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12 SUPERIOR COURT OF THE STATE OF CALIFORNIA
13 FOR THE COUNTY OF ALAMEDA

14
15 SUSAN HARMAN, NANCY MANCIAS, and
JANE DOE,

16 Plaintiffs,

17 v.

18 GREGORY J. AHERN, Alameda County Sheriff,

19 Defendant.
20

Civil Case No.:

**VERIFIED PETITION FOR WRIT OF
MANDATE AND COMPLAINT FOR
DECLARATORY AND INJUNCTIVE
RELIEF UNDER CAL. CONST. ART. I
§§ 1, 13, U.S. CONST. AMD. 4, AND
15 C.C.R. § 1214**

1 **I. INTRODUCTION**

2 1. This action challenges the Alameda County Sheriff’s policy of requiring women arrested
3 and booked into Alameda County jails to submit to a pregnancy test. In at least one jail, this mandatory
4 testing occurs entirely outside the context of any other health screening. And it does not appear to be
5 related to providing appropriate health care to women in the jails: it applies to women who will stay at
6 the jail for only a few hours, and it applies to women who cannot be pregnant. Women are not permitted
7 to refuse the testing.

8 2. As a means to providing appropriate health care to female inmates, jails should offer
9 women the option of taking a pregnancy test as a voluntary component of the more general health care
10 screening the jails conduct for all inmates. By isolating the pregnancy test and making it mandatory,
11 however, the sheriff’s policy publicly intrudes into one of the most intimate and private areas of a
12 person’s life – reproductive decisionmaking. As a result, female arrestees in Alameda County suffer
13 humiliation and even greater distress, when, for example, they have to take the pregnancy test despite
14 knowing that are not able to become pregnant due to age or infertility; they did not know they were
15 pregnant and have to receive that information from someone other than a trusted healthcare provider; or
16 they were trying to get pregnant and have to receive the news of negative test results from someone
17 other than a trusted healthcare provider.

18 3. The Alameda County Sheriff’s policy of requiring female arrestees to submit to a
19 mandatory pregnancy test is a clear violation of the California Constitution, the U.S. Constitution, and
20 state statutory law. The test violates arrestees’ right to privacy under Article I § 1 of the California
21 Constitution; it constitutes an unlawful search and seizure under the state and federal constitutions; and
22 it violates Title 15 § 1214 of the California Code of Regulations, which requires jails to allow mentally
23 competent inmates to refuse non-emergency medical care and mandates that all examinations,
24 treatments and procedures conducted in jail accord with the same informed-consent standards that apply
25 outside of jail.

26 4. Plaintiffs seek mandamus, declaratory, and injunctive relief to ensure that female
27 arrestees may refuse to submit to this pregnancy testing.
28

1 **II. JURISDICTION AND VENUE**

2 5. This Court has jurisdiction under article VI, section 10, of the California Constitution and
3 California Code of Civil Procedure § 410.10.

4 6. Venue in this Court is proper because this is an action against the Alameda County
5 Sheriff in his official capacity for acts he performed as part of his public duties that caused, and will
6 continue to cause, legal injuries and deprivation of rights to persons, including Plaintiffs, in Alameda
7 County. *See id.* §§ 393(b), 395(a); Civ. Code § 52.1(c).

8 **III. PARTIES**

9 **Plaintiffs**

10 7. In July 2010, at the age of 69, Plaintiff Susan Harman was required to submit to a
11 pregnancy test at Alameda County’s Glenn E. Dyer Detention Facility after she was arrested at a
12 political demonstration. Ms. Harman is assessed and pays annual property taxes on real property that
13 she owns in Alameda County. Ms. Harman believes that pregnancy testing of each and every female
14 arrestee is an abuse of government power and a waste of her tax dollars. She brings this suit as a citizen
15 and as an Alameda County taxpayer.

16 8. In August 2012, Plaintiff Nancy Mancias was required to submit to a pregnancy test at
17 Alameda County’s Glenn E. Dyer Detention Facility after she was arrested at a political demonstration.
18 Ms. Mancias continues to participate in political demonstrations and is sometimes arrested at them. She
19 brings this suit as a citizen and so that she will not be forced to undergo this intrusive testing during
20 future arrests in Alameda County.

21 9. In April 2014, Plaintiff Jane Doe was required to submit to a pregnancy test at Alameda
22 County’s Santa Rita Jail after she was arrested for allegedly delaying or obstructing a peace officer
23 following a traffic stop. Ms. Doe is assessed and pays annual property taxes on real property that she
24 owns in Alameda County. She brings this suit as a taxpayer and as a citizen of Alameda County.

25 **Defendant**

26 10. Defendant Gregory J. Ahern is the Alameda County Sheriff. Defendant Ahern has
27 ultimate authority over the Alameda County jails, including the Glenn E. Dyer Detention Facility and
28

1 the Santa Rita Jail, and is responsible for protecting the constitutional and statutory rights of prisoners
2 under his custody. He is named in his official capacity only.

3 **IV. STATEMENT OF FACTS**

4 11. Plaintiff Susan Harman was arrested in Oakland in July 2010, during a protest relating to
5 the shooting of Oscar Grant. Immediately after she was arrested, Ms. Harman was taken to the
6 emergency room for examination and treatment for injuries she had sustained when police officers
7 struck her on the head. The hospital did not conduct a pregnancy test. After she was released from the
8 hospital, Ms. Harman was taken to the Glenn E. Dyer Detention Facility in downtown Oakland. Soon
9 after she arrived, jail personnel required her to take a pregnancy test. The officer took her, along with
10 two other women, to a bathroom and demanded that she urinate in a cup. Ms. Harman told the officer
11 that she was 69 years old and could not possibly be pregnant, but the officer required her to take the test
12 anyway.

13 12. Ms. Harman was not provided with any additional medical screening at the jail.
14 Although Ms. Harman is diabetic, no jail personnel responded to her concern that she needed insulin.
15 After being held in a crowded holding cell all night, Ms. Harman was released from custody the next
16 morning. Ms. Harman was never told the results of her pregnancy test. She was never charged with any
17 crime.

18 13. Ms. Harman felt generally humiliated and demeaned by the forced pregnancy test. Given
19 her age, the pregnancy test clearly had nothing to do with providing her with appropriate health care.
20 Moreover, the fact that the jail required her to take the pregnancy test yet ignored her actual medical
21 needs around insulin, made her feel as if the only purpose of the pregnancy test was to embarrass her
22 and to invade her privacy.

23 14. Plaintiff Nancy Mancias was arrested during a political demonstration in Oakland in
24 August 2012 and taken the Glenn E. Dyer Detention Facility. Soon after she arrived at the jail, an
25 officer ordered Ms. Mancias to take a pregnancy test. Ms. Mancias responded: “Isn’t that a violation of
26 my civil liberties?” The officer told her that if she refused to take the pregnancy test she would be sent
27 to Santa Rita Jail, some 30 miles from where she had been arrested. In response to this coercion, Ms.
28 Mancias took the test. She stepped behind a low partition that reached only to her waist level and

1 urinated into the sample cup, while the officer turned her back. She then handed her sample to the
2 officer.

3 15. Ms. Mancias did not see any doctors or nurses and did not receive any additional medical
4 screening. After some eight hours in custody, Ms. Mancias was released. Ms. Mancias was never told
5 the results of her pregnancy test. She was never charged with any crime.

6 16. Ms. Mancias felt humiliated and deeply distressed by the forced pregnancy testing, which
7 she experienced as a gross violation of her privacy. Ms. Mancias had tried to become pregnant in the
8 past, but had been unable to do so. Because of this, she knew that she was not pregnant and found the
9 compulsory pregnancy testing particularly inappropriate and invasive into an area that she considers
10 private. Ms. Mancias has been arrested during political demonstrations in other jurisdictions but has
11 never been required to take a pregnancy test.

12 17. Plaintiff Jane Doe was arrested in April 2014 for allegedly obstructing, resisting, or
13 delaying a peace officer during a traffic stop. After her arrest she was taken to Santa Rita Jail and
14 photographed and fingerprinted. After some two hours, Ms. Doe was given a medical screening, during
15 which she believes she was asked whether she was pregnant. Ms. Doe is married with two young
16 children and knew that she was not pregnant and believes that she informed staff that she was not
17 pregnant. Nevertheless, staff directed her to submit to a pregnancy test. Nobody indicated in any way
18 to Ms. Doe that she could refuse. Ms. Doe later posted bail and was released after approximately 16
19 hours in custody.

20 18. Ms. Doe provided a urine sample for the pregnancy test only because she believed that
21 she was required to do so. She had never been arrested before and did not want to do anything that
22 would prolong her stay in jail or cause her additional legal problems. She believes that the testing
23 infringed on her privacy and that it should have been her personal decision whether to take the test.
24 More generally, she believes that other women in this position should have the right to refuse to submit
25 to a pregnancy test.

26 19. Ms. Doe brings this suit under a pseudonym to avoid additional invasions of her privacy.
27
28

1 E. Grant Plaintiffs such further relief as the Court deems just and proper.

2
3 June 2, 2014

COVINGTON & BURLING LLP

4
5 By: 
6 Christine Saunders Haskett
7 Attorneys for Plaintiffs

8 June 2, 2014

ACLU Foundation of Northern California, Inc.

9
10 By: _____
11 Michael Temple Risher
12 Attorneys for Plaintiffs
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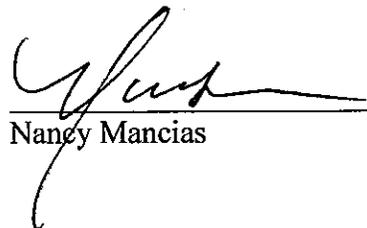
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VERIFICATION

I, Nancy Mancias, am a plaintiff in this matter of *Harman, et al. v. Ahern*. I have read this Verified Petition for Writ of Mandate and Complaint for Declaratory and Injunctive Relief in this matter. I am informed, and do believe, that the matters herein are true. On that ground, I allege that the matters stated herein are true. In addition, the facts within paragraphs 8 and 14-16 are within my own personal knowledge and I know them to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATED: 5/30/2014



Nancy Mancias

EXHIBIT A

Alameda County Sheriff's Office

LAKESIDE PLAZA, 1401 LAKESIDE DRIVE, 12th FLOOR, OAKLAND, CA 94612-4305



Gregory J. Ahern, Sheriff

Coroner - Public Administrator - Marshal
Director of Emergency Services

(510) 272-6866

December 20, 2010

Mr. Michael T. Risher
American Civil Liberties Union
39 Drumm Street
San Francisco, CA 94111

RECEIVED

DEC 22 2010

Dear Mr. Risher:

REDACTED

Concerning your second inquiry, every female brought into our Glenn E. Dyer Detention Facility is required to submit to a pregnancy test through urinalysis. Our accredited medical personnel conduct the pregnancy test so that we can provide the essential medical necessities needed by pregnant women in our care and custody. This information also allows staff to expedite the booking process for these individuals or transfer them to Santa Rita Jail where we house female inmates and have an OBGYN clinic.

If you have any additional questions, please contact Lt. Garrett Holmes at (925) 551-6553.

Sincerely,

A handwritten signature in black ink that reads 'Gregory J. Ahern'.

Gregory J. Ahern
Sheriff-Coroner

GJA/goh

EXHIBIT B

General Health Services Policy & Procedure



Date of Issue: 10/29/2012

Site Name: Santa Rita Jail / Glenn Dyer Detention Facility

Revision Dates: 2/2/13

Title: Receiving Screening

No: J-E-02.00

POLICY:

Receiving screening is performed on inmates upon arrival at the intake facility to ensure that emergent and urgent medical and mental health care needs are met.

PROCEDURE STATEMENTS:

NCCHC/ACA

1. Persons who are unconscious, semiconscious, bleeding, mentally unstable, or otherwise urgently in need of medical attention are:
 - a. Referred promptly for care and medical clearance into the facility.
 - b. If they are referred to a community hospital and then returned, their admission to the facility is predicated on written medical clearance from the hospital.
2. Urgent health needs are identified and addressed, and potentially infectious inmates are isolated.
3. A receiving screening takes place for inmates as soon as possible by qualified health care professionals or health trained correctional officers.
4. When health trained correctional personnel perform the receiving screening, they are to call health staff for disposition of the inmate if problems are identified.
5. Reception personnel, using a form approved by the responsible health authority, conduct a basic receiving screening inquiry on:
 - a. Current and past illnesses, health conditions, or special health requirements.
 - b. Past serious infectious disease.
 - c. Recent communicable illness symptoms (e.g., chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, night sweats).
 - d. Past or current mental illness, including hospitalization.
 - e. History of or current suicidal ideation.
 - f. Dental problems.
 - g. Allergies.
 - h. Alcohol, legal and illegal drug use (including type, amount and time of last use).

REFERENCES

NCCHC: Standards for Health Services in Jails, 2008, J-E-02

NCCHC: Standards for Opioid Treatment Programs in Correctional Facilities, 2004, O-E-01

NCCHC: Standards for Mental Health Services in Correctional Facilities, 2008, MH-E-02

ACA: Standards for Adult Local Detention Facilities, 4th Edition, 4-ADLF-4C-22, -4C-27, -4C-29

ACA: 2012 Standards Supplement – 4-ALDF-2A-21

REFERENCES

NCCHC: Standards for Health Services in Jails, 2008, J-E-02

NCCHC: Standards for Opioid Treatment Programs in Correctional Facilities, 2004, O-E-01

NCCHC: Standards for Mental Health Services in Correctional Facilities, 2008, MH-E-02

ACA: Standards for Adult Local Detention Facilities, 4th Edition, 4-ADLF-4C-22, -4C-27, -4C-29

ACA: 2012 Standards Supplement – 4-ALDF-2A-21

Site Name: Santa Rita Jail / Glenn Dyer Detention Facility	Date of Issue: 10/29/2012 Revision Dates: 2/2/13
Title: Receiving Screening	No: J-E-02.00

PROCEDURE STATEMENTS: (continued)

- i. Drug or alcohol withdrawal symptoms.
 - j. Current or recent pregnancy.
 - k. Other health problems as designated by the responsible health authority.
6. Reception personnel record, on the receiving screening form, their screening observations of the inmate's:
- a. Appearance (e.g., sweating, tremors, anxious, disheveled).
 - b. Behavior (e.g., disorderly, appropriate, insensible).
 - c. State of consciousness (e.g., alert, responsive, lethargic).
 - d. Ease of movement (e.g., body deformities, gait).
 - e. Breathing (e.g., persistent cough, shortness of breath, hyperventilation).
 - f. Skin (including lesions, jaundice, rashes, infestations, bruises, scars, tattoos and needle marks or other indications of drug abuse) Receiving screening forms are signed with title, dated and timed upon completion.
7. The disposition of the inmate (e.g. prompt referral to the appropriate health care service, placed in general population) is indicated on the receiving screening form.
8. Receiving screening forms are dated and timed promptly on completion and include the signatures and title of the person completing the form.
9. Prescribed medications are reviewed and name of prescriber and pharmacy obtained if known, and acted upon by a practitioner. Verification by an outside entity should not delay notification and action by a practitioner.

REFERENCES

- NCCHC:** Standards for Health Services in Jails, 2008, J-E-02
NCCHC: Standards for Opioid Treatment Programs in Correctional Facilities, 2004, O-E-01
NCCHC: Standards for Mental Health Services in Correctional Facilities, 2008, MH-E-02
ACA: Standards for Adult Local Detention Facilities, 4th Edition, 4-ADLF-4C-22, -4C-27, -4C-29
ACA: 2012 Standards Supplement – 4-ALDF-2A-21

Site Name: Santa Rita Jail / Glenn Dyer Detention Facility	Date of Issue: 10/29/2012 Revision Dates: 2/2/13
Title: Receiving Screening	No: J-E-02.00

ACA

10. The disposition of the inmate is indicated on the receiving screening form:

- a. Refusal of admission until inmate is medically cleared.
- b. Cleared for general population.
- c. Cleared for general population with a referral to appropriate health care services.
- d. Referral to appropriate health care services for emergency treatment.
- e. Written medical clearance is obtained after off-site emergency medical treatment.

NCCHC OTP

11. Admission to the OTP is based on clinical criteria and participation in voluntary.

REFERENCES

- NCCHC:** Standards for Health Services in Jails, 2008, J-E-02
NCCHC: Standards for Opioid Treatment Programs in Correctional Facilities, 2004, O-E-01
NCCHC: Standards for Mental Health Services in Correctional Facilities, 2008, MH-E-02
ACA: Standards for Adult Local Detention Facilities, 4th Edition, 4-ADLF-4C-22, -4C-27, -4C-29
ACA: 2012 Standards Supplement – 4-ALDF-2A-21

Site Name: Santa Rita Jail / Glenn Dyer Detention Facility	Date of Issue: 10/29/2012 Revision Dates: 2/2/13
Title: Receiving Screening	No: J-E-02.00

PROCEDURE DETAILS:

1. A receiving screening is performed on inmates upon arrival at the intake facility by health-trained or qualified health care personnel (an RN or LVN) as soon as possible. The receiving screening form, either paper or electronic, is approved by the health authority.
2. An initial intake screening may be performed by health-trained custody staff or health care staff. For the initial intake screening performed by health-trained custody staff, any screens with positive findings are to be reviewed by licensed health care staff (RN or LVN) for disposition of the inmate if any problems are identified. Referral to a hospital for medical clearance may be required.
3. Mental health screening is performed on inmates upon arrival at the intake facility by mental-health-trained or qualified mental health care personnel. The initial mental health screening is part of the receiving screening process.
4. During the receiving screening process inmates may be referred to the Opioid Treatment Program (OTP) based on clinical criteria and participation is voluntary. The referral is noted on the receiving screening form.
5. During the receiving screening process inmates may be referred to Criminal Justice Mental Health (CJMH) for mental health services. The referral is noted on the receiving screening form. The referral is given to CJMH staff for processing and timely intervention. Health care staff may call the on-call CJMH clinician as needed. Inmates having suicidal ideation or appearing to be in crisis are to be referred to CJMH staff ASAP. (See J-G-04.00 Mental Health Services and J-G-05.00 Suicide Prevention for details.)
6. At any time a Corizon staff suspects that an inmate may be developmentally disabled, the staff member is to refer the inmate to Criminal Justice Mental Health (CJMH) in order to ensure communication to the Regional Center of the East Bay pursuant to Title 15 Section 1057, Developmentally Disabled Inmates. (The health authority or designee shall contact the Regional Center on any inmate suspected or confirmed to be developmentally disabled for the purposes of diagnosis and/or treatment within 24 hours of such determination, excluding holidays and weekends.) CJMH staff shall contact the Regional Center.

REFERENCES

- NCHC:** Standards for Health Services in Jails, 2008, J-E-02
NCHC: Standards for Opioid Treatment Programs in Correctional Facilities, 2004, O-E-01
NCHC: Standards for Mental Health Services in Correctional Facilities, 2008, MH-E-02
ACA: Standards for Adult Local Detention Facilities, 4th Edition, 4-ADLF-4C-22, -4C-27, -4C-29
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Site Name: Santa Rita Jail / Glenn Dyer Detention Facility	Date of Issue: 10/29/2012 Revision Dates: 2/2/13
Title: Receiving Screening	No: J-E-02.00

7. During the receiving screening process inmates identified as in need of or currently using orthopedic or prosthetic appliances may be referred to the Medical Director or designee for review of the individual case and the presence of such devices with regard to medical need and custody security measures in compliance with Penal Code §2656.
8. All females who have given birth within the past year and charged with murder or attempted murder of their infant(s) (187 P.C.) will be identified and given an additional mental health screening, per California Title XV, Section 1207.5. For inmates meeting this criteria mental health screening will be performed at intake, and if screening assessment indicates postpartum psychosis, a referral for further evaluation will be made.
9. Each inmate is verbally told and shown in writing how to access medical services and the ACSO grievance system during medical and/or mental health screening.
10. Inmates who are identified as being unconscious, semiconscious, bleeding profusely, mentally unstable, or otherwise urgently in need of medical attention that cannot be managed at the facility are referred appropriately for care, i.e., to an acute care community hospital for stabilization and return with medical clearance.
11. Inmates referred to a community hospital who return to the correctional facility are only accepted if there is written medical clearance or there has been documented communication with the hospital of appropriate medical clearance (“fit for incarceration”) and clinician orders if appropriate. Receiving health care staff is to review the documents from the community hospital and take appropriate steps to ensure continuity of care. Inmate may be referred to the OPHU for observation and follow-up care as needed.
12. Intake personnel complete the intake receiving screening process using a form, either paper or electronic, approved by the health authority. The receiving screening form addresses:
 - a. Current and past illnesses, health conditions, or special health requirements (e.g., dietary needs)
 - b. Past serious infectious disease
 - c. Recent communicable illness symptoms (e.g., chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, night sweats); a separate TB Screening Form may be used.
 - d. Past or current mental illness, including hospitalizations
 - e. History of or current suicidal ideation

REFERENCES

NCCHC: Standards for Health Services in Jails, 2008, J-E-02
NCCHC: Standards for Opioid Treatment Programs in Correctional Facilities, 2004, O-E-01
NCCHC: Standards for Mental Health Services in Correctional Facilities, 2008, MH-E-02
ACA: Standards for Adult Local Detention Facilities, 4th Edition, 4-ADLF-4C-22, -4C-27, -4C-29
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Site Name: Santa Rita Jail / Glenn Dyer Detention Facility	Date of Issue: 10/29/2012 Revision Dates: 2/2/13
Title: Receiving Screening	No: J-E-02.00

- f. Acute dental complaints
 - g. Allergies
 - h. Legal and illegal drug use (e.g., type, time of last use and quantities)
 - i. Drug and alcohol withdrawal symptoms
 - j. Current or recent pregnancy
 - k. Other health problems as designated by the medical director.
13. Intake personnel record their visual observations of the inmates on the receiving screening form including:
- a. Appearance (e.g., sweating, tremors, anxious, disheveled)
 - b. Behavior (e.g., disorderly, appropriate, insensible, combative)
 - c. State of consciousness (e.g., alert, responsive, lethargic)
 - d. Ease of movement (e.g., body deformities, gait, immobility)
 - e. Breathing (e.g., persistent cough, hyperventilation)
 - f. Skin (e.g., lesions, wounds, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks or other indications of drug abuse)
 - g. Evidence of abuse or trauma.
14. The mental health screening includes, but is not limited to:
- a. Present suicide ideation
 - b. History of suicidal behavior
 - c. Present use of psychotropic medication
 - d. Mental health complaint
 - e. Current treatment for mental health problems
 - f. History of inpatient and/or outpatient psychiatric treatment
 - g. History of treatment for substance abuse.
15. Immediate health needs are identified and addressed, and potentially infectious inmates are isolated. Each case is evaluated on an individual basis and the isolation is determined as required, i.e., house in place, isolate by pod, isolate in OPHU, or by using other measures as needed.
16. The disposition of the inmate (e.g., referral to an appropriate health care service, placed in general inmate population) is indicated on the screening form.
17. The intake receiving screening form is dated and timed upon completion and include the print/stamp name, the signature and title of the person completing the screening.

REFERENCES

- NCCHC:** Standards for Health Services in Jails, 2008, J-E-02
NCCHC: Standards for Opioid Treatment Programs in Correctional Facilities, 2004, O-E-01
NCCHC: Standards for Mental Health Services in Correctional Facilities, 2008, MH-E-02
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ACA: 2012 Standards Supplement – 4-ALDF-2A-21

Site Name: Santa Rita Jail / Glenn Dyer Detention Facility	Date of Issue: 10/29/2012 Revision Dates: 2/2/13
Title: Receiving Screening	No: J-E-02.00

18. All female inmates under 60 years of age are tested to determine pregnancy at intake using a urine test or other means of testing. If positive for pregnancy, inmate is to be referred to Women's Health for assessment, monitoring, and treatment.
19. Inmates entering the facility on verified prescription medication continue to receive the medication in a timely fashion as prescribed, or acceptable alternate medications are provided as clinically indicated. Intake health care staff (RN or LVN) is responsible for verifying medications, if possible, or they may obtain new orders from on-site or on-call clinicians.
20. Each receiving screening is prioritized by acuity, i.e., urgent, expedited, or PRN sick call. As needed, inmates may be referred to emergency 911. Inmates may be referred to the Outpatient Housing Unit for observation. Patients identified as urgent or expedited are referred to housing unit sick to be seen within 24 hours and 72 hours respectively. Otherwise inmate's without a current medical need have access to request sick call as needed.
21. Health care staff is provided information regarding the needs of inmates in their housing unit or work area, including routine care and follow-up treatment (chronic care clinic, wound care, special dietary needs). Referrals are documented in the health record and appointments may be scheduled in the electronic health record.
22. Health care staff makes appropriate referrals for inmate patients to custody staff regarding specific recommendations for classification and/or communication of inmate needs using the detail special request form, such as: lower tier, lower bunk, extra blanket, cane, etc. Staff may also notify the ACSO intake booking staff as needed.
23. Clinicians are notified of the need to review medications by telephone call from health care staff, referral to housing unit sick call, or referral to chronic care clinic.
24. Health care staff notifies the Medical Director and/or designee in the event of a unique drug situation, i.e., clinical trials or anti-rejection medications.
25. Dental care needs are identified and appropriate referrals are made based on acuity. Routine follow-up care and annual assessments may be scheduled in the electronic health record. Health care staff may contact the dentist and/or dental assistant to expedite a referral if the patient needs urgent care or an expedited appointment. Patients may also be referred to the acute community hospital as needs require.

REFERENCES

- NCCHC:** Standards for Health Services in Jails, 2008, J-E-02
NCCHC: Standards for Opioid Treatment Programs in Correctional Facilities, 2004, O-E-01
NCCHC: Standards for Mental Health Services in Correctional Facilities, 2008, MH-E-02
ACA: Standards for Adult Local Detention Facilities, 4th Edition, 4-ADLF-4C-22, -4C-27, -4C-29
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Site Name: Santa Rita Jail / Glenn Dyer Detention Facility	Date of Issue: 10/29/2012 Revision Dates: 2/2/13
Title: Receiving Screening	No: J-E-02.00

26. Disclosure of sexual assault at intake, either by victim or perpetrator:

- a. Health care staff is to refer patient to CJMH for mental health services.
- b. Health care is to notify custody staff of the event.
- c. CJMH is to offer the inmate patient a follow-up meeting with mental health staff within 14 days of the intake screening.

REFERENCES

NCCHC: Standards for Health Services in Jails, 2008, J-E-02
NCCHC: Standards for Opioid Treatment Programs in Correctional Facilities, 2004, O-E-01
NCCHC: Standards for Mental Health Services in Correctional Facilities, 2008, MH-E-02
ACA: Standards for Adult Local Detention Facilities, 4th Edition, 4-ADLF-4C-22, -4C-27, -4C-29
ACA: 2012 Standards Supplement – 4-ALDF-2A-21

EXHIBIT C



Policy and Procedure No.: 302

Effective Date: 10/88

Last Revision Date: 12/12

Next Scheduled Revision Date: 12/13

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.

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- 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 in the jail
 - a. For patients requiring a CPAP machine: the triage nurse should call C-pod to see if the JHS CPAP machine is in use. If it is not in use, the patient can be housed in C-pod. If the JHS CPAP machine is in use, and the patient has a BMI > 30 and O2 Sat <95%, send the patient to SFGH. If the patient does not meet the criteria to be sent to SFGH, call the on-call MD during waking hours for orders.
 15. Imminent danger to self or others.
 16. 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
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