



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

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BOARD OF SUPERVISORS  
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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 (SFS) 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