

BOARD of SUPERVISORS



City Hall
Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 544-5227

DATE: September 3, 2014
TO: Members of the Board of Supervisors
FROM: *mc* Angela Calvillo, Clerk of the Board
SUBJECT: 2013-2014 Civil Grand Jury Report "Inquiry into the Operation and Programs of the San Francisco Jails"

We are in receipt of the following required responses to the San Francisco Civil Grand Jury report released July 3, 2014, entitled: **Inquiry into the Operation and Programs of the San Francisco Jails**. Pursuant to California Penal Code, Sections 933 and 933.05, the City Departments shall respond to the report within 60 days of receipt, or no later than September 1, 2014.

For each finding the Department response shall:

- 1) agree with the finding; or
- 2) disagree with it, wholly or partially, and explain why.

As to each recommendation the Department shall report that:

- 1) the recommendation has been implemented, with a summary explanation; or
- 2) the recommendation has not been implemented but will be within a set timeframe as provided; or
- 3) the recommendation requires further analysis. The officer or agency head must define what additional study is needed. The Grand Jury expects a progress report within six months; or
- 4) the recommendation will not be implemented because it is not warranted or reasonable, with an explanation.

The Civil Grand Jury Report identified the following City Departments to submit responses (attached):

- San Francisco Police Department
(Received August 19, 2014, for Finding 2 and Recommendation 2c)
- Department of Human Resources
(Received August 26, 2014, for Finding 1 and Recommendations 1a, 1c, 1d)
- Sheriff's Department
(Received August 29, 2014, for Findings 1 through 4 and Recommendations 1a through 1d, 2a through 2d, 3a, 3b, 4a, and 4b)
- Department of Public Health
(Received September 2, 2014, for Finding 2 and Recommendations 2b through 2d)

These departmental responses are being provided for your information, as received, and may not conform to the parameters stated in California Penal Code, Section 933.05 et seq. The Government Audit and Oversight Committee will consider the subject report, along with the responses, at an upcoming hearing and will prepare the Board's official response by Resolution for the full Board's consideration.

c:

Honorable Cynthia Ming-mei Lee, Presiding Judge
Elena Schmid, Foreperson, 2013-2014 San Francisco Civil Grand Jury
Ben Rosenfield, Controller
Asja Steeves, Controller's Office
Jon Givner, Deputy City Attorney
Rick Caldeira, Legislative Deputy
Severin Campbell, Budget and Legislative Analyst's Office
Matt Jaime, Budget and Legislative Analyst's Office
Ross Mirkarimi, Sheriff
Katherine Gorwood, Sheriff's Department
Susan Fahey, Sheriff's Department
Micki Callahan, Director, Department of Human Resources
Barbara Garcia, Director, Department of Public Health
Greg Wagner, Department of Public Health
Colleen Chawla, Department of Public Health
Greg Suhr, Chief of Police, San Francisco Police Department
Christine Fountain, San Francisco Police Department



EDWIN M. LEE
MAYOR

POLICE DEPARTMENT
CITY AND COUNTY OF SAN FRANCISCO

THOMAS J. CAHILL HALL OF JUSTICE
850 BRYANT STREET
SAN FRANCISCO, CALIFORNIA 94103-4603



GREGORY P. SUHR
CHIEF OF POLICE

August 14, 2014

The Honorable Cynthia Ming-mei Lee
Presiding Judge
Superior Court of California
County of San Francisco
400 McAllister Street, Room 008
San Francisco, CA 94102-4512

Dear Judge Lee:

I am pleased to offer the San Francisco Police Department's (SFPD) response to the 2013 – 2014 Civil Grand Jury report entitled "Inquiry into the Operation and Programs of the San Francisco Jails." The SFPD's response to the report's findings and recommendations are set forth in the accompanying attachment.

The SFPD appreciates the work done by the Civil Grand Jury as it relates to the safety of our city's public. I thank the 2013 - 2014 Civil Grand Jury for its efforts in improving San Francisco government, the public's safety, and the overall quality of life in our city. I am grateful for the opportunity for the SFPD to participate in this initiative.

Sincerely,

GREGORY P. SUHR
Chief of Police

/cf

Attachment

c: Elena Schmid, Foreperson, Civil Grand Jury
✓ Government Audit Clerk, Office of the Clerk of the Board
Mayor's Office of Public Policy and Finance

**SAN FRANCISCO POLICE DEPARTMENT
RESPONSE TO THE CIVIL GRAND JURY REPORT
“Inquiry into the Operation and Programs of the
San Francisco Jails”**

FINDINGS

Finding 2: Title 15 requires that jails establish policies and procedures for conducting daily activities and that it plans and prepare for emergencies. This is particularly necessary during times of transfer of custody or when custody duties are shared between departments.

RECOMMENDATION:

2c. Inmates are transferred between SFPD stations and when necessary, to San Francisco General Hospital. Procedures for any transfers should be clarified and established as a Policy & Procedure document.

Response: Agree/Implemented

The San Francisco Police Department (SFPD) has established policies and procedures for the handling of inmates that comply with California Board of Corrections, Title 15, California Code of Regulations; Booking and Detention Manual, DM-12, and Department Bulletin A12-227, Prisoner Handling and Transportation (Issued 10/22/2012). In addition, all facilities governed by Title 15 under the control of the SFPD are audited by the State as required, and any discrepancies or notable violations cited in the audit are immediately remedied to remain in compliance.

The San Francisco Sheriff's Department (SFSD) and the SFPD entered into a Letter of Agreement (LOA) for a six-month pilot project that began July 19, 2014, for district station transportation services at two stations, Tenderloin and Mission.

Section 1.4 “Scope of Service” of the LOA sets out the parameters under which the SFSD assumes responsibility for SFPD custodies from Mission and Tenderloin stations. Until SFSD personnel assume responsibility for a custody, SFPD members are required to adhere to all established SFPD policies, procedures and protocols relating to booking, detention and handling of inmates.



Aug. 26, 2014

The Honorable Cynthia Ming-Mei Lee, Presiding Judge
Superior Court of California, County of San Francisco
400 McAllister Street
San Francisco, CA 94102

Dear Presiding Judge Ming-Mei Lee:

The Civil Grand Jury issued its report entitled, "Inquiry into the Operation and Programs of the San Francisco Jails," in June of 2014.

One of the findings from the reports states:

"More than 50 deputies are presently out on long term disability. Their positions are being held, preventing the hiring of new deputies. This results in serious overtime costs and additional responsibilities and workload for staff. The City has a policy of limiting the time an employee receives temporary disability payments, which leads to eventual permanent disability status and financial closure, thereby opening up positions for new hires."

The City and County of San Francisco (City) Department of Human Resources (DHR) agrees with this finding, with clarifications to Recommendations 1a and 1b as noted later in this response. Programs administered by DHR are specifically mentioned in two other recommendations related to that finding:

"Recommendation 1c: The Sheriff's Department should review its safety programs with the Workforce Development Division, analyze the cause of worker injuries, and update safety education programs for both staff and inmates."

"Recommendation 1d: Communication between the Sheriff's Department and the appropriate City personnel in the Worker's Compensation Division who adjust workers' compensation claims should occur on a regular basis to review ongoing status of all outstanding claims."

In regard to Recommendation 1c:

The DHR Workers' Compensation Division (as opposed to the Workforce Development Division) is well-suited to work with the Sheriff's Department on analysis of worker injuries and development of safety education programs for staff. The DHR Workers' Compensation Division will further analyze the cause of worker injuries and proactively assist the Sheriff's Department with this analysis. Neither the DHR Workers' Compensation Division, nor the Workforce Development Division have the necessary expertise in the specialized area of inmate health and safety to assist the Sheriff's Department in reviewing and updating safety education programs for inmates.

Disposition: DHR will implement the portions of Recommendation 1c within its purview.

In regard to Recommendation 1d:

Over the last year the DHR Workers' Compensation Division revamped its claims team for the Sheriff's Department and implemented a close communications process. The DHR Workers' Compensation Division claims team communicates on a weekly basis with the assigned staff at the Sheriff's Department to review ongoing status of outstanding claims, and regularly conducts claim reviews to ensure claims are being brought to closure.

Disposition: This recommendation has been implemented.

While DHR is not mentioned in any other recommendations, the following information may be helpful in further understanding the Sheriff's Department's workers' compensation parameters.

Recommendation 1a states:

“The City's policy for limited-time temporary disability payments should be followed for the Sheriff's Department, thereby eventually moving any work injury claim to permanent disability status and financial closure of those claims, opening positions for new hires.”

When employees are unable to perform their regular duties while recovering from work-related illnesses or injuries they are entitled to temporary total disability (TTD) benefits. The time during which an employee may receive TTD payments while recovering from a work-related injury or illness is governed by state workers' compensation law and medical opinion. State Labor Code section 4850 provides public safety employees with full salary for up to one year in the event they are unable to perform their duties while recovering from a compensable injury or illness. After that time, the law provides an additional year during which TTD payments may be made. As such, deputies may conceivably receive 104 weeks of payments during a period of temporary disability. The specific amount of time an individual employee is off work depends on a doctor's medical opinion as to when the employee may return to work.

If the employee becomes permanently disabled from the job, Labor Code Sections 4850.3 and 4850.4 require the department to provide advance disability pension payments to safety officers who are members of the Public Retirement System. Such payments must generally be made during the pendency of the industrial disability retirement application process. During this time, the Sheriff's Department is unable to move the employee out of his or her position and is thus prevented from filling the position.

While the City works to influence legislation, these laws are currently beyond the control of both the Sheriff's Department and the DHR Workers' Compensation Division.

Where the City can exercise more control over TTD costs is by helping departments bring employees back to work on modified duty. Even if an employee is unable to perform his or her regular duties, it may be possible for the employee to perform other work while recovering. The DHR Workers' Compensation Division has worked with the Sheriff's Department to help lower its TTD costs by bringing employees back to work on modified duty for longer periods while they recover from their injuries.

Recommendation 1b states:

“The Board of Supervisors should request an audit conducted by the Budget and Legislative Analyst of payments made on behalf of the Sheriff’s Department for workers compensation claims and related overtime costs.”

While not without challenges, it may be possible for the DHR Workers’ Compensation Division and the Sheriff’s Department to correlate workers’ compensation disability days with overtime costs.

I hope this information assists the Civil Grand Jury in its process.

Sincerely,

A handwritten signature in blue ink, appearing to read "Susan Gard", with a stylized flourish at the end.


Susan Gard, Chief of Policy
City and County of San Francisco Human Resources Department

C: Government Audit and Oversight Clerk
Sheriff’s Department
DHR Workers’ Compensation Division Director



OFFICE OF THE SHERIFF
CITY AND COUNTY OF SAN FRANCISCO

1 DR. CARLTON B. GOODLETT PLACE
ROOM 456, CITY HALL
SAN FRANCISCO, CALIFORNIA 94102

Orig: GAO Clerk
c: COB
Cpage


Ross Mirkarimi
SHERIFF

August 29, 2014
Reference: AL 2014-100

Clerk of the Board of Supervisors
City Hall, Room 248
San Francisco, CA 94102

RE: 2013-2014 Civil Grand Jury Report
"Inquiry into the Operation and Programs of the San Francisco Jails"

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2014 AUG 29 PM 3:10
lc

Dear Government Audit and Oversight Clerk:

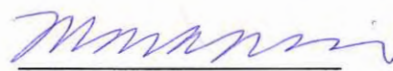
I have enclosed a copy of the sheriff's department response to the Civil Grand Jury Report.

I understand that the Board of Supervisors will hold a committee hearing sometime in September regarding this response. Please keep the sheriff's department updated on a date.

Sheriff Mirkarimi, along with designated staff, intends to attend the meeting and answer any questions raised.

Please contact me if you have any further questions. Specific policies and procedures or other department records are available at your request.

Sincerely,


MARK NICCO
Assistant Legal Counsel



OFFICE OF THE SHERIFF
CITY AND COUNTY OF SAN FRANCISCO

1 DR. CARLTON B. GOODLETT PLACE
ROOM 456, CITY HALL
SAN FRANCISCO, CALIFORNIA 94102



Ross Mirkarimi
SHERIFF

August 29, 2014
Reference: 2014-176

The Honorable Cynthia Ming-mei Lee
Presiding Judge of the Superior Court
400 McAllister Street, Room 008
San Francisco, CA 94102

RE: 2013-2014 Civil Grand Jury Report
"Inquiry into the Operation and Programs of the San Francisco Jails"

Dear Judge Lee:

I am responding to the above referenced Civil Grand Jury Report pursuant to Penal Code Section 933(c).

As required by Penal Code Section 933.05, I have provided a response to each finding and recommendation as follows:

For each finding I have provided a response that I agree with the finding or that I disagree with the finding, wholly or partially, and an explanation why.

For each recommendation I have provided a response indicating whether the recommendation has been implemented, has not yet been implemented, requires further analysis or will not be implemented because it is not warranted or reasonable.

FINDING 1: More than 50 deputies are presently out on long term disability. Their positions are being held, preventing the hiring of new deputies. This results in serious overtime costs and additional responsibilities and workload for staff. The City has a policy of limiting the time an employee receives temporary disability payments, which leads to eventual permanent disability status and financial closure, thereby opening up positions for new hires.

Response: Agree (with correction) This finding confirms an ongoing problem the department has identified and has been taking steps to resolve. It is important to note that the frustration and resulting problems the department faces regarding the disability procedure is not a problem created by or unique to the sheriff's department. The challenges caused by the workers' compensation process and pending disability retirement process have been a continued drain on this department's resources.

It is a citywide problem affecting other departments as well. As such, it is going to take citywide participation to properly address the changes needed to correct this process. However, recognizing that the system is in need of repair and involving proper city representatives to address the problem is a positive step.

The finding that the department has more than 50 deputies out on long-term disability is in error. For the record, the department has approximately 20-25 deputies out on long-term disability relevant to this finding. The remaining deputies counted for in the 50 total include deputies out on FMLA, military, and medical leave, which put them in a different classification and not in the same group contributing to the problems associated with this finding. These positions do contribute to the need to backfill for staff duties, requiring overtime pay.

The time and expense it takes to process these claims negatively impacts this department in many ways. First, employees awaiting a disability retirement determination occupy a position that cannot be filled by a new employee. Secondly, the department must utilize overtime to backfill the position of the staff member who is on disability. This causes both financial and operational impacts.

The most recent Biennial Inspection in July, 2013, by the Board of State and Community Corrections (BSCC) confirmed that this department staffing levels are alarmingly low due to staff absences. The BSCC report realized that this causes significant stress in overall jail operations in that when staffing at minimum levels, there is no room for emergency or unscheduled situations or transports. It is clear that the safety of all personnel and inmates are compromised due to reduced staffing levels.

The Sheriff's department situation is further compounded by the fact that the department lost approximately 70 positions which were deleted from our budget in 2010-2011 and 2011-2012 and have not yet been replaced. 2014 marked the first graduating academy class in five years to provide newly trained deputies.

This department is working with the Director of Workers' Compensation and Retirement System representatives to address this problem. I have met with the director and other representatives to discuss the issue and to determine strategies for future efficiency. This dialogue is ongoing with the hope to streamline the workers' compensation process.

Recommendation 1a *Requires Further Analysis* The City's policy for limited time temporary disability payments should be followed for the sheriff's department, thereby eventually moving any work injury claim to permanent disability status and financial closure of those claims, opening positions for new hires.

Response: The Sheriff's department welcomes this recommendation and has taken steps with Workers' Compensation director and San Francisco Retirement System representatives to discuss the problem and to streamline the process, including the possibility of pursuing shorter terms of disability status before retirement.

Further, the department has requested, through the budget process, additional positions to address the deputy shortage due to the number of deputies on workers' compensation. Although 14 deputy positions were approved during this process, no additional funding was allotted for the additional positions. Therefore, the department is prevented from hiring those positions and remains powerless to hire additional deputies and ease the negative effects of overtime costs and increased workloads.

Partly in response to a reduced in custody population, the sheriff's department closed the housing portion of County Jail #3 in November 2013. This closure resulted in the redistribution of sworn staff and provided some mitigation to current staffing constraints. However, the benefits are only temporary and a long term plan is needed to correct the problem. Further, it is important to note that approximately one third of department sworn staff is assigned to non-custody duties. Staffing shortages persist in those assignments.

Recommendation 1c *Requires Further Analysis* The Sheriff's department should review its safety programs with the Workforce Development Division, analyze the cause of worker injuries, and update safety education programs for both staff and inmates.

Response: The department continually reviews and updates its safety programs in order to reduce worker injuries and improve safety for all personnel and inmates in department facilities. Specifically, the department's safety committee reviews hazards and makes recommendations regarding safety issues and related training. This department addresses safety and training through such programs as safety videos, the existence of an anonymous safety hotline to report safety issues in the workplace, and an injury and illness prevention program.

The sheriff's department has begun an evaluation of workers' compensation injuries sustained in the first six months of 2014 as compared to injuries for the first six months of 2013 to determine the cause and types of injuries so that a more thorough understanding of safety issues can be determined and addressed.

Additionally, there is continuing review of department plant and facility design and maintenance issues that will address safety and training in these areas. Recent examples of repairs that have been made to reduce workplace injuries and improve safety include new correctional rated cell doors including food and cuff ports, new correctional shower doors, retrofitting exit signs, implementation of an earthquake anchoring program for all cabinets over 5' tall, installation of a water tank by-pass system at CJ#5 to gain access to additional water in an emergency, and an updated design for the ADA ward.

The Workforce Development Division will be contacted to review this information.

Recommendation 1d *Requires Further Analysis* Communication between the Sheriff's department and the appropriate city personnel in the Worker's Compensation

Division who adjust workers' compensation claims should occur on a regular basis to review ongoing status of all outstanding claims.

Response: This department communicates with and will continue to communicate with the Workers' Compensation Division and the Department of Human Resources regarding these issues.

FINDING 2: Agree Title 15 requires that jails establish policies and procedures for conducting daily activities and that it plans and prepare for emergencies. This is particularly necessary during times of transfer of custody or when custody duties are shared between departments.

Recommendation 2a *Implemented* The Sheriff's department should review and update all policies and procedures for conducting daily activities, and planning and preparing for emergencies every two years.

Response: The sheriff's department reviews and updates all recommended policies and procedures every two years as required by Board of State and Community Corrections (BSCC) and Title 15. This department currently meets or exceeds the requirements of Title 15 in related policies. In the last BSCC biennial facility inspection in July, 2013, BSCC reviewed the San Francisco Sheriff's Department Policy and Procedure Manual, the San Francisco Sheriff's Department Custody Division Manual, facility specific manuals, the Jail Psychiatric Services (JPS) Manual and the Jail Health Services Manual. BSCC found that the manuals were easy to use and that there were no findings of noncompliance with the Title 15 Regulations. Further, BSCC found that "the sheriff's custody policy and procedure manual is constantly reviewed and updated to ensure best practices in the custody setting".

Recommendation 2b *Implemented – ongoing* Inmates admitted to general wards at San Francisco General Hospital must be guarded. Procedures for both nighttime and daytime staffing should be immediately reviewed and all policy and procedure documents updated.

Response: All inmates admitted to general wards of San Francisco General Hospital are guarded, with rare exceptions, such as those situations provided for pursuant to Penal Code Section 4011.7 and 4011.9. Policy and procedures are reviewed and updated every two years as required by BSCC and Title 15. All inmates admitted to locked jail wards of San Francisco General Hospital (Wards 7D and 7L) are under the supervision of the sheriff's department personnel. A designated sheriff's sergeant is assigned to these wards and is in continuous contact with SFGH administration to determine and implement staffing and policy needs.

However, Ward 7D does not always remain open. For the period of February – August, 2014, Ward 7D was only open for 16 days. During the times when 7D is closed, as determined by the Department of Public Health (DPH), inmates are moved to other open hospital wards for medical care. A minimum of one deputy is assigned to

guard each inmate. Additional deputies are required to guard an inmate when the inmate has been determined to pose an increased public safety risk. When the jail ward is closed, the cost of the deputies to guard inmates in the open wards is usually paid on overtime, due to the changed staffing needs that this assignment requires.

County Jail #5 is the newest jail facility for San Francisco inmates and houses a medical unit that is not adequately utilized. Additional medical services should be administered through this facility which would reduce the number of inmates requiring transport to, and supervision at SFGH. Providing enhanced services at the facility level would mitigate the staffing challenges required to transport an inmate to SFGH. As the BSCC confirmed in their July 2013 inspection, "with staffing levels very low it becomes challenging to carry out everyday duties when staff is called upon unexpectedly to transport inmates."

Recommendation 2c *Implemented - ongoing* Inmates are transferred between SFPD stations and when necessary, to San Francisco General Hospital. Procedures for any transfers should be clarified and established as a policy and procedure document.

Response: Recent policy and procedures regarding inmates being transferred between SFPD stations and SFGH have been updated and implemented in coordination with the Station Transfer Unit program commenced in July, 2014.

The Station Transfer Unit program is a pilot program between the San Francisco Police Department and the sheriff's department for the sheriff to provide inmate transportation from the police station to the sheriff's intake facility or to SFGH, when needed. The pilot program includes transfers from Mission Station and Tenderloin Station. The pilot program runs through 2014.

Further, the department is in the process of preparing the Emergency Room Forensic Patient Policy for how individuals in custody are safely transported to SFGH emergency room from a custody facility or police station. This policy is expected to be finalized in October, 2014.

Recommendation 2d *Implemented* During transfers, inmates may be intoxicated or needing minor medical care. Procedures for handling this situation should be clarified with the Department of Public Health to establish a policy and procedure document.

Response: This department communicates with DPH regarding the need for medical or psychiatric care upon transfer to SFGH. DPH has their own policy and procedure regarding treatment of these individuals.

Individuals may be transferred directly to SFGH from the police station or may be transferred from the sheriff's department booking facility once the need for treatment is determined. Prior to booking an individual into the county jail, every individual is medically triaged by a DPH nurse. The triage process includes a medical and mental

health review to determine suitability for jail housing or transport to SFGH for further treatment.

Many of the individuals requiring transport to SFGH required services to treat mental illness and psychiatric conditions. Sheriff's department personnel are in communication with psychiatric emergency services at SFGH and Jail Psychiatric Services in the jails.

FINDING 3: Title 15 requires that inmates at intake and upon transfer to another jail facility receive written orientation materials. Current guidelines for incoming inmates regarding safety, behavior standards, and daily routines need review for content and for appropriate level of reading ability.

Response: **Agree** All inmates who will be housed in a jail facility receive an orientation booklet during the classification process. This booklet contains information regarding safety, behavior standards, and daily routines and is available in English, Spanish and Cantonese.

Recommendation 3a *Requires Further Analysis* The Sheriff's department should review and revise its written Orientation Guide for incoming inmates regarding safety, behavior standards, and daily routines.

Response: The lieutenant of the Custody Division has been assigned to review and update the current general orientation booklet.

The San Francisco Sheriff's Department is home to a one of a kind facility, the Reentry Pod. The Reentry Pod is a facility for local inmates and inmates transported from state prison who are to be released into the community, following their sentences. In collaboration with the San Francisco Adult Probation Department, the Reentry Pod provides a myriad of reentry services and counseling for those individuals soon to be released into the community. In response to AB 109 – Realignment, the Reentry Pod furthers the goal of reducing prison populations, providing services for reentry and reducing recidivism. The inmates housed in this pod also receive an orientation guide specific to reentry services. This guide was recently prepared specifically for the Reentry Pod.

Recommendation 3b *Requires Further Analysis* Appropriate reading level should be ascertained and applied to the guidelines in Recommendation 3a.

Response: The lieutenant of the Custody Division has been assigned to coordinate efforts to determine the appropriate reading level of the orientation guide. Education professionals will be included in this evaluation and update of the orientation guide.

FINDING 4: Title 15 states that if other public provisions are not available to educate those held in custody that the sheriff should develop education programs with whatever resources were available. The accomplishments of the Five Keys Charter School have

proven noteworthy. The recidivism rate is 44 per cent, compared to 68 per cent for inmates who do not participate in the program.

Response: **Agree** The department's Community Programs Division is renowned for its progressive and innovative programming for inmates and for formerly incarcerated individuals. The department continually seeks additional educational and vocational partners to provide programming.

The Five Keys Charter School is the first program offering a high school diploma to jail inmates. It is a respected and progressive program that has been replicated in other jurisdictions. In fact, Los Angeles County, with the largest inmate population in the state, is now home to the appropriately named San Francisco Sheriff's Department Five Keys Charter School.

The ability to earn a high school diploma, obtain vocational training, and obtain assistance in finding job opportunities and placement are available through the Sheriff's programs both in and out of custody.

Recommendation 4a *Requires Further Analysis* An Advisory committee of educators and industry professionals should be organized to advise each Five Keys program on further development of goals and practices to expand student attendance, academic studies, and job preparation.

Response: The Five Keys Charter School has a board of directors, including the sheriff and community members, who develop the program including the development of goals and practices to expand student attendance, academic studies, and job preparation.

Other programs have their own advisory committees. As an example, The Women's Resource Center, which provides services to women post release, is advised by the Gender Responsive Blueprint.

In addition to the varied educational programming offered by the Five Keys Charter School, the department is home to the following educational and newly implemented vocational programs:

Solar Design and Installation Training – participants learn solar design and installation techniques. The curriculum teaches information allowing participants to study for and eventually take the North American Board of Certified Energy Practitioners Exam and offers job placement assistance.

Digital Arts Training – participants learn digital media tools, including HD video cameras. All participants receive a one year membership to the Bay Area Video Coalition, allowing access to variety of technology and art classes.

Cisco Academy – participants receive computer networking essentials and instruction in computer troubleshooting, repair and installation. The curriculum teaches

information allowing participants to eventually take the Cisco Networking Essentials Certification exam.

San Francisco City College – City College, in a pilot program in collaboration with Five Keys Charter School, began offering two college courses in the Spring 2014. Current courses are prerequisites for their Drug and Alcohol Counseling and Prison Health Worker Certification programs.

Roots of Success – a new job readiness curriculum offered by Five Keys is being implemented which increases students' academic, professional, and leadership skills. This program is specifically designed for students who have barriers to employment and provides information about employment and social enterprise opportunities and provides training to increase job related search and interview skills.

Construction Training – a program is being created to provide training and a direct link to construction employment opportunities.

Culinary Arts – currently, the Serve Safe certification program is offered to male and female inmates. A student is provided training to take the exam to become a state certified food handler. A program is being created to further provide vocational training and supported employment opportunities for women, post release. This program will be located in the Women's Resource Center, a resource facility focused on assisting women post release.

Urban Gardening – a program combining classroom study and on-hands gardening experience at the sheriff's San Bruno property.

NoVA – No Violence Alliance. This program is an individual intensive case management program for males providing education, employment counseling, substance abuse counseling, therapy, and housing support. NoVA is offered at 70 Oak Grove, the post release facility for men.

Further analysis and discussion is needed in order to determine whether an advisory board would be an effective tool to further the accomplishments already being made by Five Keys, this department and the varied community partners.

Recommendation 4b *Requires Further Analysis* Further outreach into the community should be accomplished to incorporate more and varied job opportunities for graduates of Five Keys after their release.

The programs described in Recommendation 4a and the Five Keys Charter School continually seek the support of community based businesses and agencies to provide job opportunities to the graduates of Five Keys and the students of all the other programs offered by the San Francisco Sheriff's Department. These efforts have resulted in the continued success of the Five Keys Charter School programs and the many educational and vocational programs now offered and being created for inmates

and former inmates. This outreach is ongoing. As Sheriff, I welcome the input and attention the Civil Grand Jury has provided to this department in this report. The Civil Grand Jury's independent review has focused on several very important and timely issues facing the sheriff's department. All of the findings and recommendations relate to the everyday operations and responsibilities of the sheriff's department. However, not all of the noted concerns have an easy or quick remedy.

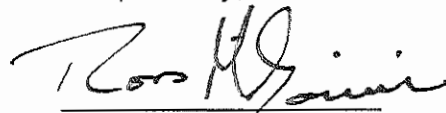
The Civil Grand Jury's findings and recommendations have shined a needed spotlight on several issues facing this department. This department's struggle with a reduced staff and resulting minimum staffing levels due to the long disability process is a situation that is in need of attention and repair.

The report will assist this department in updating and implementing policies and procedures to improve working conditions and inmate conditions. The safety and welfare of all personnel and inmates in the department's jails and facilities are always our main objective. Maintaining proper policies and procedures to carry out this objective is a department priority.

I am proud that the Civil Grand Jury has recognized and confirmed the accomplishments and incredible results of the Sheriff's Department Five Keys Charter School. The Sheriff's department is proud of the progressive programs offered to inmates in order to assist them in reintegrating into the community as productive citizens, thereby improving public safety.

Please contact me if you have any questions regarding this response, or if you wish to discuss this further. Specific policies and procedures or other department records are available at your request.

Respectfully,



ROSS MIRKARIMI
Sheriff

cc: Clerk of the Board of Supervisors



City and County of San Francisco
 Edwin M. Lee
 Mayor

San Francisco Department of Public Health

Barbara A. Garcia, MPA
 Director of Health

September 2, 2014

The Honorable Cynthia Ming-mei Lee
 Presiding Judge
 Superior Court of California, County of San Francisco
 400 McAllister Street
 San Francisco, CA 94102

RECEIVED
 BOARD OF SUPERVISORS
 SAN FRANCISCO
 2014 SEP -2 AM 11:03

Dear Judge Lee:

The following is the response of the San Francisco Department of Public Health (SFDPH) to the 2013-2014 Civil Grand Jury report, *"Inquiry into the Operation and Programs of the San Francisco Jails."*

SFDPH provides health and mental health services within the county jails and also provides care to inmates and arrestees at San Francisco General Hospital (SFGH). SFDPH works closely with the San Francisco Sheriff's Department (SFSD) and the San Francisco Police Department (SFPD) to ensure that individuals in custody receive the care they need in a safe and secure environment.

Following are SFDPH's responses to the findings and recommendations related to SFDPH contained in the Civil Grand Jury's report.

FINDINGS RELATED TO SFDPH

Finding 2. Title 15 requires that jails establish policies and procedures for conducting daily activities and that it plans and prepare for emergencies. This is particularly necessary during times of transfer of custody or when custody duties are shared between departments.

Response: *Agree.* Transfers of custody patients from SFGH to Jail health or jail psychiatric services follow a very similar procedure to that followed when transferring patients to other hospitals or other units at SFGH. Once the clinical team has determined the custody patient is stable for discharge, jail medical or jail psych is contacted to coordinate the transfer. A clinical hand off is conducted and the patient is sent with the appropriate discharge paperwork. Policies and procedures within SFGH and Jail Health Services define the protocol for these transfers.

RECOMMENDATIONS RELATED TO SFDPH

Recommendation 2b: Inmates admitted to general wards at San Francisco General Hospital must be guarded. Procedures for both nighttime and daytime staffing should be immediately reviewed and all policy and procedure documents updated.

Response: *Recommendation already implemented.* Per SFGH Administrative policies 6.06 *Care of Custody/Forensic patients at SFGH Acute Care Units* and 16.22 *Prisoner/Patient: Treatment*

and transport through SFGH, SFGH has specified policies and procedures in place for ensuring patients in custody are always guarded by the arresting agency or SFSD. SFGH Administrative policies 6.06 and 16.22 are attached.

Recommendation 2c: Inmates are transferred between SFPD stations and when necessary, to San Francisco General Hospital. Procedures for any transfers should be clarified and established as a Policy & Procedure document.

Response: *Recommendation already implemented.* Per SFSD Standing Procedure *Hospital Transport/Deputy Protocol* there is a specified procedure for ensuring patients in custody are safely transported between SFGH and the county jail.

In addition, the Inpatient Forensic Psychiatric Unit has specific guidelines they follow when transferring patients back to the county jail that includes a clinical handoff to Jail Psychiatric Services staff prior to transfer. These guidelines are documented in SFGH Administrative policies 6.03 *Jail Health Services: Emergency Psychiatric Evaluation and Treatment of Prisoner/Patients* and 6.04 *Forensic Service: Admission of the Prisoner/Patient to the 7L Psychiatric Unit at San Francisco General Hospital Medical Center*. SFGH Administrative policies 6.03 and 6.04 are attached.

The SFSD and SFPD are in the process of developing a policy and procedure to address the specific recommendation regarding how people in custody are safely transported between SFPD stations and when necessary to SFGH. This pending policy is in draft form and is expected to be finalized October, 2014.

Recommendation 2d: During transfers, inmates may be intoxicated or needing minor medical care. Procedures for handling this situation should be clarified with the Department of Health to establish a policy and procedure document.

Response: *Recommendation already implemented.* Policy and Procedure No. 111 of SFDPH's Jail Health Services section identifies patients who have medical conditions that could put them at risk, including the withdrawal from alcohol. Nurses follow standardized procedure for alcohol detoxification. Additionally, Policy and Procedure No. 302 addresses inmates needing minor medical care. Arrestees entering the County Jail for booking and/or housing are seen and evaluated by Jail Health Services staff before being housed in any area of the jails. Arrestees who have medical problems beyond the scope of the facility's medical staff to manage safely are referred to San Francisco General Hospital Medical Center. Policy and Procedure Nos. 111 and 302 are attached.

Thank you for the opportunity to comment on this Civil Grand Jury report.

Sincerely,



Barbara A. Garcia, MPA
Director of Health

cc: Clerk of the Board (City Hall, Room 244), Attn: Government Audit and Oversight Clerk

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Administrative Policy Number: 16.22

TITLE: PRISONER/PATIENT: TREATMENT AND TRANSPORT THROUGH SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER (SFGH)

PURPOSE

The purpose of this policy is to

- provide guidelines for directing the efficient movement of prisoners/patients through the Hospital system,
- enhance security and safety for the staff, patients and visitors of SFGH, and
- facilitate communication between the staff and the law enforcement agents.

STATEMENT OF POLICY

It is the policy of SFGH that:

1. Prisoner/patients will be given priority for treatment and services in the interest of safety, security and resource utilization. **Exception:** An exception to this priority expectation is when the prisoner/patient is admitted to an in-patient unit. The care needs of prisoner/patient on the in-patient unit will be prioritized in the context of the needs of the entire unit population.
2. All prisoners in the custody of a law enforcement agency shall be under the supervision of a representative of that agency when receiving treatment or when physically being transported through the Hospital system.
3. All prisoners in law enforcement restraints will be in the constant attendance of the agent. The prisoner/patient must never be shackled to a fixed object and left unattended.
4. Sidearm is the preferred armament of law enforcement personnel. If the law enforcement agent feels that rifles or shotguns are necessary, the agency's supervisor shall notify the San Francisco Sheriff's Department (SFSD) at SFGH. SFSD shall facilitate the resolution of any armament issues identified by Hospital staff.

PROCEDURE

I. Safety and Security Measures

- A. SFGH staff and the law enforcement agent will discuss any medical aspects that may preclude the correct use of any law enforcement restraining devices. Precluding aspects may be injury/edema/swelling of extremities, sutures, wounds, dressings and/or casts.
- B. Staff will maintain the safety of the prisoner/patient's environment by:
 1. taking reasonable steps to reduce potential risks such as removing equipment and supplies that could be potential weapons or contraband.
 2. ensuring that the prisoner/patient is in constant observation by the law enforcement agent.
 3. immediately informing the department manager if the law enforcement agent abandons their post for any reason.
- C. Any difficulties in implementing this policy and procedures should be brought to the attention of the department manager, Administrator on Duty/House Supervisor (AOD/HS), the law enforcement agency supervisor, the SFSD Watch Commander, and/or the Attending physician (if applicable).
- D. Staff shall not release any information concerning the current or future appointments of a prisoner/patient to either the prisoner/patient, their families or visitor.

II. Prisoner/Patient Department Specific Issues

Department specific issues are available in the following table.

PRISONER/PATIENT DEPARTMENT SPECIFIC ISSUES

DEPARTMENT	SERVICE/ APPOINTMENTS	WAITING AREA	PRISONER ISSUES	LAW ENFORCEMENT AGENT ISSUES	RESTRAINTS
EMERGENCY DEPT	Prisoner/patients will be given priority when it is possible to do so without jeopardizing other patient care services.	Prisoners do not wait in regular waiting room. Prisoner/patients will be put in a private room if available. When a room is unavailable, prisoner/patients will wait in the treatment area hallway.	ED entrance and ambulance dock face 23rd street. Multiple entrances and exits exist throughout the ED. Many escape routes are possible.	SFSD Personnel are located at Triage and the main desk areas. Inform them of all security concerns. Law enforcement agents may be armed when in the area.	Metal restraints can be used. Staff will inform agent of need to remove restraints when needed for treatment.
Intensive Care Units (ICUs)	Not applicable	Not applicable	Prisoner/patients may meet with family or friends.	Agent must remain outside the patient's room at all times. Exceptions must be approved by the Nurse Manager. Emergencies can occur so agents must be prepared to move out of the way of staff.	
LABOR AND DELIVERY	When possible, infant should room with mother on 6C	Prisoner/patients will be assigned to a room or an exam room.	Deliveries could occur in the Birth Center or 6G OR	Agent will normally wait outside room but access will be granted when security reasons arise. Agents will not go into the sterile core area or into the delivery room unless special arrangements have been made with the charge nurse. Agent may be armed while in the delivery area.	Pregnant prisoner/patients are not restrained during labor, delivery or post-partum recovery, other than usual medical restraints used for all patients. At other points in pregnancy, restraints by wrists, ankles or both will not be used unless deemed necessary for safety and security of inmate, staff or public. Leg

					irons, waist chains, and handcuffs behind the back will not be used. In a medical emergency, when a medical professional determines that removal of restraints is medically necessary, restraints shall be removed.
NURSERY	While infant is in nursery, prisoner/patient is to be taken to the nursery at least once per shift to visit infant. Time of visit will be arranged with the nursery's and agent's schedules. Visit should be a minimum of fifteen minutes.	N/A	Prisoner/patient will need to have a cover gown put over clothing in order to hold her infant. Prisoner/patient will need to wash hands prior to holding infant.	Agent will need to wear a cover gown only if they will be touching the infant. Agent may be armed while in the clinical area.	Prisoner/patient will not be restrained unless deemed necessary for safety of inmate, staff, or public. Leg irons, waist chains and handcuffs behind the back will not be used.
5M CLINIC	Made through Forensics clerk.	Prisoner/patient will be assigned and directly go to an exam room.	Monitor room for potential weapons and contraband. Prisoner/patient should not be left alone in exam room. Staff or law enforcement agent should be with prisoner/patient at all times.	Agent should leave exam room for breast, genital or pelvic exam if not of the same sex. Agent is to be immediately available by waiting outside the door. Agent may be armed while in the clinic area.	Usual restraints. Pregnant prisoner/patients may have restraints. Leg irons, waist chains, and handcuffs around the back will not be used.
INPATIENT UNITS (Non 7D/7L)	N/A	N/A	Whenever possible, prisoner/patients should be assigned the bed that allows for the best visualization by the agent.	Agent will sit in chair outside of room where visual contact can be made at all times. Agent may be armed.	Restraints will be authorized by the Watch Commander. If restraints are used, the deputy or Watch Commander will notify the charge nurse.
RADIOLOGY	Made through	Prisoner/patient	Technologist	Agent must	Agent will

<p>General Diagnostic</p> <p>CT Scan</p> <p>MRI (Additional instructions below)</p>	<p>Forensics clerk at ext. 6-8855. For non-scheduled exams, arrangements are made with Charge Technologist at ext. 6-8020. All information regarding whether restraints can remain on prisoner/patient during procedure should be made at this time.</p>	<p>goes directly to procedure room whenever possible. If prisoner/patient must wait, Radiology staff will direct the agent to a secure waiting area where there are no other patients.</p>	<p>provides all necessary instructions to the prisoner/patient.</p>	<p>maintain visual contact with prisoner/patient at all times. This can be done behind leaded wall with technologist. Agent shall provide female prisoner/patients with visual privacy during mammography exams if not of the same sex. Agent may be armed while in the area.</p>	<p>determine at time of making arrangements whether metal restraints can remain on prisoner/patient during procedure.</p>
<p>MRI</p> <p>The current MRI has a far stronger magnetic field than the former one, and NO METAL is allowed in the MRI scan ante room or scanner room.</p>	<p>Prisoner/patients must be screened for metal in their body before establishing appointment. Screening forms are available in Radiology.</p>	<p>MRI dressing room will serve as waiting area.</p>	<p>Prisoner will be asked questions about any metal in their body. Prisoner can have no metal restraints when entering the actual scan anteroom. Plastic restraints must be brought to the scanner by the deputy.</p>	<p>Agent must understand that any metal on agent (arms, restraints, badge) cannot go into the magnet room. A lock-box is provided for securing these and credit cards.. Any metal object taken into the magnet room will likely be drawn into the magnet, inflicting severe injury and/or death to those in the pathway.</p> <p>There is a rear exit from the reading room to the courtyard.</p>	<p>Only plastic restraints may be used after entry into the control area. All metal, including restraints, must be removed prior to entering the magnet room.</p>
<p>NUCLEAR MEDICINE</p>	<p>Made through the Forensics clerk.</p>	<p>Technician will direct agent to a back hallway unless prisoner/patient can go directly into the procedure room.</p>	<p>Technician will give all needed instructions to the prisoner/patient.</p>	<p>Agent can be in the procedure room. The technician will give agent directions as to where to be in the room. Agent may be armed while in the area. There is a back exit to the Emergency Department parking lot so deputies should be aware of possible</p>	<p>Metal restraints can be used. Technician will give directions for any needed removal of restraints.</p>

				escape attempts.	
PULMONARY LAB	Appointments for all services are made through the Pulmonary Lab personnel, Pulmonary Fellows or consult nurse.	Prisoner/patients do not wait in the regular waiting area. Prisoner/patients will be placed in a private room if available. When not available, prisoner/patients will wait in the treatment area hallway.	Technologists provide all instructions to the prisoner/patient, except under special circumstances.	Agent can be in the procedure room. The technician will give agent directions as where to be in the room. If outside the procedure area, access will be granted when security reasons arise.	Metal restraints can be used. Technician will give directions for any needed removal of restraints.
GI DIAGNOSTICS	Prisoner/patient will be given priority when it is possible to do so without jeopardizing other patient care services. The GI staff will call 7D staff in the morning to arrange for day's scheduled appointments.	Prisoner/patient will go to an empty procedure/clinic room for their exam ASAP. If patient must wait, they will be placed in 3D11 with escort until next procedure/clinic room is available.	Agent should remain with prisoner/patient during procedure or until sedated. Agent must stay with prisoner/patient during recovery period or clinic visit process.	Agent will practice Universal Precautions procedures when in room during endoscopic procedure. 3D staff will assist with Universal Precautions practices.	Metal restraints may be used. 3D staff will inform agent of need to release or reposition restraints if needed to change prisoner/patient's position for procedure or treatment.
ALL CLINICS	Made through the Forensics clerk. Prisoner/patients should be given priority.	Prisoner/patient will go directly into an exam room.	Monitor room for potential weapons and contraband. Prisoner/patient should not be left alone in exam room. Staff or law enforcement agent should be with prisoner/patient at all times.	Agent can wait in room unless a private exam is done and agent is of the opposite sex. If agent is to leave room, he/she must be immediately available by waiting outside the door. Agents may be armed while in the area.	Metal restraints can be used.
OPERATING ROOM	Routinely scheduled as a "To Follow" case unless special arrangements have been made between the department and the law enforcement agency on the previous day.	Prisoner/patients will go to the Holding Room prior to entering the actual operating room.	Prisoner/patients may not meet with family or friends.	Agent will need to wear scrub suits with a cover gown over their scrub suit. Gun belts must be kept under the cover gown for infection control purposes. Agent will wait in the OR until prisoner/patient is completely	Will have routine hospital restraints in place when anesthetized. Can use metal restraints prior to then.

				anesthetized or will remain in the OR for regional anesthesia. Agent may leave the department when the prisoner/patient is completely anesthetized and will be notified when prisoner/patient is transferred to the PACU.	
POST ANESTHESIA CARE UNIT (PACU)	Not applicable.	Not applicable.	Prisoner/patient will not be restrained during the recovery phase of the operative procedure except for medically indicated restraints.	Agent must be in the recovery room and in visual contact with the prisoner/patient at all times. The agent needs to be aware that the area is very crowded and many people are in the room. Emergencies can occur so agents must be prepared to move out of the way of staff. Agents may be armed while in the area.	Metal restraints can be applied when hospital restraints are removed but plastic restraints may be preferred.
DIALYSIS	Made through the Forensics clerk.	Prisoner/patient will be taken directly to Dialysis Center (Building 100) and escorted to dialysis chair.	Prisoner/patients should be put in the room with the two machines in the back of Dialysis when at all possible.	Dialysis is a high contraband area. Staff should not give prisoner/patients any requested items without the agent's approval. Agents may be armed while in the area.	Metal restraints can be used. Care needs to be taken if leg irons are used as swelling of the lower extremities can occur during the dialysis.
ORAL SURGERY CLINIC	Made through the Forensic clerk.	Prisoner/patient will go directly into the procedure room.	Prisoners may be drowsy if they have received medications as a preparation for the procedure.	Agent may have to wait in the doorway. Rooms are small. Agent must always have visual contact with the prisoner/patient. Agent may be armed while in the area.	Metal restraints can be used. Wrists need to be restrained in front or beside the prisoner/patient.

APPENDICES

Appendix A: Prisoner Advisement: Penal Code §3407

Appendix B: Custody Division, Chapter 4: Security and Control Policy

CROSS REFERENCES

SFGH Administrative Policy:

1.06 Admission of Youth Guidance Clients

9.04 Prisoner/Patient Scheduling of Medical Appointments at SFGH

13.09 Prisoner/Patient Medical Information Security and Transport

16.04 Prisoner/Patient: Female Requesting Personal Physician for Pregnancy Related Issues

Emergency Department Policy:

Emergency Treatment of Prisoner/Patients (pending review)

San Francisco Sheriff's Department Policy and Procedure:

E-10 Off-Ward Prisoner Security (pending review)

APPROVAL

Nursing Executive Committee:	10/1/13
Medical Executive Committee:	10/17/13
Quality Council:	10/15/13

Date Adopted: 3/95

Reviewed: 10/10

Revised: 12/98, 07/2001, 4/2004, 08/07, 9/13

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Administrative Policy Number: 6.06

TITLE: CARE OF CUSTODY/FORENSIC PATIENTS AT SFGH ACUTE CARE UNITS

PURPOSE:

The purpose of this policy is to provide nursing care consistent with Law Enforcement Agency safety standards when forensic patients are treated on a general nursing unit.

STATEMENT OF POLICY:

San Francisco General Hospital Medical Center (SFGH) staff provides comprehensive nursing care to all forensic patients in compliance with the following law enforcement agency safety standards.

PROCEDURE:

Admission Standards

A. All forensic custody admissions will be identified as such before being admitted to a general nursing unit.

1. Emergency Department staff will identify all custody patients as such prior to admission to the general floors, and will inform Bed Control and the receiving unit of custody status prior to the patient's arrival on the unit.

2. All custody patients admitted to general nursing units will have a restriction placed on their name upon admission; no information on the patient's placement will be released without the express consent of supervising law enforcement personnel.

3. Emergency Department staff will refer all inquiries on custody patients to custody officers or their designee.

4. At no time during the admission process will the custody officer leave the custody patient in the care of hospital personnel.

B. When the custody patient arrives on the unit, the Charge Nurse will meet with supervising law enforcement personnel to determine:

1. Indications for additional on-unit security measures (e.g., unit 'lockdown')

2. The agency/number to which patient inquiries should be referred (e.g., San Mateo County Police Department, California Highway Patrol, San Francisco Police Department, San Francisco Sheriff's Department, California Department of Corrections). Telephone calls and inquiries about patients in the San Francisco Sheriff's custody will be referred to the Watch Commander Ward 7D (ext. 8483).

a). The information given will be written on the patient Kardex.

- b). All calls will be forwarded to this number/agency.
- c). Visitation regulations/limits will be noted on the Kardex.
- d). Potential visitors will be referred to the designated contact number for /clearance prior to visitation.
- e). In critical care units, the Charge Nurse will liaison with the custody officer to determine if/when visitors will be allowed. Any/all visitors must comply with the custody agency's clearance requirements before visits are allowed.

C. Throughout the patient stay on the general nursing unit, the Charge Nurse will collaborate with the custody officers in compliance with law enforcement requirements regarding security, information and visitation.

D. SFGH personnel will maintain strict confidentiality about the custody patient's movements within the nursing unit, to another unit (including inpatient, outpatient and diagnostic units), or discharge from the hospital.

E. SFGH personnel may not tell the patient about pending intra-unit or inter-unit transfers as well as pending discharge plans.

II. Visiting Hours:

A. 7D/7L forensic units allow visitors only with the approval of the Sheriff's Deputies on duty.

1. Visiting hours are 1:30-2:30 pm. Each visit is limited to ten minutes.
2. All visitors must undergo security clearance by the Sheriff's Deputies on duty.

B. Custody patients cared for off-ward may be allowed supervised visits with the approval of the custody Law Enforcement Agency.

1. The 7D Unit Commander or designee must check/clear all visitor's to off-ward patients in the custody of the San Francisco Sheriff's Department (SFSD). Nursing staff will direct all visitors to 7D for clearance, both on the initial and all subsequent visits.
2. Visiting is allowed daily from 1:30-2:30 pm. Each visit is limited to ten minutes
3. Each patient may have two visits per day by up to two persons over the age of 18.
4. Visitors may neither touch custody patients, nor bring items directly to the patient. Items brought in for custody patients must be given to the Sheriff's Deputy.

C. Exceptions to visiting rules may be granted only by the Watch Commander in Ward 7D for the Sheriff's Deputy custody patients in the Critical Care units (4E, 5E/R). Exceptions to the visiting rules for patients in custody of the San Francisco Police Department, San Mateo Police Department, California Department of Correction, or California Highway Patrol must be presented to the custody-officer on duty for clearance .

CROSS REFERENCE

SFGH Administrative Policy and Procedures:

- 3.09 Prisoner/Patient Medical Information Security and Transport
- 16.22 Prisoner/Patient Treatment and Transport Through SFGH
- 6.03 Forensic Service: Emergency Psychiatric Evaluation and Treatment of Prisoner/Patients
- 22.1 Inpatient Visiting Guidelines

APPROVAL

NEC: 11/1/11
MEC: 11/3/11
Quality Council: 11/15/11

Date Adopted: 08/05
Reviewed: 10/08, 11/11
Revised: 10/05

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Administrative Policy Number: 6.03

TITLE: Jail Health Services: Emergency Psychiatric Evaluation and Treatment of Prisoner/Patients

PURPOSE

The purpose of this policy is to provide guidelines for emergency psychiatric evaluation and treatment of the prisoner/patient who meets the criteria for a psychiatric hold.

STATEMENT OF POLICY

It is the policy of San Francisco General Hospital & Trauma Center (SFGH) to provide emergency psychiatric evaluation and treatment to San Francisco Police Department (SFPD) and San Francisco Sheriff's Department prisoner who appears to meet the criteria for a psychiatric hold.

PROCEDURES

Direct Admission to 7L-SFGH Psychiatric Unit

- A. If emergency medical evaluation and treatment is not indicated, the Jail Psychiatric Services (JPS) staff will notify the staff from 7L and make arrangements to directly admit the prisoner/patient.
 1. If JPS staff is in the facility, a 5150 Welfare and Institution Code (WIC) hold will be generated.
- B. If an emergency medical evaluation and treatment is needed, the prisoner must be transferred directly to the SFGH Emergency Department (ED).
 1. For Jail prisoners, staff from the Jail Health Service (JHS) must notify the SFGH ED Attending-in-Charge (206-8111) of the pending transfer.
 2. If JPS can see the prisoner/patient prior to transfer and the prisoner/patient meets 5150 Welfare and Institution Code criteria, JPS will generate the hold and notify the SFGH Psychiatric Emergency Services (PES) of the hold and 7L of the pending transfer.
 3. If JPS is unable to evaluate the prisoner/patient, JPS request PES to provide a psychiatric consult in the ED, and notify 7L of the pending transfer. Once the prisoner/patient is admitted to the ED, the attending physician will request a psychiatric evaluation from the PES psychiatrist.
 - a. If the prisoner/patient for the jail is evaluated by PES and not placed on a psychiatric hold, the PES physician must call the JPS clinician (415) 575-4350 and discuss the situation before the prisoner/patient is returned to jail.

- During normal business hours (8:00 am- 10:00 pm/ 7 days a week), call JPS (415) 575-4350 before the prisoner/patient is returned to jail.
 - If the prisoner/patient is returned outside of these specified hours, call the JHS to provide the staff with a clinical report. In addition, call the Medical Director for JPS (415)-878-6377) to provide collateral information and receive acceptance of the prisoner/patient back to jail.
- b. If the PES physician believes the prisoner/patient meets hold criteria, he/she will:
- request that the prisoner/patient be transferred to 7L, when medically cleared;
 - call (415) 206-8483, and inform the Watch Commander that a prisoner/patient on 7L needs an "absentia booking."
- c. If 7L is unable to accept the prisoner/patient for clinical reasons, the prisoner/patient will remain in PES with a Sheriff's Deputy until a bed becomes available in 7L.
- d. When the prisoner/patient is accepted by 7L, the admission orders are completed by the 7L attending psychiatrist or the House Officer.
- e. If the prisoner/patient on 7L needs to be admitted to a non-psychiatric setting, please refer to SFGH Administrative Policy 16.12 "Patients Placed on Psychiatric Holds in a Non-Psychiatric Setting."

CROSS REFERENCES

SFGH Administrative Policy and Procedures:

- 6.04 Forensic Service: Admission of the Prisoner/Patient to the 7L Psychiatric Unit at SFGH
- 13.09 Prisoner/Patient Medical Information Security and Transport
- 16.12 Patients Placed on Psychiatric Holds in a Non-Psychiatric Setting
- 16.22 Prisoner/Patient Treatment and Transport Through SFGH

APPROVAL

Nursing Administrative Forum	2/4/14
Medical Executive Committee	2/20/14
Quality Council	2/18/14

Adopted: 06/2000

Reviewed: 09/10

Revised: 02/2003, 01/06. 10/13

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Administrative Policy Number: 6.04

TITLE: FORENSIC SERVICE: ADMISSION OF THE PRISONER/PATIENT TO THE 7L PSYCHIATRIC UNIT AT SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER

PURPOSE

The purpose of this policy is to ensure that an arrestee needing emergency mental health evaluation and treatment is properly assessed and/or admitted.

STATEMENT OF POLICY

Arrestees who prior to booking at the county jail are brought by the San Francisco Police Department (SFPD) to Psychiatric Emergency Services (PES) at San Francisco General Hospital & Trauma Center (SFGH) for evaluation of psychiatric symptoms or (2) the Emergency Department (ED) at SFGH for evaluation and treatment of a physical problem and who are also exhibiting psychiatric symptoms will be evaluated by PES, and if indicated, booked in absentia and admitted to Psychiatric 7L-Unit. If a bed is not available on 7L or if there are other patients waiting for a bed, either in the jail or at PES, PES staff will consult with Jail Psychiatric Staff in the jail (415-575-4350 or 415-562-6377), to determine the priority of the admissions based on clinical and operational factors.

PROCEDURE

1. If the arrestee is exhibiting psychiatric symptoms and does not have any physical problems requiring emergency evaluation and treatment, SFPD will bring the arrestee directly to PES.
2. If the arrestee is initially seen in the ED, The ED physician will request a consultation from PES if the arrestee requires emergency mental health evaluation and/or treatment. The arrestee must be transferred to PES accompanied by an officer for the assessment.
2. The PES psychiatrist will evaluate the need for a 5150 Welfare and Institution Code (WIC) hold. After the assessment, the PES psychiatrist will determine one of the following:
 - a. If the prisoner does not meet 5150 criteria, the prisoner will be released back to the SFPD.

If the prisoner meets 5150 criteria, the PES psychiatrist will request that the prisoner/patient be transferred to 7L, and he/she will call 7D (415 206-8483) and inform the Watch Commander that the prisoner/patient on 7L requires an "absentia booking." If a bed is not available on 7L or there are other patients waiting for a bed, either in the jail or at PES, PES staff will consult with Jail Psychiatric Staff, to determine the priority of the admissions based on clinical and operational factors.
3. Please refer to SFGH Administrative Policy, 16.12 "Patients Placed on Psychiatric Holds in a Non-Psychiatric Setting" if an arrestee needs to be admitted to a non-psychiatric setting.

SFGH Administrative Policy and Procedures:

- 4.6 Trauma Diversion
- 3.09 Prisoner/Patient Medical Information Security and Transport
- 16.12 Patients Placed on Psychiatric Holds in a Non-Psychiatric Setting
- 16.22 Prisoner/Patient Treatment and Transport Through SFGH
- 6.03 Forensic Service: Emergency Psychiatric Evaluation and Treatment of Prisoner/Patients

APPROVAL:

NEC: 6/6/12
MEC: 6/1/12
Quality Council: 6/20/12

Adopted: 06/2000
Reviewed: 01/2006, 02/09
Revised: 02/2003, 6/12

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Policy and Procedure No.: 111

Effective Date: 09/88

Last Revision Date: 8/13

Next Scheduled Revision Date: 7/14

HIGH-RISK PATIENTS

POLICY

Jail Health Services identifies patients who have medical conditions that could put them at risk. Patients identified as high-risk are listed on the Daily Report Form and the CHART high risk list and will receive daily welfare checks or other forms of monitoring.

PROCEDURES

- I. Staff will enter high risk patients into the CHART high risk list with the reason for the designation.
- II. The charge nurse or designee will review the CHART high risk list and update the Daily Report Form.
- III. A report on the status of high-risk patients is included in the routine report at each change of shift. The Charge Nurse on each shift is responsible for ensuring proper follow-up of high-risk patients.
- IV. High-risk patients include but are not limited to:
 - A. Withdrawing alcoholics:
 1. Monitor all parameters on the Intoxicated Inmate Record (FS #12) every 4 hours. (See Standardized Procedure for Registered Nurses: Alcohol Detoxification).
 - B. Patients withdrawing from opiates:
 1. Monitor daily per the Standardized Procedure for Registered Nurses: Opiate Withdrawal.
 - C. Patients with AIDS who are medically unstable:
 1. Monitor daily for signs of infectious process, changes in mental status, and/or respiratory distress until seen by FAP. FAP staff will determine whether high risk status should continue.
 - D. Patients with suspect or confirmed active tuberculosis:
 1. Monitor daily until completion of treatment for compliance in taking all prescribed medications, and for presence of symptoms of active disease indicating need for further evaluation of effectiveness of prescribed therapies (i.e. fever, chills, weight loss, cough, hemoptysis).

- E. Patients with poorly controlled asthma or COPD:
 - 1. Monitor daily for respiratory distress.
- F. Patients who have unstable cardiac disease or have had a recent (within 6 weeks) hospitalization for a cardiac event:
 - 1. Monitor daily for chest pain, respiratory distress and fatigue.
- G. Patients who have had a recent CVA (within 6 weeks), or who have significant intracranial lesions or disease:
 - 1. Monitor daily for changes in mental status or neurologic status, pain, signs of infection.
- H. Patients with wired jaws:
 - 1. Monitor daily for nutritional status, signs of nausea, vomiting, airway compromise, or problems with oral hygiene.
- I. Women with a history of recent (within 1 week) TAB or delivery.
 - 1. Monitor daily for three days for increased bleeding, abdominal pain, and signs of infection, depression.
- J. Patients over 65 years of age
 - 1. Monitor daily for mental status or neurological changes or cardiovascular/respiratory symptoms
- K. Any patient with an underlying medical condition that places them at increased risk of deterioration.

REFERENCES:

CMA Standard 111;
Board of Corrections, Title 15, Article 10, Section 1208 1209;

REVIEW SCHEDULE:

Annually



Policy and Procedure No.: 302

Effective Date: 10/88

Last Revision Date: 7/13

Next Scheduled Revision Date: 7/14

RECEIVING TRIAGE AND INTAKE SCREENING

POLICY

Arrestees entering the County Jail for booking and/or housing are seen and evaluated by Jail Health Services (JHS) staff before being housed in any area of the jails. Arrestees who have medical problems beyond the scope of the facility's medical staff to manage safely are referred to San Francisco General Hospital Medical Center (SFGHMC) for evaluation prior to the Sheriff's Department (SFSD) accepting custody.

PROCEDURES

I. TRIAGE

A. Arrestees with the following problems/conditions will not be accepted into the jail until medically cleared at SFGH:

1. Signs, symptoms, or history suspicious for active TB
2. Lacerations requiring suturing
3. Unresponsiveness
4. Injuries which require X-ray evaluation
5. Serious head injuries
6. Pregnancy with:
 - a. Signs and symptoms of opiate withdrawal or history of opiate addiction (regular and recent use).
 - b. History of alcohol addiction and:
 - i. Pulse above 100 and
 - ii. Hallucinations, tremors, sweating, anxiety, or irritability.
 - c. History of crack/cocaine addiction and pulse above 120 and/or blood pressure above 140/90.
 - d. History of daily benzodiazepine use of 60mg or more of diazepam or equivalent (see Standardized Procedure for Registered Nurses, Benzodiazepine Withdrawal) and:
 - i. Pulse is above 100; and,
 - ii. Hallucinations, tremors, sweating, anxiety, or irritability.
 - e. Cramping or vaginal bleeding.

- f. Pulse above 100
 - g. Blood pressure above 140/90 x 2 and no known history of hypertension. (Contact Ob/Gyn on-call Resident to discuss prior to refusing. Pager (415) 443-415)
 7. Unstable cardiac chest pain
 8. Severe cellulites, abscesses requiring I&D, infected human bites
 9. Inability to walk or stand unassisted
 10. Peritoneal dialysis
 11. Respiratory distress of unknown and/or unmanageable etiology
 12. Reporting to have ingested narcotics or cocaine
 13. Reporting to have been raped within the last 72 hours
 14. Requiring life sustaining medical equipment not available
 - a. For patients requiring a CPAP machine the triage nurse should call CPod to make sure there is a bed available.
 15. Imminent danger to self or others.
 16. Diabetics with BS >500 or with BS between 250 and 500 with ketones.
 17. Any other serious medical condition requiring emergent care
- B. A note is made in the electronic medical record to document non-acceptance into the jails.
- C. For accepted arrestees, medical/psychiatric problems and assessments are documented using the Triage screen. Interventions that should not wait until Intake Screening are begun immediately. If indicated, detoxification procedures are initiated.
- D. Arrestees with the following problems/conditions will be referred to Jail Psychiatric Services (JPS):
1. Severe psychiatric impairment (i.e., history of psychotropic medication, prior JPS treatment, bizarre behavior, or other mental health concerns) will be referred to JPS for evaluation.
 2. Any of the following charges:
 - a. Murder (187 PC)
 - b. Attempted murder (664/187)
 - c. Lewd and Lascivious Behavior with a minor (288 PC)
 - d. Rape (261 PC)
 3. Any woman entering the jail that has given birth within the past year and is charged with murder or attempted murder of her infant child will be immediately referred to JPS. If JPS is not on site, the patient is assessed for suicide and housed in a safety cell until JPS is available.
- E. Female Arrestees
1. Pregnant women will have their blood pressure checked.
 2. Women will be asked the date of their last menstrual period (the date of the first day of their last normal period).

3. Women with the following conditions who report an LMP more than 30 days prior or unknown LMP will be tested for pregnancy before being accepted into the jail:
 - a. IV opiate (heroin), crack/cocaine, benzodiazepine, or heavy alcohol use
 - b. Cramps or vaginal bleeding
 - c. Pulse above 100

A woman who is unable to submit a urine specimen will be hydrated for 30 minutes. A woman who refuses to submit a urine specimen, or is unable to submit one after 30 minutes of hydration, will be accepted and referred priority 1 to the Ob/Gyn clinician.

4. Any woman reporting an LMP more than 30 days prior, and who does not meet the above criteria for testing at Triage, will be referred to nursing clinic for pregnancy testing within 24 hours, with the following exceptions:
 - a. Women 50 years of age or older unless they are still having menstrual periods.
 - b. Women who give a reliable history of tubal ligation or hysterectomy.
 - c. Women who have documentation in their jail medical record of a negative pregnancy test within the previous two weeks unless they report that they believe they could be pregnant.

Women may refuse pregnancy testing, but a refusal form must be completed.

5. Women will be asked if they have had unprotected sex in the 5 days prior to being arrested. If they answer yes, they will be offered emergency contraception or referred to the Ob/Gyn NP within 24 hours to discuss emergency contraception.
- F. Prescription medications brought in by an arrestee are documented in the medical record; the drug name, dosage, directions for use, prescribing physician, dispensing pharmacy (including telephone number) and date filled are recorded (see Policy and Procedure No. 401c, Prisoner's Personal Medications). The medications are then given to Sheriff's Department personnel for storage with the person's property.
 - G. Arrestees who have been sprayed with mace or pepper spray must have their eyes washed within one half hour of contact.
 - H. Medical clearance is noted by staff initialing and dating the appropriate space on the housing card.
 - I. Wheelchair-bound arrestees acceptable for jail housing are referred for Intake Screening prior to housing in Pod C at County Jail #8. Questions regarding the

appropriateness for housing in Pod C for other mobility impaired patients can be referred to the Medical Director or Assistant Medical Director.

- J. Arrestees who require housing in a safety cell are screened, using the Intake Screening questionnaire, to the extent that the person and circumstances allow. This is done prior to placement in the safety cell, or as soon as possible after placement.
- K. Arrestees refusing to cooperate with triage procedures or answer questions are assessed as well as possible based on their general appearance and degree of cooperation.
- L. Housing Codes
 - 1. The following codes will be placed on a patient's housing card
 - 1 – Refused;
 - 2 – Accepted with medical problem or need for further evaluation of electronic record;
 - 3 – Too combative or intoxicated to answer triage questions;
 - 4 – Accepted, no problems;
 - 5 – Paper triage is done and JHS waits for ID process to identify correct patient

II. INTAKE SCREENING

- A. The Intake Screening questionnaire is completed and documented in the electronic medical record for all prisoners prior to being housed in the jail.
- B. Intake Screening dispositions include:
 - 1. Clearance for housing in general population
 - 2. Clearance for specific designated housing
 - 3. Referral to an appropriate JHS program on an urgent or routine basis
- C. Arrestees refusing to cooperate with screening procedures or answer screening questions are assessed as well as possible based on their general appearance and degree of cooperation. In coordination with custody staff, they are held in the intake facility and encouraged to participate in medical screening. An arrestee who refuses screening three times may then be transferred for housing but is referred to the site nursing for screening. All refusals are documented in the electronic medical record.
- D. When an arrestee's English language abilities prevent adequate screening, an interpreter is used, when available. When an interpreter is unavailable, screening is completed as well as possible and the person is appropriately housed. Screening is then completed as soon as possible, but in no case later than the next nursing clinic.

- E. Developmentally disabled patients are identified at screening based on observation and/or history. The assessment of possible developmental disability is documented in the medical record. All known or suspected developmentally disabled adults will be referred to JPS for follow-up.

REFERENCES:

CMA Standard 302;

California Code of Regulations, Title 15, Article 10, Section 1207 and 1207.5, 1208;
Article 5, Section 1051;

JHS Policy: "Prisoner's Personal Medication," #401c;

"Reproductive Services," #314;

"Language Translation Services," #331;

JHS Registered Nurse Standardized Procedures: "Alcohol Detoxification"
"Benzodiazepine Withdrawal"
"Heroin Withdrawal"

REVIEW SCHEDULE:

Annually