barbershop
- Loading dock/trash storage
- Warehouse
- Water systems and plumbing
- Emergency generators
- Fire safety equipment
- The entire physical structure of the facility, including, roof, walls, exterior doors, mechanical systems and lighting

803.6 PLUMBING - FLOOR DRAINS

Floor drains must be flushed weekly and all traps must contain water to prevent the escape of sewer gas. Grids and grates must be present.

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Water Supply

804.1 PURPOSE AND SCOPE

The Valley County Sheriff's Office recognizes the importance of providing the facility with safe potable water. The purpose of this policy is to establish guidelines for testing the facility's water to ensure that the water is safe to consume.

804.2 POLICY

In compliance with water standards set by law, this facility will ensure the continued supply of safe potable water for use by inmates, staff and visitors through rigorous annual testing of water supplies.

804.3 PROCEDURE

The Jail Commander shall ensure that the facility's potable water source is tested by an independent public or private testing service at least once each year. Water quality will be certified to be in compliance with all state and local regulations. Corrective measures shall be promptly taken if the test results fall below acceptable regulatory standards.

In the event that water testing reveals any significant hazards to the inmates or staff at the facility, the Sheriff, Jail Commander and the Medical Director shall take immediate action to mitigate the problem.

The testing results, valid certificates of the sampling entity and the testing laboratory shall be kept in accordance with established records retention schedules.

Where the facility's water supply is obtained from a private source, the source shall be properly located, constructed and operated to protect it from contamination and pollution and the water shall meet all current standards set by the applicable state and/or local authority regarding bacteriological, chemical and physical tests for purity.

For facilities not served by a public or regulated private water supply, the water should be tested daily by the local authority within the facility's jurisdiction.

804.4 EMERGENCY PLAN

The Jail Commander and the Medical Director shall develop a plan for the supply of potable water for drinking and cooking in the event that a man-made or natural disaster interrupts the regular water supply. The plan shall address methods for providing clean potable water for a minimum of three days, and should have contingency plans for emergencies lasting longer than three days. The plan should also include contingencies for the use of non-potable water to flush toilets and remove effluent from the facility.

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Vermin and Pest Control

805.1 PURPOSE AND SCOPE

The purpose of this policy is to establish inspection, identification and eradication processes designed to keep vermin and pests controlled in accordance with the requirements established by all applicable laws, ordinances and regulations of the local public health entity.

805.2 POLICY

It is the policy of this office that vermin and pests be controlled within the facility. The Jail Commander or the authorized designee shall be responsible for developing and implementing this policy in cooperation with the Medical Director and the local public health entity, for the sanitation and control of vermin and pests and to establish medical protocols for treating inmate clothing, personal effects and living areas, with specific guidelines for treating an infested inmate.

805.3 PEST CONTROL SERVICES

The Jail Commander or the authorized designee shall be responsible for procuring the services of a licensed pest control professional to perform inspections of the facility at least monthly and to treat areas as required to ensure that vermin and pests are controlled.

805.4 PREVENTION AND CONTROL

Many infestations and infections are the result of a recently admitted inmate who is vermin infested or whose property is vermin infested. Most infestations are spread by direct contact with an infected person or with infested clothing and bedding. Inmates with lice or mites should be treated with approved pediculicides as soon as the infestation is identified to avoid spreading it. To reduce the chance of further transmission, separate quarters for inmates undergoing treatment for lice should be used as described in the Communicable Diseases Policy.

Because the use of the treatment chemicals can cause allergic reactions and other negative effects, treatment should be done only when an infestation is identified and not as a matter of routine.

Clothing, bedding and other property that is suspected of being infested shall either be removed from the facility or cleaned and treated by the following methods, as appropriate or as directed by the pest control provider or the Responsible Physician:

- Washing in water at 140 degrees for 20 minutes
- Tumbling in a clothes dryer at 140 degrees for 20 minutes
- Dry cleaning
- Storing in sealed plastic bags for 30 days
- Treating with an insecticide specifically labeled for this purpose

Head lice and their eggs are generally found on the head hairs. There may be some uncertainty about the effectiveness of some available pediculicides to kill the eggs of head lice. Therefore,

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some products recommend a second treatment seven to 10 days after the first. During the interim, before the second application, eggs of head lice could hatch and there is a possibility that lice could be transmitted to others.

Pubic lice and their eggs are generally found on the hairs of the pubic area and adjacent hairy parts of the body, although they can occur on almost any hairy part of the body, including the hair under the arm and on the eyelashes. Pubic lice and their eggs are generally successfully treated by the available pediculicides. However, when the eyelashes are infested with pubic lice and their eggs, a physician should perform the treatment.

Successful treatment depends on careful inspection of the inmate and proper application of the appropriate product. The area used to delouse inmates needs to be separate from the rest of the facility. All of the surfaces in the treatment area must be sanitized. There must be a shower as part of the delousing area.

The supervisor shall document the date of treatment, the area treated, the pest treated and the treatment used.

805.5 LABELING AND SECURE STORAGE OF COMPOUNDS

Containers of pest exterminating compounds shall be conspicuously labeled for identification of contents. The containers shall be securely stored separately from food and kitchenware, and shall not be accessible by inmates.

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Inmate Safety

806.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a safety program to reduce inmate injuries by analyzing causes of injuries and identifying and implementing corrective measures.

806.2 POLICY

The Valley County Sheriff's Office will provide a safe environment for individuals confined at this facility, in accordance with all applicable laws, by establishing an effective safety program, investigating inmate injuries and taking corrective actions as necessary to reduce accidents and injury.

The Sheriff shall appoint a staff member who will be responsible for the development, implementation and oversight of the safety program. This program will include, but not be limited to:

- A system to identify and evaluate hazards, including scheduled inspections to identify unsafe conditions.
- Analysis of inmate injury reports to identify causes and to recommend corrective actions.
- Establishment of methods and procedures to correct unsafe and/or unhealthful conditions and work practices in a timely manner.

806.3 INVESTIGATION OF REPORTED INMATE INJURY

Whenever there is a report of an injury to an inmate that is the result of accidental or intentional acts, other than an authorized use of force by custody staff, the Sheriff or the authorized designee will initiate an investigation to determine the cause of the injury and develop a plan of action whenever a deficiency is identified. Injuries resulting from use of force incidents will be investigated and reported in accordance with the Use of Force Policy.

806.4 INVESTIGATION REPORTS

The Shift Supervisor shall ensure that reports relating to an inmate's injury are completed and should include the following:

- Incident reports
- Investigative reports
- Health record entries
- Any other relevant documents

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806.5 ANNUAL REVIEWS

The Sheriff or the authorized designee shall conduct an annual review of all injuries involving inmates for the purpose of identifying problem areas and documenting a plan of action to abate circumstances relating to inmate injuries.

The plan of action should include, but not be limited to:

- The area where the deficiencies have been identified.
- Strategies to abate the deficiency.
- Resources needed to correct a deficiency.
- The person or persons responsible for taking corrective action and the target completion date.

The Sheriff shall consult with the Office risk manager to coordinate corrective action or to seek managerial/administrative guidance for implementing corrective action.

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Inmate Hygiene

807.1 PURPOSE AND SCOPE

This policy outlines the procedures that will be taken to ensure the personal hygiene of every inmate in the Valley County Sheriff's Office detention center is maintained. The Valley County Sheriff's Office recognizes the importance of each inmate maintaining acceptable personal hygiene practices by providing adequate bathing facilities, hair care services, and the issuance and exchange of clothing, bedding, linens, towels, and other necessary personal hygiene items.

807.2 POLICY

It is the policy of the Valley County Sheriff's Office to maintain a high standard of hygiene in compliance with the requirements established by all state laws, ordinances, and regulations. Compliance with laws and regulations relating to good inmate hygiene practice is closely linked with good sanitation practices. Therefore, the need to maintain a high level of hygiene is not only for the protection of all inmates, but for the safety of the correctional staff, volunteers, contractors, and visitors.

807.3 RESPONSIBILITIES

The Jail Commander shall ensure the basic necessities related to personal care are provided to each inmate upon entry into the general population. Appropriate additional personal care items may be available for purchase from the inmate commissary.

807.4 STORAGE SPACE

There should be adequate and appropriate storage space for inmates' bedding, linen, or clothing. The inventory of clothing, bedding, linen, and towels should exceed the maximum inmate population so that a reserve is always available.

The facility should have clothing, bedding, personal hygiene items, cleaning supplies and any other items required for the daily operation of the facility, including the exchange or disposal of soiled or depleted items. The assigned staff shall ensure that the storage areas are properly maintained and stocked. The Jail Commander should be notified if additional storage space is needed.

807.4.1 BEDDING ISSUE

Upon entering a living area of the Valley County Sheriff's Office detention center, every inmate shall be issued bedding and linens including but not limited to:

(a) Sufficient freshly laundered blankets to provide comfort under existing temperature conditions. Blankets shall be exchanged and laundered in accordance with facility operational laundry rules.

(b) One clean, firm, nontoxic, fire-retardant mattress (16 CFR 1633.1 et seq.).

1. Mattresses will be serviceable and enclosed in an easily cleanable nonabsorbent material and conform to the size of the bunk. Mattresses will be cleaned and disinfected when an inmate is released or upon reissue.

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(c) Two sheets or one sheet and a clean mattress cover.

(d) One clean washcloth, hand towel, and bath towel.

(e) One pillow and pillowcase.

Linen exchange, including towels, shall occur at least weekly and shall be documented in the daily activity log. The Shift Supervisor shall review the daily activity log at least once per shift.

The Jail Commander or the authorized designee shall conduct both scheduled and unannounced inspections of the facility to ensure that bedding issuance policies and procedures are carried out in accordance with the applicable laws and regulations.

807.4.2 CLOTHING ISSUE

Any inmate admitted to a facility and assigned to a living unit shall be issued a set of facility clothing. The issue of clothing appropriate to the climate for inmates shall include but is not limited to the following:

- Clean socks
- Suitable outer and undergarments
- Footwear

An inmate who is issued a change of clothing upon admission to the facility may have his/her personal clothing returned after laundering, at the discretion of the Jail Commander.

Clothing shall be exchanged twice each week, at a minimum. All exchanges shall be documented on the daily activity log. The Shift Supervisor or unit supervisor shall review the daily activity log at least once per shift.

Additional clothing may be issued as necessary for changing weather conditions or as seasonally appropriate. An inmate's personal undergarments and footwear may be substituted for the institutional undergarments and footwear, provided there is a legitimate medical necessity for the items and they are approved by the medical staff.

Each inmate assigned to a special work area, such as food services, medical, farm, sanitation, mechanical, and other specified work, shall be clothed in accordance with the requirements of the job, including any appropriate protective clothing and equipment, which shall be exchanged as frequently as the work assignment requires.

The Jail Commander or the authorized designee shall conduct both scheduled and unannounced inspections of the facility to ensure that clothing issuance policies and procedures are carried out in accordance with the applicable laws and regulations.

The Jail Commander or the authorized designee shall ensure that the facility maintains a sufficient inventory of extra clothing to ensure each inmate shall have neat and clean clothing appropriate to the season.

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An inmate's excess personal clothing shall be picked up by a designated family member or stored in containers designed for such purpose. All inmate personal property shall be properly identified, inventoried, and secured. Inmates shall sign and receive a copy of the inventory record.

807.5 LAUNDRY SERVICES

Laundry services shall be managed so that daily clothing, linen, and bedding needs are met.

807.6 INMATE ACCOUNTABILITY

To ensure inmate accountability, inmates are required to exchange item for item when clean clothing, bedding, and linen exchange occurs.

Prior to being placed in a housing unit, inmates shall be provided with an inmate handbook listing this requirement.

807.7 PERSONAL HYGIENE OF INMATES

Personal hygiene items, hair care services and facilities for showers will be provided in accordance with applicable laws and regulations. This is to maintain a standard of hygiene among inmates in compliance with the requirements established by state laws as part of a healthy living environment.

Each inmate housed in the facility shall be issued, at a minimum, the following items:

- One bar of bath soap or equivalent
- One unbreakable comb or brush
- Toothpaste or powder
- Toothbrush
- Shaving equipment, upon request
- Toilet paper
- Materials as appropriate to the special hygiene needs of women

The Jail Commander or the authorized designee may modify this list to accommodate the use of liquid soap and shampoo dispensers. Personal hygiene items should be appropriate for the inmate's sex. Additional hygiene items shall be provided to inmates upon request, as needed.

Inmates shall not be required to share personal care items or disposable razors. Used razors are to be disposed into approved sharps containers. Other barbering equipment capable of breaking the skin must be disinfected between individual uses, as prescribed by the state governing body overseeing such practices.

Inmates, except those who may not shave for reasons of identification in court, shall be allowed to shave Monday, Wednesday or Friday. The Jail Commander or the authorized designee may suspend this requirement for any inmate who is considered a danger to him/herself or others.

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807.8 BARBER AND COSMETOLOGY SERVICES

The Jail Commander or the authorized designee shall be responsible for developing and maintaining a schedule for hair care services provided to the inmate population and will have written policies and procedures for accessing these services (see the Grooming Policy). The Jail Commander shall ensure that the rules are included in the inmate handbook.

807.8.1 SCHEDULE FOR HAIR CARE SERVICES

Inmates shall have the ability to receive hair care services once per month. Records of hair care services shall be documented in the daily activity log.

Prior to being placed in a housing unit, inmates will be given an inmate handbook, which details how to request hair care services.

807.8.2 HAIR CARE SPACE

Due to sanitation concerns, the hair care services should be located in a room that is designated for that purpose.

Each barbering room should have all the equipment necessary for maintaining sanitary procedures for hair care, including approved, covered, metal containers for waste, disinfectants, laundered towels, and a means of separating sanitized equipment from soiled equipment.

After each haircut, all tools that came into contact with the inmate shall be thoroughly cleaned and sanitized according to established guidelines and regulations.

Regulations with detailed hair care cleaning and sanitation requirements shall be posted in a conspicuous place for use by all hair care personnel and inmates. Single-use items, such as cotton pads and neck strips, shall be properly disposed of immediately after a single use.

Barbers or beauticians shall not provide hair care service to any inmate when the skin of the face, neck, or scalp is inflamed, or when there is scaling, pus, or other evidence of skin eruptions, unless it is performed in accordance with the specific written authorization of the Medical Director. Any person infested with head lice shall not be given hair care service until cleared by the medical staff.

The hair care services area shall be maintained and kept clean according to the requirements of the state or local board of barbering and cosmetology and the health department standards.

807.9 AVAILABILITY OF PLUMBING FIXTURES

Inmates confined to cells or sleeping areas shall have access to toilets and washbasins with hot and cold running water that is temperature controlled. Access shall be available at all hours of the day and night without staff assistance.

The minimum number of plumbing fixtures provided for inmates in housing units is:

- One sink/washbasin for every 12 inmates.
- One toilet to every 12 male inmates (urinals may be provided for up to half the toilets).
- One toilet to every eight female inmates.

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807.10 INMATE SHOWERS

Inmates will be allowed to shower upon assignment to a housing unit and every other day thereafter or more often if possible. There should be one shower for every 20 inmates unless federal, state, or local building or health codes differ. Showering facilities for inmates housed at this facility shall be clean and properly maintained. Water temperature shall be periodically measured to ensure a range of 100 to 120 degrees for the safety of inmates and staff, and shall be recorded and maintained.

Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates (28 CFR 115.42).

807.11 ADDITIONAL PRIVACY REQUIREMENTS

Inmates shall be permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite sex shall announce their presence when entering an inmate housing unit (28 CFR 115.15).

807.12 DELOUSING MATERIALS

Delousing materials and procedures shall be approved through consultation with the Medical Director or qualified health care professionals.

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Chapter 9 - Food Services

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Food Services

900.1 PURPOSE AND SCOPE

The Office recognizes the importance of providing nutritious food and services to inmates to promote good health, to reduce tension in the detention center and ultimately support the safety and security of the detention center. This policy provides guidelines on the preparation of food services items and dietary considerations for inmates housed in the facility.

900.2 POLICY

It is the policy of this office that food services shall provide inmates with a nutritionally balanced diet in accordance with federal, state and local laws, and with regulations for daily nutritional requirements.

The food services operation shall be sanitary and shall meet the acceptable standards of food procurement, planning, preparation, service, storage and sanitation in compliance with Food and Drug Administration (FDA) and United States Department of Agriculture (USDA) requirements and standards set forth in the Idaho Food Code (IDAPA 16.02.19.000 et seq.).

900.3 FOOD SERVICES MANAGER

The food services manager shall be responsible for oversight of the day-to-day management and operation of the food services area, including:

- Developing, implementing and managing a budget for food services.
- Ensuring sufficient staff is assigned and scheduled to efficiently and safely carry out all functions of food services operations.
- Establishing, developing and coordinating appropriate training for staff and inmate workers.
- Developing a menu plan that meets all nutrition and portion requirements and can be produced within the available budget.
- Other duties and activities as determined by the Jail Commander.

900.4 MENU PLANNING

All menus shall be planned, dated and available for review at least one week in advance of their use. Records of menus and of foods purchased shall be kept on file for one month. Menus shall provide a variety of foods and should consider food flavor, texture, temperature, appearance and palatability. Menus shall be approved by a registered dietitian or nutritionist before being served to ensure the recommended dietary allowance for basic nutrition meets the needs of the appropriate age group.

Any changes to the meal schedule, menu or practices should be carefully evaluated by the food services manager in consultation with the Jail Commander, dietician, medical staff and other professionals, and shall be recorded. All substitutions will be of equal or better nutritional value. If

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any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production sheet.

Menus as planned, including changes, should be evaluated by a registered dietitian at least annually. Facility menus shall be evaluated at least quarterly by the food services supervisory staff to ensure adherence to established daily servings.

Copies of menus, foods purchased, annual reviews and quarterly evaluations should be maintained by the food services manager in accordance with established records retention schedules or two years, whichever is greater.

900.5 FOOD SAFETY

Temperatures in all food storage areas should be checked and recorded at the beginning of each shift, but shall be checked and recorded at least once daily. Holding temperatures for cold and hot foods shall be checked and recorded every two hours. Hot food shall be reheated to 165 degrees if it falls below 135 degrees at any time.

All reach-in or walk-in refrigerators and cold storage must maintain food temperature below 41 degrees. All freezers, other than during the defrosting cycle, must maintain a temperature of 0 degrees or lower.

One sample for each meal served shall be dated and maintained under refrigeration for testing in the event of a food-borne illness outbreak. Sample meals shall be discarded at the end of three days if no food-borne illness is reported.

Food production shall be stopped immediately if there is any sewage backup in the preparation area or if there is no warm water available for washing hands. Food production shall not resume until these conditions have been corrected (Idaho Food Code IDAPA 16.02.19.000 et seq.).

900.6 THERAPEUTIC DIETS

The food services manager shall be responsible for ensuring that all inmates who have been prescribed therapeutic diets by qualified health care professionals are provided with compliant meals. A therapeutic diet manual, which includes samples of medical diets, shall be maintained in the health services and food services areas for reference and information.

More complete information may be found in the Prescribed Therapeutic Diets Policy.

Women who are known to be pregnant or lactating shall be provided a balanced, nutritious diet approved by a physician.

900.7 RELIGIOUS DIETS

The Food Services Manager, to the extent reasonably practicable, will provide special diets for inmates in compliance with the parameters of the Religious Programs Policy and the Religious Land Use and Institutionalized Persons Act (RLUIPA).

When religious diets are provided, they shall conform to the nutritional and caloric requirements for non-religious diets.

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900.8 FOOD SERVICES REQUIREMENTS

All reasonable efforts shall be made to protect inmates from food-borne illness. Food services staff shall adhere to sanitation and food storage practices and there shall be proper medical screening and clearance of all food handlers in accordance with the Food Services Workers' Health, Safety and Supervision Policy (Idaho Food Code IDAPA 16.02.19.000 et seq.).

Food production and services will be under staff supervision. Food production, storage and food handling practices will follow the appropriate federal, state or local sanitation laws.

900.9 MEAL SERVICE PROCEDURE

Inmate meals that are served in a day room should be provided in space that allows groups of inmates to dine together, with a minimum of 15 square feet of space per inmate. A day area shall not contain toilets or showers in the same room without appropriate visual barriers.

Meals shall be served at least three times during each 24-hour period. At least one meal must include hot food. Any deviation from this requirement shall be subject to the review and approval of a registered dietitian to ensure that inmates receive meals that meet nutritional guidelines.

Inmates must be provided 30 minutes dining time for each meal from tray pass-out to tray pick-up. There must be no more than 14 hours between a substantial evening meal and breakfast. A substantial evening meal is classified as a serving of three or more menu items at one time to include a high quality protein, such as meat, fish, eggs or cheese. The meal shall represent no less than 20 percent of the day's total nutrition requirements. If more than 14 hours pass between meals, approved snacks will be provided. If a nourishing snack is provided at bedtime, up to 16 hours may elapse between the substantial evening meal and breakfast. A nourishing snack is classified as a combination of two or more food items from two of the four food groups, such as cheese and crackers or fresh fruit and cottage cheese.

Inmates who miss, or may miss, a regularly scheduled meal due to approved appointments/work must be provided with a beverage and a sandwich or substitute meal. Approved snacks should be served to inmates on medical diets in less than the 14-hour period if prescribed by the Medical Director or registered dietitian. Inmates on medical or therapeutic meals who miss their regularly scheduled meal will be provided with their prescribed meal.

As the mealtime approaches, facility staff should direct the inmates to get dressed and be ready for meals. Inmates should be assembled and a head count taken, to verify all inmates in the housing location are present. If an inmate is not present at count, the deputy shall go and visually check on the inmate to ensure they are safe and alert. Staff should be alert to signs of injury or indications of altercations, and should investigate any such signs accordingly. Staff should remain alert to the potential for altercation during inmate movement and meals. Meals shall be served under the direct supervision of staff.

Staff should direct an orderly filing of inmates to the day room or assigned seating in the day room. Staff should identify inmates who have prescribed therapeutic or authorized religious diets so those inmates receive their meals accordingly.

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It shall be the responsibility of the deputies to maintain order and enforce rules prohibiting excessive noise and intimidation of other inmates to relinquish food during mealtime.

The day room shall have an area designated for inmates who have been prescribed a longer time to eat by a qualified health care professional, a dietitian or as deemed appropriate by a supervisor.

To the extent reasonably practical, an adequate number of food services staff and correctional personnel should supervise feeding in central day areas. If reasonably possible, the supervisor should be present.

The Shift Supervisor should make every attempt to be present during meal services in central day areas to assess the meal service process, the quality of food and any health or security issues.

In the interest of security, sanitation and vermin control, inmates shall not be allowed to take food from the day area to their housing areas.

900.10 EMERGENCY MEAL SERVICE PLAN

The food services manager shall establish and maintain an emergency meal service plan for the facility.

Such a plan should ensure that there is at least a seven-day supply of food maintained in storage for inmates. In the event of an emergency that precludes the preparation of at least one hot meal per day, the Jail Commander may declare an "Emergency Suspension of Standards" for the period of time the emergency exists.

During an emergency suspension, the food services manager should assign a registered dietician to ensure that minimum nutritional and caloric requirements are met.

In the event that the inmate food supply drops below that which is needed to provide meals for two days, the Jail Commander or the authorized designee shall purchase food from wholesale or retail outlets to maintain at least a four-day supply during the emergency.

Depending on the severity and length of the emergency, the Sheriff should consider requesting assistance from allied agencies through mutual aid or the National Guard.

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Food Services Training

901.1 PURPOSE AND SCOPE

The purpose of this policy is to reduce the risk of potential injury to staff, contractors and inmate workers in the food services areas by developing and implementing a comprehensive training program in the use of equipment and safety procedures.

901.2 POLICY

The Valley County Sheriff's Office ensures a safe and sanitary environment is maintained for the storage and preparation of meals through the appropriate training of food services staff and inmate workers.

901.3 TRAINING

The food services manager, under the direction of the Jail Commander, is responsible for ensuring that a training curriculum is developed and implemented in the use of equipment and safety procedures for all food services personnel, including staff, contractors and inmate workers.

The training shall include, at minimum:

(a) Work safety practices and use of safety equipment.

(b) Sanitation in the facility's food services areas.

(c) Reducing risks associated with operating machinery.

(d) Proper use of chemicals in food services areas.

(e) Employing safe practices.

(f) Facility emergency procedures.

A statement describing the duties and proper time schedule should be developed for each job function in the facility’s kitchen and food services operation. The food services manager, at the direction of the Jail Commander, should establish an employee/kitchen worker training course, and all staff or inmate workers shall be trained on how to assemble, operate, clean and sanitize kitchen equipment.

Information about the operation, cleaning and care of equipment, including manufacturer's literature, that is suitable for use as reference material shall be kept in the food services operation area. The reference material should be used in developing training on the use of the equipment and the maintenance and cleaning procedures.

Safety and sanitation shall be the primary consideration in equipment purchase and replacement. Placement and installation of equipment must be carefully planned to facilitate cleaning, sanitizing, service and repairs. The equipment must also meet any applicable government codes.

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901.4 TESTING

A test should be developed to determine and document that the food services worker understands the proper procedures demonstrated during training. Food services workers are required to pass the test in order to work in the food services area. Upon achievement of a passing score, the food services worker shall acknowledge receipt of the training in writing. The signed document shall be forwarded to the Training Sergeant and retained in the worker’s training file. Contracted service providers should be required to provide documentation and certification of their employees. Only trained personnel are authorized to use food services equipment.

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Dietary Guidelines

902.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that the nutritional needs of the inmates are met and that overall health is promoted through the use of balanced nutritious diets.

902.2 POLICY

It is the policy of this office that diets provided by this facility will meet or exceed the guidelines established in the current publication of the U.S. Department of Agriculture’s Dietary Guidelines for Americans (DGA).

902.3 REVIEW OF DIETARY ALLOWANCES

The food services manager is responsible for developing the facility's menus and shall ensure that all menus served by food services comply with the DGA guidelines. Any deviation from the DGA guidelines shall be reviewed by the Sheriff and/or Jail Commander and the Medical Director.

The food services manager or the authorized designee shall ensure that the facility's menus and dietary allowances are evaluated annually by a registered dietician, and that any changes meet the DGA guidelines. A registered dietitian must approve menus before they are used.

Menus should be evaluated at least quarterly by food services supervisory staff to verify adherence to the established daily serving requirements.

902.4 MENU CYCLE PLANNING

The food services manager or the authorized designee should plan the menus one week in advance of their use.

Any changes to the menu must be recorded and kept until the next annual inspection. Any menu substitutions must use better or similar items. The planning and preparation of all meals should consider the overall palatability of the planned meal including the appearance and temperature of the food, and the flavor and texture of food combinations.

Menus should include the following minimum food group allowances:

(a) Dairy Group: Three servings of fat-free or low-fat milk or food providing at least 250 mg. of calcium and equivalent to 8 ounces of fluid milk. Four servings for women who are pregnant or lactating.

(b) Vegetable-Fruit Group: Five servings of fruits and vegetables. At least one serving shall be from each of the following three categories:

1. One serving of a fresh fruit or vegetable.
2. One serving of a Vitamin A source, fruit or vegetable, containing at least 200 micrograms retinol equivalents or more.
3. One serving of a Vitamin C source containing at least 30 mg. or more.

(c) Grain Group: A minimum of six servings of grains, three of which must be made with some whole grains.

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(d) Protein Group: Three servings of lean meat, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter or textured vegetable protein, equivalent to 14 grams or more of protein. In addition, a fourth serving from the legumes category shall be served three days a week.

(e) Total dietary fat should not exceed 30 percent of the total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable.

Providing only the minimum servings outlined in the requirements above is not sufficient to meet the caloric requirements of an inmate. Additional servings of dairy, vegetable-fruit and grain groups must be provided in amounts to meet caloric requirements.

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Food Services Workers' Health, Safety and Supervision

903.1 PURPOSE AND SCOPE

The purpose of this policy is to establish basic personal health, hygiene, sanitation and safety requirements to be followed by all food services workers and to ensure the proper supervision of food services staff and inmate workers.

903.2 POLICY

The Valley County Sheriff's Office will ensure that meals are nutritionally balanced, safe and prepared and served in accordance with applicable health and safety laws. All inmate food services workers will be properly supervised by custody staff to ensure safety and security at all times.

903.3 FOOD SERVICES MANAGER RESPONSIBILITIES

The food services manager is responsible for developing and implementing procedures to ensure that all meals are prepared, delivered and served only under direct supervision by staff.

Work assignments shall be developed to ensure that sufficient food services staff is available to supervise inmate food services workers. The food services manager should coordinate with the corrections supervisor to ensure that sufficient correctional staff is available to supervise inmate meal service.

The food preparation area must remain clean and sanitary at all times. The food services manager or the authorized designee shall post daily, weekly and monthly cleaning schedules for the equipment and food preparation area.

903.4 MEDICAL SCREENING

The food services manager shall work cooperatively with the Medical Director to develop procedures to minimize the potential for spreading contagious disease and food-borne illness. In an effort to prevent the spread of illness, the following shall be strictly observed:

(a) All food services workers shall have a pre-employment/pre-assignment medical examination, in accordance with local requirements, to ensure freedom from diarrhea, skin infections and other illnesses transmissible by food or utensils.

(b) Periodic reexaminations of food services workers shall be given to ensure freedom from any disease transmissible by food or utensils.

(c) Food services workers shall have education and ongoing monitoring in accordance with the standards set forth in the applicable government health and safety codes.

(d) A supervisor shall inspect and monitor all persons working in any food services area on a daily basis for health and cleanliness, and shall remove anyone exhibiting any signs of food-transmissible disease from any food services area.

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(e) Any person working in any food services area who is diagnosed by a qualified health care professional with a contagious illness should be excluded from the food services areas until medically cleared to return to work.

(f) All food handlers shall wash their hands when reporting for duty and after using toilet facilities. Aprons shall be removed and secured in a clean storage area before entering the toilet facility.

(g) Food services workers shall wear disposable plastic gloves and a protective hair covering, such as a hat or hairnet, when handling or serving food. Gloves shall be changed after each task is completed.

(h) Any outside vendor must submit evidence of compliance with state and local regulations regarding food safety practices.

(i) Smoking at any time is prohibited in any food services area.

(j) Documentation of compliance with all of the above and with any other risk-minimizing efforts implemented to reduce food transmissible disease shall be maintained in accordance with established records retention schedules.

(k) All food services workers shall report to a supervisor any information about their health and activities in accordance with health and safety codes as they relate to diseases that are transmittable through food, (e.g., open sores, runny nose, sore throat, cough, vomiting, diarrhea, fever, recent exposure to contagious diseases such as Hepatitis A or tuberculosis).

Any food services worker is prohibited from handling food or working in any food services area if he/she reports symptoms such as vomiting, diarrhea, jaundice, sore throat with fever or has a lesion containing pus, such as a boil or infected wound that is open or draining. Food service workers shall only return to work in food service areas when cleared by a qualified health care professional.

903.5 TRAINING REQUIREMENTS FOR FOOD SERVICES WORKERS

The food services manager is responsible for developing and implementing a training program for inmate food services that includes food safety, proper food-handling techniques and personal hygiene. Each inmate food services worker shall satisfactorily complete the initial training prior to being assigned to prepare, deliver or serve food. Food services workers should receive periodic supplemental training as determined by the food services manager.

The training curriculum for inmate food services workers should include, at minimum, the following topics:

- Proper hand-washing techniques and personal hygiene as it applies to food services work
- Proper application and rotation of gloves when handling food
- Proper use of protective hair coverings, such as hats or hairnets
- Wearing clean aprons and removing aprons prior to entering toilet facilities

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- Maintaining proper cooking and holding temperatures for food
- Proper portioning and serving of food
- Covering coughs and sneezes to reduce the risk of food-borne illness transmission
- Reporting illness, cuts or sores to the custody staff in charge

903.6 SUPERVISION OF INMATE WORKERS

Only personnel authorized to work in the food preparation area will be allowed inside. Inmate food handlers working in the kitchen must be under the supervision of a staff member. The Jail Commander will appoint at least one qualified staff member, who will be responsible for the oversight of daily activities and ensuring food safety. The appointed staff member must be certified by passing the American National Standards Institute food safety manager certification examination.

Sufficient custody staff shall be assigned to supervise and closely monitor inmate food services workers. Staff shall ensure that inmate food services workers do not misuse or misappropriate tools or utensils, and that all workers adhere to the following:

- Correct ingredients are used in the proper proportions.
- Food is maintained at proper temperatures.
- Food is washed and handled properly.
- Food is served using the right utensils and in the proper portion sizes.
- Utensils such as knives, cutting boards, pots, pans, trays and food carts used in the preparation, serving or consumption of food are properly washed and sanitized after use. Disposable utensils and dishes will not be reused.
- All utensils are securely stored under sanitary conditions when finished.

903.7 SUPERVISION OF THE FOOD SUPPLY

The risk of conflict and protest is reduced when the inmate population has confidence in the safety and quality of their food. Custody staff should supervise the transport and delivery of food to the respective serving areas. Custody staff should ensure the food is protected during transportation, delivered to the right location efficiently and under the right temperatures.

Food services staff should report any suspected breech in the safety or security of the food supply. Staff should be alert to inmate behavior when serving food, and cognizant of any comments concerning perceived contamination or portioning issues. Staff should report any suspicion of inmate unrest to a supervisor.

Any change to the published menu or the standard portioning should be documented and reported to the food services manager as soon as practicable.

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Food Preparation Areas

904.1 PURPOSE AND SCOPE

This policy is intended to ensure the proper design and maintenance of the food preparation area.

904.2 POLICY

It is the policy of this office to comply with all federal, state and local laws and regulations concerning the institutional preparation of food.

904.3 COMPLIANCE WITH CODES

The Jail Commander is responsible for ensuring that food preparation and service areas are in compliance with all applicable laws and regulations and that food preparation areas are sanitary, well lit, ventilated and have adequate temperature-controlled storage for food supplies.

Any physical changes in the food preparation area, such as changing equipment or making major menu changes (from cold production to hot food), must be approved by the local public health entity to ensure adequate food protection.

Living or sleeping quarters are prohibited in the food preparation and food services areas.

The food preparation area must avoid cross contamination and remain free from vermin infestation.

904.4 CONSTRUCTION REQUIREMENTS

All remodeling and new construction of food preparation areas shall comply with federal, state and local building codes, comply with food and agricultural laws and standards and include any required approvals from any local regulatory authority.

The food preparation area shall be sized to include space and equipment for adequate food preparation for the facility’s population size, type of food preparation and methods of meal service.

Floors, floor coverings, walls, wall coverings and ceilings should be designed, constructed and installed so they are smooth, non-absorbent and attached so that they are easily cleanable.

Except in the area used only for dry storage, porous concrete blocks or bricks used for interior walls shall be finished and sealed for a smooth, non-absorbent, easily cleanable surface.

Food storage areas shall be appropriately clean, sized, typed and temperature-controlled for the food being stored.

Lighting throughout the kitchen and storage areas shall be sufficient for staff and inmates to perform necessary tasks.

Mechanical ventilation of sufficient capacity to keep rooms free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke and fumes shall be provided, if necessary. All vent openings to the outside shall be screened to prevent the entrance of dirt, dust and other contaminants.

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All equipment used in the food preparation area shall be commercial grade and certified by the American National Standards Institute or approved by a registered environmental health professional/sanitarian.

Dishwashing machines will operate in accordance with the manufacturer recommendations and hot water temperatures will comply with federal, state and local health requirements.

Equipment must be smooth, easy to clean, and easy to disassemble for frequent cleaning.

Equipment should be corrosion resistant and free of pits, crevices or sharp corners.

Dry food storage must have sufficient space to store a minimum of 15 days of supplies. All food must be stored in sealed containers and a minimum of 6 inches off the floor.

904.5 TOILETS AND WASHBASINS

Adequate toilet and washbasin facilities shall be located in the vicinity of the food preparation area for convenient sanitation and proper hygiene. Toilet facilities shall be completely enclosed and shall have tight-fitting, self-closing, solid doors, which shall be closed except during cleaning and maintenance.

Signs shall be conspicuously posted throughout the food preparation area and in each restroom informing all food services staff and inmate workers to wash their hands after using the restroom. Signs shall be printed in English and in other languages as may be dictated by the demographic of the inmate population.

To reduce the potential for contaminants being brought into the food preparation area, toilet facilities in the vicinity of the food preparation area should be limited to use by the food services staff and inmate workers only. Anyone working in the food services area must store their aprons in a designated clean area before entering the toilet facilities.

The food services manager shall be responsible for procedures to ensure:

(a) All fixtures in the toilet facilities are clean and in good operating condition.

(b) A supply of toilet tissue is maintained at each toilet at all times. Toilet facilities used by women shall have at least one covered waste receptacle.

(c) The hand-washing station located adjacent to the toilet facility has warm water available and is kept clean and in good operating condition. Single-dispensing soap and a method for drying hands shall be provided at all times.

If the toilet facility is outside of the kitchen area, food services workers must wash their hands after using the toilet facility and again upon returning to the kitchen area before preparing or serving food.

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Food Budgeting and Accounting

905.1 PURPOSE AND SCOPE

The purpose of this policy is to establish processes that will enable the facility’s food services to operate within its allocated budget, and for the development of specifications for purchasing food, equipment and supplies for the delivery of food services.

905.2 POLICY

The Valley County Sheriff's Office food services facilities shall serve nutritious meals in an efficient and cost-effective manner in accordance with applicable laws and standards.

905.3 FOOD SERVICES MANAGER RESPONSIBILITIES

The food services manager is responsible for establishing a per meal, per inmate budget for food, equipment and supplies that are needed for the effective operation of the facility food services. This includes monitoring purchases according to the budgeted weekly and monthly spending plans.

The volume for purchasing should be based upon the food services needs and storage availability. The food services manager is responsible for establishing and maintaining detailed records and proper accounting procedures, and should be prepared to justify all expenditures and establish future budget requirements.

905.4 PROCEDURE

The food services manager is responsible for ensuring that food services are delivered in an efficient and cost-effective manner by employing the following procedures, including, but not limited to:

(a) Developing an annual budget that is realistically calculated according to previous spending data and available revenue, and lists all anticipated costs for the food services operation for the coming year.

(b) Establishing a per meal, per inmate cost using an inventory of existing supplies and planned purchases, minus the anticipated ending inventory.

(c) Ensuring that accurate meal record data is collected and maintained. Meal records should include, but not be limited to, the date and time of service and the number of:

1. Meals prepared and served for each meal period.
2. Meals served per location.
3. Prescribed therapeutic diet meals served.
4. Authorized religious diet meals served.
5. Authorized disciplinary detention diet meals served.

(d) Ensuring that food is purchased from an approved wholesale/institutional vendor to ensure food safety.

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(e) Bulk-purchasing nonperishable items to maximize the budget dollars.

(f) Continuous monitoring and improvement to minimize poor food management and/or accounting, including, but not limited to:

1. Following planned menus.
2. Inspection of food deliveries to ensure the right quantity is delivered and the condition of the food is acceptable.
3. Purchasing food that is in season.
4. Purchasing the grade of product best suited to the recipe.
5. Following standard recipes.
6. Producing and portioning only what is needed.
7. Minimizing food production waste and establishing appropriate food storage and rotation practices, including proper refrigeration.
8. When reasonably practicable, responding to the inmate’s food preferences.
9. Establishing minimum staffing requirements based on the layout and security requirements of the facility.
10. Budgeting adequately for equipment repair and replacement, factoring in any labor cost savings, the need for heavy-duty equipment with corrections packages for safety and inmate abuse.

(g) Establishing purchasing specifications, which are statements of minimum quality standards and other factors, such as quantity and packaging. A basic specification should contain:

1. The common name of the product.
2. The amount to be purchased.
3. The trade, federal or other grade or brand required.
4. The container size and either an exact, or a range of the number of pieces in a shipping container.
5. The unit on which prices are to be quoted (e.g., 6/#10 cans, 10/gallons).

(h) Establishing accounting procedures for financial statements and inventory control.

(i) Maintaining records of invoices, purchase orders, meal count sheets, food production records, therapeutic and religious diet records, inventory of food, supplies and equipment for the required period of time, as mandated by the governing body of the facility.

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905.5 MONTHLY REPORTING

The food services manager is responsible for ensuring that accurate meal record data is collected and maintained. Meal records should include, but not be limited to, the number of:

(a) Meals prepared and served for each meal period.

(b) Meals served per location.

(c) Prescribed therapeutic diet meals served.

(d) Authorized religious diet meals served.

(e) Authorized disciplinary detention diet meals served.

A monthly report summarizing all data should be provided to the Jail Commander.

All meal records shall be retained in accordance with office retention schedules and state statutory regulations.

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Food Services Facilities Inspection

906.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for inspecting food services areas and facilities to ensure a safe and sanitary environment for staff and inmates.

906.2 POLICY

It is the policy of the Valley County Sheriff's Office that the food services area be maintained in a safe, sanitary condition by conducting regularly scheduled inspections, both by facility staff and by an outside independent inspection authority as may be required by law.

906.3 CLEANING AND INSPECTIONS BY STAFF

The food services manager shall ensure the dining and food preparation areas and all equipment in the food services area are inspected weekly. Adequate hot and cold water should be available in the kitchen. Water temperature of all fixtures, including washing equipment, should be available in sufficient quantities at the required temperatures and should be checked and recorded weekly to ensure compliance with the required temperature range. Deficiencies noted by inspections shall be promptly addressed.

A cleaning schedule for each food services area shall be developed and posted for easy reference by staff, and shall include areas such as floors, walls, windows and vent hoods. Equipment, such as chairs, tables, fryers and ovens, should be grouped by frequency of cleaning as follows:

- After each use
- Each shift
- Daily
- Weekly
- Monthly
- Semi-annually
- Annually

The food services manager is responsible for establishing and maintaining a record-keeping system to document the periodic testing of sanitary conditions and safety measures, in accordance with established records retention schedules. At the direction of the Jail Commander or the authorized designee, the food services manager shall take prompt action to correct any identified problems.

906.3.1 SAFETY INSPECTION CHECKLIST

The following items should be part of the weekly inspection:

- Lighting is adequate and functioning properly.
- Ample working space is available.

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Food Services Facilities Inspection

- Equipment is securely anchored.
- There are suitable storage facilities, minimizing the risk of falling objects.
- Floors are clean, dry, even and uncluttered.
- Machines have proper enclosures and guards.
- A clear fire safety passageway is established and maintained.
- Fire extinguishers and sprinkler systems are available, not expired and are tested regularly.
- The food preparation area has good ventilation.
- Furniture and fixtures are free from sharp corners, exposed metal and splintered wood.
- All electrical equipment is in compliance with codes and regulations.
- All workers wear safe clothing, hair coverings, gloves and protective devices while working.
- All workers are in good health, with no symptoms of illness or injury that would pose a risk to food safety.
- All ranges, ovens and hot holding equipment are clean and in good operating condition.
- Mixers and attachments are clean and in good operating condition.
- Dishwashing machines are clean and in good operating condition, and proper chemicals are in use.
- Water temperatures for hand sinks, ware washing sinks and dishwashing machines meet minimum acceptable temperatures.
- All hand-washing stations have free access, soap, nail brushes, hot and cold running water under pressure and a method to dry hands.
- Toilet facilities are in good repair and have a sufficient supply of toilet paper.
- All temperature charts and testing documents are current, accurate and periodically reviewed and verified by the food services manager.
- Only authorized personnel are allowed in the kitchen area.
- Foods are labeled and stored properly using the first-in first-out system.
- The refrigerators and freezers are in good operating condition and maintain proper temperature.
- There is no evidence of cross-connection or cross-contamination of the potable water system.

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906.4 CONTRACTING FOR INSPECTION

The food services manager is responsible for ensuring that the food services operation works in accordance with all state and local laws and regulations.

The Jail Commander shall contract with an independent, outside source for periodic inspection of the food services facilities and equipment, to ensure that established state and local health and safety codes have been met.

Documentation of the inspections, findings, deficiencies, recommended corrective actions and verification that the corrective standards were implemented will be maintained by the facility in accordance with established records retention schedules.

A contract for services from an independent and qualified inspector should include, but is not limited to, the following components:

(a) The inspector should conduct a pre-inspection briefing with the Jail Commander and other appropriate personnel, including the food services manager, to identify the applicable government health and safety codes and the areas to be inspected. The inspector should provide the necessary equipment to conduct the inspection.

(b) The inspector should audit the policies and procedures of the food services operation.

(c) During the course of the inspection, the inspector should study and report on whether the following meet acceptable standards:

1. Walls, ceilings and floors are in good condition, smooth and easily cleanable.
2. The kitchen layout is properly designed to avoid cross-contamination.
3. The kitchen is properly lighted and ventilated.
4. The temperature controlled storage areas are in good operating condition and proper temperatures are being maintained.
5. Dry foods are properly stored off the floor, away from the walls and ceilings.
6. There is no sign of vermin infestation.
7. All equipment is properly maintained, in a sanitary condition and is certified by one of the American National Standards Institute certification agencies (e.g., Underwriters Laboratories, Extract, Transform and Load, or the National Science Foundation product certification mark).
8. The dishwashing equipment is clean, in good operating condition and maintains proper washing and rinsing temperatures.
9. There is no evidence of cross-contamination between the potable and contaminated water systems.
10. The ware washing area is clean and supplied with proper chemicals and Material Safety Data Sheets.

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11. The food is properly stored, labeled and rotated according to first-in first-out procedures.
12. The food services staff and inmate workers are wearing clean uniforms and practice proper personal hygiene.
13. All food services workers are trained for proper food handling and there is a person in charge who is responsible for the food safety of the facility.
14. There are ample hand-washing stations supplied with warm water under pressure, soap, nail brushes, a method to dry hands, a waste container and employee hand-washing signs.

Any deficiencies should be noted by the inspector in his/her inspection report and recommendations made for corrective action.

At the exit interview the inspector should cite any violations according to the government health and safety codes.

The inspector should conduct a follow-up inspection to verify the deficiencies have been corrected as recommended.

The food services manager should provide the Jail Commander with a plan to implement the recommended corrections in a timely manner and schedule a post-correction inspection with the original independent inspector.

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Food Storage

907.1 PURPOSE AND SCOPE

The purpose of this policy is to establish food storage methods that are designed to meet manufacturer's recommendations, health and safety codes, state laws and local ordinances, and to safely preserve food, extend storage life and reduce food waste.

907.2 POLICY

Food and food supplies will be stored in sanitary and temperature-controlled areas in compliance with state and local health laws and standards.

907.3 PROCEDURES

The food services manager shall be responsible for establishing procedures to ensure the safe preservation and storage of food in the most cost-effective manner, beginning with the receipt of the raw materials through the delivery of prepared meals.

When receiving food deliveries, food services staff shall inspect the order for quality and freshness and shall ensure that the order is correct by checking the order received against the order form. All delivery vehicles shall be inspected by food services staff to make certain that the vehicles are clean, free from vermin infestations and are maintained at the appropriate temperature for the type of food being carried.

If food quality and freshness do not meet commonly accepted standards or if it is determined that proper storage temperatures have not been maintained, the employee checking the order in will refuse the item and note the refusal on the invoice.

Any food destined for return to the vendor should be stored separately from any food destined for consumption. The food services manager will contact the vendor and arrange for replacement of the unacceptable food items.

Storage temperatures in all food storage areas should be checked and logged on a daily basis. Records of the temperature readings should be maintained in accordance with established records retention schedules.

An evaluation system should be established for food stored in any area with temperature readings outside the normal range and should include contingency plans for menu changes, food storage relocation or food destruction, as indicated. All actions taken to ensure the safety of the food served should be documented and retained in accordance with established records retention schedules.

907.4 DRY FOOD STORAGE

Canned items and dry food that does not need refrigeration should be stored in a clean, dry, secure storage area where temperatures are maintained between 45 and 80 degrees. Temperatures shall be monitored and recorded once each day on a checklist.

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All dry items shall be stored at least 6 inches off the floor and at least 6 inches away from any wall. Only full unopened cans and containers shall be stored in the storerooms. Open containers and packages shall be appropriately stored in the working or holding areas.

All storage areas will be kept locked when they are not in actual use. New food shipments shall be placed behind existing like items and rotated using a first-in first-out rotation method.

Personal clothing and personal items shall not be stored in food storage areas.

907.4.1 MAINTENANCE OF DRY FOOD STORAGE AREAS

Inmate workers or staff should clean the storage areas at least once each day by sweeping and mopping all floors and wiping down shelves and walls. Any damaged items should be inspected for spoilage and repackaged or discarded as appropriate. Food services staff should inspect the storage areas to ensure they are clean and orderly. Staff will document the inspection and record the daily temperature on the storage area checklist.

907.5 REFRIGERATED AND FROZEN STORAGE

Unless health codes dictate otherwise refrigerators must be kept between 32 and 41 degrees. Deep chill refrigerators will be set between 28 and 32 degrees for cook-chill products, dairy and meat items, to extend shelf life. Freezers shall be maintained at 32 degrees or below.

All freezer and refrigerator storage areas should have at least two thermometers to monitor temperatures. One thermometer should have a display visible to the outside. The second thermometer shall be placed in the warmest place inside the storage area. Daily temperature readings shall be recorded on the storage area checklist. Any variance outside of acceptable temperature range shall be immediately addressed.

All food must be covered and dated when stored. Cooked items shall not be stored beneath raw meats. Cleaned vegetables shall be stored separately from unwashed vegetables. Storage practices shall use a first-in first-out rotation method.

907.5.1 MAINTENANCE OF REFRIGERATED AND FREEZER AREAS

Refrigeration storage units should be cleaned daily, including mopping floors and wiping down walls. A more thorough cleaning should occur weekly to include dismantling and cleaning shelves. Food services staff should inspect the contents of freezers and storage units daily to ensure all items are properly sealed and labeled.

907.5.2 STORAGE OF CLEANING SUPPLIES AND MATERIALS

The storage of soaps, detergents, waxes, cleaning compounds, insect spray, and any other toxic or poisonous materials are kept in a separate, locked storage area to prevent cross contamination with food and other kitchen supplies.

907.6 WASTE MANAGEMENT

The food services manager shall develop and maintain a waste management plan that includes the storage of garbage in water-tight containers with plastic trash liners and tight fitting covers, and

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that ensures the garbage is removed daily. This plan also should include methods to minimize the waste of edible food and to dispose of non-edible or waste food material without utilizing a landfill.

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Prescribed Therapeutic Diets

908.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that inmates who require prescribed therapeutic diets as a result of a diagnosed medical condition are provided with nutritionally balanced therapeutic meals that are medically approved and meet nutritional and safety standards.

908.2 POLICY

The Medical Director, in consultation with the food services manager, shall:

(a) Develop written procedures that identify individuals who are authorized to prescribe a therapeutic diet.

(b) The therapeutic diets utilized by this facility shall be planned, prepared and served with consultation from a registered dietitian.

(c) The Jail Commander shall comply with any therapeutic diet prescribed for an inmate.

(d) The Jail Commander and the Medical Director shall ensure that the therapeutic diet manual, which includes sample menus of therapeutic diets, shall be available in both the health services and food services work areas for reference and information. A registered dietitian shall review, and the Medical Director shall approve, the therapeutic diet manual on an annual basis.

As a best practice, all therapeutic diet prescriptions should be reviewed and rewritten, if appropriate, on a quarterly basis. This is to reduce the risk of an inmate developing an adverse medical condition or nutritional effect as the result of a diet that is inconsistent with the inmate's current medical needs. A diet request form should be made available to inmates.

Pregnant or lactating women shall be provided a balanced, nutritious diet approved for pregnant women by a physician.

908.3 STAFF COMMUNICATION/COORDINATION

It is the responsibility of the Medical Director or the authorized designee to compile a daily list of all inmates who are prescribed therapeutic diets. The list should contain the following information:

(a) Inmate's name

(b) Inmate's identification number

(c) Dates and times of service

(d) Housing location or dining location where the meals will be delivered

(e) Inmate's therapeutic diet type

(f) Special remarks or instructions

Any time inmates are assigned to a different housing area, correctional staff must notify the food services personnel immediately.

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908.4 PREPARATION AND DELIVERY OF MEALS

The food services manager or the authorized designee is responsible for reviewing the therapeutic diet lists prepared by the Medical Director, counting the number and type of therapeutic meals to be served and preparing the food according to the therapeutic menu designed by the registered dietitian.

Therapeutic diets may include snacks and oral supplements. Snacks and supplements should be distributed with regularly scheduled meal service or may be distributed with inmate medications. Individual labels or written documents containing the following information should be prepared by the kitchen, clearly identifying each meal and any included snacks:

(a) Inmate's name

(b) Inmate's identification number

(c) Dates and times of service

(d) Housing location or dining location where the meals will be delivered

(e) Inmate's therapeutic diet type

(f) A list of items provided for the meal

The custody staff responsible for meal distribution shall ensure that any inmate who has been prescribed a therapeutic meal by the Medical Director or the authorized designee receives the prescribed therapeutic meal.

Therapeutic meal deliveries should be documented in the detention center activity log and the inmate's medical record for an amount of time necessary to resolve any dispute about the receipt or composition of a prescribed meal.

Unless a therapeutic diet was prescribed with a specific end date, only the Medical Director or the authorized designee may order that a therapeutic diet be discontinued.

Inmates who are receiving therapeutic diets must receive clearance from the Medical Director before he/she may receive a religious or disciplinary detention diet.

If prescribed by the Medical Director, supplemental food shall be served to inmates more frequently than the regularly scheduled meals. An inmate who misses a regularly scheduled meal shall receive his/her prescribed meal.

908.5 THERAPEUTIC AND RELIGIOUS MEAL RECORDS

Inmates receiving prescribed therapeutic diet meals and/or authorized religious diet meals should sign a document indicating:

(a) Inmate's name

(b) Inmate's identification number

(c) Dates and times of service

(d) Housing location or dining location where the meals will be delivered

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(e) Inmate's therapeutic diet type

All information regarding a therapeutic diet is part of an inmate's medical record and is therefore subject to state and federal confidentiality laws concerning medical records.

All meal records shall be retained in accordance with established retention schedules and applicable statutory regulations.

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Chapter 10 - Inmate Programs

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Inmate Programs and Services

1000.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the programs and services that are available to inmates. The programs and services exist to motivate offenders toward positive behavior while they are in custody. The policy identifies the role and responsibilities of the Jail Commander or Authorized Designee, who manages a range of programs and services.

1000.2 POLICY

The Valley County Sheriff's Office will make available to inmates a variety of programs and services subject to resources and security concerns. Programs and services offered for the benefit of inmates may include social services, faith-based services, exercise, recreational activities, library access, educational/vocational training, alcohol and drug abuse recovery programs, work programs and leisure time activities.

1000.3 JAIL COMMANDER OR AUTHORIZED DESIGNEE RESPONSIBILITIES

The Jail Commander or Authorized Designee is selected by the Jail Commander and is responsible for managing the inmate programs and services, including the following:

(a) Research, plan, budget, schedule, and coordinate security requirements for all inmate programs and services

(b) Develop or procure programs and services as authorized by the Jail Commander

(c) Act as a liaison with other service providers in the community that may offer social or educational programs, (e.g., school districts, department of social services, health educators, substance abuse counselors)

(d) Develop, maintain, and make available to inmates the schedule of programs and services

(e) Develop policies and procedures, and establish rules for the participation of inmates in the programs and services

(f) Develop and maintain records on the number and type of programs and services offered, as well as inmate attendance at each offering

(g) Establish controls to verify that the content and delivery of programs and services are appropriate for the circumstances

(h) Accumulate data and prepare monthly and annual reports as directed by the Jail Commander

(i) Develop training and information designed to familiarize all members with the services and programs available to inmates

(j) Ensure inmates are not denied access to educational and vocational programs based solely on their indigent status

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1000.4 SECURITY

All programs and services offered to benefit inmates shall adhere to the security and classification requirements of this facility. To the extent practicable, the Jail Commander or Authorized Designee will develop individualized programs and services for inmates who are housed in high-security or administrative segregation.

1000.5 DISCLAIMER

Inmate programs are provided at the sole discretion of the Valley County Sheriff's Office in keeping with security interests, available resources and best practices.

Nothing in this policy is intended to confer a legal right for inmates to participate in any program offered other than what is required by law or that which is medically required.

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Inmate Welfare Fund

1001.1 PURPOSE AND SCOPE

The Office is authorized to maintain a fund derived from proceeds from the commissary to be used primarily to provide welfare and education programs for the benefit of the inmate population. This policy establishes guidelines for maintaining and administering the Inmate Welfare Fund.

1001.2 INMATE WELFARE FUND

The Jail Commander or Authorized Designee in cooperation with the County Clerk's Office will establish and maintain an Inmate Welfare Fund where proceeds derived from commissary profits for the support of inmate programs, is deposited.

The Inmate Welfare Fund is allocated to support a variety of programs, services and activities benefiting the general inmate population and enhancing inmate activities and programs. This includes capital construction and improvement projects in support of such programs, services and activities (Idaho Code 20-618).

1001.3 INMATE WELFARE FUNDING SOURCES

Revenues and funding from proceeds from commissary operations shall be deposited into the Inmate Welfare Fund account.

1001.4 EXPENDITURE OF INMATE WELFARE FUNDS

The Inmate Welfare Fund shall be used solely for the welfare and benefit of the inmate population or as otherwise permitted by Idaho Code 20-618.

Expenditures permitted from the Inmate Welfare Fund include, but are not limited to, the following:

(a) Education programs

(b) Recreational goods and services, such as:

1. Recreational equipment, games and sporting goods
2. Televisions and cable/satellite subscriptions, video players and content media
3. Library books

(c) Salary and benefit costs for personnel while they are employed in positions or are performing activities solely for the benefit of inmates or to facilitate inmate programs

(d) Welfare packages for indigent inmates

(e) Alcohol and drug treatment programs

(f) Office facility canteens

(g) Inmate trust accounting system

(h) Envelopes, postage and personal hygiene items for indigent inmates

(i) Approved non-prescription, over-the-counter health aids for inmate use

(j) Libraries designated for inmate use

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(k) Visiting room equipment, supplies and services

(l) Inmate activity programs, including:

1. Equipment for television viewing
2. Music equipment and supplies
3. Activities equipment, supplies and services
4. Repair of equipment purchased from the Inmate Welfare Fund
5. Food or supplies for special occasions
6. Inmate tournaments and holiday events
7. Inmate club activities
8. Entertainment equipment, cable or satellite subscription services and other related supplies
9. Materials for faith-based programs

1001.4.1 PROHIBITED EXPENDITURES OF INMATE WELFARE FUND

Except as permitted by law, the Inmate Welfare Fund shall not be used to fund activities associated with any of the following:

(a) Security-related functions, including staff, safety equipment, radios, weapons or control devices that are specifically designated for use by the custody staff in maintaining the security, safety and order in the facility

(b) Food service, staff costs, equipment and supplies

(c) Medical/dental services, staff costs, equipment and supplies

(d) Maintenance and upkeep of office facilities not otherwise permitted by law

(e) Janitorial services and supplies

(f) Transportation to court, medical appointments or other reasons not related to inmate programs

(g) Any other normal operating expenses incurred by the day-to-day operation of the Office

1001.5 FINANCIAL ACCOUNTING OF INMATE WELFARE FUNDS

The Jail Commander or Authorized Designee in cooperation with the County Clerk's Office shall maintain an accounting system to be used for purchasing goods, supplies and services that support inmate programs (Idaho Code 20-618).

An audit of the Inmate Welfare Fund shall be completed annually by a certified auditor recognized by the Office as an authorized financial auditor.

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Inmate Accounts

1002.1 PURPOSE AND SCOPE

This policy establishes guidelines and procedures for managing, handling and accounting of all money belonging to inmates that is held for their personal use while they are incarcerated in this facility.

1002.2 INMATE ACCOUNTS

The Office will establish an inmate account for the purpose of receiving funds from authorized sources for inmate use. A separate account will be established for each inmate when he/she is booked into this facility.

When an inmate is admitted to the detention center, a written, itemized inventory of the money in the inmate's possession shall be completed. Any subsequent deposits to the inmate's fund shall be inventoried and documented. An inmate shall be issued a receipt for all money held until his/her release.

An inmate may use money in his/her inmate account for bail or to purchase items from the inmate commissary. Inmates may receive money while in custody. Inmate may release money to their attorney, or a state approved bondsman for the purpose of posting bail/bond. Funds will be made available to inmates for their use in accordance with the rules and regulations established by the Jail Commander.

1002.3 FUNDING SOURCES

The inmate account will only accept funds for deposit from approved sources. Funds deposited into an inmate’s account will first be used to settle the inmate’s negative balance, should one exist.

1002.3.1 DEPOSITS DURING BOOKING

With the exception of legally prescribed fees (e.g., booking fees, pay to stay), all money received during the booking process shall be deposited to the inmate’s account after the inmate signs an acknowledgement agreeing to the amount.

1002.3.2 DEPOSITS THROUGH THE MAIL

All funds received by mail to be deposited to an inmate's account shall be delivered to the cashier after signed acknowledgement by the inmate.

Only cash, money orders and checks issued by federal, state, county or city government agencies that are received through the mail are acceptable for deposit into inmate accounts. Although cash may be accepted for deposit, it is not recommended that cash be sent through the mail. All cash received shall be deposited on the inmate's account through the booking kiosk. All personal checks, payroll checks and other unapproved monies will be forwarded to the personal property storage area and placed in the inmate's property bag.

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1002.3.3 VISITOR DEPOSITS

Visitors may deposit funds into an inmate's account. The Deputy may only accept a money orders for deposit to an inmate's account. Cash deposits from a visitor will be directed to use the kiosk.

The cashier shall post funds received to the inmate's account and prepare a validated receipt for the transaction. A copy of the transaction receipt shall be provided to both the inmate and the person making the deposit. A copy will be retained by the cashier.

Inmates will not be allowed to accumulate large sums of money in their account other than for the purpose of bail.

1002.4 AUTHORIZATION FOR SELF-BAIL

Inmates wishing to use their personal funds as bail must sign an Authorization for Self-Bail transaction document. This transaction document must be received by the cashier before the inmate's account can be debited and a receipt issued.

1002.5 RELEASE FROM CUSTODY

The Deputy will receive a daily roster of inmates scheduled for release. Each inmate's account will be accessed and a report showing all activity on the account will be completed and filed after it has been adjusted to show a zero balance.

The Deputy will release the money to the inmate after the inmate endorses the account report.

1002.6 CASHIER RESPONSIBILITY

The Deputy will verify all funds received against the amounts recorded on the inmate account financial record. The Deputy will then post the funds to the inmate's account and prepare a receipt for the inmate.

Every two weeks, the Jail Commander or authorized designeeshall be responsible for balancing all transactions completed and shall complete a cash activity sheet itemizing each type of transaction.

All monies shall be counted, verified against the transactions, bundled and placed in a designated secure safe or transferred to the bank with appropriate transmittal documentation, in accordance with Office finance rules.

Any unresolved discrepancies found during the balancing procedures shall be promptly reported. The Jail Commander or authorized designee shall prepare a report outlining the discrepancy.

The report shall include the following:

(a) Date and time each cash discrepancy was discovered

(b) Amount of overage or shortage

(c) Explanation of the cause of the overage/shortage

(d) Documentation used to identify the error

(e) Recovery attempts

(f) Name of person reporting the discrepancy

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(g) Name of person approving the report and the date approved

The Jail Commander or authorized designee shall initial the report prior to submission to the County Clerk's Office for an audit trail.

1002.7 SECURE BANKING OF INMATE FUNDS

All monies collected by custody personnel shall be secured daily in an officially designated and secure place, and verified by a supervisor.

1002.8 AUTOMATED KIOSKS

The use of automated kiosks for the deposit of monies into the inmate trust fund or to transfer inmate monies for the purchase of commissary or other authorized items will meet the financial accounting requirements of this policy and other standard financial practices.

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Counseling Services

1003.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for providing counseling and crisis intervention services to inmates.

1003.2 POLICY

This office will provide counseling and crisis intervention services to any inmate who either requests services, is determined by a health provider to be in need of counseling or crisis intervention services, or by an order of the court. These services may be provided by:

(a) Medical/mental health staff working with the facility.

(b) Faith-based counseling by the chaplain or religious volunteers (see the Religious Programs Policy).

(c) Deputies assigned to the facility who have specific training and expertise in this area.

The Jail Commander shall coordinate with the Medical Director to develop and confidentially maintain records of counseling and crisis intervention services provided to inmates and to ensure that those records are retained in accordance with established records retention schedules.

The Jail Commander shall ensure that request forms are available and provided to inmates who request counseling services. All inmate requests for counseling shall be forwarded to the Medical Director. If an inmate displays behavior indicating a need for counseling or crisis intervention services, the facility employee shall notify the Shift Supervisor and Medical Director. The Medical Director shall assess the need and area of counseling and make a reasonable effort to provide the inmate with the requested counseling as soon as practicable with consideration given to facility security, scheduling and available resources. Inmates who are victims of a sexual abuse or harassment incident will be informed of the availability and continuity of counseling (28 CFR 115.82; 28 CFR 115.83).

1003.3 NON-CRISIS COUNSELING

The Office shall, when reasonably practicable, make counseling services available to assist inmates who are being released into the community.

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Inmate Exercise and Recreation

1004.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines and procedures ensuring that the Valley County Sheriff's Office facility will have sufficiently scheduled exercise and recreation periods and sufficient space for these activities, as required by law.

1004.1.1 DEFINITIONS

Definitions related to this policy include:

Exercise - The physical exertion of large muscle groups.

Recreation - Activities that may include table games, watching television or socializing with other individuals.

1004.2 POLICY

It is the policy of this office to provide inmates with access to exercise opportunities and equipment, and to recreation activities five days per weekin accordance with state laws or requirements. The Jail Commander or the authorized designee shall be responsible for ensuring there is sufficient secure space allocated for physical exercise and recreation, and that a schedule is developed to ensure accessibility for all inmates.

1004.3 ACCESS TO EXERCISE

Inmates shall have access to exercise opportunities and equipment, including at least one hour daily, five days per week, of physical exercise outside the cell, and the opportunity to exercise outdoors when weather permits.

The responsible Deputy shall use the approved daily log sheet to document when inmates of like classification status are scheduled to exercise each day and shall record the exercise of each inmate, or that the inmate has declined outside exercise.

Daily log sheets should be collected monthly and forwarded to the Jail Commander. Log sheets shall be maintained in accordance with established records retention schedules.

1004.4 ACCESS TO RECREATION

Each inmate shall have access to recreational (leisure-time) activities outside the cell at least five times a week. The length of time will be determined by the inmate's classification status, security concerns and operational schedules that preclude recreation during a period of time (e.g., meal times, searches, lockdown or court). The staff should ensure that the maximum time possible is provided to the inmates for this purpose. Televisions, newspapers, table games and other items may also be made available to enhance recreation time. Consideration will be given to the passive or active recreational needs of older inmates and inmates with disabilities.

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1004.4.1 USE OF THE INMATE WELFARE FUND
Monies derived from the Inmate Welfare Fund may be used to purchase and maintain recreational equipment and supplies.

1004.5 SECURITY AND SUPERVISION

The staff supervising the inmates during exercise and recreation time shall document when each inmate has the opportunity to exercise or recreate.

Staff shall be responsible for inspecting exercise and recreational equipment to ensure it appears safe for use. Broken equipment or equipment that is in an unsafe condition shall not be used. All equipment shall be accounted for before inmates are returned to their housing unit.

The supervising staff may terminate the exercise or recreation period and escort back to the housing unit any inmate who continues to act in an aggressive or disorderly manner after being ordered to stop by the staff. Whenever an exercise or recreation period is involuntarily terminated, the staff will document the incident and rationale for terminating the exercise period. The Shift Supervisor will determine whether disciplinary action is warranted.

1004.6 EXERCISE SPACE

Sufficient outdoor and covered/enclosed exercise areas, as specified by federal, state and/or local laws or requirements, should be provided to ensure one hour of exercise for each general population inmate per day. Use of outdoor exercise is preferred but weather conditions may require the use of covered/enclosed space. Day room space is not considered exercise space.

1004.7 INABILITY TO MEET REQUIREMENTS

In the event that the inmate population exceeds the ability of the facility to meet the exercise and recreation requirements, the facility should notify the governing body about the deficiency in space for exercise, that it may violate the law and/or the requirements, and request funds to remedy the situation. The facility should document all action taken to try to remedy the situation, including funding requests, population reduction requests and all responses to those requests.

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Inmate Educational, Vocational and Rehabilitation Programs

1005.1 PURPOSE AND SCOPE

This office provides educational and vocational programs that are designed to help inmates improve personal skills, assist in their social development and improve inmate employability after release. The ability of the office to offer educational programs is dictated by available funding, inmate classification and other required inmate programs and routines.

1005.2 POLICY

The educational and vocational programs offered by the Office are available to all eligible inmates and are subject to schedule, space, personnel and other resource constraints.

Designated space for inmate education and vocational programs will, whenever practicable, be designed in consultation with the appropriate school authorities or educational/vocational service providers.

Adequate funding is required. If the funding source reduces or eliminates funding in these areas, educational and/or vocational programs may be reduced or eliminated.

While the housing classification of an inmate has the potential to pose security issues, every effort, to the extent reasonably practicable, will be made to provide individualized educational opportunities.

1005.3 JAIL COMMANDER OR AUTHORIZED DESIGNEE

The Sheriff or the authorized designee shall appoint an Jail Commander or Authorized Designee, who shall be responsible for managing all aspects of the inmate educational and vocational program. Those duties include, but are not limited to:

(a) Conducting an annual needs assessment to determine the type of programs needed to serve the inmate population.

(b) Developing the program plans.

(c) Developing or directing the curricula for each educational, vocational and testing component.

(d) Developing and implementing individualized programs for high-risk or administrative inmates, as needed.

(e) Coordinating with corrections staff regarding the security issues associated with these programs.

(f) Developing and maintaining records of all needs assessments, all training offered, all inmate attendees, testing records and class evaluations.

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(g) Forecasting the annual cost of the program and coordinating with the budget office to secure funding.

1005.4 COURSE OFFERINGS

Course offerings will be subject to need, available resources, security concerns, available space and inmate classification, and may include the following:

(a) Basic education, General Educational Development (GED) preparation

(b) English as a second language (ESL)

(c) Basic literacy

(d) Substance abuse and healthy lifestyles education

(e) Parenting courses

(f) Basic computer instruction

(g) Basic life skills

(h) Other courses as deemed appropriate by the Jail Commander or Authorized Designee

1005.5 OUTREACH

Information about educational opportunities should be included in the general inmate orientation. At a minimum, inmates should receive instruction on how to request participation in the inmate education programs, along with eligibility requirements and rules for participation.

1005.6 ELIGIBILITY REQUIREMENTS

Educational/vocational programming (other than televised courses) may be offered to sentenced and pretrial inmates. The Sheriff shall ensure that there is equal opportunity for participation for male and female inmates.

1005.7 INMATE REQUESTS

Inmates should be given a form to request participation in the inmate education programs. Inmate requests will be forwarded to the Jail Commander or Authorized Designee, who will have the facility classification staff screen and approve the request.

The Jail Commander or Authorized Designee will notify the inmate whether he/she has been approved for an education program. If approved, the Jail Commander or Authorized Designee will provide instruction to the inmate on how to access the program services and will notify the affected facility staff about the inmate's scheduled attendance.

Inmates may also contact the Jail Commander or Authorized Designee at any time via an inmate message slip to request information regarding educational opportunities.

Inmates have the right to refuse to participate in programs other than work assignments or programs that are required by statute or court order.

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1005.8 SELF-STUDY PROGRAM

Whenever reasonably feasible the basic educational program may be presented by self-study tutoring and videotape programming.

Inmates admitted into the GED program are issued the necessary books and supplies. Studying is done throughout the day at scheduled periods when videotape programming is presented on closed-circuit television.

Upon completion of a GED self-study program, the inmate may be given the opportunity to take the GED test.

1005.9 HIGH-SECURITY/ADMINISTRATIVE SEGREGATION INMATES

To the extent reasonably practicable, high-security inmates and those held in administrative segregation may receive individual instruction in the form of a correspondence course.

1005.10 REHABILITATION PROGRAM

The Office provides opportunities for rehabilitation programs that are based upon victim and community input and are fashioned in a way that gives the inmate an opportunity to make amends for the harm done.

The Sheriff and Jail Commander should work with other justice system partners to create such programs and opportunities. Examples include the following:

- Programs designed to deter domestic violence and substance abuse
- Community service, such as supervised public works projects
- Making restitution to victims
- Paying court fines

1005.11 DISCLAIMER

Nothing in this policy is meant to confer a legal right for inmates to participate in any educational offering. Educational programming is provided at the sole discretion of the Sheriff and Jail Commander.

1005.12 CLASSROOM USE AND DESIGN

The demographics of the inmate population should always be considered when developing educational and other programs. Inmate classification and segregation requirements also need to be considered.

The Jail Commander should encourage and include educators in the set up and design of classrooms that have been identified for inmate education programs. To the extent reasonably possible, in consideration of the space design and the ability to provide adequate security, teachers, education managers and administrators should be consulted to ensure that their needs are met.

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In addition to the traditional classroom approach to educational programming, there are several other delivery methods. These include independent study and computer education programs.

1005.13 NEW CONSTRUCTION OR RENOVATION

Whenever construction of new facilities is considered, the Jail Commander may include education specialists during the design phase to ensure that the needs of education providers are met with regard to security, sound levels and educational equipment.

The Jail Commander may seek technical assistance from consultants to school districts that provide education programs in correctional settings. There are also networks of educators who can provide valuable consulting services in order to keep pace with rapidly evolving program and legislative issues that are related to education.

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Commissary Services

1006.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a commissary program that will give inmates the opportunity to purchase personal items that are not provided by the facility.

1006.2 POLICY

It is the policy of this office to provide space for a commissary service, so that inmates who are not on disciplinary restriction and who have funds posted to their inmate accounts may purchase approved items that are not furnished by the facility.

To the extent reasonably practicable, the prices for items offered to the inmates in the commissary shall correspond to local retail store prices.

Any commissary inventory or sales issues related to religious diets shall be addressed in the Religious Programs Policy.

1006.3 COMMISSARY MANAGER RESPONSIBILITIES

The Jail Commander shall be responsible for designating a qualified person to act as the Commissary Manager. High-security items shall be identified, stored and inventoried as such. The Commissary Manager shall be responsible for the accounting and general operation of the commissary, which shall maintain current rules, regulations and policies of the commissary and ensuring compliance by commissary staff.

1006.4 COMMISSARY ACCOUNTING

The Deputy shall be responsible for ensuring that all inmates who have commissary privileges have the opportunity to order and receive commissary items in a timely manner.

All inmates shall be afforded the opportunity to review an accounting of their money held in their account, to include deposits, debits and commissary goods purchased and received. Any discrepancy of the inmate's funds shall be immediately reported to the Deputy. If the Deputy and the involved inmate cannot settle the discrepancy, the Jail Commander or authorized designee shall be notified and the Jail Commander or authorized designee will resolve the discrepancy.

1006.5 COMMISSARY PROCEDURES

Inmates may make purchases from the commissary at least weekly. Payment for commissary items shall be made prior to receiving commissary, acknowledgement of items will be made by a receipt for the commissary items received.

1006.6 INMATE WELFARE PACKS

The Jail Commander or the authorized designee shall monitor the provision of welfare packs to indigent inmates. Welfare packs shall include, but not be limited to:

(a) Two postage-paid envelopes and paper letters each week to permit correspondence with family members and friends.

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(b) Personal hygiene items, including toothbrush, toothpaste, soap, deodorant and other supplies deemed to be appropriate for indigent inmates.

The Sheriff may expend money from the Inmate Welfare Fund to provide indigent inmates with essential clothing and limited transportation expenses upon release.

1006.7 ANNUAL AUDIT OF THE COMMISSARY

The Commissary Manager shall ensure that an annual audit of the commissary operation is conducted by a certified auditor who is recognized by the Office as an authorized financial auditor. The written report prepared by the auditor shall be reviewed for accuracy by the Commissary Manager and provided to the Jail Commander.

All excess funds derived from the operation of the commissary shall be deposited into the Inmate Welfare Fund or otherwise used for the benefit of the inmates. They also may be deposited and used in accordance with expenditures authorized by the board of county commissioners. An itemized report of expenditures shall be submitted annually to the board of county commissioners (Idaho Code 20-618).

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Library Services

1007.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for funding of library services and for providing inmates access to leisure and legal reading materials.

1007.2 POLICY

It is the policy of this facility to operate a library service that provides leisure and legal reading materials to inmates.

1007.3 RESPONSIBILITIES

The Jail Commander or the authorized designee is responsible for the administration of the library services and should appoint a capable member to serve as librarian to run the daily library operations. The library services shall include access to legal reference materials, current information on community services and resources, and religious, educational, and recreational reading material.

The librarian shall ensure that reading materials are provided to the general housing units and that any member assigned to assist with the delivery of library services has received the appropriate training in facility safety and security practices.

1007.4 LIBRARY FUNDING AND MAINTENANCE

The Jail Commander should ensure that funding is available to operate the library. The Jail Commander may use monies from the Inmate Welfare Fund to offset the cost of salaries, services, and supplies. The Jail Commander or authorized designee may enlist the assistance of the local public library system and other community organizations to maintain and update the library. Donated books and materials should be screened by the librarian for permissible content and safety prior to being distributed to inmates.

The Office may reject library materials that may compromise the safety, security, and orderly operation of this facility (see the Inmate Mail Policy for examples of materials that may be rejected).

The library shall be operated within the physical, budgetary, and security limits of the existing facility.

Books and other reading material should be provided in languages that reflect the population of the facility.

1007.5 ACCESS TO LIBRARY

Access to the inmate library or to library materials shall be based on inmate classification, housing location, and other factors that legitimately relate to maintaining the safety and security of the facility.

Inmates in disciplinary detention shall have the same access to reading materials and legal materials as the general population unless a restriction is directed by the court.

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1007.6 LEISURE LIBRARY MATERIALS

Each inmate is allowed to have no more than two books at any given time. Existing selections must be returned before new books may be selected by an inmate. Inmates who destroy or misuse books and library materials will be subject to disciplinary action and may be required to pay for the material. Access to leisure reading materials shall be available to inmates at least twice weekly.

1007.7 LEGAL MATERIALS

All inmates shall have reasonable access to the legal system, which may include access to legal reference materials. Pro se inmates shall have priority regarding access to legal publications.

Legal information that may be provided through the library includes but is not limited to:

- Criminal code sections.
- Copies of criminal and/or civil cases.
- Copies of relevant judicial forms.

Inmates desiring access to the library or legal publications shall submit a completed legal information request to the housing deputy. Only one request per inmate per week is allowed unless the inmate is a court-ordered pro se.

The housing deputy will collect completed request forms and deliver them to the Deputy. Upon receipt, the Deputy will time stamp, log, and number the request and arrange for the inmate to have access to the library or to legal research services if they are available and do not conflict with scheduling or security concerns. Records of access to legal materials and whether the requests were fulfilled or denied should be documented each day and maintained in the inmate's file in accordance with established records retention schedules.

Pro se inmates may keep minimal supplies for their case in their cells (e.g., paper, letters, reference materials), provided they do not create a fire hazard or other safety or security concern.

1007.8 LEGAL REFERENCE MATERIALS

Legal reference materials and assistance shall be made available to inmates on the following basis:

- Inmates shall have access to legal reference materials provided at the facility, upon request, for reasonable periods of time.
- If an inmate requests a specific case or legal reference not available in the facility's legal reference materials, provisions may be made to secure the requested material.
- If the requested materials are not available in the county's law library, reasonable efforts should be made to procure the requested materials from other outside sources.
- If the facility is unable to fulfill the inmate's request for specific cases or legal references from outside sources, a person knowledgeable in the law may be assigned to work with the inmate to evaluate his/her specific needs and assist in procuring appropriate references and materials.

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- Jails utilizing persons trained in the law should contract with an Idaho admitted and licensed attorney for consultation and assistance with access to courts.

1007.9 ALTERNATE MEANS OF ACCESS TO LEGAL RESOURCES

Nothing in this policy shall confer a right to access a law library. Unless it is specified by court order, the Sheriff may provide access to legal resources by a variety of means that may include public or private legal research services (e.g., web-based legal resources).

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Inmate Telephone Access

1009.1 PURPOSE AND SCOPE

This policy establishes guidelines for permitting inmates to access and use telephones.

1009.2 POLICY

The Detention Center will provide access to telephones for use by inmates consistent with federal and state law. The Jail Commander or the authorized designee shall develop written procedures establishing the guidelines for access and usage. All inmates will be provided a copy of the telephone usage rules as part of their inmate orientation during the booking process.

1009.3 PROCEDURE

Inmates housed in general population will be permitted reasonable access to public telephones at scheduled times in the dayrooms for collect calls unless such access may cause an unsafe situation for the detention center, members, or other inmates. The Jail Commander shall ensure a notice is conspicuously posted near the phones, informing the inmates that non-attorney calls may be monitored and recorded.

Inmates are not permitted to receive telephone calls. Messages will only be delivered in the event of a verified emergency.

In the event of a detention center emergency, or as directed by the supervisor or the Jail Commander, all telephones will be turned off.

For security reasons, inmates who are awaiting transport to another facility or release to another agency are not permitted to use the telephones.

Teletypewriter/telecommunications devices for the deaf (TTY/TDD) or equally effective telecommunications devices will be made available to inmates who are deaf, are hard of hearing, or have speech impairments to allow these inmates to have equivalent telephone access as those inmates without these disabilities.

The minimum time allowed per call should be 10 minutes, except where there are substantial reasons to justify such limitations. Reasons for denial of telephone access shall be documented and a copy placed into the inmate's file. The rules governing the use of the telephone will be provided to inmates during orientation, and posted near the telephones.

The member should monitor the use of public telephones to ensure inmates have reasonable and equitable access and that the rules of use are observed. Any inmate refusing to cooperate with the telephone rules may have their call terminated, telephone privileges suspended and/or incur disciplinary action.

Requirements relating to the use of telephones during booking and reception are contained in the Reception Policy.

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1009.4 USE OF TELEPHONES IN HIGH-SECURITY OR ADMINISTRATIVE SEGREGATIONHOUSING

Inmates who are housed in high-security or administrative segregation may use the public telephones in the dayroom during the time allocated for that classification of inmate to utilize that space. If portable telephones are available in the facility, inmates who are housed in high-security or administrative segregation units may have reasonable access to the portable telephones.

1009.5 COURT-ORDERED TELEPHONE CALLS

If a court order specifying free telephone calls is received by the facility, or a supervisor determines there is a legitimate need for a free telephone call for a specific inmate, the supervisor may direct that an inmate use a facility telephone at no charge. Calls placed from a facility telephone should be dialed by a staff member. The staff shall be responsible for ensuring that the inmate is not calling a number that has been restricted by a court order or by request of the recipient. Such a call shall be recorded to the same extent authorized for calls that are not court-ordered.

1009.6 ATTORNEY-CLIENT TELEPHONE CONSULTATION

At all times through the period of custody, whether the inmate has been charged, tried, convicted, or sentenced, reasonable and non-recorded telephone access to an attorney shall be provided to the inmate at no charge to either the attorney or to the inmate, in accordance with the Inmate Access to Courts and Counsel Policy.

1009.7 TELEPHONE CONTRACTS AND CHARGES

The Jail Commander or the authorized designee is responsible for ensuring that rates charged to inmates are similar to those charged in the general public and that inmates are afforded a range of feasible calling options.

The Detention Center may require that any costs for telephone calls be borne by the inmate or the party called.

1009.8 FOREIGN NATIONALS

A foreign national who has been detained may contact their consulate via the public phones provided for inmates. If the consulate does not accept collect calls, the foreign national shall be allowed to make a reasonable number of direct calls to establish communication with the consulate.

Consular officers who contact the detention center to speak with a foreign national to provide consular services should be given reasonable telephone access to the inmate.

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Inmate Visitation

1010.1 PURPOSE AND SCOPE

The purpose of this policy is to establish rules for visitation and to provide a process for inmate visits and visitors. Visitation is a privilege and is based on space availability, schedules and on-duty staffing.

1010.2 POLICY

The Jail Commander shall develop written procedures for inmate visiting including visitation via on-site video, Internet video and in-person visits. Visitation shall provide for as many visits and visitors as facility schedules, space and number of personnel will reasonably allow, with no fewer visits allowed than one hour per week, unless visitation is restricted due to a disciplinary finding. These procedures are subject to safety and security requirements.

Court orders granting a special inmate visitation are subject to county legal review and interpretation.

1010.3 PROCEDURES

The Office has provided adequate space for visiting that includes appropriate space for the screening and searching of both inmates and visitors and for the storage of visitors' coats, handbags and other personal items that are not allowed in the visiting area. Visits should be conducted in a secure environment where inmates and visitors can communicate at normal voice levels.

Detention Center staff may monitor on-site visits or videotape non-attorney and non-clergy visitor conversations when proper notice has been provided. Detention Center staff may observe visitation as necessary to maintain the appropriate levels of security.

Limitations on the number of visitors an inmate may receive, including the length of those visits, is determined by:

- The facility's schedule.
- The space available to accommodate visitors.
- Whether an emergency or other conditions justify a limitation in visiting privileges.

The Jail Commander or the authorized designee is responsible for defining, in writing, the conditions under which visits may be denied.

The visiting area shall accommodate inmates and visitors with disabilities. Visitors with disabilities who request special accommodations shall be referred to a supervisor. Reasonable accommodations will be granted to inmates and disabled visitors to facilitate a visitation period.

Visitor logs and records shall be developed and maintained in accordance with established records retention schedules and should include, but not be limited to, the following:

- Name of each visitor

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- Time and date of visit
- Inmate to be visited
- Relationship of the visitor to the inmate

1010.3.1 VISITOR REGISTRATION AND IDENTIFICATION
All visitors must register and produce a valid state, military, tribal, or other government identification. Identification will be considered valid for 90 days after expiration, provided the visitor has renewed the ID and has proof of the renewal.

(a) The registration form must include the visitor's name, address, and the relationship to the inmate.

(b) A valid identification shall include the following:

1. A photograph of the person
2. A physical description of the person

(c) An official visitor shall present proof of professional capacity. For example, attorney license/Supreme Court card, law enforcement identification, or a business card/ letterhead of business with the visitor's name.

Failure or refusal to provide a valid identification is reason to deny a visit.

1010.4 AUTHORIZATION TO SEARCH VISITORS AND VEHICLES

Individuals who enter the secure perimeter of this facility are subject to search if there is reasonable cause to believe the visitor has violated the law, is wanted by a law enforcement agency, or there is reasonable cause to believe the visitor is attempting to bring contraband onto the facility property or into the facility. All searches shall be made in accordance with current legal statutes and case law.

1010.5 VISITING SCHEDULE

The Jail Commander or the authorized designee will schedule at least three separate and distinct visiting days per week, including at least one weekend day and one evening. The visitation schedule will be provided to each inmate in the inmate handbook and at orientation. The visiting hours will also be posted in the public visitation area.

A newly admitted inmate may be permitted an initial visit with his/her immediate family at the first regularly scheduled visiting period after booking. These family members do not need to be on the approved visitor list.

The Jail Commander shall designate a person to schedule inmate visitation.

1010.6 DENIAL OR TERMINATION OF VISITING PRIVILEGES

No restrictions are placed on who may visit an inmate. However, visitation may be denied or terminated by a supervisor if the visitor poses a danger to the security of the facility or there is other good cause, including, but not limited to, the following:

(a) The visitor appears to be under the influence of drugs and/or alcoholic beverages.

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(b) The visitor refuses to submit to being searched.

(c) The visitor or inmate violates facility rules or posted visiting rules or has a history of disruptive conduct.

(d) The visitor fails to supervise and maintain control of any minors accompanying him/her into the facility.

(e) Visitors attempting to enter this facility with contraband will be denied a visit and may face criminal charges.

(f) The inmate refuses a visit.

(g) The visitor is subject to no contact orders and domestic violence civil prosecution orders.

(h) The visitor fails to register and show proper identification.

Any visitation that is denied or terminated early, on the reasonable grounds that the visit may endanger the security of the facility, shall have the actions and reasons documented. A copy of the documentation will be placed into the inmate's file and another copy will be forwarded to the Jail Commander.

1010.7 GENERAL VISITATION RULES

All visitors and inmates will be required to observe the following general rules during visitation. Rules will be provided to the inmates in the inmate handbook and will be posted in the visiting area either in writing or displayed on the kiosk.

(a) A maximum of two adults and two children, regardless of their age, will be permitted to visit an inmate at any one time. Children visiting inmates must be deemed age appropriate by the parent or guardian accompanying the child. Where a dispute over children visiting occurs between the inmate and the parent or legal guardian, the inmate will be advised to use the court for resolution. Adults must control minors while they are waiting to visit and during the visit.

(b) An inmate may refuse to visit with a particular individual.

(c) Those inmates who are named as the restrained person in any restraining or other valid court order shall not be allowed visits from persons who are protected by the order.

(d) Visitors must be appropriately attired prior to entry into the visitor's area of the facility.

(e) Inappropriate clothing, such as transparent clothing, halter tops, excessively tight or revealing clothing, hats and bandannas or any other clothes associated with a criminal gang or otherwise deemed by the staff to be unacceptable will not be permitted.

(f) All visitors must have footwear.

(g) Visitors will leave all personal items, with the exception of car keys and identification, outside of the secure area. Visitors who enter the facility with handbags, packages or other personal items will be instructed to lock the items in a vehicle or locker or return at another time without the items. The facility is not responsible for lost or stolen items.

(h) Food or drink is not permitted in the visitor's area.

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(i) Inmates will be permitted to sign legal documents, vehicle release forms or any other items authorized by the Shift Supervisor. Transactions of this nature will not constitute a regular visit.

1010.8 SPECIAL VISITS

The Shift Supervisor may authorize special visitation privileges. The Shift Supervisor, who authorizes the special visit, will take into consideration the following factors:

- The purpose of the visit
- The relationship of the visitor to the inmate
- The circumstances of the visit
- Distance traveled by the visitor when the travel is over 150 miles and does not coincide with regular visiting hours

Whenever a special visit is denied, an entry into the duty log will be made. The entry will include the requesting visitor's name and the reason why the visit was denied.

1010.9 ATTORNEY AND CLERGY VISITS

Inmates shall have access to any attorney retained by or on behalf of the inmate, or to an attorney the inmate desires to consult, in a private interview room. Staff shall not interfere with, suspend or cancel official visits except in circumstances where the safety, security or good order of the facility is compromised (see the Inmate Access to Courts and Counsel Policy).

Inmates shall have access to any clergy that has been approved by the jail. If there is a specific clergy that the inmate is requesting, the clergy will go through the background approval process prior to being an approved clergy for the jail. Staff shall not interfere with, suspend or cancel official clergy visits except in circumstances where the safety, security or good order of the facility is compromised.

Attorneys and clergy shall be permitted to visit inmates at reasonable hours other than during regularly scheduled visiting hours. Attorneys and clergy may also visit inmates via video visitation.

1010.10 CONSULAR VISITS

The Jail Commander or the authorized designee should facilitate visitor access between a detained foreign national and a consular officer when requested by the detainee or consular officer. Additionally, access should also be facilitated when a consular officer requests to visit with a detained foreign national in cases where the detainee does not want a visit.

A foreign national should be allowed to visit with a consular officer in a private interview room. Members should not interfere with, suspend, or cancel official consular visits except in circumstances where the safety, security, or good order of the detention center is compromised.

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Resources for Released Inmates

1011.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the process of providing community resource information to any inmate who is due for release after serving at least 30 days, in order to assist with the transition back into the community.

1011.2 POLICY

It is the policy of this office that all inmates who have served at least 30 days shall be provided with an information packet containing community resources prior to their release. The packet should contain, at a minimum, the contact information for the following organizations and resources:

- Community health centers
- Employment centers
- Registry office to obtain an identification card
- Substance abuse and mental health providers
- Housing agencies
- Education agencies

Subject to the approval of the Sheriff or the Jail Commander, the staff or community providers may offer classes within the facility that are related to these community services.

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Therapeutic Community Treatment Program

1012.1 PURPOSE AND SCOPE

It is the policy of this office to provide treatment services for inmates with substance abuse problems, including the provision of services for post-release continuity of care and support in the community.

1012.1.1 PHILOSOPHY

The Office seeks to provide services in cooperation with a therapeutic community treatment program, which supports the mission of public safety and community reintegration through evidence-based assessment, treatment and aftercare services.

1012.2 POLICY

The Sheriff should designate a supervisory member of the facility as the director of the therapeutic community treatment program, which includes substance abuse programs. The director, in cooperation with all custody personnel, the local alcohol and drug treatment centers, mental health authorities, schools, probation departments and courts, will identify and monitor those inmates who have been placed into, or are eligible to be placed into, a therapeutic community treatment program.

Eligibility for participation will be based upon the following:

(a) Substance abuse use or history

(b) Positive drug screen on commitment

(c) Willingness to voluntarily commit to the program

(d) A mental health diagnosis that indicates suitability for participation

(e) In accordance with a lawful court order

Each program applicant will be screened for mental health concerns and must be cleared for participation by the mental health staff.

1012.2.1 REFERRAL TO THE THERAPEUTIC COMMUNITY TREATMENT PROGRAM

Inmates may be referred to the therapeutic community treatment program through the program director, in consultation with qualified health care professionals, or by a recommendation of the courts.

1012.2.2 SCREENING PROCESS

Initial screening with the applicant will include:

(a) A description of the program and its rules and procedures, such as assessments and alcohol and drug testing, and the responsibilities of the applicant.

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(b) A review of the applicant’s history, which may include a standardized diagnostic needs assessment administered to determine the extent of the inmate's substance abuse or dependency, and of his/her mental health needs.

(c) Program objectives and goals as identified in an individualized treatment plan developed and implemented by a multidisciplinary clinical team that includes medical, mental health and substance abuse professionals.

(d) Other assessments as determined by the program director.

1012.3 PROGRAM OBJECTIVES

The expected results of this program are:

(a) To provide diagnosis and treatment plans, establish goals and objectives for the inmate, provide education and counseling, relapse prevention and discharge planning and transition services.

(b) To provide a structured program to identify physical, social, medical, mental health, community and spiritual needs.

(c) To provide linkage to community-based programs upon the inmate’s return to the community.

1012.4 RESPONSIBILITIES OF THE DIRECTOR

The director of the program shall institute a procedure to assist in the treatment of inmates and will provide information related to:

(a) A diagnosis of the inmate and his/her problem areas.

(b) Individual treatment and counseling plans with clearly defined treatment goals and objectives.

(c) Substance abuse education plan.

(d) Activities and education designed to prevent relapse after release.

(e) Treatment objectives that are sensitive to the various cultures represented in the inmate population.

(f) The utilization of selfhelp groups in support of treatment plans.

(g) Services offered to inmates before their release and transitional services to support continued care after release.

(h) Connections with community support and treatment services for continued care and sobriety after release.

1012.5 PROGRAM PARTICIPATION

The therapeutic community treatment program is voluntary; participants must consent to program treatment services in advance of receiving the service. This program is focused on providing

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participants with the necessary knowledge, insight and skill for successful reentry into the community.

1012.6 DRUG AND ALCOHOL TESTING

Program participants are expected to submit to random urinalysis. Failure to submit or a positive reading will result in termination from the program and possible disciplinary action.

1012.7 PROGRAM INCENTIVES

The director will develop program incentives designed to support and encourage success on the part of program participants. Incentives can include, but are not limited to:

(a) Certificates of completion for satisfactory completion of the program.

(b) Separate housing for program participants.

(c) Early release from custody, if authorized by the sentencing court.

1012.8 TERMINATION FROM THE PROGRAM

Termination from the program may occur for the following reasons:

(a) A participant’s failure to comply with the responsibilities of the program is grounds for dismissal by the director at any point during the course of the program.

(b) A participant may withdraw from the program by notifying any staff person verbally or in writing.

(c) A participant may be terminated for any major institutional disciplinary violation if it is determined that the inmate is no longer suitable for participation in the program.

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Work Release Program

1013.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the guidelines and requirements for the Work Release Program. The Work Release Program allows inmates to maintain employment, support families and facilitate a successful return to the community.

1013.2 POLICY

It is the policy of this office to operate a voluntary Work Release Program to provide inmates with opportunities to secure or maintain employment, support families, assist in the payment of fines and penalties to the court and promote a successful return to the community (Idaho Code 20-614).

Release programs shall be conducted in accordance with state and local guidelines. In cases of pretrial release, the courts may have jurisdiction over release decisions.

1013.3 WORK RELEASE PROGRAM

Any inmate who has met the eligibility requirements and received approval may be granted permission to leave the facility to work at his/her place of employment in accordance with state and local guidelines, court orders and the provisions of this policy.

The Jail Commander or the authorized designee has sole authority to approve participation in the program for each inmate, and is responsible for the overall conduct and administration of the Work Release Program.

The Work Release Program participants are limited to geographic restrictions of the facility and must remain within county boundary lines unless otherwise ordered by the sentencing court or approved by the Jail Commander.

1013.3.1 ELIGIBILITY

In order to be eligible for the Work Release Program, an inmate must meet the following requirements:

- Sentenced directly to work release programs by the court
- No documented disciplinary incidents
- No outstanding warrants, wants or detainers
- Pursuant to a lawful order by the court

Inmates who do not adhere to the rules of the program will be subject to removal from the program and to disciplinary and criminal action in accordance with the rules of the facility and applicable laws.

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1013.3.2 STAFF RESPONSIBILITY

The Work Release Program staff is responsible for contacting the employer prior to authorizing the work assignment. The staff should inform the employer and the inmate of the rules and expectations for program participants.

The program staff shall provide each employer with the facility's contact information, including the contact person and telephone number, and should be instructed to notify the contact person immediately if an inmate does not report to work, leaves prior to the scheduled departure time or if any concerns arise during the work shift.

1013.3.3 HOUSING

Inmates participating in the Work Release Program should be housed in an area other than general population housing to reduce the possibility of contraband entering the facility.

Inmates in the program may return to separate housing within the facility's secure perimeter. Factors to consider when determining appropriate housing for program participants include the following:

- Rated bed capacity of the facility
- Current occupancy
- Housing options
- Number of inmates approved to participate in the program

1013.3.4 DAILY WORK ITINERARIES

Inmates must have an approved daily work itinerary prior to leaving the facility. The itinerary should include the following:

- Scheduled start and stop times for work
- Anticipated amount of travel time between the facility and the employer each way
- Mode of transportation each way (e.g., bus, car, walk)
- Location of the workplace
- Contact name, address and telephone number of the employer
- Contact name, telephone number, driver’s information of the transport person if the inmate does not have a valid license
- Contact name and telephone number of the on-duty program staff member

Any change to the itinerary (e.g., overtime, location of the work place, transportation) must be approved in advance by the Jail Commander or the authorized designee.

1013.3.5 FINANCIAL OBLIGATIONS

All inmates who participate in the Work Release Program shall ensure that the appropriate funds are deposited into their inmate account. Funds from the inmate account will be subtracted for room

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and board. Valley County sentenced inmates are to pay for their first week of the Work Release Program prior to starting, and any subsequent weeks will be subtracted one time a week during participation in the program. Out of county inmates are to pay for the entirety of the Work Release Program prior to participation.

1013.3.6 EMPLOYER VERIFICATION

The Work Release Program staff shall make scheduled telephone calls and random site visits to the inmate's employer to ensure compliance with the rules of the program.

1013.3.7 PROGRAM CONFLICTS

The Work Release Program staff shall make every attempt to ensure the inmate's work schedule does not conflict with his/her required participation in treatment programs at the facility.

1013.4 RECORDS

The following records shall be maintained by the Jail Commander or the authorized designee on all inmates participating in the Work Release Program:

(a) All payments and accounting associated with the Work Release Program

(b) All contacts between the staff and employers prior to releasing inmates to work and confirming all employment information

(c) All daily logs of time worked and payments received

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Inmate Work Program

1014.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the guidelines and requirements for the Inmate Work Program. The Inmate Work Program allows inmates to improve and/or develop useful job skills, work habits and experiences that will facilitate a successful return to the community.

1014.2 POLICY

The Valley County Sheriff's Office shall operate an Inmate Work Program in accordance with all applicable federal, state or local work safety laws, rules and regulations, and to the extent that the operation of inmate work programs do not pose a risk to the safety of the staff, other inmates, or the public. This policy establishes the requirements, selection process, supervision, and training of inmates prior to and after entering the facility's Inmate Work Program and makes provisions for disabled inmates (Idaho Code 20-617 and Idaho Code 20-620).

1014.3 WORK CRITERIA

1014.3.1 SENTENCED INMATE WORK REQUIREMENTS

All sentenced inmates who are physically and mentally able should work. Inmates shall not be required to perform work which exceeds their physical limitations. Inmates may be excused from work in order to maintain their participation in an educational, vocational, drug abuse treatment, or other program. The Office will abide by all laws, ordinances, and regulations when using inmates to work in the facility.

1014.3.2 PRETRIAL AND UNSENTENCED INMATE WORK REQUIREMENTS

Pretrial and unsentenced inmates may volunteer to participate in the Inmate Work Program but shall not be required to participate in work beyond maintaining the immediate living area.

1014.4 INMATE WORKER SELECTION

The Jail Commander or authorized designee shall be responsible for the selection and assignment of inmates to the various work assignments. The Jail Commander or designee should solicit input from other custody staff in assisting with inmate selection and assignment. Staff shall take into consideration the following eligibility criteria:

(a) Inmates who have posed a threat in the past or have been charged with escape should be carefully screened for inmate work projects.

(b) The inmate's charges and classification are such that the inmate will not pose a security risk to other inmates, staff, or the public.

(c) The inmate's capacity to perform physical tasks, including tasks that can be performed by the inmate while pregnant, will match the job requirements.

(d) The inmate is able to learn the necessary work routines.

(e) The special interests, abilities, craft, or trade of the inmate will benefit the work assignment.

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Inmates must be able to pass a health-screening test in accordance with the policies contained in this manual, and must meet all statutory and regulatory requirements. Health-screening shall be done for inmates who work in the kitchen, around food products, or who serve meals to the inmate population.

1014.5 SUPERVISION OF INMATE WORKERS

Facility staff in charge of work programs or who provide supervision of inmates assigned to work crews should adhere to the following:

(a) Inmate workers should be provided with safety equipment, clothing and footwear commensurate with the work performed. Safety equipment may include but is not limited to eye protection, gloves, hardhat or headwear, and sunscreen for protection from sun exposure.

(b) Work periods shall not exceed nine hours per day.

(c) Inmate workers should be provided with work breaks to allow them to take care of their personal needs.

(d) Inmate workers shall have access to nutritious meals and a reasonable amount of time to consume those meals during their work period.

(e) Inmates who work shifts during the early morning or late-night hours should be provided with a quiet space to allow for sleep during daytime hours.

(f) The inmate workday approximates the workday in the community.

(g) Inmate workers shall not access inmate records, inmate monies, or commissary.

(h) Inmate workers shall not participate in the maintenance of locking systems or other security detention devices.

Inmate workers shall be under the direct supervision of the facility staff at all times and shall not be supervised by other inmates when they are on assignment through the Inmate Work Program.

Persons who are responsible for the supervision of inmates on work crews should receive training in basic areas of safety, security, and reporting procedures.

Disciplinary action for inmate worker misconduct shall adhere to the Inmate Discipline Policy.

1014.5 INMATE WORKER TRAINING

Inmates who are assigned to work in any area that may require the handling of any chemicals or the use of any equipment shall receive training from the respective Office supervisor prior to using the chemicals or equipment. Work-crew supervisors shall also train inmate workers on safety practices. Inmates should never be assigned to handle dangerous chemicals or equipment that normally requires a level of expertise and competency beyond their demonstrated ability.

1014.5 INMATE WORKER INCENTIVES

The Jail Commanderor authorized designee is responsible for establishing an incentive program for inmates assigned to the Inmate Work Program. Incentives for inmates may include:

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(a) Granting Good Time and Work credits to apply to their sentence as allowed by Idaho Code 20-621.

(b) Granting distinctive housing assignments, extra privileges, recreation, and special rewards, as allowed by law, regulation, and policy. Inmate welfare funds may be used to offset the cost of a reward program.

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Religious Programs

1015.1 PURPOSE AND SCOPE

This policy provides guidance regarding the right of inmates to exercise their religion and for evaluating accommodation requests for faith-based religious practices of inmates.

1015.1.1 DEFINITIONS

Definitions related to this policy include:

Compelling government interest - A method for determining the constitutionality of a policy that restricts the practice of a fundamental right. In order for such a policy to be valid, there must be a compelling government interest, which is necessary or crucial to the mission of the Office, as opposed to something merely preferred, that can be furthered only by the policy under review.

Least restrictive means - A standard imposed by the courts when considering the validity of policies that touch upon constitutional interests. If the Office adopts a policy that restricts a fundamental religious liberty, it must employ the least restrictive measures possible to achieve its goal.

Religious exercise - Any exercise of religion, whether or not it is compelled by, or central to, a system of religious belief. The key is not what a faith requires but whether the practice is included in the inmate's sincerely held religious beliefs.

Substantial burden - For the purposes of this policy, substantial burden means either of the following:

- A restriction or requirement imposed by the Office that places an inmate in a position of having to choose between following the precepts of his/her religion and forfeiting benefits otherwise generally available to other inmates, or having to abandon one of the precepts of his/her religion in order to receive a benefit.
- The Office puts considerable pressure on an inmate to substantially modify his/her behavior in violation of his/her beliefs.

1015.2 POLICY

It is the policy of this office to permit inmates to engage in the lawful practices and observances of their sincerely held religious beliefs consistent with the legitimate government objectives of the facility.

1015.3 STAFF RESPONSIBILITIES

Members shall not show favoritism or preference to any religion and will not discriminate or retaliate against any inmate for participating or not participating in any religion or religious practice. Inmates are not required to participate in religious programs or activities.

Facility staff will not allow their personal religious beliefs to influence them in the daily management of the inmate population, particularly as it relates to religious practices.

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1015.4 CHAPLAIN

The Sheriff shall appoint an individual to serve as the chaplain for the facility.

The chaplain shall be responsible for assisting the Jail Commander with supervising, planning, directing and coordinating religious programs. The chaplain may be responsible for duties including, but not limited to:

(a) Coordinating religious services.

(b) Maintaining a list of accepted religious practices that have been approved by the Jail Commander and ensuring the current list is available to the staff.

(c) Reviewing requests for religious accommodations.

(d) Providing or arranging for grief counseling for inmates.

(e) Distributing a variety of religious texts.

(f) Developing and maintaining a liaison with a variety of religious faiths in the community.

(g) Making reasonable efforts to enlist religious leaders from outside the community as necessary.

(h) Seeking donations for religious programs from the community, when appropriate.

(i) Working with inmate families when requested.

(j) Periodically surveying the facility population to assist in determining whether current resources are appropriate for the inmate population.

(k) Providing guidance to the Sheriff and the Jail Commander on issues related to religious observance.

1015.5 RELIGIOUS BELIEFS AND ACCOMMODATION REQUESTS

Inmates are not required to identify or express a religious belief. An inmate may designate any belief, or no belief, during the intake process and may change a designation at any time by declaring his/her religious belief in writing to the chaplain. Inmates seeking to engage in religious practices shall submit a request through the established process. Requests to engage in practices that are on the facility’s list of accepted practices should be granted. Requests to engage in religious practices that are not on the approved list shall be processed as provided in this policy.

All requests for accommodation of religious practices shall be treated equally, regardless of the religion that is involved. Equal and consistent treatment of all religions and religious beliefs shall not always require that all inmates of the same religion receive the same accommodations. Requests for accommodation of religious practices shall be submitted to a supervisor. In determining whether to grant or deny a request for accommodation of a religious practice, the supervisor will work with the chaplain to determine the sincerity of the religious claim of an inmate. Requests should be denied only if the denial or reason for denial would further a compelling interest of the facility and is the least restrictive means of furthering that compelling interest.

A supervisor who does not grant the accommodation, either in part or in full, should promptly forward the request to the Jail Commander, who, after consultation with legal counsel as

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appropriate, should make a determination regarding the request within 10 days following the inmate's request.

A Jail Commander who does not grant an accommodation, either in part or in full, should forward the request to the Sheriff with the basis for the denial within 14 days of the inmate's original request being made. The Sheriff or the authorized designee will review the denial and respond to the requesting inmate as soon as reasonably practicable.

The Jail Commander and the Sheriff shall be informed of all approved accommodations. The chaplain should make any necessary notifications to staff as necessary to meet an approved accommodation.

All inmate requests for religious accommodations and related determinations shall be fully documented in the inmate's record.

1015.5.1 SUSPENSION OR REVOCATION OF ACCOMMODATIONS

In an emergency or extended disruption of normal facility operations, the Jail Commander may suspend any religious accommodation. The Jail Commander may also revoke or modify an approved religious accommodation if the accommodated inmate violates the terms or conditions under which the accommodation was granted.

1015.5.2 APPEALS OF SUSPENSION OR REVOCATION OFACCOMMODATIONS

Inmates may appeal the Jail Commander's denial, suspension or revocation of an accommodation through the inmate appeal process.

1015.6 DIETS AND MEAL SERVICE

The Jail Commander should provide inmates requesting a religious diet, including fasting and/or hour of dining, a reasonable and equitable opportunity to observe their religious dietary practice. This should be done within budgetary constraints and be consistent with the security and orderly management of the facility. The chaplain shall provide a list of inmates authorized to receive religious diets to the food services manager. The food services manager shall establish a process for managing religious meal accommodations.

1015.7 HAIR STYLES AND GROOMING

Unless it is necessary for the health and sanitation of the facility, inmates who wear head and facial hair in the observance of their religion will generally not be required to shave or cut their hair. To the extent reasonably practicable, alternative housing may be considered to accommodate the need for religious hair and grooming, while meeting the health and sanitation needs of the facility.

Any inmate whose appearance is substantially altered due to changes in facial hair or hair length may be required to submit to additional identification photographs (see the Grooming Policy).

1015.8 RELIGIOUS TEXTS

Religious texts should be provided to the requesting inmate, if the texts available do not pose a threat to the safety, security and orderly management of the facility.

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1015.9 UNAUTHORIZED PRACTICES OR MATERIAL

The following list, which is not intended to be exhaustive, includes materials or practices that shall not be authorized:

(a) Animal sacrifice

(b) Language or behaviors that could reasonably be construed as presenting a threat to facility safety or security

(c) Self-mutilation

(d) Use, display or possession of weapons

(e) Self-defense or military training

(f) Disparagement of other religions

(g) Nudity or sexual acts

(h) Profanity

(i) Use of illegal substances or controlled substances without a prescription

1015.10 GROUP RELIGIOUS SERVICES

Group religious services may be allowed after due consideration of the inmate's classification or other concerns that may adversely affect the order, safety and security of the facility.

Alternatives to attendance of group religious services may include, but are not limited to:

- The provision of religious books and reading materials.
- Access to religious counselors.
- Recorded religious media (e.g., DVDs, CDs, videotapes).

1015.11 RELIGIOUS SYMBOLS AND IMPLEMENTS

Religious symbols and implements used in the exercise of religion should generally be allowed unless the symbol or implement poses a threat to the safety and security of the facility. Alternatives to the provision of religious symbols and implements may be considered when security, safety or efficient operations may be jeopardized (e.g., substitution of a towel in lieu of a prayer rug).

1015.12 RELIGIOUS GARMENTS AND CLOTHING

Inmates who practice a religion that requires particular modes of dress, garments, headgear, etc., other than standard-issue clothing, should generally be accommodated subject to the need to identify inmates and maintain security.

Head coverings shall be searched before being worn in the housing areas of the facility and shall be subject to random searches for contraband. Personal head coverings should be exchanged in favor of office-supplied head coverings when available and appropriate.

Inmates wearing headscarves or other approved coverings shall not be required to remove them while in the presence of or while visible to the opposite sex, if they so desire. Religious garments

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that substantially cover the inmate's head and face shall be temporarily removed during the taking of booking and identification photographs.

To the extent reasonably practicable, alternative housing may be considered to accommodate an inmate's need for religious attire, while meeting the security needs of the facility.

1015.13 FAITH- AND MORALS-BASED COUNSELING

The Jail Commander shall be responsible for establishing a plan for inmates to receive faith- and morals-based counseling from the chaplain or religious volunteers. Inmates should be reasonably accommodated, including reasonable access to clergy members and spiritual advisers, volunteer religious organizations, faith- and morals-based programs and other secular volunteer programs.

No inmate shall be required to participate in any such program.

1015.14 SPACE AND EQUIPMENT FOR RELIGIOUS OBSERVANCES

The Jail Commander shall ensure that there are sufficient facilities and resources for the chaplain to serve the inmate population, including providing access to areas of the facility. Space for group worship will be dictated by the availability of secure areas and the classification status of the inmates to be served. All recognized religious groups should have equal access to the space, equipment and services which the facility normally provides for religious purposes.

1015.15 COMMUNITY RESOURCES

The chaplain may minister his/her particular faith and any other similar faiths to inmates but should also establish contacts with clergy of other faiths who can provide services to inmates of other religious denominations.

Whenever the chaplain is unable to represent or provide faith-based services to an inmate, a religious leader or other volunteer from the community, credentialed by the particular faith, should be sought to help provide services. All individuals providing faith-based services must possess the appropriate credentials from the recognized leadership of the particular faith. All faith-based services provided through community resources should be supervised by the chaplain. All efforts to contact faith-based representatives should be documented and retained in accordance with established records retention schedules.

Volunteers are another valuable resource that could be utilized extensively in the delivery of the religious program (see the Volunteer Program Policy). A volunteer could ensure that religious personnel who provide programming in the facility possess the required credentials and have the security clearance to enter the facility.

The chaplain, in cooperation with the Jail Commander or the authorized designee, shall develop and maintain communication with faith communities. The chaplain shall review and coordinate with the Jail Commander regarding offers to donate equipment or materials for use in the religious programs. All communication efforts and donations should be documented and retained in accordance with established records retention schedules.

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1015.16 TRAINING

The Office shall provide training to facility staff on the requirements of this policy.

The Office shall also provide training in safety and security to the chaplain. The chaplain shall approve and train clergy and religious volunteers. This includes the preparation of a training curriculum, as well as the development and maintenance of training records.

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Inmate Mail

1016.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines for receiving, sending, inspecting, censoring, and rejecting inmate mail.

1016.2 POLICY

This office will provide inmates ample opportunity to send and receive mail, subject to restriction when there is a legitimate government interest in security, order, and rehabilitation.

1016.3 MAIL GENERALLY

Inmates may, at their own expense, send and receive mail without restrictions on quantity, provided it does not jeopardize the safety of members, visitors, or other inmates, or pose an unreasonable disruption to orderly detention center operations.

The Jail Commander or the authorized designee may allow inmates to correspond with other inmates in this detention center, as well as in other jails or correctional institutions, as long as the mail is sent and received through the U.S. Postal Service.

Inmates are authorized to store mail and writing materials in their cells in an amount determined by the Jail Commander. Excess writing materials and mail, including confidential mail, will be seized, inventoried, and retained pending disposition according to the detention center procedures regarding excess property (see the Searches Policy).

1016.4 SUSPENSION/RESTRICTION OF MAIL PRIVILEGES

Mail privileges may be suspended or restricted upon approval of the Jail Commander whenever members become aware of:

(a) Mail sent by an inmate that involves threats of violence against any member of the government, judiciary, legal representatives, victims, or witnesses.

(b) Incoming or outgoing mail representing a threat to detention center security, members, or the public.

The County Attorney or Prosecuting Attorney should be consulted when criminal charges are considered against an inmate or there is an apparent liability risk to the Office that relates to suspension or restriction of mail privileges.

1016.5 PROCESSING AND INSPECTION OF MAIL

Members should process incoming and outgoing mail as expeditiously as reasonably possible. Incoming and outgoing mail should be processed within 24 hours and packages within 48 hours. Mail processing may be suspended on weekends, holidays, or during an emergency situation.

Any contraband found in mail or mail that is considered contraband shall be processed in accordance with detention center evidence procedures.

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Cash, government checks, and money orders contained in incoming inmate mail shall be removed and credited to the inmate's account (see the Inmate Accounts Policy). Personal checks shall be processed as rejected mail according to this policy.

Mail logs and records, justification of censoring or rejection of mail, and copies of hold or return notices shall be maintained in the inmate's file in accordance with established records retention schedules.

1016.5.1 NONCONFIDENTIAL MAIL

Assigned members should open and inspect all incoming and outgoing general mail of current inmates. Mail for inmates no longer in custody should not be opened and should be forwarded (see the Forwarding of Mail section of this policy).

Only members designated by the Jail Commander are authorized to read incoming and outgoing nonconfidential mail of current inmates. These members should receive training on legitimate government interests for reading and censoring mail and other legal requirements related to inmate mail.

Incoming mail should be read as deemed necessary to maintain detention center security and order or to monitor a particular problem.

Outgoing mail may not be sealed by the inmate and may be read by members when:

(a) There is reason to believe the mail would:
    1. Interfere with the orderly operation of the detention center.
    2. Be threatening to the recipient.
    3. Facilitate criminal activity.
(b) The inmate is on a restricted mail list.
(c) The mail is between inmates.
(d) The envelope has an incomplete return address.

1016.5.2 CONFIDENTIAL MAIL

Inmates may correspond confidentially with courts, legal counsel, officials of this office, elected officials, jail inspectors, government officials, or officers of the court.

The detention center will also accept and deliver a fax or interoffice mail from these entities.

Outgoing and incoming confidential mail shall be processed by members who have received special training in inspecting confidential documents and who are accountable for maintaining confidentiality. Such members may inspect incoming and outgoing confidential mail for contraband, limiting the inspection to a search for physical items that may be included in addition to the mail and shall not read, scan, or copy the mail. Any inspection shall be completed in the presence of the inmate.

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1016.5.3 BOOKS AND PERIODICALS

Unless otherwise in conflict with this policy and prohibited by the Jail Commander, inmates may purchase, receive, and read any book, newspaper, magazine, or other periodical accepted for distribution by the U.S. Postal Service.

Periodicals shall be accepted only if they are mailed directly from the publisher to a named inmate. A local daily newspaper in general circulation shall be made available to inmates.

1016.6 CENSORSHIP OR REJECTION OF INCOMING AND OUTGOING NONCONFIDENTIAL MAIL

In determining whether to censor or reject a specific piece of incoming nonconfidential mail, consideration shall be given to whether censoring or rejecting the material is rationally related to a legitimate government interest, whether alternate means of communicating with an inmate are available, and the impact of allowing the material into the detention center upon members and inmates.

Outgoing nonconfidential mail shall only be censored to further a substantial government interest, and only when it is necessary to address the particular government interest. Government interests that justify censorship or rejection of outgoing mail include:

(a) Maintaining detention center security.

(b) Preventing dangerous conduct, such as an escape plan.

(c) Preventing ongoing criminal activity, such as threats of blackmail or extortion.

(d) Preventing harassment of those who have requested that no mail be sent to them by the inmate.

Mail identified for censorship or rejection shall be delivered to the Jail Commander, who shall decide the disposition of such mail.

Censored mail should be redacted and a copy of the unredacted mail should be kept (see the Documenting Rejected or Censored Mail, Books, and Periodicals section of this policy).

Rejected mail shall be handled according to the detention center's established procedures regarding inmate personal property or returned to the sender.

Notice shall be given to the inmate sender or to the inmate recipient and sent to the sender of censored or rejected mail, unless such notification jeopardizes any investigation or detention center security.

1016.6.1 REJECTION OF BOOKS AND PERIODICALS

The Office may reject books, magazines, newspapers, and other periodicals that may inhibit the maintenance of reasonable safety, security, and discipline in the detention center. For example, publications may be rejected if they:

- Advocate violence, unlawful activity, or a security breach.
- Incite unrest or disorder.

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- Contain sexually explicit material, including pornographic magazines, nude pictures, or pictures or descriptions of sexually explicit activities.
- Incite violent crimes or crimes against children.
- Contain information about unlawful gambling or an unlawful lottery, or the manufacture or use of weapons, narcotics, or explosives.
- Create a hostile or offensive work environment.

Reasonable alternatives should be considered and an exaggerated response should be avoided; for example, discontinuing delivery of a magazine because of one article.

The Jail Commander shall make the final decision as to the specific books and periodicals that will be prohibited within this detention center.

Religious publications not supplied by detention center-authorized entities may be accepted by the chaplain or other religious programming volunteer who has received training on contraband rules and who has been approved by the Jail Commander to review such publications for distribution.

Notice shall be given to the inmate recipient and sent to the sender of rejected publications, even when the sender is the editor or publisher, unless such notification jeopardizes any investigation or detention center security. A single notification is sufficient if the publication is received by multiple inmates.

1016.6.2 DOCUMENTING REJECTED OR CENSORED MAIL, BOOKS, AND PERIODICALS
In each case where it is necessary to reject or censor mail, a written record must be made of such action, to include:

(a) The inmate's name and number.

(b) A description or an unredacted copy of the mail, as applicable.

(c) A description of the action taken and the reason for such action.

(d) The disposition of the item involved.

(e) The member's signature.

(f) Notification to the inmate and the sender, including the date and method by which they were notified (e.g., in person, by letter).

1016.7 FORWARDING OF MAIL

Any non-legal mail received for a former inmate should be returned to the sender with a notation that the inmate is not in custody. Obvious legal mail should be forwarded to the former inmate's new address if it is reasonably known. Otherwise, legal mail should be returned to the sender.

1016.8 WRITING MATERIALS FOR INDIGENT INMATES

Indigent inmates shall receive writing materials on a weekly basis, pursuant to a schedule established by the Jail Commander. Writing materials should include the following:

(a) At least twoone ounceletters per week for correspondence with family and friends

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(b) One pencil

Indigent inmates shall receive an amount of envelopes and writing paper sufficient to correspond with courts, legal counsel, officials of this office, elected officials, jail inspectors, government officials, or officers of the court (see the Inmate Access to Courts and Counsel Policy). Requests for additional writing materials shall be screened and granted based on need, as determined by the Jail Commander or the authorized designee.

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Chapter 11 - Facility Design

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Space and Environmental Requirements

1100.1 PURPOSE AND SCOPE

This policy describes the desired space and environmental requirements for the physical plant.

1100.2 POLICY

It is the policy of this office to comply with federal and state laws, codes and correctional standards in matters relating to the jail space and environmental requirements. Any designs for renovations, modifications, additions or new construction within the facility should be in compliance with federal and state laws, codes and jail standards.

Planned designs for renovations, modifications, additions or new construction within the facility should facilitate continuous personal contact and interaction between the correctional staff and inmates. This contact should be by direct physical observation of all cells, dayrooms and recreation areas. Electronic surveillance may be used to augment the observation of inmates but shall not be used as a substitute for personal contact and interaction.

All parts of the facility that are accessible to the public should be accessible to and usable by disabled persons.

1100.3 SPACE REQUIREMENTS

Except for emergency accommodations of a limited duration, all areas in the physical plant shall conform to building and design requirements contained in federal and state law, codes and minimum jail standards as required for their intended design and use. Areas that are repurposed for other than their original intended use shall likewise comply with all building design requirements for the new purpose.

1100.4 ALTERNATE APPROVED CAPACITY

If needed, the Jail Commander may base the approved capacity on an alternate method of calculation as provided in the Idaho Jail Standards. This alternate method allows capacity to be based on overall living space available to inmates, adjusted for the time inmates actually have access to any specific areas. If this method is selected, the Jail Commander, together with county officials, should develop a plan to bring the facility into agreement with the space-related standards within a five-year period.

1100.5 DETENTION HARDWARE

All locks, detention hardware, fixtures, furnishings and equipment shall have the proper security value for the areas in which they are used. The use of padlocks in place of security locks on cell or inmate housing unit doors is generally prohibited, as unauthorized locking mechanisms may pose a significant threat to the safety of the staff and inmates and the security of the facility in the event of an emergency.

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1100.6 ENVIRONMENTAL REQUIREMENTS

All occupied areas of the physical plant shall conform to the building and design requirements contained in federal and state law, codes and jail standards with respect to light, air and noise level.

1100.6.1 LIGHTING LEVELS

Lighting throughout the facility shall be sufficient for staff and inmates to perform necessary tasks. Night lighting levels should permit adequate illumination for supervision but should not unnecessarily interfere with the ability of inmates to sleep.

1100.6.2 NATURAL LIGHT

All inmate living areas should provide visual access to natural light, unless prohibited by security concerns.

1100.6.3 NOISE LEVEL

Noise levels at night should be sufficiently low to allow inmates to sleep. Nothing in this policy is intended to limit or impair in any way staff's ability to monitor the jail in a manner that is consistent with safety and security and good correctional practices.

1100.6.4 VENTILATION

The ventilation system shall be sized and calibrated to supply fresh or circulated air in accordance with federal and state laws, codes and jail standards. Toilet rooms and cells with toilets shall be calibrated to have no less than four exchanges of air per hour, unless local codes require a different number of air exchanges.

Other than an emergency situation, inmates or jail staff shall not adjust or restrict the ventilation systems without the express permission of the supervisor. Any adjustments made to the ventilation system shall only be allowed for the duration of the emergency or until qualified maintenance personnel can adjust or repair the ventilation system.

1100.6.5 TEMPERATURE LEVELS

Temperature and humidity levels shall be mechanically maintained at a level established by facility maintenance personnel and deemed comfortable and cost efficient.

Temperature readings shall be documented for each area of the facility on a weekly basis on the appropriate log. Staff shall immediately contact facility maintenance in the event that temperatures or humidity levels become uncomfortable.

1100.6.6 CELL FURNISHINGS

Each inmate housed in this facility shall be provided with the following items:

- A sleeping surface and mattress at least 12 inches off the floor
- A writing surface and seat
- An area for the storage of clothing and personal belongings

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1100.7 DAYROOMS

Dayrooms shall be equipped with at least one shower for every 15 inmates or fraction thereof, and tables and sufficient seating for all inmates at capacity. Where inmates do not have continuous access to their cells, dayrooms shall also be equipped with one toilet, an immediate source of fresh potable water and a lavatory with hot and cold water for every 12 inmates or fraction thereof.

1100.8 JANITOR CLOSETS

Janitor closets shall be located near or inside each housing unit. Each janitor closet should contain a sink and the necessary cleaning implements. Access to the janitor closets shall be controlled and supervised by the staff. Only inmates with a minimum security classification status shall be allowed access to the janitor closets, and then only under the supervision of staff.

1100.9 EMERGENCY POWER

The facility shall be equipped with a sufficient emergency power source to operate communications, security and alarm systems in control centers, and emergency lighting in corridors, stairwells, all inmate housing areas, security control points and audio-visual monitoring systems.

1100.10 NEW CONSTRUCTION AND RENOVATION

Idaho Jail Standards that guide construction and renovation shall apply to new facilities and the renovation of existing facilities for which construction is initiated after April 1, 1990. In the case of partial renovation of an existing facility, it is intended that these standards should apply only to the part of the facility being renovated. The remainder of the facility would be subject to the existing standards.

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Control Center

1101.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for a control center for monitoring and coordinating facility security, safety and communications.

1101.2 POLICY

It is the policy of this office to maintain a control center, designed as Control Pod, which shall be secure and staffed 24 hours each day to monitor and coordinate security, safety and communications.

1101.3 COMMUNICATIONS AND MONITORING CAPABILITIES

The Control Pod shall have multiple means of direct communication capabilities with all staff control stations in inmate housing areas, including intercom and radio.

The Control Pod staff shall be responsible for monitoring fire, smoke and life-safety alarms and shall have the means to summon assistance in the event of an emergency.

Control Pod shall be located in close proximity to the inmate living areas to enable staff to monitor and respond quickly to any emergency.

1101.4 SECURITY

Access into the Control Pod should be controlled by the staff inside the Control Pod.

At no time should inmates be allowed to enter the Control Pod or any other secure communication room controlling access doors.

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Crowding

1102.1 PURPOSE AND SCOPE

One of the determining factors in maintaining a safe and secure jail is to limit the inmate population to the number of beds constructed in each inmate classification level. Occasionally, emergencies occur that will require the detention center to exceed its approved bed capacity. This policy establishes the approved bed capacity of the facility, addresses temporary population excess and provides a plan for gathering statistics and projecting long-term space needs via a jail needs assessment.

1102.2 POLICY

It is the policy of the Valley County Sheriff's Office to manage the inmate population to the extent as is reasonably possible to avoid exceeding the facility’s approved bed capacity. The Sheriff is responsible for ensuring that the number of inmates does not exceed the approved bed capacity.

The facility has a sufficient number of housing units in an appropriate configuration so that inmates can be separated according to the facility's classification plan.

In the event of an emergency that causes the facility to be populated beyond the approved bed capacity, every reasonable effort should be made to reduce the inmate population to the approved bed capacity as soon as reasonably practicable. The Office will take affirmative action to address excess population. In the event that the inmate population remains over capacity or continues to increase, a crowding committee should be formed to examine methods to ensure that the facility population is reduced and remains within the approved bed capacity.

1102.3 CROWDING COMMITTEE

The Sheriff or the authorized designee is responsible for forming the crowding committee and for facilitating its meetings. When the number of inmates exceeds the approved bed capacity of the facility, the Sheriff should schedule a meeting with the committee for the purpose of identifying potential solutions to reduce the population to, or below, the approved bed capacity.

A complete report describing facility population, conditions and mitigation recommendations should be provided to all members of the committee, as well as being released to the public.

The committee membership should include, but not be limited to, the following:

(a) The Sheriff of the Office

(b) The Jail Commander

(c) A member of the local judiciary

(d) A representative of the District or Prosecuting Attorney’s Office

(e) A representative of the Public Defender's Office

(f) A representative from the City Manager’s/County Administrator’s Office

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(g) A representative from the Office legislative body (counsel, supervisor, commissioner)

(h) One or more members of the public

1102.4 FACILITY NEEDS ASSESSMENT

In the event that the detention center maintains an average 80 percent occupancy rate consistently for one year, the Office should initiate a jail needs assessment. The assessment initiates a systematic process that is designed to identify a variety of operational issues and program needs, and may indicate when expansion or replacement of the facility is warranted.

1102.5 INMATE POPULATION REPORTS

The Jail Commander or the authorized designee is responsible for ensuring that detailed daily logs of the facility's inmate population are completed and maintained by the staff. These logs shall reflect the monthly, average daily population of sentenced and non-sentenced inmates by categories of male, female and juvenile as of midnight of each day. The number of inmates occupying holding cells shall also be counted at midnight each day. An inmate population report summarizing this information shall be created daily and distributed to the Sheriff and the Jail Commander.

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Attachments

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