

Addition to File No. 23-834 Agenda Item 4 Resolution Paragraph 3(a) and (b)

Exhibit 36: MCSO Policies - Part IV

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## Body Scanner Procedure

### 526.1 PURPOSE AND SCOPE

The purpose of this procedure is to provide correctional staff with a clear direction on preventing the introduction of contraband into the Milwaukee County Criminal Justice Facility.

The introduction of contraband, intoxicants, or weapons into the Milwaukee County Jail poses a serious risk to the safety and security of staff, inmates, volunteers, contractors, and the public.

Any item that is not available to all inmates may be used as currency by those who possess the item and will allow those in possession of the item to have control over other inmates. Any item that may be used to disengage a lock, other electronic security devices, or the physical plant itself seriously jeopardizes the safety and security of this facility. Carefully restricting the flow of contraband into the facility can only be achieved by thorough searches and scans of inmates and their environment.

#### 526.1.1 DEFINITIONS

Definitions related to this procedure include:

**Full-body X-ray scanner** - A low-dose X-ray screening system that detects different types of contraband, including illegal substances, drugs, and weapons.

### 526.2 POLICY

The policy of the Milwaukee County Jail is to ensure the safety of staff, inmates, and visitors by conducting effective and appropriate searches of inmates and areas within the facility in accordance with applicable laws (Wis. Admin. Code DOC 350.18).

### 526.3 GUIDELINES

The Milwaukee County Sheriff's Office shall operate a low-dose scanner as required by the state of Wisconsin and in compliance with the Department of Health and Family Services, Radiation Protection Section recommendations and Wis. Admin. Code DHS 157.

- (a) The Milwaukee County Sheriff's Office shall meet all manufacturer recommendations for maintenance on the low-dose body scanner.
- (b) Only correctional officers who have been trained in the use of the device will be authorized to operate the low-dose body scanner.
- (c) No inmates will be left unattended with the body scanner.
- (d) Pregnant correctional officers are not authorized to operate or be in the room when the low-dose body scanner is in use.
- (e) No inmates who are known to be pregnant will be subject to scanning.
- (f) No inmates under the age of 18 will be subject to scanning, including juveniles waived into the adult judicial system.
- (g) No members shall abuse or misuse the low-dose body scanner.

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- (h) The low-dose body scanner may be used to scan any inmate, at any time that a correctional officer believes to be necessary for the safety and security of the facility with the approval of a supervisor.

**526.4 REFUSALS TO BE SCANNED**

- (a) Inmates who are unable to be scanned because they are uncooperative and/or intoxicated will be isolated until they are able/willing to complete the scan.
- (b) An attempt will be made to scan the inmate once he/she is cooperative. If the attempt is unsuccessful, the on-duty supervisor shall determine the course of action.
- (c) An incident report will be completed for any inmate refusing to be scanned.

**526.5 PROCEDURES**

- (a) Inmates shall be searched per policy in the Search area.
- (b) The search officer will then escort the inmate over to the body scanner with the inmate's booking packet. The body scanner officer will then decide to either accept the inmate right away or to place him/her in the designated holding cell. The packet will then be placed in the folder on the scanner officer's desk.
  - 1. If there is an overflow of inmates waiting to be scanned, they will remain in the designated holding areas while the scanner officer efficiently analyzes scans.
- (c) The scanning officer will have the inmate stand outside the black dots marked on the floor and explain the rules and expectations to the inmate. If the inmate is female, the body scanner officer will ask if the inmate is pregnant. If the inmate answers yes, the scanner officer will confirm the pregnancy status with medical staff. The scanner officer will also give the inmate an opportunity to turn over any contraband. If the inmate decides to inform the scanner officer of contraband on his/her person, a supervisor shall be notified.
- (d) The scanner officer will escort the inmate into the scanner room and close the door. Examples of how the inmate should stand and simplified instructions are posted on the wall in the body scanner room.
  - 1. The inmate shall be placed in a holding cell until compliance is gained, and the supervisor shall be notified if the inmate refuses to be processed. The inmate will remain in the cell until he/she cooperates. Visual observations will be logged every 15 minutes. If after a reasonable amount of time and compliance is not gained, the inmate shall be escorted to segregation. The scanner officer shall submit a rules violation report to his/her supervisor.
- (e) Scan inmate
  - 1. Verbal directions for platform positioning
    - (a) Direct the inmate to step onto the platform and place his/her feet on the footprints.
    - (b) Direct the inmate to place his/her hands down by his/her side.

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- (c) Direct the inmate to look down at the dot.
- (d) Direct the inmate to hold still and breathe normal.
- 2. When the red light flashes the platform will move right to left. Direct the inmate to hold still and breathe normal.
- 3. Once the platform has stopped, direct the inmate to relax and await further instruction.
- (f) Scanner officer analyzes the image
  - 1. If the image is negative for abnormality, the inmate will then be escorted to an open waiting bench. The scanner officer shall sign the ADR sheet and place the booking packet in the Photo ID basket.
  - 2. If the image is positive for abnormality, the inmate will remain secured in the scanner room. A supervisor shall be notified and should respond in a timely manner. The scanner officer shall explain his/her findings in the image and the supervisor shall decide the next steps. The scanner officer shall note the abnormality on the body scanner log and complete an incident report unless otherwise directed by a supervisor.

If an inmate becomes disruptive, resistive, or uncooperative while on the scanner, the scanner officer shall utilize the emergency stop button and inform the inmate of the rules again. If the inmate continues to be disruptive, a supervisor shall be notified.

**526.6 GENERAL CONSIDERATIONS**

The scanner room door shall be closed, but not locked before a scan is started. This room is not designated as a cell.

If an abnormality is detected, the inmate shall be placed in a RIPP restraint until a supervisor is notified. The supervisor shall determine the appropriate course of action, which may include a strip search or transportation to a hospital.

Other jurisdictions should remain present for the scan if possible. If an abnormality is detected any recovered contraband shall be turned over to the other jurisdiction and/or the inmate maybe refused into the facility if the contraband can't be recovered.

Inmates can be scanned with aids such as crutches or walkers. The scanner officer should check the aids as part of the inmate when viewing the scan.

Toilets shall remain functional in scanner room holding cells.

**526.7 TRAINING**

Only certified staff members shall train new scanner officers.

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## Classification Procedure

### 535.1 PURPOSE AND SCOPE

The purpose of this procedure is to provide guidance in the classification of inmates in the Milwaukee County Jail to assure public and institutional safety. Classification will also ensure safe, humane treatment of inmates by identifying their custody-need levels and by designating housing consistent with their needs and expected behavior.

#### 535.1.1 DEFINITIONS

Definitions related to this procedure include:

**Active Out (AO)** - An inmate that is currently assigned to another facility, is temporarily out of the building at the hospital, a medical appointment, or for a police lineup.

**Administrative segregation** - A custody status based on the risk the inmate presents to other inmates and staff.

**General population restricted (GPR)** – A custody status ordered by the courts to have their telephone, mail, and/or visitation privileges rescinded.

**Protective custody (PC)** - A custody status in which an inmate is isolated from other inmates for fear that they will be harmed.

### 535.2 INMATE COUNT PROCEDURES

Formal counts shall include all inmates in custody, including those who are off-site and AO.

During formal counts:

- Inmates that are AO will be verified by telephone daily.
  - A correctional officer will call the facility holding the inmate and confirm that the facility still has physical custody of the inmate.
- Inmates in housing units will leave recreation areas and will return to their cells for both formal and informal counts.
- Inmates who are out of the Milwaukee County Jail for court, medical, or other categories will be identified in the jail management system and added to the count.
- Intake procedures and inmate movement in the booking room and pre book areas will stop during formal count.
- Assisting officers will provide security for the area, while the booking security officer accounts for every inmate.
- The booking security officer will physically count every inmate located in open waiting, holding cells, psych social workers office/nurse's office, and photo identification.
- The booking security officer will then notify Classification of the booking room count.

### 535.3 CLASSIFICATION PROCEDURES

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**535.3.1 CLASSIFICATION OFFICER**

Once an inmate has been medically cleared, the inmate's housing assignment shall be determined by:

- The inmate's charge
- His/her date of birth
- Any prior housing history
- His/her mental/medical health and behavioral status, and
- If he/she has Keep Separates.

It is the duty of the classification officer to document medical restrictions and/or special needs

At all times, the classification officer shall know the facility count, booking room count, empty beds available, and the amount of time the inmates have been in the booking room. No inmate will be in the booking room for longer than 24 hours without being assigned to a housing unit.

Any inmate that comes into custody with a battery to law enforcement officer charge shall be housed in 4D on administrative segregation status for a minimum of 72 hours. After 72 hours, the inmate shall be reclassified and appropriately housed.

Guidelines for housing:

- Inmates shall not be housed in the same cell as another inmate that has more than a 10-year age gap.
- Inmates that have lower tier lower bunk restrictions will be housed in a single cell or in a cell with a cellmate that can accommodate the restrictions.
- If the inmate is classified as a SMT status, that inmate will be housed appropriately based upon consultation with a mental health professional.

**535.3.2 RESTRICTIVE HOUSING UNIT DOCUMENTATION**

- Classification officers will receive a signed copy of all major disciplinary rule violations.
- Once the discipline hearing is completed, the inmate shall receive a copy of the hearing findings and the original copy should be returned to the Classification Office.
- Once the Classification Office receives the original copy, the results shall be entered into the jail management system for documentation before being placed in the inmate's file.

Classification officers will maintain all administrative segregation and protective custody inmate files. The initial documentation for the files should include the reason the inmate was placed on administrative segregation or protective custody. The maintenance of these files includes documenting the inmate's movement throughout the facility, and any discipline infractions to include loss of recreation. Classification officers will interview inmates that are on administrative

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segregation and protective custody weekly. The results from the interview will be documented in the inmate's file for review by a shift commander or above.

A classification officer will classify an inmate as soon as practicable after it has been determined the inmate will not be promptly released. Classification will determine appropriate housing based on the following, but not limited to:

- Charges
- Behavior
- Mental health and medical needs
- Keep separates
- Personal interviews and observations

#### **535.4 COMMUNITY REINTEGRATION CENTER SHIPMENT LIST**

The Community Reintegration Center accepts a shipment of inmates on a regular basis. The Community Reintegration Center creates a bus list of inmates that qualify to be housed at the Community Reintegration Center.

Shipment of inmates to the Community Reintegration Center may vary due to the population at the Milwaukee County Jail. This determination will be made by the Community Reintegration Center Captain and Jail Commanders.

#### **535.5 ADMINISTRATIVE SEGREGATION STATUS**

Classification officers conduct administrative segregation reviews once a week. Inmates who are currently serving discipline time, on suicide watch, or on observation are not eligible for an administrative segregation review. The classification officer shall forward all reviews to the Classification Captain who will make the final decision on removal.

#### **535.6 SPECIAL MANAGEMENT TEAM (SMT) STATUS**

This status is placed on inmates by the contracted health provider. Only the contracted health provider can remove these statuses on inmates.

#### **535.7 SUICIDE WATCH**

This status is placed on an inmate when he/she is unable to commit to safety. This status can be placed on an inmate by Mental Health, Medical, or a Jail Lieutenant or above. Once Classification is notified of this status change, Classification shall add a jail alert to the inmate's record in the jail management system. The inmate should be housed in the Mental Health Unit (MHU) or another appropriate location where he/she can be closely monitored. Only the contracted health provider can remove this status.



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**535.8 MENTAL HEALTH OBSERVATION**

This status is placed on an inmate by the contracted health provider. Classification shall add a jail alert to the inmate's record in the jail management system. Only the contracted health provider can remove this status. Once the inmate is cleared from observation, the psych social worker will advise Classification who will cancel the jail alert and the inmate will be housed accordingly.

**535.9 MEDICAL OBSERVATION**

Inmates are placed on medical observation by the contracted health provider. Classification shall add a jail alert to the inmate's record in the jail management system. Only the contracted health provider can remove this status.

**535.10 KEEP SEPARATES**

Keep separate is a classification action where the inmate is not to be housed in a specific location due to the conditions including but not limited to:

- Co-defendants
- Two or more offenders are a serious physical threat to one another
- One offender has testified against the other
- Family members
- PREA incidents
- Gang affiliation

Classification is responsible for identifying, verifying, and documenting Keep Separates within the Milwaukee County Jail.

**535.11 CLASSIFICATION OF INMATES FROM INTAKE HOUSING UNITS TO GENERAL POPULATION HOUSING UNITS**

Classification uses the Northpoint Center for Criminal Justice classification tree to make a primary initial assessment of an individual inmate. The classification officers may then conduct interviews. The purpose of the interview is to determine gang affiliation, reduce inmate-on-inmate violence, and reveal if the inmate was convicted of prior felonies or had prior escape attempts. All of this information will determine the level the inmate is classified which will determine where the inmate is housed. Typically, inmates classified at levels 1, 2, and 3 are housed on the fifth and sixth floor.

**535.12 90-DAY ROTATIONS/RECLASSIFICATION**

Classification officers will revisit each inmate's initial classification at least every 90 days. Determining factors that will make an inmate's level increase or decrease are the inmate's institutional behavior, an escape attempt, new, dropped or amended charges, and the status of his/her case (e.g., sentenced, pretrial).

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**535.13 FILES**

All inmates that have been interviewed, placed on administrative segregation, GPR, or protective custody will have a file made. In that file will be the inmate's booking sheet, criminal history, interview sheet, summary page for documenting movement, and any other pertinent paperwork, such as administrative segregation/PC paperwork or major rules violations.

## Continuation of Care

### 720.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain a proactive health system in the facility that fosters the continuation of health care needs that, if discontinued, would have a negative effect on the health of the inmate. The sole objective is to maintain or improve the health of the inmates. This policy is intended to ensure that inmates receive health services in keeping with current community standards as ordered by qualified health care professionals.

### 720.2 POLICY

It is the policy of this agency that all inmates shall have access to the continuation of care for a health issue, provided the treatment plan meets community standards. The inmate's health care needs will be assessed by qualified health care professionals and continued as determined or referred after release.

### 720.3 CONTINUITY OF CARE

The Jail Commander is responsible for coordinating with the Responsible Physician to ensure that all inmates receive appropriate health care, including, but not limited to:

- (a) Newly booked inmates shall have a medical screening as part of the booking and classification process. This screening includes documentation of acute or chronic health issues or conditions, existing injuries and medications or treatments the inmate is currently receiving.
  - 1. Any prior jail health records, including those from other facilities, should be reviewed.
  - 2. Current medications will be verified and continued as deemed appropriate by the Responsible Physician or the authorized designee.
- (b) A health appraisal is completed on or before the 14th day of continuous incarceration.
- (c) Individual treatment plans that are used to guide treatment. The format for planning may vary but should include, at a minimum:
  - 1. The frequency of follow-up for medical evaluation and adjustment of treatment modality.
  - 2. The type and frequency of diagnostic testing and therapeutic regimens.
  - 3. When appropriate, instructions about diet, exercise, medication and adaptation to the correctional environment.
  - 4. Custody staff is informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the inmate.
- (d) Reasonable effort should be made to obtain information and records relating to previous health care professionals with the consent of the inmate, if the inmate is currently under medical care.

***Continuation of Care***

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- (e) Upon transfer to another facility, a medical discharge summary of the inmate's current condition, medications and treatment plan will be forwarded in a sealed envelope (to maintain confidentiality) to the receiving facility.
- (f) Response to requests for health information from medical facilities and health care professionals, with the inmate's written consent.
- (g) When inmates are sent out of the facility for emergency or specialty medical treatment, written information regarding the inmate's reason for transfer, pertinent medical problems and list of current medications should be sent with the inmate and may be given to those providing care upon request. The name and phone number of a contact person who the medical facility can call should be included with the patient health information. Upon the inmate's return to the facility, treatment recommendations should be reviewed by the Responsible Physician or the authorized designee and appropriate plans should be made for continuing care in the facility based on the treating facility's diagnosis, recommended medications and other treatment.
- (h) Upon release from the facility, inmates should be given written instructions for the continuation of care including, but not limited to:
  1. The name and contact information of health care facilities for follow-up appointments.
  2. Prescriptions and/or an adequate supply of medication for those with chronic medical or psychiatric conditions.

## Detoxification and Withdrawal

### 716.1 PURPOSE AND SCOPE

Significant percentages of inmates have a history of alcohol and/or drug abuse. Newly incarcerated individuals may enter the facility while under the influence of a substance or they may develop symptoms of alcohol or drug withdrawal. This policy is intended to ensure that the staff is able to recognize the symptoms of intoxication and withdrawal from alcohol or drugs, and that those inmates who are intoxicated or experiencing withdrawal are provided appropriate medical treatment.

This policy also identifies protocols to be used by qualified health care professionals. These protocols are appropriate for inmates who are under the influence of alcohol or drugs or who are experiencing withdrawal from any type of substance abuse.

#### 716.1.1 DEFINITIONS

Definitions related to this policy include:

**Alcohol withdrawal** - A medical condition characterized by physiological changes that occur when alcohol intake is discontinued in an individual who is addicted to alcohol.

**Detoxification** - The process by which an individual is gradually withdrawn from drugs by the administration of decreasing doses of the drug on which the person is physiologically dependent, or a drug that is cross-tolerant to the dependent drug, or a drug that medical research has demonstrated to be effective in detoxifying the individual from the dependent drug.

### 716.2 POLICY

Withdrawal from alcohol or drugs can be a life-threatening medical condition requiring professional medical intervention. It is the policy of this agency to provide proper medical care to inmates who suffer from drug or alcohol overdose or withdrawal.

To lessen the risk of a life-threatening medical emergency and to promote the safety and security of all persons in the facility, staff shall respond promptly to medical symptoms presented by inmates.

The Responsible Health Authority shall develop written medical protocols on detoxification symptoms necessitating immediate transfer of the inmate to a hospital or other medical facility, and procedures to follow if care within the facility should be undertaken (Wis. Admin. Code DOC § 350.15(16)).

### 716.3 STAFF RESPONSIBILITY

Staff should remain alert to signs of drug and alcohol overdose and withdrawal. These symptoms include, but are not limited to, sweating, nausea, abdominal cramps, anxiety, agitation, tremors, hallucinations, rapid breathing and generalized aches and pains. Any staff member who suspects that an inmate may be suffering from overdose or experiencing withdrawal symptoms shall promptly notify a qualified health care professional.

*Detoxification and Withdrawal*

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**716.4 MEDICAL STAFF RESPONSIBILITY**

The qualified health care professional will evaluate the inmate using approved protocols in order to determine the most appropriate care plan, which will be based on the patient's history, current physical status and treatment needs. Any patient who cannot be safely treated in the facility will be referred to an appropriate treatment facility off-site.

**716.5 PROCEDURE**

Inmates who are observed experiencing symptoms of severe intoxication, overdose or withdrawal will be promptly seen by an on-site qualified health care professional or referred to an off-site emergency facility for treatment. Detoxification shall be conducted under medical supervision at the facility or in a hospital or community detoxification center under appropriate security conditions.

If the qualified health care professional determines that an inmate is at risk for progression to a more severe level of withdrawal, the inmate will be appropriately housed in an area where he/she can be kept under constant observation by qualified health care professionals.

**716.6 WITHDRAWAL AND DETOXIFICATION PROTOCOLS**

Protocols for the care and treatment of individuals who are intoxicated or experiencing drug and/or alcohol withdrawal should be developed by the Responsible Health Authority and made available to the qualified health care professionals. These protocols should be reviewed annually.

Qualified health care professionals shall utilize detoxification protocols in accordance with applicable laws and regulations.

Overall supervision shall be provided by the Responsible Health Authority. Qualified health care professionals shall evaluate and provide care to patients utilizing written procedures and/or physician orders.

## Emergency Health Care

### 704.1 PURPOSE AND SCOPE

The purpose of this policy is to establish plans and procedures for responding to medical emergencies in the facility when the level of medical or mental health services exceeds the licensure or certification of staff who are on-duty and to define staff training requirements.

### 704.2 POLICY

It is the policy of this agency that emergency medical, mental health and dental services are available 24 hours a day. These services may include off-site health care services.

### 704.3 PLANS

The Jail Commander or the authorized designee shall work cooperatively with the Responsible Health Authority to develop plans and procedures for responding to emergency medical incidents that occur when the level of acuity exceeds what can be provided on-site. The plans should include, but not be limited to:

- Emergency first aid
- Basic life support
- On-call qualified health care professionals
- Identification of primary, secondary, and tertiary acute care facilities

#### 704.3.1 PROCEDURES

The following procedures and measures will be followed:

- (a) Health-trained custody staff shall respond to all emergencies immediately upon notification.
- (b) Contact information for emergency on-call health care services, both on- and off-site, is available and accessible for facility supervisors (Wis. Admin. Code DOC § 350.15(3)).
- (c) Qualified health care professionals shall respond by reporting to the area of the emergency with the necessary emergency equipment and supplies.
- (d) Emergency equipment and supplies are regularly maintained and accessible to the qualified health care professionals.
- (e) The qualified health care professionals will determine if the inmate needs to be transported to a local emergency room for treatment.
- (f) When necessary, facility staff shall activate 9-1-1 and notify a supervisor as soon as reasonably practicable.
- (g) The Jail Commander and the Responsible Health Authority will coordinate on notification of the inmate's next of kin in cases of serious illness and injury as soon as possible (Wis. Admin. Code DOC § 350.14(5); Wis. Admin. Code DOC § 349.09).

**Milwaukee County Sheriff's Office**  
Custody Manual

***Emergency Health Care***

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Death notifications will be made in accordance with the **Reporting In-Custody Deaths Policy**.

The goal of any emergency medical response plan is to provide emergency medical care to those in need as expeditiously as possible. While facility size and patient proximity to the health care service will vary, staff training will emphasize responding to medical emergencies as soon as reasonably possible.

**704.4 EMERGENCY PLANNING**

The Health Services Administrator or the authorized designee is responsible for ensuring the following information, equipment, and personnel are available in the event an inmate requires emergency treatment:

- (a) A current list of names, addresses, and telephone numbers of all persons and agencies to be notified in an emergency. The list should be available to all health care and custody staff at all times, and should be updated quarterly.
- (b) Emergency drugs, equipment, and supplies should be readily available at all times and replenished after each use. An inventory control system should be in use to ensure the necessary supplies are present when needed and have not expired.
- (c) A medical and mental health care professional should be available on-call 24 hours a day, seven days a week (this can include off-site health care services) and there should be a back-up health care services plan.
- (d) All decisions regarding medical treatment and the need for emergency transportation are to be made by the qualified health care professionals.

**704.5 MEDICAL KITS**

The Responsible Health Authority or the authorized designee is responsible for the monthly inspections of all medical kits in the facility. The Responsible Health Authority shall also ensure that:

- (a) The contents of each medical kit are:
  - 1. Appropriate for its location.
  - 2. Arranged for quick use.
  - 3. Documented on the outside cover.
  - 4. Inventoried every month if the tamper-proof seal is broken or removed.
  - 5. Secured with a plastic tamper-proof seal.
    - (a) Once the seal has been broken, the kit should be taken to the medical unit so the contents can be inventoried and restocked.
- (b) Inspections and testing of supplies and equipment are documented and maintained in accordance with established records retention schedules.



*Emergency Health Care*

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**704.6 TRAINING**

The Jail Commander or the authorized designee shall ensure that all facility staff members who have contact with inmates receive first-aid and basic life support training. Training should include, but not be limited to:

- (a) The location of all emergency medical equipment and medications.
- (b) The proper use of the equipment, such as an Automated External Defibrillator (AED).
- (c) How to properly summon internal and external emergency services.
- (d) Basic symptom identification and responses.
- (e) Administration of basic first aid.
- (f) CPR certification.
- (g) Recognition of indicators of potential mental illness, violent predisposition, and chemical dependence or withdrawal.
- (h) Inmate medical transport procedures.
- (i) Suicide recognition, prevention, and intervention techniques.

All records of the training provided, testing procedures and the results, and certificates achieved shall be maintained in each correctional officer's training file in accordance with established records retention schedules. The Responsible Health Authority should be bound by similar requirements in the contractual language between the Agency and the vendor.

**704.7 AUTOMATED EXTERNAL DEFIBRILLATORS**

The Jail Commander or the authorized designee is responsible for ensuring that AEDs are available in the facility and that all staff members are trained in its use. The AEDs shall be inspected and tested at a frequency consistent with the manufacturer's recommendations to ensure functionality.

**704.8 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION**

To provide a program for the safe and proper administration of naloxone or other opioid antagonist to individuals who are undergoing or believed to be undergoing an opioid-related overdose, the Jail Commander or the authorized designee will enter into a written agreement with the Responsible Physician for the purpose of (Wis. Stat. § 256.40):

- (a) Obtaining a supply of naloxone or other opioid antagonist.
- (b) Providing the necessary training to administer naloxone or other opioid antagonist.
- (c) Developing procedures necessary to administer naloxone or other opioid antagonist.

## Health Appraisals

### 708.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the process for conducting health appraisals on all inmates following their arrival at this facility and for the continuity of care for inmates who remain in custody for extended periods. Further, it is to ensure the inmate's health care needs are met and that health care started at one facility continues as needed.

### 708.2 POLICY

Following the initial medical screening provided in the Medical Screening Policy, inmates should receive an initial health appraisal before housing placement and a comprehensive health appraisal within 14 days of incarceration. In addition, inmates should have an annual evaluation to reassess their health status.

### 708.3 APPRAISAL

Inmates shall be scheduled for a comprehensive health appraisal by a qualified health care professional within 14 days of arrival at the jail. The appraisal may be waived for inmates who have received a documented health appraisal within the previous 90 days (Wis. Admin. Code DOC § 350.13(5)). The evaluation shall include:

- (a) Review of the medical screening, pursuant to the Medical Screening Policy.
- (b) Review and documentation of vital signs (blood pressure, pulse, respiration rate and temperature.).
- (c) Height and weight
- (d) A medical examination, including a review of mental and dental status.
- (e) Administration of a skin test for tuberculosis (TB) and the results.
- (f) Initiation or scheduling of treatment or therapy.
- (g) Recommendation regarding housing, job assignment and/or program participation as appropriate.
- (h) Additional examination and/or tests as appropriate.
- (i) Completion of medical, dental and psychiatric histories.

#### 708.3.1 PRISON RAPE ELIMINATION ACT (PREA) SCREENING FOLLOW-UP

Inmates who have an identified history of sexual victimization shall be offered a follow-up meeting with a qualified health care or mental health provider within 14 days of intake screening (28 CFR 115.81).

*Health Appraisals*

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**708.4 ANNUAL HEALTH EXAMINATIONS**

The Responsible Health Authority shall develop criteria for recurrent health examinations. Inmates should be scheduled for annual health examinations within 14 days of an annual incarceration anniversary. The examination should include:

- Review and documentation of current vital signs and weight
- An evaluation of any health-related issues arising since the last health evaluation.
- Initiation or scheduling of treatment or therapy, as appropriate.
- Any updates to the inmate treatment plan.

## Health Authority

### 707.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the responsibility of the health authority as arranging for all levels of health services, assuring the quality of all health services, identifying lines of medical authority for the inmate health program and assuring that inmates have access to all health services.

The policy also establishes monitored processes, policies, procedures and instruments to ensure that the contracted scope of services is adequately and efficiently delivered.

### 707.2 POLICY

The health authority is responsible and accountable for all levels of health care, and has the final authority regarding clinical issues within this jail. The health authority is responsible for establishing, implementing and annually reviewing/revising policies for all clinical aspects of the health care program and for monitoring the appropriateness, timeliness and responsiveness of care and treatment. The health authority also approves all medical decisions and protocols.

### 707.3 SELECTION PROCESS

The Sheriff or the authorized designee, in conjunction with the Community Reintegration Center and according to the applicable contract, shall select a health authority using an existing County procurement or selection process. The individual or organization selected shall be designated as the health authority for inmate health care on behalf of the facility.

Aside from any monetary or term considerations, the contract between the Agency and the selected individual or organization shall minimally include (Wis. Admin. Code DOC § 350.15(13)):

- (a) The scope of services being contracted and the type of health care service needed.
- (b) Job descriptions, minimum qualifications and performance expectations for contract personnel.
- (c) Language requiring the contractor to develop appropriate measures and review processes for assessing the quality, effectiveness and timeliness of the services provided and periodically reporting those findings to the facility.
- (d) Identification of a Responsible Health Authority who shall serve as the medical authority on treatment matters requiring medical expertise and judgment.
- (e) Language regarding the minimum frequency that the health authority shall be present at the facility.
- (f) The roles and responsibilities of staff in ensuring that the contractor may adequately deliver services in a safe and secure environment.
- (g) A written plan for coordinating medical care from multiple health care services.
- (h) A written plan for the collection and maintenance of inmate health records that is compliant with the Health Insurance Portability and Accountability Act (HIPAA).

*Health Authority*

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- (i) Identification of a dispute resolution process for the contracted parties and for inmates who may be questioning treatment plans.
- (j) Language and a plan addressing issues of liability and indemnification for issues related to inmate health care.

The health authority shall manage the ongoing operations of health services including the utilization of resources and ensuring that final clinical judgments are made by the Responsible Health Authority.

The health authority or the authorized designee will meet at least monthly with custody representatives to discuss the health care program and any issues that require correction or adjustment.

Security regulations are applicable to facility staff and health care personnel.

**707.4 PROVISION OF HEALTH CARE**

The health authority is responsible for ensuring that health care services for inmates are available. The qualified health care professionals should determine what medical services are needed on a case-by-case basis. The Jail Commander shall provide the administrative support for making the health care services available to inmates. Clinical decisions are the sole province of the qualified health care professionals and should not be countermanded by non-health care professionals.

If routine health services are provided by medical personnel outside this facility, all agency policies regarding treatment, transfer, transportation or referral of emergencies shall be followed.

The health authority is responsible for ensuring that the health services manual complies with all applicable state and federal law and that a review is conducted annually. Continual monitoring of the quality and adequacy of health care services shall be done, with corrective action taken when deficiencies are identified.

## Health Care for Pregnant Inmates

### 705.1 PURPOSE AND SCOPE

The purpose of this policy is to establish prenatal and postpartum health care services for inmates who are pregnant. Services may include assistance recovering from the effects of potentially unhealthy lifestyles, which could include tobacco use, alcohol and drug abuse or addiction, and a lack of previous adequate medical care. Because of unhealthy lifestyle choices prior to incarceration, many inmate pregnancies are classified as high risk. This policy is intended to protect the health of the pregnant inmate and her fetus.

### 705.2 POLICY

It is the policy of this agency that a qualified health care professional should provide comprehensive prenatal and postpartum care for all pregnant inmates during their incarceration, which includes, but is not limited to, the following (Wis. Admin. Code DOC § 350.15(12)):

- Pregnancy testing
- Prenatal care
- Drug/alcohol intervention
- Counseling
- Pregnancy and lactation nutrition needs
- Birthing in an appropriate setting
- Postpartum care
- Family planning education and services
- Access to privately funded pregnancy alternative options

A qualified health care professional shall provide counseling and information to pregnant inmates regarding planning for their unborn child.

### 705.3 BOOKING - PREGNANCY SCREENING

When booking a female inmate, the following steps shall be taken:

- (a) All females shall be given a pregnancy test upon intake. The results shall be documented in the medical record.
  1. If a test is refused, the inmate shall be requested to submit to the test on a daily basis.
- (b) Pregnant inmates who are under the influence of or withdrawing from alcohol or other substances should be referred to a medical profession.
- (c) The Responsible Health Authority, in collaboration with facility staff, shall ensure the appropriate clinic visits are scheduled.
- (d) A medical record should be opened with a notation indicating pregnancy.

***Health Care for Pregnant Inmates***

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- (e) The inmate should be interviewed by a qualified health care professional which should be documented in the medical record.
- (f) Each pregnant inmate should have:
  - 1. A completed medical recommendation form for a low bunk assignment, in a lower tier, with no waist chains, as appropriate.
  - 2. A completed special diet form ordering a pregnant diet.
  - 3. Prenatal vitamins prescribed for the duration of the pregnancy.

**705.4 HOUSING**

Inmates who are known to be pregnant may be housed in any unit appropriate for their classification, with the following exceptions:

- (a) Housing in the medical unit shall be by order the Responsible Health Authority.

**705.5 COUNSELING AND TREATMENT**

The Agency will provide all necessary counseling and treatment to pregnant inmates to ensure they are receiving the proper care (Wis. Admin. Code DOC § 350.15(12)). To accomplish this, the following shall occur:

- (a) The directions of the qualified health care professional shall be followed throughout the pregnancy and postnatal period. No non-medical staff has the unilateral authority to change or overrule an order or care recommendation made by the Responsible Health Authority. The Jail Commander and Responsible Health Authority shall develop a process by which perceived conflicts between medical orders/recommendations and safety and security interests of the Jail can be discussed and resolved. Ultimately, the Jail must provide adequate treatment for an inmate's medical needs.
- (b) The Responsible Health Authority shall be consulted immediately if a patient has medical concerns.
- (c) Any pregnant inmate with medical problems shall be seen by a qualified health care professional. If the qualified health care professional assesses the problem as urgent and a physician is not available on-site, the inmate shall be sent to the hospital for evaluation.
- (d) The inmate shall be advised to notify qualified health care professionals immediately of the following:
  - 1. Vaginal bleeding
  - 2. Acute, persistent abdominal or pelvic pain and/or severe cramping
  - 3. Leaking fluid
  - 4. Decreased or no fetal movement
  - 5. Headache or blurred vision
  - 6. Rapid weight gain with swelling (edema)
  - 7. Abnormal vaginal discharge

Health Care for Pregnant Inmates

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8. Symptoms of a urinary tract infection (UTI)
  9. Fever
- (e) Postpartum examinations and additional appointments shall be scheduled by the obstetric clinic as needed.

**705.6 RESTRAINTS**

Inmates who are known to be pregnant, who are in labor, or are recovering shall not be placed in restraints except as provided in the Use of Restraints Policy.

**705.7 ABORTIONS**

Inmates who wish to terminate their pregnancy shall be referred to outside counseling services for further information regarding available options. The Agency shall not impede the woman's access to abortion counseling or services and shall provide necessary transportation and supervision to such services. Any financial obligations will be the responsibility of the inmate.

**705.7.1 STAFF INVOLVEMENT**

Staff members who do not want to be involved in facilitating an inmate's elective abortion (including arranging, transporting, security) should not be required to perform such duties.



## Inmate Booking

### 502.1 PURPOSE AND SCOPE

The Milwaukee County Sheriff's Office has a legal and methodical process for the reception of arrestees into this facility. This policy establishes guidelines for security needs, the classification process, identification of medical/mental health issues and the seizure and storage of personal property.

### 502.2 POLICY

This agency shall use the following standardized policies when receiving arrestees to be booked into this facility. This is to ensure security within the facility and that arrestees are properly booked and afforded their applicable rights.

### 502.3 PRE-BOOKING SCREENING

All arrestees shall be screened prior to booking to ensure the arrestee is medically acceptable for admission and that all arrest or commitment paperwork is present to qualify the arrestee for booking. Required paperwork may include the following:

- (a) Arrest and detention report (ADR)
- (b) Probable Cause Determination form
- (c) Warrants or court orders
- (d) Teletype warrant entry and confirmation or detainer
- (e) Victim notification information
- (f) Initial medical screening and accommodation requests related to disabilities (see the Inmates with Disabilities Policy)
- (g) Information regarding suicidal statements or actions (Wis. Admin. Code DOC § 350.17(1))

Any discrepancies or missing paperwork should be resolved before accepting the arrestee for booking from the arresting or transporting officer.

#### 502.3.1 IMMIGRATION DETAINERS

No individual should be held based solely on a federal immigration detainer under 8 CFR 287.7.

#### 502.3.2 JUVENILE WAIVED TO ADULT COURT

If a juvenile court decides to waive a juvenile to adult court, the juvenile shall be booked into the Milwaukee County Jail following these guidelines:

- If a juvenile is 17 years of age or older, and is not presently subject to a juvenile court order, the juvenile shall be transported to the Milwaukee County Jail for booking and remain there.

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### ***Inmate Booking***

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- If the juvenile is under 17 years of age, or is subject to a juvenile court order, the juvenile shall remain in Secure Detention and be booked into the Milwaukee County Jail via mobile booking.

#### **502.4 SEARCHES**

All arrestees and their property shall be searched for contraband by a correctional officer before booking. All contraband items will be handled according to facility policy. Items of possible evidentiary value may be turned over to the arresting or transporting officer for processing or processed according to the facility's rules for handling evidence. Approved personal property and clothing will be accepted. Items not approved will be returned to the arresting or transporting officer prior to the arrestee being accepted for booking.

Body scans and strip searches shall be conducted in accordance with the Searches Policy.

An inventory of all personal property including clothing, jewelry, and money should be conducted. The inmate's signature should be obtained on the property receipt.

#### **502.5 INMATE PROPERTY CONTROL**

All property received from inmates at the time of booking shall be inventoried. A receipt should be signed by the inmate and the search correctional officer and referenced to the booking number before the admission is completed. The original copy of the property receipt will be retained and attached to the inmate's property bag. A copy will be presented to the inmate at the time of booking.

##### **502.5.1 VERIFICATION OF INMATE'S MONEY**

All monies belonging to the inmate shall be deposited into a kiosk. The kiosk will provide a receipt for the transaction and a copy will be provided to the inmate.

Negotiable checks or other instruments and foreign currency should be sealed in an envelope with the amount indicated but not added to the cash total. Jewelry and other small property should also be sealed in an envelope or plastic bag.

##### **502.5.2 PROPERTY STORAGE**

All inmate property should be stored in a secure storage area. Only authorized personnel may access the storage area and only for the purpose of depositing or retrieving property, or to conduct duly authorized work, including maintenance and other duties as directed by the Jail Commander or the authorized designee.

#### **502.6 ADMISSION PROCESS**

A unique booking number shall be obtained specific to the current admission. Photographs and fingerprints should be taken unless the arrestee's identity has already been verified.

The admission process should include an attempt to gather a comprehensive record of each arrestee, including the following (Wis. Admin. Code DOC § 350.10(1)):

- Identifying information (including name and any known aliases or monikers)
- Current or last known address and telephone number

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- Date and time of arrest
- Date and time of admission
- Name, rank, agency and signature of the arresting officer and transporting officer, if different
- Legal authority for confinement, including specific charges, arrest warrant information and court of jurisdiction
- Sex
- Age
- Date of birth
- Race
- Height and weight
- Occupation and current or most recent employment
- Preferred emergency contact including name, address, telephone number and relationship to the inmate
- Driver license number and state where issued, state identification number or passport number
- Social Security number
- Photographs, fingerprints and notation of any marks or physical characteristics unique to the inmate, such as scars, birthmarks, deformities or tattoos

An arrestee who claims to have been arrested due to a mistake of the arrestee's true identity or an arrestee who claims that identity theft led to the issuance of a warrant in the arrestee's name, staff shall make reasonable efforts to investigate the arrestee's claim of identity fraud or mistake. Staff shall notify a supervisor when an arrestee makes a claim of mistaken identity or identity fraud.

#### **502.6.1 LEGAL BASIS FOR DETENTION**

Arrestees admitted to the facility shall be notified of the official charge for their detention or legal basis of confinement in a language they understand.

#### **502.7 TRANSITION FROM BOOKING TO GENERAL POPULATION**

Inmates should be housed in accordance with the Inmates Classification Policy.

##### **502.7.1 MONITORING FOR SIGNS OF INTOXICATION AND WITHDRAWAL**

Withdrawal from alcohol or drugs can become a life-threatening condition requiring professional medical intervention. It is the policy of this agency to provide proper medical care to inmates who suffer from drug or alcohol overdose or withdrawal.

Staff shall respond promptly to medical symptoms presented by inmates to lessen the risk of a life-threatening medical emergency and to promote the safety and security of all persons in the facility.

## ***Inmate Booking***

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Custody staff should remain alert to signs of drug and alcohol overdose and withdrawal, which include, but are not limited to, sweating, nausea, abdominal cramps, anxiety, agitation, tremors, hallucinations, rapid breathing and generalized aches and pains. Any staff member who suspects that an inmate may be suffering from overdose or experiencing withdrawal symptoms shall promptly notify the appropriate medical staff.

### **502.8 INMATE TELEPHONE CALLS**

Inmates should have access to telephone calls upon being booked. The calls may be of a duration that reasonably allows the inmate to make necessary arrangements for matters that he/she may be unable to complete as a result of being arrested. The calls are not intended to be lengthy conversations and the custody staff may use their judgment in determining the reasonable duration of the calls.

There is no obligation for the custody staff to make a telephone call on an inmate's behalf.

#### **502.8.1 TELEPHONE CALL PROCEDURES**

The Agency will provide at least one local call. Additional calls will be paid by the inmate, using calling cards or by calling collect.

Calls between the inmate and his/her attorney shall be deemed confidential and shall not be monitored or eavesdropped upon.

#### **502.8.2 ONGOING TELEPHONE ACCESS**

Ongoing telephone access for inmates who are housed at this facility will be in accordance with the Inmate Telephone Access Policy.

### **502.9 SHOWERING AND CLOTHING EXCHANGE**

Inmates should be allowed to shower before being dressed in clean jail clothing. Showering should occur before an inmate is transferred from the booking area to general population housing (see the Inmate Hygiene Policy).

## Inmate Classification

### 507.1 PURPOSE AND SCOPE

This policy describes the Milwaukee County Sheriff's Office's classification process, which is designed to identify security and health issues so that inmates may be held in such a way as to foster a safe and secure facility.

#### 507.1.1 DEFINITIONS

Definitions related to this policy include:

**Civil detainee** - Any person held in custody for a reason other than for criminal matters.

### 507.2 POLICY

All arrestees and detainees entering this facility will be processed to determine whether they will be housed in the facility, cited and released, released on their own recognizance (PRB) or bail, or released back to the community as ordered by the court.

It is the policy of this agency to properly classify inmates according to security and health risks so that appropriate supervision, temporary holding, and housing assignments may be made.

### 507.3 CLASSIFICATION PLAN

The Jail Commander or the authorized designee should create and maintain a classification plan to guide staff in the processing of individuals brought into the facility. The plan should include an initial screening process, as well as a process for determining appropriate housing assignments (28 CFR 115.42). The plan should include use of an objective screening instrument, procedures for making decisions about classification and housing assignments, intake and housing forms and a process to ensure that all classification and housing records are maintained in each inmate's permanent file (Wis. Admin. Code DOC § 350.21). The plan should include an evaluation of the following criteria (Wis. Stat. § 302.36):

- Age
- Sex
- Current charges
- Behavior during arrest and intake process
- Criminal and incarceration history
- Potential risk of safety to others or self
- Special management inmate status
- Special needs assessment for vulnerable inmates
- Behavioral or physical limitations or disabilities
- Medical and mental health condition

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#### *Inmate Classification*

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- Suicidal ideation
- Escape history and degree of escape risk
- Prior assaultive or violent behavior
- The need to be separated from other classifications of inmates (e.g., juvenile offenders gang affiliation, confidential informant, former law enforcement, sexual orientation)
- Prior convictions for sex offenses against an adult or child
- Whether the inmate is or is perceived to be transgender, intersex or gender non-conforming (see [Prison Rape Elimination Act Policy](#) for transgender and intersex definitions)
- Previous sexual victimization
- The inmate's own perception of his/her vulnerability
- Whether the inmate is a foreign national and if so from what country (see [Foreign Nationals and Diplomats Policy](#))
- Prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to the Agency (28 CFR 115.41)
- Any other criteria as deemed appropriate by the Sheriff or the authorized designee

The plan should include a methodology for evaluating the classification process and a periodic review for the purpose of continuous quality improvement.

Information obtained in response to screening questions shall be considered confidential and shall only be made available to those who have a legitimate need to know (28 CFR 115.41).

#### **507.3.1 INMATE RESPONSE TO SCREENING**

Inmates may not be compelled by threat of discipline to provide information or answers regarding (28 CFR 115.41):

- (a) Whether the inmate has a mental, physical or developmental disability.
- (b) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming.
- (c) Whether the inmate has previously experienced sexual victimization.
- (d) The inmate's own perception of vulnerability.

#### **507.4 INITIAL CLASSIFICATION**

The initial classification process should occur early in the intake process to allow for appropriate supervision while an inmate is being temporarily held in this facility and until a decision is made to place the individual into a more permanent housing assignment.

The initial classification process will be to place inmates into an intake unit based upon primary classification criteria (Wis. Admin. Code DOC § 350.21(1)).

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*Inmate Classification*

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### **507.5 CLASSIFICATION UPON HOUSING**

Once it has been determined that the person arrested will not be released from custody on bail or personal recognizance bond (PRB), a more in-depth classification of the inmate will be conducted as soon as possible after the inmate's arrival at the facility, after which the inmate will be moved to long-term housing.

#### **507.5.1 INTERVIEW**

The comprehensive classification process begins with a review of any initial classification information obtained during the reception and booking process, as well as a possible interview by the classification correctional officer. The review of initial classification documents and the questions, answers and observations from the inmate's interview will be documented and numerically scored, representing the security level and housing assignment appropriate for each inmate.

Individualized determinations shall be made about how to ensure the safety of each inmate (28 CFR 115.42).

#### **507.5.2 PROGRAM ELIGIBILITY**

A program eligibility review will be made to determine each inmate's initial eligibility for work assignments (Wis. Admin. Code DOC § 350.21(2)). Those who meet the initial eligibility criteria will be referred to the staff member responsible for the appropriate inmate program. See the Inmate Work Program Policy for additional guidance.

#### **507.5.3 OVERRIDE**

The classification correctional officer has the authority to override the scores when it appears necessary to more appropriately assign housing. The override capability exists to use the classification correctional officer's training and expertise in those instances when the numerical scores are not reflective of the inmate's potential security or health risk. All overrides will be reviewed by a supervisor and are intended to be an exception, rather than the rule (Wis. Admin. Code DOC § 350.21).

### **507.6 REVIEWS AND APPEALS**

Once an inmate is classified and housed, he/she may appeal the decision of the classification correctional officer. The appeal process shall begin at the first-line supervisor level. The decision by the supervisor may be appealed to the shift commander. The decision by the shift commander is final (Wis. Admin. Code DOC § 350.21(1)).

#### **507.6.1 PERIODIC CLASSIFICATION REVIEWS**

Inmate risk levels shall be reassessed when required due to a referral, request, incident of sexual abuse, or receipt of additional information that increases the inmate's risk of sexual victimization or abusiveness (28 CFR 115.41).

Housing and program assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats experienced by the inmate (28 CFR 115.42).

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### **507.6.2 STAFF REQUESTED REVIEW**

At any point during an inmate's incarceration, a staff member may request a review of the inmate's classification. The reason for the review, the review itself and the outcome of the review shall be documented in the inmate's permanent file. Nothing in this section shall prohibit staff from immediately moving an inmate to another location in the facility based on exigent circumstances. Under such circumstances, the staff member moving the inmate must immediately document the action and notify the classification correctional officer.

### **507.6.3 REVIEW AFTER DISCIPLINE**

An inmate's classification status may be reviewed after discipline is imposed (Wis. Admin. Code DOC § 350.24(4)).

## **507.7 HOUSING ASSIGNMENTS**

Inmates should be housed based upon the following criteria:

- Classification level
- Age
- Sex
- Legal status (e.g., pretrial or sentenced)
- Need for protection or separation
- Criminal sophistication
- Medical and mental health condition
- Any other criteria identified by the Jail Commander

### **507.7.1 SEPARATION**

Male and female inmates shall be housed to ensure visual and physical separation, except in the Special Medical Unit.

## **507.8 CLASSIFICATION SPACE ALLOCATION**

The classification plan depends on the ability of the facility to physically separate different classes of inmates. To ensure that allocated space meets the current population needs, the Jail Commander or the authorized designee should periodically meet with representatives of the classification correctional officers to discuss the fixed resources (e.g., cells, dorms, dayrooms).

## **507.9 SINGLE-OCCUPANCY CELLS**

Single-occupancy cells may be used to house the following categories of inmates:

- Administrative segregation
- Medical condition or disabilities (upon consultation with medical staff and the availability of medical beds)



### *Inmate Classification*

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- Mental condition (upon consultation with mental health staff and the availability of mental health beds)
- Any inmate with an elevated risk of being taken advantage, mistreated or becoming a victim of sexual abuse or harassment
- Any other condition of status for single-occupancy housing

#### **507.10 PRISON RAPE ELIMINATION ACT (PREA) CONSIDERATIONS**

Housing, bed, work and program assignments should be made to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive (28 CFR 115.42). Inmates identified as being at high risk for sexually aggressive behavior will be monitored and housed in an area that will minimize the risk to other inmates and staff. All inmates identified as being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety. However, inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers (28 CFR 115.43; 28 CFR 115.68).

Housing and program assignments of a transgender or intersex inmate shall include individualized consideration for the inmate's health and safety and any related supervisory, management or facility security concerns. A transgender or intersex inmate's views with respect to his/her own safety shall be given serious consideration.

Lesbian, gay, bisexual, transgender or intersex inmates shall not be placed in dedicated facilities, units or wings solely on the basis of such identification or status, unless such placement is pursuant to a consent decree, legal settlement or legal judgment (28 CFR 115.42).

#### **507.11 STAFF TRAINING IN CLASSIFICATION**

Classification correctional officers should receive training specific to inmate classification before being assigned primary classification duties. Individuals not specifically trained in inmate classification may work in classification provided that they are under the immediate supervision of a trained and qualified staff member (Wis. Admin. Code DOC § 350.21(1)).

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## Inmate Medical Fees

### 706.1 PURPOSE AND SCOPE

The purpose of this policy is to provide facility staff and qualified health care professionals with the information necessary to educate newly processed inmates on the procedures and their responsibilities for inmate medical fees at the time of intake.

### 706.2 POLICY

It is the policy of this agency that all individuals booked into and held at the facility shall be informed of the guidelines associated with inmate medical fees during orientation.

This information will be conveyed in a language that is easily understood by the inmate.

The inmate medical fee shall be waived for any service that is initiated by qualified health care professionals, including follow-up appointments, mandated health screening, work clearance, chronic care and mental health care (Wis. Stat § 302.372; Wis. Stat § 302.38; Wis. Stat § 302.381).

### 706.3 INMATE MEDICAL FEE GUIDELINES

- (a) A fee shall be charged for inmate-initiated care.
- (b) Medical staff will complete a log of medical fee charges and forward the log daily to Fiscal. The inmate's account will then be debited for the inmate medical fee. The inmate shall be provided treatment regardless of his/her ability to pay the fee.
- (c) The following inmate health services shall be exempt from medical fees:
  - 1. Intake medical screening
  - 2. Health appraisals (14-day physicals)
  - 3. Public health evaluations
  - 4. Prenatal services and all services related to pregnancy
  - 5. Public health programs that are funded by other sources
  - 6. Laboratory and diagnostic services
  - 7. Life-threatening emergency services
  - 8. Follow-up monitoring of chronic health conditions (e.g., hypertension services, seizure monitoring, medication monitoring)
  - 9. Educational information on the inmate's condition
  - 10. When an assault requires medical attention

Any incident of an inmate refusing medical treatment or causing a disruption in the delivery of health care services shall be documented in an applicable report.

*Inmate Medical Fees*

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**706.4 FEE APPEAL PROCESS**

Inmates charged for health services shall be permitted to challenge the fee in accordance with the Inmate Grievances Policy.

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## Inmate Orientation Procedure

### 527.1 PURPOSE AND SCOPE

The purpose of this procedure is to provide guidance to correctional officers assigned to the Milwaukee County Jail in regards to new inmate orientation.

### 527.2 POLICY

The policy of the Milwaukee County Jail is to provide an effective method of orientating all incoming inmates that includes an inmate handbook. The orientation will take place within 24 hours of an inmate's admission and prior to the inmate being moved to general population housing. Orientation should be an ongoing process so that the information is available to the inmates throughout their entire time in custody.

### 527.3 PROCEDURE

Correctional officers assigned to the Booking Room should direct all new inmates to watch the orientation video. A correctional officer assigned to a housing unit should instruct any newly housed inmate to log on to an available kiosk to read and acknowledge the inmate handbook.

Each inmate is required to acknowledge receipt of the inmate handbook before he/she can navigate to any other menu option.

## Inmates with Disabilities

### 602.1 PURPOSE AND SCOPE

This policy provides guidelines for addressing the needs and rights of inmates detained by this agency in accordance with the Americans with Disabilities Act (ADA).

#### 602.1.1 DEFINITIONS

Definitions related to this policy include:

**Disability** - The ADA defines a disability as a physical or mental impairment that limits one or more major life activities. These include, but are not limited to, any disability that would substantially limit the mobility of an individual or an impairment of vision and/or hearing, speaking or performing manual tasks that require some level of dexterity.

### 602.2 POLICY

This agency will take all reasonable steps to accommodate inmates with disabilities while they are in custody and will comply with the ADA and any related state laws. Discrimination on the basis of disability is prohibited. This agency prohibits all forms of discrimination based on disability.

### 602.3 JAIL COMMANDER RESPONSIBILITIES

The Jail Commander, in coordination with the Responsible Physician and the Milwaukee County Office of Persons with Disabilities ADA Coordinator (see the [Accessibility - Facility and Equipment Policy](#)), will establish procedures to assess and reasonably accommodate disabilities of inmates. The procedures will include, but are not limited to:

- (a) Establishing housing areas that are equipped to meet the physical needs of disabled inmates, including areas that allow for personal care and hygiene in a reasonably private setting and for reasonable interaction with inmates.
- (b) Establishing classification criteria to make housing assignments to inmates with disabilities.
- (c) Assigning health care professionals with adequate training to assist disabled inmates with basic life functions, as needed.
- (d) Establishing transportation procedures for moving inmates with limited mobility.
- (e) Establishing guidelines for services, programs and activities for the disabled and ensuring that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment (28 CFR 115.16).
- (f) Enlisting or contracting for trained service personnel who have experience working with disabled people.
- (g) Establishing procedures for the request and review of accommodations.

### Inmates with Disabilities

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- (h) Establishing guidelines for the accommodation of individuals who are deaf or hard of hearing, have common disabilities such as sight and mobility impairments and developmental disabilities, or have common medical issues, such as epilepsy.
- (i) Identifying and evaluating all developmentally disabled inmates.

The Jail Commander is responsible for ensuring the Milwaukee County Jail is designed or adapted to reasonably accommodate inmates with disabilities. At a minimum this includes:

- Access to telephones equipped with a telecommunications device for the deaf (TDD) for inmates who are deaf, are hard of hearing or have a speech impairment.
- If orientation videos are used to explain facility rules to newly admitted inmates, subtitles may be displayed on the video presentation to assist inmates who have impaired hearing.
- Some cells and dormitories should be equipped with wheelchair-accessible toilet and shower facilities. Inmates with physical disabilities should be allowed to perform personal care in a reasonably private environment.
- Tables designed for eating should be accessible to those in wheelchairs.

#### **602.4 CORRECTIONAL OFFICERS' RESPONSIBILITIES**

Correctional officers should work with qualified health care professionals to aid in making accommodations for those with physical disabilities.

Correctional officers who work in the classification process should be aware of inmates with disabilities before making housing decisions. For example, persons with mobility issues may require a lower bunk and accessible toilet and shower facilities. When necessary or required, a supervisor of a classification correctional officer should consult with the qualified health care professional or the Responsible Physician regarding housing location.

Correctional officers should assist an inmate with a disability by accommodating the inmate consistent with any guidelines related to the inmate's disability. If there are no current guidelines in place, correctional officers receiving an inmate request for accommodation of a disability should direct the inmate to provide the request in writing or assist the inmate in doing so, as needed. The written request should be brought to the on-duty supervisor as soon as practicable but during the correctional officer's current shift. Generally, requests should be accommodated if the accommodation would not raise a safety concern or affect the orderly function of the jail. The formal written request should still be submitted to the on-duty supervisor.

Requests that are minor and do not reasonably appear related to a significant or ongoing need may be addressed informally, such as providing extra tissue to an inmate with a cold. Such requests need not be made in writing.

#### **602.5 ACCOMMODATION REQUESTS**

Inmates shall be asked to reveal any accommodation requests during the intake classification process. Any such request will be addressed according to the classification process.

*Inmates with Disabilities*

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Requests for accommodation after initial entry into the facility should be made through the standard facility request process and should be reviewed by a supervisor within 24 hours of the request being made. The reviewing supervisor should evaluate the request and, if approved, notify the Jail Commander, the Milwaukee County ADA Coordinator (see the Accessibility - Facility and Equipment Policy) and any other staff as necessary to meet the accommodation. The supervisor should make a record of the accommodation in the inmate's file.

A supervisor who does not grant the accommodation, either in part or in full, should forward the request to the Jail Commander and the Milwaukee County ADA Coordinator within 48 hours of the request being made. The Jail Commander, with the assistance of the Milwaukee County ADA Coordinator and/or Corporation Counsel, should make a determination regarding the request within five days of the request being made.

**602.6 TRAINING**

The Milwaukee County ADA Coordinator should work with the Training Director to provide periodic training on such topics as:

- (a) Policies, procedures, forms and available resources for disabled inmates.
- (b) Working effectively with interpreters, telephone interpretive services and related equipment.
- (c) Training for management staff, even if they may not interact regularly with disabled individuals, so that they remain fully aware of and understand this policy and can reinforce its importance and ensure its implementation.

## Inmate Safety Checks

### 531.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a requirement for conducting visual safety checks at least every 30 minutes for all inmates, and for creating and maintaining a log to document all safety checks.

### 531.2 POLICY

It is the policy of the Milwaukee County Sheriff's Office that all correctional staff shall conduct safety checks at least once every 30 minutes. Safety checks may be conducted more frequently as determined by inmate custody status and/or housing classification.

Safety checks shall be made through direct visual observation. Cameras and monitors may supplement the required visual observation safety checks but they shall not replace the need for direct visual observation. Safety checks will be clearly documented on permanent logs in accordance with the agency Daily Activity Logs and Shift Reports Policy (Wis. Admin Code DOC § 350.18).

### 531.3 SAFETY CHECKS

The staff shall adhere to the following procedures when conducting safety checks (Wis. Admin. Code DOC § 350.18):

- (a) Safety checks shall be conducted on an irregular schedule (staggered) so that inmates cannot predict when the checks will occur.
- (b) Safety checks shall be done by personal observation of the correctional officer and shall be sufficient to determine whether the inmate is experiencing any stress or trauma.
- (c) Cameras and monitors may supplement the required visual observation safety checks but they shall not replace the need for direct visual observation.
- (d) Safety checks will be clearly documented on permanent logs in accordance with the agency Daily Activity Logs and Shift Reports Policy.
- (e) Actual times of the checks and notations should be recorded on the daily activity logs.
- (f) Log entries shall never be made in advance of the actual check. Log entries made in this manner do not represent factual information and are prohibited.
- (g) Special management inmates may be checked more frequently as detailed in the Specialized Housing Policy.



## Intoxicated Inmate Booking Procedure

### 532.1 PURPOSE AND SCOPE

The purpose of this procedure is to provide correctional officers guidance on how to book intoxicated inmates safely and effectively.

#### 532.1.1 DEFINITIONS

Definitions related to this procedure include:

**12-hour book and release** – An inmate who is arrested for operating while intoxicated offense and is brought to the Jail for booking will be held until he/she is below 0.04% blood-alcohol concentration.

**Responsible party** – An adult who is willing to accept responsibility for an inmate who has a blood-alcohol concentration greater than 0.04% by completing the appropriate form.

### 532.2 PROCEDURES

#### 532.2.1 OPERATING WHILE INTOXICATED ARRESTS

When an inmate is arrested for operating while intoxicated – 1<sup>st</sup> offense, he/she should be kept in open waiting, unless exigent circumstances exist. The inmate will be available for release under one of the following conditions:

- Release to a responsible party
- 12-hour book and release

When an inmate is arrested for operating while intoxicated – 2<sup>nd</sup> or subsequent offense, but not a felony violation, he/she should be kept in open waiting and held for bail, unless exigent circumstances exist. After posting bail, the inmate will be available for release under one of the following conditions:

- Release to a responsible party
- 12-hour book and release

#### 532.2.2 SUMMARY ARRESTS OF INTOXICATED PERSONS

Any intoxicated person arriving to the Milwaukee County Jail will be housed as directed by the contracted medical services provider.

## Medical Screening

### 710.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a medical screening process for newly booked inmates so that medical, mental health and dental issues are properly identified and addressed, and to obtain a medical clearance when necessary.

### 710.2 POLICY

It is the policy of this agency that a medical screening be performed on all inmates upon arrival at the intake area to ensure that existing, emergent and urgent health care, dental or mental health needs are identified, risks are assessed and inmates with contagious and communicable diseases are properly classified and housed for their health and the health of the general population (Wis. Admin. Code DOC § 350.13(1)).

### 710.3 ELEMENTS OF MEDICAL SCREENING

The medical screening shall be performed by qualified health care professionals.

Regardless of training, no inmate should be allowed to conduct health care evaluations or provide treatment to any other inmate.

All inmates shall complete a medical screening as part of the booking process. If an arrestee refuses to cooperate with the medical screening, the screener will complete as much of the health assessment as reasonably possible and the arrestee will be closely observed until he/she cooperates with the remainder of the screening process. If the inmate continues to be uncooperative, an appointment with a qualified health care professional will be scheduled the next day.

The Responsible Health Authority should develop the medical screening forms, which should be applicable for general health, mental health and suicide screening purposes. The forms shall be completed after the arrival of an inmate but if possible, prior to an inmate being housed (Wis. Admin. Code DOC § 350.13(3)).

#### 710.3.1 MEDICAL SCREENING INQUIRY

The medical screening inquiry should include a review of the inmate's prior jail medical record, if any, and document the following (Wis. Admin. Code DOC § 350.13(1)):

- Infectious or communicable disease conditions and symptoms, past or present and chronic illness or health issues
- Dental problems
- Mental illness, including psychiatric hospitalizations within the last three months
- Gender identity issues
- History of or current suicidal ideation (Wis. Admin. Code DOC § 350.17(2))

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***Medical Screening***

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- Acute allergies
- Prescription or illegal drug use
- History or current symptoms of substance abuse withdrawal
- Current, recent or suspected pregnancy; any history of gynecological problems and present use and method of birth control
- Appearance or history of developmental disability or physical abnormalities
- Other health issues as identified by the Responsible Health Authority

Qualified health care professionals should assist in developing specific mental health medical screening questions. The Responsible Health Authority should establish the role of the qualified health care professional in the medical screening process.

Should the medical screening identify a need for a more comprehensive medical assessment of the inmate, a qualified health care professional should initiate appropriate follow-up action, which may include transporting the inmate to an off-site medical facility (Wis. Admin. Code DOC § 350.13(2); Wis. Admin. Code DOC § 350.15(4)).

**710.3.2 MEDICAL SCREENING OBSERVATION**

The qualified health care professional completing the medical screening shall document the following observations:

- (a) General appearance
- (b) General behavior
- (c) State of consciousness (AVPU):
  1. Alert - spontaneously responsive
  2. Verbal - requires verbal stimulation to respond
  3. Pain - requires painful stimulation to respond
  4. Unresponsive - does not respond
- (d) Ability to physically function
- (e) Breathing
- (f) Skin conditions of any kind including bruising, injuries or any indication of drug use
- (g) Any other observable health symptoms

The Responsible Health Authority or the authorized designee should develop a procedure through which it can be reliably determined what prescription medications the inmate is taking and the medical urgency for continuing those medications without interruption, regardless of whether the medications are brought in by the inmate or another person (Wis. Admin. Code DOC § 350.16(3)). All medication brought into the facility shall be as securely stored as any other medication provided by the facility (Wis. Admin. Code DOC § 350.16(4)).

## ***Medical Screening***

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### **710.3.3 DOCUMENTATION**

Documentation of the medical screening should include the name of the screener, the date and time and the following information:

- Immediate or scheduled referral to a medical, dental, or mental health professional
- Guidance regarding housing placement, including disciplinary detention if necessary
- Guidance regarding activity limitations and work assignment
- The inmate's responses to questions asked by the interviewer
- Other individualized observations and recommendations

The initial medical screening should become part of the inmate's medical record and should be retained in accordance with established records retention schedules (Wis. Admin. Code DOC § 350.13(4)).

### **710.4 MEDICAL SCREENING DISPOSITIONS**

Persons who are brought to the facility who are obviously in need of immediate medical attention shall be referred to an appropriate medical facility for medical clearance.

Medical clearance documentation shall include the medical diagnosis, treatment received at the emergency medical facility, any medications prescribed, any ongoing medical requirements and any follow-up medical care that may be indicated before the arrestee is accepted for booking.

The Jail Commander is responsible for notifying local police agencies and medical facilities of the jail admission refusal policy and the required clearance documentation.

Based upon the information obtained during the screening process, the classification disposition of the inmate shall be one of the following:

- General population, or other appropriate cell assignment
- General population, or other appropriate cell assignment and timely referral to appropriate health care services,
- Immediate referral to health care services prior to housing

### **710.5 HEALTH APPRAISAL**

Generally, a comprehensive health appraisal should occur within 14 days of booking (see the Health Appraisals Policy) (Wis. Admin. Code DOC § 350.13(5)). However, when it is appropriate and based on an inmate's health condition, an early health appraisal may be recommended. An inmate may also be cleared for housing in general population with a prompt referral to the appropriate health care services when it is in accordance with the inmate's overall classification. Upon identifying an inmate with a mental health issue, a qualified mental health professional's opinion will be secured in accordance with the type of referral requested.

## Mental Health Screening and Evaluation

### 712.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the process by which all inmates receive an initial mental health screening by qualified medical professionals. The initial mental health screening takes place at the time of booking, and is for the safety of the inmate and the general population. It helps the custody staff to make appropriate classification and housing decisions and to ensure that the treatment and intervention needs of the inmate are met.

### 712.2 POLICY

It is the policy of this agency that all individuals booked into the facility shall receive an initial mental health screening by a qualified medical professional. A more comprehensive medical appraisal shall be conducted within the first 14 days of incarceration to confirm the initial findings and to ensure that, if needed, an appropriate treatment plan that meets the individual needs of the inmate is in place (Wis. Admin. Code DOC § 350.13).

### 712.3 MENTAL HEALTH SCREENING

The initial screening is designed to identify whether mental health conditions exist that require immediate or ongoing intervention. The screening shall be performed prior to the inmate being placed in general housing and should include:

- (a) Inquiry into whether the inmate is or has:
  - 1. Thoughts or history of suicidal behavior.
  - 2. Been prescribed or is taking any psychotropic medication or antidepressants.
  - 3. Been treated for mental health issues.
  - 4. A history of psychiatric treatment.
  - 5. A history of substance abuse or been treated for substance abuse.
- (b) Any observations of:
  - 1. Appearance and behavior.
  - 2. Abuse, injury or trauma.
  - 3. Symptoms of aggression, depression or psychosis.
- (c) A determination of whether the inmate is cleared for or referred to:
  - 1. General housing.
  - 2. General housing with mental health referral.
  - 3. Mental health emergency treatment.

### ***Mental Health Screening and Evaluation***

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This information shall be recorded on the receiving screening form. It will become part of the inmate's health record and be retained in accordance with established records retention schedules.

#### **712.4 MENTAL HEALTH APPRAISAL**

All new inmates shall receive a mental health appraisal by a qualified mental health professional within 14 days, unless documentation exists that an appraisal has been completed within the previous 90 days. Mental health appraisals should include, but not necessarily be limited to the following assessments:

- Mental health status
- Suicide potential
- Violence potential
- Previous psychiatric treatment
- Any history of treatment with psychotropic medication or antidepressants
- Substance abuse or treatment for substance abuse
- Educational history
- Sexual abuse victimization (28 CFR 115.81)
- Predatory behavior or perpetrated sexual abuse (28 CFR 115.81)

Following the appraisal, the qualified mental health professional shall develop a treatment plan for the inmate and make recommendations regarding the inmate's housing, job assignment and program participation.

#### **712.5 MENTAL HEALTH REFERRALS**

Qualified mental health staff or a qualified health care professional should administer a complete and thorough evaluation of inmates referred for treatment as soon as practicable but no later than 14 days from the referral. The evaluation should include:

- Review of the inmate's screening and appraisal information.
- Observations of the inmate's behavior.
- Information gathered from interviews and testing to determine the inmate's mental health condition, intellect, personality, problems and ability to deal with a custody environment.
- Collection of the inmate's mental health history.

Following the evaluation, a plan of treatment and maintenance, which may include a complete psychological evaluation, should be developed to meet the inmate's needs.

## Mental Health Services

### 711.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that all inmates have access to mental health services and that inmates identified as needing these services are referred appropriately.

#### 711.1.1 DEFINITION

Definitions related to this policy include:

**Mental health services** - A variety of psycho-social and pharmacological therapies, either individual or group, including biological, psychological and social therapies to alleviate symptoms, attain appropriate functioning and prevent relapse.

### 711.2 POLICY

It is the policy of this agency that a range of mental health services shall be available for any inmate who requires them (Wis. Admin. Code DOC § 350.14).

#### 711.2.1 REPORTING TO THE DEPARTMENT OF CORRECTIONS

The Jail Commander shall provide to the Wisconsin Department of Corrections, by January 30th each year, the following information from the previous calendar year (Wis. Stat. § 302.383):

- (a) The number of inmates from the facility who were transferred to a state treatment facility and the number who were transferred to a county treatment facility under each of the following:
  1. A commitment under Wis. Stat. § 51.20(1)(a)
  2. A voluntary transfer under Wis. Stat. § 51.37(5)
  3. An emergency transfer under Wis. Stat. § 51.37(5)
- (b) The length of stay in the state or county treatment facility
- (c) The description of the mental health services that are available to inmates on either a voluntary or involuntary basis

### 711.3 BASIC MENTAL HEALTH SERVICES

Inmates may be referred to a qualified health care professional through a variety of methods, which include the medical screening process, the mental health appraisal process and self-referral or staff referral. Qualified health care professionals should respond to all referrals in a timely manner and initiate the appropriate treatment services.

- (a) If the inmate has received previous mental health treatment, the inmate should be asked to complete a release of information form so his/her treatment records can be obtained.
- (b) Inmates who have been determined to be in need of ongoing mental health services after their release from this facility should be provided with information about community mental health treatment resources. Arrangements for more comprehensive mental health care may be made, if appropriate.

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***Mental Health Services***

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- (c) Inmates who are identified as being developmentally disabled should be evaluated for special housing needs. The qualified health care professional should work in cooperation with classification personnel to establish the best reasonably available housing option.
- (d) Inmates who are suspected or known to be developmentally disabled should receive a mental health appraisal by the qualified health care professional as soon as reasonably practicable but no later than 24 hours after booking. Inmates who are developmentally disabled should be referred, where appropriate and available, for placement in non-correctional facilities or in units specifically designated for housing the developmentally disabled.
- (e) Inmates enrolled in mental health treatment, including psychiatric medication management, should be provided information regarding the risks and benefits to treatment. Informed consent documents should be signed by the inmate to establish his/her consent to treatment. The signed forms should be placed in the inmate's health record and retained in accordance with established records retention schedules.
- (f) A treatment plan should be established for all inmates enrolled in mental health services.
- (g) The qualified health care professional should utilize a site-specific suicide prevention program to ensure the safety of inmates who present with a risk of self-harm.
  - 1. Qualified health care professionals should be assigned to daily rounds in the segregation unit to determine the mental health status of inmates housed there.
  - 2. Segregated inmates may be referred by the jail staff to qualified health care professionals for follow-up if concerns arise regarding their ability to function in disciplinary detention.
- (h) If the qualified health care professional has concerns about the level of mental health services that are required to manage an inmate housed in the facility, the health authority shall be notified.

Inmates determined to be in need of substance abuse treatment services should be informed of the facility programs available and shall be provided information about community substance abuse treatment resources.



## Non-Emergency Health Care

### 702.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a daily triage system of inmate requests for health care services. This is to ensure that the health needs of the population are addressed properly and in a timely manner.

### 702.2 POLICY

It is the policy of this agency to provide daily access to the qualified health care professionals in order for inmates to request medical services (Wis. Admin. Code DOC § 350.15(6)). All health care requests will be documented, triaged and referred appropriately by medical staff. Qualified health care professionals will conduct sick call and clinics for health care services on a scheduled basis to ensure a timely response to requests for medical services (Wis. Admin. Code DOC § 350.15(7)).

The Responsible Health Authority, in coordination with the Jail Commander or the authorized designee, is responsible for developing a process that includes (Wis. Admin. Code DOC § 350.15(9)):

- (a) The daily ability for inmates to request health services.
- (b) A triage system for health care services to acquire and address requests for all levels of injuries, illnesses and conditions.
- (c) Direct accessibility to health care request forms in each housing unit.
- (d) Documentation of health care triage and referrals (Wis. Admin. Code DOC § 350.15(10)).
- (e) Restrictions that prohibit non-health services personnel from diagnosing or treating an illness.

### 702.3 HEALTH CARE REQUESTS

During the collection of health care requests from inmates, care should be taken to protect the confidentiality of the inmate and the nature of the health issue. The collector shall date and initial the request when the collection takes place. The requests shall be triaged to determine the priority of need and the proper place for health care to be delivered.

Inmates will be instructed on how to obtain medical services during the inmate orientation process and in the inmate handbook. Inmates shall submit a medical request form to the qualified health care professionals delivering medications, or a nurse, if appropriate.

Inmates who communicate in a language not available in printed form shall have access to interpreter services.

Inmates with disabilities should be provided with appropriate assistance or accommodation to ensure they are able to request health care services.

*Non-Emergency Health Care*

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**702.4 TRIAGE OF HEALTH CARE REQUESTS**

Qualified health care professionals should perform a daily triage.

The frequency and duration of sick call should be sufficient to meet the needs of the inmate population and be conducted by a qualified health care professional. If an inmate's custody status precludes attendance at sick call, arrangements shall be made to provide sick call services in the place of the inmate's detention.

**702.5 GUIDELINES FOR ELECTIVE PROCEDURES OR SURGERY**

The Responsible Health Authority and the Jail Commander shall work cooperatively to develop decision-making guidelines that govern elective procedures or surgery to address acute and/or chronic medical conditions. Any discussion of this nature with the Inmate should be conducted in a language easily understood by the inmate and should be carefully documented in the inmate's medical record. This record should be maintained in accordance with established records retention schedules.

**702.6 REQUESTS FOR OUTSIDE MEDICAL CARE**

Inmates who request access to health care services outside the facility may do so with advance authorization from the Jail Commander and the Responsible Health Authority. The inmate shall be required to provide proof of sufficient private funds available to pay for all costs associated with transportation to the off-site facility and all costs associated with the medical services, diagnostics, treatment plans, medications or any other costs associated with off-site medical care (Wis. Admin. Code DOC § 350.15(6)).

## Oral Care

### 724.1 PURPOSE AND SCOPE

The intent of this policy is to ensure that inmates have access to dental care and treatment for serious dental needs. While the focus of this policy is primarily on urgent and emergent dental care, as with medical or mental health care, dental care is available based upon patient need.

### 724.2 POLICY

Oral care for inmates shall be provided under the direction of a licensed dentist. Dental care should be timely and include immediate access for urgent or painful conditions. Protocols will be established regarding priorities for care when, in the dentist's judgment, the inmate's health would otherwise be adversely affected (Wis. Admin. Code DOC § 350.15(5)).

#### 724.2.1 DEFINITIONS

Definitions related to this policy include:

**Infection control practices** - Are defined by the American Dental Association (ADA) and the Centers for Disease Control and Prevention (CDC) as including sterilizing instruments, disinfecting equipment and properly disposing of hazardous waste.

**Oral care** - Includes instruction in oral hygiene, examinations and treatment of dental problems. Instruction in oral hygiene minimally includes information on plaque control and the proper brushing of teeth.

**Oral examination** - Includes taking or reviewing the patient's oral history, an extra-oral head and neck examination, charting of teeth and examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer and adequate illumination.

**Oral screening** - Includes visual observation of the teeth and gums, and notation of any obvious or gross abnormalities requiring immediate referral to a dentist.

**Oral treatment** - Includes the full range of services that in the supervising dentist's judgment are necessary for proper mastication and for maintaining the inmate's health status.

### 724.3 ACCESS TO DENTAL SERVICES

Emergency and medically required dental care is provided to each inmate upon request. Dental services are not limited to extractions. It is the goal of dental services to alleviate pain and suffering, ensure that inmates do not lose teeth merely as a consequence of incarceration and to provide appropriate dental service whenever medically required to maintain nutrition (Wis. Admin. Code DOC § 350.14(1)).

Access to dental services should be as follows:

- (a) All inmates wishing to see the dentist for a non-emergency issue shall complete a sick call form. Requests should be triaged according to the nature and severity of the problem and should be seen by a dentist according to assigned priority. Inmates

**Oral Care**

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requesting dental services on weekends or after hours will initially be evaluated by a qualified health care professional and referred appropriately.

- (b) If an inmate suffers obvious trauma or other dental emergency, the qualified health care professional may arrange for immediate access to a dentist or may transfer the inmate to an emergency room for treatment.
- (c) Records documenting all dental treatment should be maintained in the inmate's medical record file and retained in accordance with established records retention schedules.
- (d) Medications prescribed by a dentist should be administered in accordance with pharmacy procedures and documented in the inmate's medical record.
- (e) Necessary dental services identified by a dentist that are not available on-site should be provided by referral to community resources as deemed necessary by the facility dentist.

**724.4 DENTAL CARE OPTIONS**

Inmates should be offered an oral screening by a qualified health care professional or a dentist within 14 days of incarceration. This oral screening should include an evaluation of the current dental status and instruction on oral hygiene and preventive oral education.

Inmates should be offered a dental examination, performed by a dentist, within 12 months of incarceration.

## Pharmaceutical Operations

### 725.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the procedures and protocols under which the facility must manage a pharmaceutical operation in order to comply with federal, state and local laws that govern prescribing and administering medication.

#### 725.1.1 DEFINITIONS

Definitions related to this policy include:

**Administration** - The act of giving a single dose of a prescribed drug or biological substance to an inmate. Administration is limited to qualified health care professionals in accordance with state law.

**Controlled substances** - Medications classified by the Drug Enforcement Administration (DEA) as Schedule II-IV (21 USC § 812).

**Delivery** - The act of providing a properly labeled prescription container (e.g., a dated container that includes the name of the individual for whom the drug is prescribed, the name of the medication, dose and instructions for taking the medication, the name of the prescribing physician and expiration dates). Under these circumstances a single dose at a time can be delivered to the inmate, according to the written instructions, by any qualified health care professional.

**Dispensing** - Those acts of processing a drug for delivery or administration to an inmate pursuant to the order of a qualified health care professional. Dispensing consists of:

- Comparing directions on the label with the directions on the prescription or order to determine accuracy.
- Selection of the drug from stock to fill the order.
- Counting, measuring, compounding or preparing the drug.
- Placing the drug in the proper container and affixing the appropriate prescription label to the container.
- Adding any required notations to the written prescription.

Dispensing does not include the acts of distributing, delivery or administration of the drug.

The function of dispensing is limited to pharmacists and qualified health care professionals.

**Distributing** - The movement of a drug, in the originally labeled manufacturer's container or in a labeled pre-packaged container, from the pharmacy to a health care services area.

**Dose** - The amount of a drug to be administered at one time.

**Drug** - An article recognized in the United States Pharmacopoeia and National Formulary (USP-NF), the Homeopathic Pharmacopoeia of the United States or any supplement that is intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans. A substance, other than food, intended to affect the structure or any function of the human body.

### ***Pharmaceutical Operations***

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**Pharmaceutical operations** - The functions and activities encompassing the procurement, dispensing, distribution, storage and control of all pharmaceuticals used within the jail, the monitoring of inmate drug therapy and the provision of inmate/patient drug information.

#### **725.2 POLICY**

It is the policy of this agency that pharmaceutical operations meet all federal, state and local legal requirements and be sufficient to meet the needs of the facility population (Wis. Admin. Code DOC § 350.16).

#### **725.3 PHARMACEUTICAL OPERATIONS**

- (a) The Responsible Physician, in conjunction with the Jail Commander, shall ensure that all medications provided by an arrestee during the admission process or brought to the facility after admission are inventoried and properly stored (Wis. Admin. Code DOC § 350.16(4)).
- (b) The Responsible Physician shall be responsible for establishing and maintaining a system for storing and accounting for controlled substances. An incorrect count shall be reported immediately to the Jail Captain or Lieutenant. Medications shall be stored under proper conditions of security, segregation and environmental control in locked drug cabinets at all storage locations (Wis. Admin. Code DOC § 350.16(5)).
- (c) All medication preparation, storage and administration areas shall be clean, organized, illuminated, ventilated and maintained at an appropriate temperature range. Any mobile medication cart that is not being used in the administration of medication to inmates shall be stored in a locked room that meets similar requirements.
- (d) An annual report on the status of the pharmaceutical operation will be prepared by the pharmacist and provided to the Responsible Physician and the Jail Commander.

#### **725.4 PRESCRIBING MEDICATIONS**

All medications shall be prescribed in a safe and effective manner for clinically appropriate reasons and documented in the individual patient medical record. Records shall be retained in accordance with established records retention schedules (Wis. Admin. Code DOC § 350.16).

- (a) Some inmates may be permitted to possess and self-administer some medications when monitored and controlled, in accordance with this policy.
- (b) The qualified health care professional shall notify the Jail Captain or Lieutenant of all known medication errors in a timely manner.
- (c) Unused medication shall be inventoried or disposed upon the inmate's release or transfer (Wis. Admin. Code DOC § 350.16(10); Wis. Admin. Code DOC § 349.19). Medication brought into the facility shall be returned to the inmate upon release or delivered to the transporting correctional officer upon transfer (Wis. Admin. Code DOC § 350.16(9); Wis. Admin. Code DOC § 349.19).

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### Pharmaceutical Operations

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#### **725.5 PER DOSE MEDICATION ADMINISTRATION**

Psychotropic medication, controlled substances, tuberculosis (TB) medication, seizure medication and those listed as directly observed therapy (DOT) shall be administered to inmates on a per dose basis.

- (a) Each medication ordered on a per dose basis for individual inmates shall be kept in the medication room of the facility.
- (b) Medication dispensing envelopes bearing the inmate's name, booking number, housing location and the medication and its dosing schedule shall be generated for each inmate receiving per dose medication. These shall be administered from the individually packaged supply and delivered to the patient at each scheduled medication time.
- (c) The qualified health care professional will confirm the inmate's identity with the name and/or booking number on the dispensing envelope prior to administering the medication.
  1. Inmates should have a fluid container and adequate fluid to take the medication being administered.
  2. The qualified health care professional should observe the inmate taking the medication to prevent "cheeking" or "palming".
  3. The qualified health care professional should inspect the inmate's mouth after the inmate swallows the medication to ensure it was completely ingested. If the inmate appears to be "cheeking" the medication, a chart entry will be made and a notation entered on the medication envelope, as well as the back of the Medication Administration Record (MAR). Custody staff shall be immediately notified of the suspected "cheeking" and shall follow-up with the appropriate security, corrective and/or disciplinary action.
- (d) The qualified health care professional shall record each medication administered by initialing the appropriate date and time. The qualified health care professional shall authenticate the initials by placing his/her initials, signature or name stamp in the designated area on the lower portion of the MAR. Pre-charting is not allowed (Wis. Admin. Code DOC § 350.16 (7)).
  1. In the event that medication cannot be administered (for example, the inmate is in court or the medication is not in stock), a note explaining the situation and planned action shall be made on the back of the MAR or on a progress note.
- (e) The qualified health care professional shall have inmates who refuse their medication sign a refusal form at the medication round (Wis. Stat. § 302.384(3); Wis. Admin. Code DOC § 350.16(8)). If the inmate willfully refuses to sign the refusal form, the qualified health care professional shall advise custody staff, who should attempt to resolve the situation through voluntary compliance by reminding the inmate that a refusal to sign may lead to disciplinary action. The qualified health care professional shall also:
  1. Note the refusal on the medication log including the date and time.
  2. Review the medication logs for prior refusals.

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3. Patterns of refused medications will be documented on the inmate's medical record.
  4. Make a reasonable effort to convince the inmate to voluntarily continue with the medication as prescribed.
  5. Report continued refusals to the Responsible Physician.
- (f) No inmate should be deprived of prescribed medication as a means of punishment.

**725.6 SELF-ADMINISTRATION OF MEDICATION**

Upon approval of the Responsible Physician or qualified health care professional, inmates may be allowed to self-administer prescribed medication other than psychotropic medication, seizure medication, controlled drugs, TB medication, any medication that is required to be DOT, or has the recognized potential for abuse.

The qualified health care professional ordering medication should educate the inmate regarding potential side effects and the proper use of the medication.

- (a) Medication may be ordered through a pre-booking examination or medical clearance obtained at a hospital or other clinic, an emergency room visit or evaluation by an on-site qualified health care professional.
- (b) Any questions the inmate may have concerning his/her medication should be addressed at this time.
- (c) The inmate shall be instructed to carry medication at all times or to secure it in designated areas within the housing unit.
- (d) All self-administered medications are to be documented on the MAR.
- (e) Upon receipt of the medication, the qualified health care professional should issue the inmate his/her medication as follows:
  1. The qualified health care professional issuing the medication should confirm the inmate's identity with the name and/or booking number on the self-administer package.
  2. When issuing self-administered medication, documentation on the MAR should include the number of pills issued and the qualified health care professional's initials.
- (f) Any self-administered medication may be changed to per-dose at the discretion of the medical staff if the inmate is not responsible enough to self-administer the medication or has a history of frequent rule violations. Documentation in the medical record should accompany any decision to change the medication to per-dose. Custody and health care staff should continuously monitor and communicate with each other regarding inmates complying with the conditions and rules for self-administered medication.
- (g) Inmates who arrive at the facility with prescribed medication should be administered per-dose for any new medications or refills until the new medication or refill is received from the pharmacy.



*Pharmaceutical Operations*

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**725.7 NON-PRESCRIPTION MEDICATION**

Any over-the-counter non-prescription medication available to inmates for purchase in the facility commissary shall be approved by the Jail Commander and reviewed annually.

The Jail Commander and the Responsible Physician should establish a limit on the amount of non-prescription medication an inmate may purchase and have in his/her possession at any time. Inmates with medication in an amount above the proscribed limit may be subject to disciplinary sanctions.

## Prescribed Therapeutic Diets

### 908.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that inmates who require prescribed therapeutic diets as a result of a diagnosed medical condition are provided with nutritionally balanced therapeutic meals that are medically approved and meet nutritional and safety standards.

### 908.2 POLICY

The Responsible Physician, in consultation with the food services manager, shall:

- (a) Develop written procedures that identify individuals who are authorized to prescribe a therapeutic diet.
- (b) The therapeutic diets utilized by this facility shall be planned, prepared and served with consultation from a registered dietitian.
- (c) The Jail Commander shall comply with any therapeutic diet prescribed for an inmate.
- (d) The Jail Commander and the Responsible Physician shall ensure that the diet manual, which includes sample menus of therapeutic diets, shall be available to both health services and food services workers. A registered dietitian shall review, and the Responsible Physician shall approve, the diet manual on an annual basis.

As a best practice, all therapeutic diet prescriptions should be reviewed and rewritten, if appropriate, on a quarterly basis. This is to reduce the risk of an inmate developing an adverse medical condition or nutritional effect as the result of a diet that is inconsistent with the inmate's current medical needs. A diet request form should be made available to inmates.

Pregnant or lactating women shall be provided a balanced, nutritious diet approved for pregnant women by a physician (Wis. Admin. Code DOC § 350.11(9); Wis. Admin. Code DOC § 350.15(11)).

### 908.3 STAFF COMMUNICATION/COORDINATION

It is the responsibility of the health authority to compile a daily list of all inmates who are prescribed therapeutic diets. The list should contain the following information:

- (a) Inmate's name
- (b) Inmate's identification number
- (c) Housing location or dining location where the meals will be delivered
- (d) Inmate's therapeutic diet type
- (e) Special remarks or instructions

Any time inmates are assigned to a different housing area, correctional staff must notify the food services personnel immediately.

*Prescribed Therapeutic Diets*

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**908.4 PREPARATION AND DELIVERY OF MEALS**

The food services manager or the authorized designee is responsible for reviewing the therapeutic diet lists prepared by the Responsible Physician, counting the number and type of therapeutic meals to be served and preparing the food according to the therapeutic menu designed by the registered dietitian.

Therapeutic diets may include snacks and oral supplements. Snacks and supplements should be distributed with regularly scheduled meal service or may be distributed with inmate medications. Individual labels or written documents containing the following information should be prepared by the kitchen, clearly identifying each meal and any included snacks:

- (a) Inmate's name
- (b) Inmate's identification number
- (c) Housing location or dining location where the meals will be delivered
- (d) Inmate's therapeutic diet type

The custody staff responsible for meal distribution shall ensure that any inmate who has been prescribed a therapeutic meal by the Responsible Physician or the authorized designee receives the prescribed therapeutic meal.

Unless a therapeutic diet was prescribed with a specific end date, only the Responsible Physician or the authorized designee may order that a therapeutic diet be discontinued.

Inmates who are receiving therapeutic diets must receive clearance from the Responsible Physician before he/she may receive a religious or disciplinary diet.

If prescribed by the Responsible Physician, supplemental food shall be served to inmates more frequently than the regularly scheduled meals. An inmate who misses a regularly scheduled meal shall receive his/her prescribed meal.

## Referrals and Coordination of Specialty Care

### 703.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for referring inmates who need health care or specialty care that is beyond the resources available in the facility. The policy includes guidelines regarding transportation under appropriate security provisions, and the formulation of advance written agreements for around the clock or on-call availability of alternate services. Specialty care includes specialist-provided health care, such as nephrology, surgery, dermatology and orthopedics.

### 703.2 POLICY

It is the policy of this agency that inmates have access to necessary hospitalization and specialty services for serious medical needs. This facility will provide, either directly or through contracted sources, specialty care and emergency medical services to inmates when the need is determined by the Responsible Health Authority (Wis. Admin. Code DOC § 350.15(4)).

### 703.3 JAIL COMMANDER RESPONSIBILITY

The Jail Commander or the authorized designee, in coordination with the Responsible Health Authority is responsible for establishing written agreements with outside specialty health care services for emergency and urgent care that is not available within the facility. In addition, a plan shall be developed for the secure transportation of inmates to a facility where such care is available.

### 703.4 OFF-SITE COORDINATION

The qualified health care professional is responsible for recommending off-site medical and psychiatric care for inmates, coordinating outside appointments and notifying supervisory custody staff of off-site transportation needs. The Jail Commander should establish a written transportation procedure that ensures inmates are transported securely and in a timely manner. The procedure shall include the secure transfer of medical information to the receiving health care service.

Any conflicts that arise regarding off-site consultation trips will be communicated by the officer responsible for transportation to the Responsible Health Authority and Shift Commander or the authorized designee so that modifications may be made.

## Searches

### 514.1 PURPOSE AND SCOPE

The purpose of this policy is to provide clear direction on maintaining the safety and security of the facility by conducting searches, in balance with protecting the rights afforded by the United States Constitution.

The introduction of contraband, intoxicants or weapons into the Milwaukee County Jail poses a serious risk to the safety and security of staff, inmates, volunteers, contractors and the public. Any item that is not available to all inmates may be used as currency by those who possess the item and will allow those in possession of the item to have control over other inmates. Any item that may be used to disengage a lock, other electronic security devices or the physical plant itself seriously jeopardizes the safety and security of this facility. Carefully restricting the flow of contraband into the facility can only be achieved by thorough searches of inmates and their environment.

Nothing in this policy is intended to prohibit the otherwise lawful collection of trace evidence from an inmate/arrestee.

#### 514.1.1 DEFINITIONS

Definitions related to this policy include:

**Contraband** - Anything unauthorized for inmates to possess or anything authorized to possess but in an unauthorized manner or quantity.

**Custodial search** - Complete search from head to feet and after removal of all secondary outer clothing (e.g., coat, jacket, sweatshirt, personal property from the inmate's control). This includes removing shoes and socks, but does not include underwear.

**Full-body X-ray scanner** - A low-dose X-ray screening system that detects many types of contraband, including illegal substances, drugs, and weapons.

**Non-sentenced inmate** - An inmate who is in custody for any reason other than to serve a sentence after a conviction.

**Pat-down search** - The routine search used by correctional officers within this facility to check an individual for weapons or contraband. It involves patting down of outer clothing to locate any weapons or dangerous items that could pose a danger to the correctional officer, the inmate or other inmates.

**Physical body cavity search** - A search that includes a visual inspection and may include a physical intrusion into a body cavity. Body cavity means the rectal cavity or the vagina.

**Sentenced inmate** - An inmate who is in custody for the purpose of serving a sentence after a conviction.

**Strip search** - A search that requires a person to remove or rearrange some or all of his/her clothing to permit a visual inspection of the underclothing, breasts, buttocks, anus or outer genitalia of the person. This includes monitoring of a person showering or changing clothes where

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the person's underclothing, buttocks, genitalia or female breasts are visible to the monitoring employee.

### **514.2 POLICY**

It is the policy of this agency to ensure the safety of staff, inmates and visitors by conducting effective and appropriate searches of inmates and areas within the facility in accordance with applicable laws (Wis. Admin. Code DOC § 350.18).

Searches shall not be used for intimidation, harassment, punishment or retaliation. Any religious based requests for searching by a biological gender should be accommodated whenever practicable.

#### **514.2.1 PHYSICALLY DISABLED PERSONS**

A search of a person who requires an assistive device for mobility, such as a wheelchair, brace, crutch or artificial limb, shall be carefully conducted. If the search requires the removal of such a device or involves a person lacking sensation in some portion of his/her body, the search shall be conducted with extreme care, in cooperation with a person trained in handling those who are physically disabled (Wis. Stat. § 968.256).

#### **514.3 PAT-DOWN SEARCHES**

Pat-down searches will be performed on all inmates/arrestees by the arresting officer or deputy prior to entering the secure booking area of the facility. Additionally, pat-down searches shall occur frequently within the facility. At a minimum, the staff shall conduct pat-down searches in circumstances that include:

- (a) When inmates leave their housing units to participate in activities elsewhere in the facility (e.g., recreation, medical, program, visiting, court) and when they return.
- (b) During physical plant searches of entire housing units.
- (c) When inmates come into contact with other inmates housed outside of their housing units, such as work details.
- (d) Any time the staff believes the inmates may have contraband on their persons.

Except in emergencies, male staff may not pat down female inmates and female staff may not pat down male inmates. Absent the availability of a same sex staff member, it is recommended that a witnessing staff member be present during any pat-down search of an individual of the opposite sex. All cross-gender pat-down searches shall be documented (28 CFR 115.15).

#### **514.4 CUSTODIAL SEARCHES**

Following an inmate being accepted into the facility by medical and the pre-book officer, all inmates will be subjected to a custodial search.

- (a) Barring an emergency, custodial searches shall be performed by a staff member of the same sex as the person being searched.

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1. A custodial search of an inmate who identifies as transgender or intersex may state a preference for which gender staff performs a custodial search. Such a request should be honored when possible. If no request is made, a correctional officer of the same sex shall perform the search.
- (b) Following a custodial search, an inmate will be subject to metal detection equipment.

**514.5 FULL-BODY X-RAY SCANNER**

The Milwaukee County Sheriff's Office shall operate a low-dose scanner as required by the State of Wisconsin and in compliance with the Department of Health and Family Services, Radiation Protection Section recommendations and Wis. Admin. Code DHS 157.

- (a) The Milwaukee County Sheriff's Office shall meet all manufacturer recommendations for maintenance on the low-dose body scanner.
- (b) Only correctional officers who have been trained in the use of the device will be authorized to operate the low-dose body scanner.
- (c) No inmates will be left unattended with the body scanner.
- (d) Pregnant correctional officers are not authorized to operate or be in the room when the low-dose body scanner is in use.
- (e) No inmates who are pregnant will be subject to scanning.
- (f) No inmates under the age of 18 will be subject to scanning, including juveniles waived into the adult judicial system.
- (g) No inmates with known pacemakers will be subject to scanning.
- (h) No members shall abuse or misuse the low-dose body scanner.
- (i) The low-dose body scanner may be used to scan any inmate at any time that a correctional officer believes it is necessary for the safety and security of the facility.

**514.5.1 REFUSAL TO BE SCANNED**

- (a) Inmates who are unable to be scanned because they are uncooperative and/or intoxicated will be isolated until they are able to complete the scan.
- (b) Attempts will be made to scan the inmate once he/she is cooperative. If attempts are unsuccessful, the on-duty supervisor shall determine the course of action.
- (c) An incident report shall be completed for any inmate refusing to be scanned.

**514.5.2 POSITIVE SCAN/DETECTION OF CONTRABAND**

- (a) The on-duty supervisor should be notified of a positive scan.
- (b) If the inmate being scanned is a new arrest and it is believed that he/she is concealing contraband, the inmate will be directed to remove the contraband.
  1. If the contraband is removed, the inmate will be subjected to another scan and the arresting agency will secure and take custody of the contraband.

## Searches

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2. If the inmate refuses to remove the contraband, the arresting officer is required to take the inmate to the hospital for medical clearance in order to be accepted into the Milwaukee County Jail. If the arresting officer is unable to take the inmate to the hospital, the inmate may be subjected to a strip search.
- (c) If the inmate being scanned is not a new arrest and is confined to the Milwaukee County Jail and it is believed that he/she is concealing contraband, the inmate will be directed to remove the contraband. If the contraband is removed, the inmate is subject to another scan. If the inmate refuses or cannot remove the contraband, the on-duty supervisor shall determine the appropriate course of action, which may include a strip search or transportation to a hospital.

### 514.6 STRIP SEARCHES AND PHYSICAL BODY CAVITY SEARCHES

Correctional officers will generally consider the reason for the search, the scope, intrusion, manner and location of the search, and will utilize the least invasive search method to meet the need for the search.

#### 514.6.1 STRIP SEARCHES

Strip searches prior to placement in a housing unit shall be conducted as follows (Wis. Stat. § 968.255):

- (a) No person held prior to placement in a housing unit shall be subjected to a strip search unless:
1. The person is an adult arrested for any offense, or is a juvenile taken into custody under Wis. Stat. § 938.19 and ordered by a court to the custody of this facility and there is either:
    - (a) Reasonable suspicion that the person is concealing a weapon or contraband if the person was taken into custody for any felony or any of the following misdemeanor offenses identified in Wis. Stat. § 968.255:
      1. Wis. Stat. § 167.30(1) - Use of firearms, etc., near a park
      2. Wis. Stat. § 940.19 - Battery, substantial battery, aggravated battery
      3. Wis. Stat. § 941.20(1) - Endangering the safety of others by use of a dangerous weapon
      4. Wis. Stat. § 941.23 - Carrying a concealed weapon
      5. Wis. Stat. § 941.231 - Carrying a concealed knife
      6. Wis. Stat. § 941.237 - Carrying a handgun where alcohol may be sold and consumed
      7. Wis. Stat. § 948.60 - Possession of a dangerous weapon by a person under the age of 18
      8. Wis. Stat. § 948.61 - Dangerous weapons other than firearms on school premises, or



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- (b) Probable cause to believe the person is concealing a weapon or an item that may constitute evidence of the offense for which the person was taken into custody, if the person was taken into custody for any other violation of state law punishable by forfeiture, any local ordinance or a misdemeanor offense.
- (b) Factors to be considered in determining reasonable suspicion or probable cause include, but are not limited to:
  - 1. The detection of an object during a pat-down search that may be a weapon or contraband and cannot be safely retrieved without a strip search.
  - 2. Circumstances of a current arrest that specifically indicate the person may be concealing a weapon or contraband. A felony arrest charge or being under the influence of a controlled substance should not suffice as reasonable suspicion or probable cause absent other facts.
  - 3. Custody history (past possession of contraband while in custody, assaults on staff, escape attempts, etc.).
  - 4. The person's actions or demeanor.
  - 5. Criminal history (level of experience in a custody setting, etc.).
  - 6. Detection of potential contraband on low-dose body scanner.
  - 7. When the inmate has entered an environment where contraband or weapons may be accessed (e.g., return from court, medical appointments, kitchen worker, contact visit).
- (c) No strip search of an inmate shall be conducted prior to admittance to a housing unit without prior written authorization from the Shift Commander (e.g., email). Verbal authorization from a supervisor is sufficient if there is probable cause to believe that the person is concealing a weapon.
- (d) The staff member conducting the strip search shall:
  - 1. Document the facts that led to the decision to perform a strip search of the inmate on the strip search documentation form.
  - 2. Document the reasons less intrusive methods of searching were not used or were insufficient.
  - 3. Document the supervisor's approval.
  - 4. Document the time, date and location of the search.
  - 5. Document the names, sex and roles of any staff present.
  - 6. Itemize in writing all contraband and weapons discovered by the search.
  - 7. Process all contraband and weapons in accordance with the agency's current evidence procedures.
  - 8. If appropriate, complete a crime report and/or disciplinary report.

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- (e) The documentation shall be placed in the inmate's Arrest Detention Report. A copy of the authorization shall be provided to the inmate or other authorized representative.
- (f) Inmates returning from court with release orders shall not be subject to strip searches unless reasonable suspicion exists based on specific and articulable facts that the person is concealing a weapon or contraband.

### 514.6.2 STRIP SEARCH PROCEDURES

All strip searches shall be conducted in a professional manner under sanitary conditions and in an area of privacy so that the search cannot be observed by persons not participating or assisting in the search. The search will not be audio- or video-recorded (Wis. Stat. § 968.255).

Unless conducted by a qualified health care professional or in case of an emergency, a strip search shall be conducted by staff members of the same sex as the person being searched (Wis. Stat. § 968.255). Cross-gender strip searches shall be documented (28 CFR 115.15).

Whenever possible, a second staff member of the same sex should assist with the search for security purposes and to witness the discovery of evidence.

The staff member conducting a strip search shall not touch the breasts, buttocks or genitalia of the person being searched unless in accordance with Wis. Stat. § 968.255(1)(b). These areas may be touched through the clothing during a custodial or pat-down search.

- (a) The searching staff member will instruct the inmate to:
  1. Remove his/her clothing.
  2. Raise his/her arms above the head and turn 360 degrees.
  3. Bend forward and run his/her hands through his/her hair.
  4. Turn his/her head first to the left and then to the right so the searching correctional officer can inspect the inmate's ear orifices.
  5. Open his/her mouth and run a finger over the upper and lower gum areas, then raise the tongue so the correctional officer can inspect the interior of the inmate's mouth. Remove dentures if applicable.
  6. Turn around and raise one foot first, then the other so the correctional officer can check the bottom of each foot.
  7. For a visual cavity search, turn around, bend forward and spread the buttocks if necessary to view the anus.
- (b) At the completion of the search, the inmate should be instructed to dress.

### 514.6.3 PHYSICAL BODY CAVITY SEARCH

Physical body cavity searches shall be completed as follows:

- (a) No person shall be subjected to a physical body cavity search without written approval of the Jail Commander or the authorized designee and only with the issuance of a search warrant. A copy of any search warrant and the results of the physical body cavity search shall be included with the related reports. The report will be made

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available, upon request, to inmates or authorized representatives (except for those portions of the warrant ordered sealed by a court).

- (b) Only a physician, physician assistant or registered nurse may conduct a physical body cavity search (Wis. Stat. § 968.255). Except in exigent circumstances, only a physician, physician assistant or registered nurse who is not responsible for providing ongoing care to the inmate may conduct the search.
- (c) Except for the medical professional conducting the search, persons present must be of the same sex as the person being searched. Only the necessary staff needed to maintain the safety and security of the medical personnel shall be present.
- (d) Privacy requirements, including restricted touching of body parts and sanitary condition requirements, are the same as required for a strip search.
- (e) All such searches shall be documented, including:
  - 1. The facts that led to the decision to perform a physical body cavity search of the inmate.
  - 2. The reasons less intrusive methods of searching were not used or were insufficient.
  - 3. The Jail Commander's written approval.
  - 4. A copy of the search warrant.
  - 5. The time, date and location of the search.
  - 6. The medical personnel present.
  - 7. The names, sex and roles of any staff present.
  - 8. Any contraband or weapons discovered by the search.
- (f) Completed documentation should be placed in the Arrest Detention Report packet and stored in the appropriate records management system.
- (g) All contraband and weapons should be processed in accordance with the agency's current evidence procedures.
- (h) If appropriate, the staff member shall complete a crime report and/or disciplinary report.

#### **514.7 TRANSGENDER OR INTERSEX SEARCHES**

Staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining genital status (see Prison Rape Elimination Act Policy for transgender and intersex definitions). If genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records or, if necessary, by obtaining that information as part of a broader medical examination conducted in private by a qualified health care professional (28 CFR 115.15).

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### **514.8 CONTRABAND SEARCHES**

The staff shall always be alert to the possible presence of contraband and shall take immediate action to seize the contraband when practicable. There are several types of searches that contribute to contraband control and to maintaining a safe and secure environment.

### **514.9 HOUSING UNIT SEARCHES**

Housing unit searches (i.e. Shakedown) shall occur as directed by a supervisor. These searches should include all of the living spaces occupied by inmates. Housing unit searches should be scheduled in a manner that does not create a pattern where the inmates can predict such searches. During a housing unit search:

- (a) All inmates shall vacate their living areas and be searched by staff.
- (b) Inmates may be escorted to a separate holding area, such as the gym.
- (c) Staff shall search the living areas of the inmates, including bedding, personal storage areas, bunks and other areas with inmate access.
- (d) Any weapons or contraband located shall be processed in accordance with the current evidence procedures.
- (e) The staff shall attempt to identify the inmate who possessed the contraband and file appropriate inmate discipline and/or crime reports.
- (f) Any authorized item found in excess of the limited quantity (e.g., food items, newspapers) shall be seized and discarded.

At the conclusion of the housing unit search, closely supervised inmate workers should clean the unit. All authorized inmate personal property shall be respected and living areas should be returned to an orderly condition (Wis. Admin. Code DOC § 350.18(5)).

### **514.10 PHYSICAL PLANT SEARCHES**

The following areas of this facility shall be periodically searched for contraband (Wis. Admin. Code DOC § 350.18(5)):

- (a) The gym shall be searched for contraband prior to and after each inmate group occupies the gym.
- (b) Holding cells shall be searched prior to and after each inmate occupies the cell.
- (c) Program areas, such as classrooms and multipurpose rooms shall be searched after each use by an inmate or inmate group.
- (d) Laundry areas shall be searched before and after each inmate group occupies the area.
- (e) Kitchen areas shall be frequently searched for contraband and to account for tools, knives and food items.
- (f) Any common inmate or visitor restrooms.
- (g) Inmate visiting and public areas shall be frequently inspected for contraband.

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- (h) The facility perimeter shall be searched at least once each shift for contraband.

### 514.10.1 CANINE-ASSISTED SEARCHES

It is the policy of this facility to use canines to assist the staff in searching for contraband. Only canines trained in the detection of contraband, such as drugs, alcohol and weapons, will be allowed within the secure perimeter of the facility.

Canines will generally be used to assist the staff in general physical plant or living area searches. Contact between inmates and canines should be kept to a minimum (see the Canines Policy).

### 514.11 CRIMINAL EVIDENCE SEARCHES

The Jail Commander or the authorized designee shall be notified, as soon as practicable, any time it is suspected that a crime has been committed in the facility or other area controlled by the facility staff, and there is a need to search for evidence related to the crime.

Any evidence collected in connection with an alleged crime shall be reported, documented and stored to protect it from contamination, loss or tampering, and to establish the appropriate chain of custody. A search for evidence may be conducted by staff whenever there is a need for such action.

### 514.12 TRAINING

The Training Director shall provide training for staff in how to conduct pat-downs, custodial searches and strip searches in a professional and respectful manner and in the least intrusive manner possible, consistent with facility security needs (Wis. Stat. § 968.255). This training shall include cross-gender pat downs and searches, as well as searches of transgender and intersex inmates (28 CFR 115.15).

## Special Diet Request Procedure

### 909.1 PURPOSE AND SCOPE

The purpose of this procedure is to provide correctional officers guidelines when an inmate requests a special diet.

### 909.2 PROCEDURE

When an inmate requests a special diet, he/she shall:

- Submit a kiosk request to Programs Officers, asking for a special religious diet.
  - If an inmate professes a Jewish, Muslim, or other faith requiring dietary restrictions, the Programs Officer shall interview him/her to determine if his/her need for a special diet is religious.
  - If the special diet requested is related to a medical condition, the inmate shall be directed to fill out a sick call slip to be seen by a medical health professional.
- If approved, the inmate shall sign the Special Diet Request Form, agreeing to its terms, and be added to the religious diets spreadsheet. One copy of the Special Diet Request Form shall be delivered to the kitchen and the original shall be kept in the Special Diets binder in the Programs office.
- If an inmate wishes to cancel his/her special religious diet, he/she shall submit a kiosk request to Programs asking to be removed. The Programs Officer shall have him/her sign the Special Diet Cancellation Form. Once signed, one copy is given to the kitchen and the original is kept in the Special Diets binder in the Programs Office.

## Special Needs Medical Treatment

### 713.1 PURPOSE AND SCOPE

This purpose of this policy is the proper treatment and management of inmates with chronic diseases and special needs. This is accomplished by utilizing nationally recognized, generally accepted clinical guidelines and establishing communication between qualified health care professionals and custodial personnel.

#### 713.1.1 DEFINITIONS

Definitions related to this policy include:

**Chronic disease** - An illness or condition that affects an individual's well-being for an extended interval, usually at least six months, and generally is not curable but can be managed for optimum functioning within any limitations the condition creates in the individual.

**Chronic disease program** - The inmate has regular clinic visits during which a qualified health care professional monitors the medical condition and adjusts treatment as necessary. The program also includes patient education for symptom management.

### 713.2 POLICY

It is the policy of this agency that all individuals identified as having chronic diseases or special needs are enrolled in a chronic disease program to decrease the frequency and severity of the symptoms, prevent disease progression and complication, and foster improved function.

When a qualified health care professional recognizes that an inmate requires accommodation due to a special need, correctional personnel should be notified in writing. Consultation between the qualified health care professional and custodial personnel should occur regarding the condition and capabilities of inmates with known special needs prior to a housing, work or program assignment, transfer to another facility or the imposition of disciplinary action.

Qualified health care professionals shall furnish special needs information regarding inmates to custodial personnel in order for them to accurately classify and house inmates in the facility. It is the responsibility of the Jail Commander or the authorized designee to ensure that inmates with special needs are receiving the proper care and that their needs are effectively communicated to custodial staff for appropriate accommodation (Wis. Admin. Code DOC § 350.15(8)).

### 713.3 CLINICAL PRACTICE GUIDELINES

The Responsible Physician or the authorized designee is responsible for establishing and annually reviewing clinical protocols to ensure consistency with the National Clinical Practice Guidelines.

The clinical protocols for the management of chronic disease and special needs include, but are not limited to:

- Asthma
- Communicable diseases

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- Developmentally disabled inmates
- Diabetes
- Dialysis
- Frail or elderly inmates
- High blood cholesterol
- HIV
- Hypertension
- Mental illness
- Mobility impairments
- Pregnancy
- Seizure disorder
- Suicidal ideation
- Terminally ill
- Tuberculosis

#### **713.4 DOCUMENTATION**

Documentation in an inmate's medical record should include information regarding the chronic disease protocols deployed, who is responsible for the various protocols, the extent to which the chronic disease protocols are being followed and should include, but not be limited to:

- The frequency of follow-up for medical evaluation.
- How the treatment plan was adjusted when clinically indicated.
- The type and frequency of diagnostic testing and prescribed therapeutic regimens.
- The prescribed instructions for diet, exercise, adaptation to the correctional environment and medication.
- Clinical justification of any deviation from the established protocol.

A master list of all chronic disease and special needs patients should be maintained by the Responsible Physician or the authorized designee.

#### **713.5 CHRONIC CARE PROGRAM**

- (a) Newly incarcerated inmates shall receive a medical screening. This screening includes the documentation of any acute or chronic health problems or injuries, special needs, and any medications or treatments the inmate is currently receiving.
  1. If the inmate has been incarcerated previously, his/her health records should be reviewed.



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2. All special needs information should be sent to the classification unit to ensure the inmate is properly housed.
  3. Current medications being taken by the inmate should be verified and continued as deemed appropriate by the Responsible Physician.
  4. A health assessment shall be completed within 14 days of incarceration.
  5. The status of a special needs inmate should be evaluated, at minimum, every 90 days to determine the need for the continued designation.
- (b) Decisions involving a special needs inmate's assignment regarding housing, programs, discipline or transfers should include consultation between the Jail Commander or the authorized designee and the Responsible Physician or the authorized designee.
1. If exigent circumstances prevent a consultation, the decision should be reviewed as soon as practicable but no later than 72 hours post action.
- (c) Individual treatment plans are used to guide treatment for episodes of illness. The format for treatment planning may vary, but should include, at a minimum:
1. The frequency of follow-up for medical evaluation and adjustment of treatment modality.
  2. The type and frequency of diagnostic testing and therapeutic regimens.
  3. When appropriate, instructions about diet, exercise, adaptation to the correctional environment and medication.
- (d) Reasonable effort should be made to obtain health information and records from previous health care services, with the consent of the inmate, when the inmate has a medical problem that was being treated prior to incarceration.
- (e) Upon transfer to another correctional facility, a summary of the inmate's current condition, medications and treatment plan will be forwarded to the receiving facility in a sealed envelope to maintain inmate privacy.
- (f) Requests for health information from community health care services must be submitted with the inmate's written consent. If the inmate does not consent, the community health care service may be advised that the person is an inmate and the health information may not be provided without the inmate's written consent.
- (g) When inmates are sent out of this facility for emergency or specialty treatment, written information regarding the inmate's current medical status and treatment should accompany the inmate. Upon return to the facility, treatment recommendations from outside health care services should be reviewed by the Responsible Physician or the authorized designee for any changes in the custodial environment or in-house treatment plan.
- (h) Inmates identified as developmentally disabled shall be considered for discharge planning services.
- (i) With the inmate's written consent, the health services staff should:
1. Share necessary information with outside health care services.

***Special Needs Medical Treatment***

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2. Arrange for follow-up appointments.
  3. Arrange for transfer of health summaries and relevant parts of the health record to health care services or others assisting in planning or providing for services upon release.
- (j) Contacts with community providers should be documented via an administrative note in the patient's health record.
- (k) Patients with serious mental health issues, including those receiving psychotropic medication, will be informed about community options for continuing treatment and provided with follow-up appointments when possible.
- (l) Medications should be provided as appropriate.
- (m) The Responsible Physician is responsible for ensuring that local site-specific procedures facilitate discharge planning.

## Specialized Housing Inmates

### 504.1 PURPOSE AND SCOPE

Inmates who pose a heightened risk to themselves or others require special management, including frequent interaction and increased supervision by staff. Interaction with special management inmates is essential to maintaining a safe, secure and humane environment. This policy establishes guidelines and procedures for interacting with special management inmates in the custody of the Milwaukee County Sheriff's Office.

#### 504.1.1 DEFINITIONS

Definitions related to this policy include:

**Administrative segregation /confinement** - The physical separation of an inmate who is prone to escape or assault staff or other inmates, or one who is mentally deficient, in need of medical isolation or infirmary status. This is a non-punitive classification process. As outlined by Wis. Admin. Code DOC § 350.25, this includes administrative confinement, which is non-punitive, segregated confinement of an inmate to his/her cell or other designated area, to ensure personal safety and security within the jail.

**General population restricted (GPR)** - An inmate that has court-ordered privilege restrictions (e.g., phone, mail, visitation).

**Protective custody (PC)** - Also considered administrative segregation/confinement. This level of custody either is requested or required for an inmate's protection from others.

**Specialized housing inmate** - An inmate who falls into either of the previously mentioned classifications.

### 504.2 POLICY

This agency shall provide for the secure and segregated housing of any inmate, but shall not impose more deprivation of privileges than is necessary to obtain the objective of protecting the inmate, staff or the public.

### 504.3 SPECIALIZED HOUSING INMATE HOUSING CRITERIA

The safety and security of this facility is dependent on a classification system that identifies inmates who pose a risk to themselves or to others. Inmates who pose such a risk must be promptly and appropriately segregated from the general inmate population until such time that they no longer pose a risk. Staff must have the ability to promptly segregate these inmates pending further review.

Individuals who may be classified as specialized housing inmates include, but are not limited to, inmates who are:

- In protective custody or court-imposed segregation.
- Exhibiting mental health concerns.
- An escape threat or escape risk.

### Specialized Housing Inmates

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- A serious threat of violence.
- A known management problem.
- A suicide risk.
- Exhibiting medical issues.
- Physically impaired.

#### **504.4 CIRCUMSTANCES REQUIRING IMMEDIATE SEGREGATION**

Inmates will generally be assigned to segregation through the classification process. The Jail Captain or Lieutenant or supervisor has the authority to immediately place any inmate into segregation when it reasonably appears necessary to protect the inmate or others (see the *Disciplinary Segregation Policy*).

Reasons that an inmate may be placed into immediate segregation include the following:

- (a) The inmate requests protection or is under court-ordered protection, or the staff has determined that the inmate requires protection.
- (b) There is reason to believe the inmate poses a danger to him/herself or others (Wis. Admin. Code DOC § 350.25(1)).
- (c) The inmate poses an escape risk.
- (d) The inmate requires immediate mental health evaluation and medical housing is not reasonably available.
- (e) The inmate is charged with a disciplinary infraction and is awaiting a disciplinary hearing. In the judgment of the staff, the inmate may become disruptive or dangerous if left in general population, or may inhibit a disciplinary investigation (Wis. Admin. Code DOC § 350.25(1)).
- (f) The inmate is in the process of being transferred to a higher security classification.
- (g) Other circumstances where, in the judgment of the staff, the inmate may pose a threat to him/herself, others or the security or order of the facility (Wis. Admin. Code DOC § 350.25(1)).

##### **504.4.1 REVIEW PROCESS**

Appropriate notification shall be made when any inmate is placed in immediate segregation and shall be informed of the circumstances leading to the order to segregate. Within 24 hours of the inmate being placed into segregation, the Shift Commander must review the circumstances surrounding the segregation to determine which of the following actions shall be taken:

- (a) The inmate is designated for administrative segregation.
- (b) The inmate is designated for protective custody.
- (c) The inmate remains segregated pending a disciplinary hearing.
- (d) The inmate is returned to general inmate population.

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**504.5 PROTECTIVE CUSTODY**

The correctional officer responsible for assigning classifications to incoming inmates shall clearly document the reason an inmate should be placed into protective custody. Inmates in need of protective custody may be placed in a segregation unit when there is documentation that the protective custody is warranted and segregation is the least restrictive alternative reasonably available.

Inmates who are in protective custody shall receive all services and programs that are available to inmates in general population and that are deemed a privilege. Any deviation from allowing usually authorized items or activities shall be documented on the inmate's file.

**504.6 MAINTENANCE OF PRIVILEGES**

Inmates who are classified for housing in administrative segregation or protective custody shall, at a minimum, be allowed access to programs and services including, but not limited to, the following:

- Inmate telephones
- Family visitation
- Educational programming appropriate to the inmate classification
- Access to commissary services
- Library and law library services
- Social services
- Faith-based guidance, counseling and religious services
- Recreation activities and exercise
- Social and professional visits

Nothing in this policy prohibits changing the delivery of programs or services to segregated inmates in order to provide for the safety and security of other inmates and staff.

**504.7 REVIEW OF STATUS**

The Jail Captain or Lieutenant, supervisor or classification officer shall review the status of all inmates who are housed in segregation units and designated for administrative segregation or protective custody. This review shall occur every seven days. The review should include information about these inmates to determine whether their status in administrative segregation and protective custody is still warranted. Each review shall be documented (Wis. Admin. Code DOC § 350.25(3)).

If other reasonable housing options exist that will provide for the safety of the inmate, the inmate should be moved out of segregation. In reviewing an alternative housing decision, the safety of the inmate shall receive the utmost consideration.

### Specialized Housing Inmates

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#### **504.8 HEALTH EVALUATION REQUIREMENTS**

After notification from staff that an inmate is being placed in segregation, the Jail Captain or Lieutenant shall ensure that the following occurs:

- (a) A qualified health care professional shall review the inmate's health record to determine whether existing medical, dental or mental health needs contraindicate the placement or require special accommodations.
- (b) If contraindications or special accommodations are noted, the qualified health care professional shall inform the Jail Captain or Lieutenant and coordinate the appropriate plan for the inmate based on the safety needs of the facility and the medical needs of the inmate.

##### **504.8.1 HEALTH CONSIDERATIONS**

Due to the possibility of self-inflicted injury and depression during periods of segregation, health evaluations should include notations of any bruises and other trauma markings and the qualified health care professional's comments regarding the inmate's attitude and outlook.

- (a) Unless medical attention is needed more frequently, each inmate in segregation should receive a daily visit by medical staff. A medical assessment should be documented in the inmate's medical file.
- (b) A qualified health care professional shall also conduct weekly rounds for a mental health evaluation.

When an inmate is classified as a specialized housing inmate due to the presence of a serious mental illness and is placed in a segregation setting, the staff shall document this in the inmate's file and notify the qualified health care professional. When an inmate is expected to remain in segregation for more than 30 days (based upon disciplinary decisions, protective needs or other factors), the qualified health care professional shall be notified.

Where reasonably practicable a qualified health care professional should provide screening for suicide risk during the three days following admission to the segregation unit.

#### **504.9 SAFETY CHECKS**

A staff member shall conduct a face-to-face safety check of all special management inmates, including those housed in administrative segregation or protective custody, at least every 30 minutes on an irregular schedule.

Inmates who are at risk of suicide shall be personally observed by staff at least every 15 minutes on an irregular schedule. The Shift Commander, in consultation with a mental health professional, may place a high-risk inmate on continuous observation to ensure the safety of the inmate.

Special management inmates shall receive increased monitoring to include, at a minimum:

- (a) A daily visit by a qualified health care professional.
- (b) Visits by members of the program staff, upon request.

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All management, program staff and qualified health care professional visits shall be documented in the appropriate records and logs and retained in accordance with established records retention schedules.

**504.10 LOG PROCEDURES**

Handwritten logs should be completed in ink. Once an entry is made it should not be modified. If corrections or changes are needed, they should be done by way of a supplemental entry. Electronically captured logs will be maintained in a way that prevents entries from being deleted or modified once they are entered. Corrections or changes must be done by way of supplemental entries. At a minimum the log will contain the following:

- Inmate name
- Inmate booking number
- Classification status
- Housing assignment
- Date and time initially housed
- Date and time of entry and exit from the cell
- Reason for the special housing
- Anticipated time of removal
- Medical, psychological, or behavioral considerations
- Counseling for behavior
- Removal date and time from special housing

Log entries should be legible, entered promptly and provide sufficient detail to adequately reflect the events of the day for future reference.

The date and time of the observation or incident and the name and identification number of the staff member making the log entry shall be included on each entry.

Supervisors should review the logs frequently during the shift and enter comments as appropriate. At minimum, supervisors should enter the date and time of each review.

All safety checks will be documented in detail and should include the exact time of the safety check and the identification information of the employee conducting the check.

**504.10.1 LOG INSPECTION AND ARCHIVAL OF LOGS**

The Jail Captain or Lieutenant shall review and evaluate the logs and pass any significant incidents via the chain of command to the Jail Commander for review.

The logs will be retained by the Agency in accordance with established records retention schedules, but in no case less than one year.

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**504.11 DOCUMENTATION IN THE INMATE'S FILE**

The reason an inmate is placed in administrative confinement and the length of time the inmate remains in administrative confinement shall be documented in the inmate's file (Wis. Admin. Code DOC § 350.25(4)).

**504.12 STAFF SELECTION CRITERIA**

To qualify for an assignment in which one is solely responsible for the supervision of special management inmates, the employee must demonstrate that he/she has:

- (a) A history of maturity and tolerance.
- (b) Expressed an interest in working with special management inmates.
- (c) The ability to manage difficult inmates through conflict management skills.

**504.12.1 STAFF ASSIGNMENT**

Staff assignments to a special management inmates unit will be made by the Shift Commander or the authorized designee and are subject to continuous review. The special management inmates unit manager may rotate staff whenever he/she determines that it is in the best interest of the employee or the facility.

Staff assigned to units with special management inmates should be closely supervised. Staff assigned to these units may rotate to other duties upon request.

Nothing in this section prohibits a probationary employee from working in a special management inmates unit under direct supervision of a training officer as a part of the training program.



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## Storage of Prescription Medication Procedure

### 536.1 PURPOSE AND SCOPE

The purpose of this procedure is to provide members guidance in the prescription medication requirements of newly booked inmates.

### 536.2 PROCEDURE

If an arresting officer discovers prescription medication on an arrestee's person during or after an arrest, the officer shall present it to the booking nurse upon arrival to the Jail.

- (a) If the nurse accepts the prescription medication:
  - 1. The medication will be stored in the pharmacy on the second floor of the Jail with the other prescribed medications, and will be the responsibility of the contracted medical provider.
- (b) If the nurse rejects the prescription medication:
  - 1. The prescription medication shall be returned to the custody of the arresting officer.

If prescription medication is found after booking, it shall be confiscated and processed in accordance with the Disposition of Property, Contraband, and Evidence Policy.

## Suicide Prevention and Intervention

### 718.1 PURPOSE AND SCOPE

This policy establishes the suicide prevention and intervention to identify, monitor and, when necessary, provide for emergency response and treatment of inmates who present a suicide risk while incarcerated at the Milwaukee County Sheriff's Office detention facilities.

This policy is intended to reduce the risk of self-inflicted injury or death by providing tools to the staff that will allow a timely and organized emergency response to suicide, suicide attempts or an inmate's unspoken indication that suicide is being considered. The three key components of this plan are evaluation, training and screening with intervention.

### 718.2 POLICY

It is the policy of this agency to minimize the incidence of suicide by establishing and maintaining a comprehensive suicide prevention and intervention program designed to identify inmates who are at risk of suicide and to intervene appropriately whenever possible.

The program shall be developed and approved by the local public health entity or contracted mental health provider.

### 718.3 SUICIDE PREVENTION PROGRAM

The Jail Commander in cooperation with the Responsible Health Authority shall establish a suicide prevention program. The Program members will evaluate and approve the suicide prevention and intervention program on a regular basis. The suicide prevention members should consist of qualified mental health care professionals. Evaluations will include a review of all current policies to ensure they are relevant, realistic, and consistent with the mission of the program.

It shall also be the responsibility of the suicide prevention program to coordinate with the Training Academy to ensure that suicide prevention training is provided in compliance with all applicable statutes and standards. The suicide prevention program shall utilize qualified health care professionals to assess an inmate's level of suicide risk (Wis. Admin. Code DOC § 350.17(4)).

### 718.4 STAFF TRAINING

All facility staff responsible for supervising inmates shall receive initial and two hours annual training on suicide risk identification, prevention and intervention, to include, at minimum (Wis. Admin. Code DOC § 350.17(11)):

- The provisions of this policy.
- Identification of warning signs and risk factors.
- Dynamics of suicide in custody environments.
- Corrections and health care personnel communications.
- Referral procedures.

### Suicide Prevention and Intervention

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- Observation and suicide watch procedures.
- Monitoring inmates who attempt suicide.

Recommendations for modification to the suicide training should be directed to the Jail Commander and/or the Training Academy, who shall review the recommendations and approve, if appropriate.

#### **718.5 SCREENING AND INTERVENTION**

All inmates shall undergo medical and mental health screening during the intake process. This includes obtaining documented information from the arresting or transporting agency regarding an inmate's potential for suicide or self-harm (Wis. Admin. Code DOC § 350.17(1)).

A portion of the intake medical screening is devoted to assessing inmates at risk for suicide.

Upon an arrestee entering the facility, he/she should be assessed by custody staff for the ability to answer medical and mental health screening questions.

Any inmate who appears to be unable to answer the initial medical screening questions shall be examined by a qualified health care professional at a designated hospital and receive medical clearance before acceptance into the jail. Inmates who refuse to answer these questions shall be placed under observation until the screening can be completed or until sufficient information is obtained to allow the staff to make appropriate decisions concerning housing and care.

Staff members shall promptly refer any inmate who is at risk for suicide to a supervisor, classification, health services, and mental health services. The inmate shall remain under direct and constant observation in a safe setting until designated staff makes appropriate health care and housing decisions (Wis. Admin. Code DOC 350.18(1); Wis. Admin. Code DOC § 350.17).

#### **718.6 SUICIDE WATCH**

If an inmate is placed on suicide watch by a qualified mental health care professional or correctional officer, a supervisor shall be notified. If a qualified mental health care professional is not present in the jail, the Jail Captain or Lieutenant may make the decision to keep the inmate on suicide watch but should notify a qualified mental health care professional within 12 hours and assessment conducted as soon as practicable (Wis. Admin. Code DOC § 350.17(5)).

Inmates placed on suicide watch shall be closely monitored and housed in a cell that has been designed to be suicide resistant. Prior to housing the inmate, the staff should carefully inspect the cell for objects that may pose a threat to the inmate's safety (Wis. Admin. Code DOC § 350.17(3)).

Qualified mental health care professionals are primarily responsible for the treatment of inmates on suicide watch. Correctional officers and general employees are responsible for the physical safety of the inmates. All staff members should coordinate their efforts to ensure that inmates do not have the means or the opportunity to injure themselves (Wis. Admin. Code DOC § 350.17(7)).

An observation log shall be maintained for each inmate on suicide watch. A staff member shall be designated to make a direct visual observation of the inmate at no less than 15-minute irregular

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intervals (Wis. Admin. Code DOC § 350.18(1)). A Jail Captain or Lieutenant must observe the inmate at least once every eight hours. A qualified health care professional must observe the inmate at least once per day. Each staff member who is required to observe the inmate shall make notations in the observation log documenting the time of observation and a brief description of the inmate's behavior.

An inmate classified as actively suicidal must be continuously monitored by direct visual observation of a correctional officer. While monitoring may be supplemented by video monitoring, it may never be a substitute for direct visual monitoring (Wis. Admin. Code DOC § 350.18(2)).

The status of suicidal inmates should be readily identifiable in a manner discernible by the staff. If an inmate's clothing presents a risk to the inmate or others, the inmate shall be required to wear a security garment that minimizes the risk and does not unnecessarily stigmatize the inmate. Use of the security garment shall be documented in the inmate's health record. Suicidal inmates shall not be permitted to retain undergarments unless the inmate is female and currently menstruating. Inmates shall not have any other item that can be fashioned into an implement for hanging (e.g., plastic bags, shoelaces, sheets). Inmates shall not be permitted to keep personal property while housed on suicide watch. Inmates on suicide watch shall not be permitted to possess razors or other sharp objects, such as pencils, items with staples, or any other item that may be used to cause a self-inflicted injury. Physical restraints should only be used as a last resort measure. The decision to use or discontinue use of restraints should be made in consultation with qualified health care professionals.

Inmates who are not actively suicidal but who have expressed suicidal thoughts or have a recent history of self-injurious behavior should be observed by staff at irregular intervals, not to exceed every 15 minutes (Wis. Admin. Code DOC § 350.17; Wis. Admin. Code DOC § 350.18).

#### 718.6.1 INTERVENTION

Any suicide attempt is a medical emergency. Staff should take action to facilitate emergency medical care and preserve and collect evidence as necessary. A qualified health care professional should be summoned immediately any time the staff suspects a suicide attempt is imminent. Staff should take reasonable and appropriate precautions to mitigate the ability of the inmate to injure him/herself, and should consider establishing and maintaining a non-threatening conversation with the inmate while awaiting assistance. If a qualified health care professional is not immediately available, the inmate should be placed in an appropriate and safe location until such time as qualified health care professionals or the Responsible Health Authority is available.

Following a suicide attempt, staff should initiate a medical emergency response and initiate and continue appropriate life-saving measures until relieved by qualified health care professionals. The arriving medical staff should perform the appropriate medical evaluation and intervention. The Responsible Health Authority or the authorized designee should be notified in situations when referral and transportation to the emergency room of a local hospital is required (Wis. Admin. Code DOC § 350.17(8)).

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#### 718.6.2 NOTIFICATION

In the event of an attempted or completed suicide, the Jail Commander or the authorized designee should be promptly notified. The Jail Commander or the authorized designee should notify the Chief Deputy (Wis. Admin. Code DOC § 350.17(9)). The Jail Commander or the authorized designee shall notify the Department of Corrections' regional Detention Facilities Specialist (Wis. Admin. Code DOC § 350.10(3)).

The location where a suicide or attempted suicide has occurred should be treated as a crime scene after the inmate has been removed from the cell or after emergency medical care is rendered. The area should be secured and access-controlled to preserve evidence until the appropriate investigation can be completed.

All suicides or attempted suicides shall be documented in an incident report. Any injury must be documented in an inmate injury report.

All in-custody deaths, including those resulting from suicide, should be investigated and documented in accordance with the [Reporting In-Custody Deaths Policy](#). All suicides and significant suicide attempts shall be followed by an operational review (Wis. Admin. Code DOC § 350.17(13)).

#### 718.6.3 DOCUMENTATION

Action and decisions regarding inmates who are suicide risks shall be documented and will include the following (Wis. Admin. Code DOC § 350.17(10)):

- (a) Individual initiating the suicide watch
- (b) Date and time the watch was initiated
- (c) Reason the watch was initiated
- (d) Name of the supervisor contacted
- (e) Date and time the supervisor was contacted
- (f) Name, date, and time of referral to a qualified mental health care professional
- (g) Name, date, time, and signature of the qualified mental health care professional removing the inmate from a suicide watch

#### 718.7 FOLLOW-UP

Qualified mental health care professionals should evaluate any inmate placed on suicide watch within 24 hours of placement or at the next available physician's visit, whichever is earliest. After evaluation, qualified mental health care professionals should make a recommendation whether to keep the inmate on suicide watch. Only a qualified mental health care professional may remove an inmate from suicide watch.

All changes in inmate status should be reported to the qualified mental health care professional to ensure the inmate receives appropriate care. The inmate's health record should be updated to reflect all contacts, treatment and any other relevant information, and the records maintained in accordance with established records retention schedules.

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Although the goal of this program is to significantly reduce the risk of in-custody deaths, the ongoing care of suicidal inmates after release must also be considered. Inmates who are at risk for suicide should work with local or area mental health resources and inmate families after release. A correctional officer should complete the necessary application, documenting the reasons why the inmate is believed to be suicidal. The completed application should accompany the released inmate to the designated facility.

#### **718.7.1 DEBRIEFING**

Any suicide attempt or death of an inmate or on-site staff member requires a staff debriefing. Information will be communicated to the oncoming Jail Captain or Lieutenant and staff to apprise them of the incident and actions taken with regard to the incident. Such debriefing will be appropriately documented and shall be reviewed by administration, security, and the Responsible Health Authority (Wis. Admin. Code DOC § 350.17(12)). Involved staff members will be offered confidential critical stress debriefing services.

#### **718.8 TRANSPORTATION**

Inmates at risk for suicide pose additional challenges during transport and while being held in court holding facilities. The transportation staff should take reasonable steps to closely monitor at-risk inmates whenever they are transported or held in any cell that is not designated as a suicide-watch cell. All additional security and monitoring measures implemented by the staff should be documented in the inmate's record. The transporting correctional officer should ensure that the suicide threat or other danger is communicated to personnel at the receiving facility.

## Transfer Screening

### 709.1 PURPOSE AND SCOPE

This policy recognizes that inmates are frequently transferred within the correctional authority's system and to facilities outside the system, and that a summary of the current health care plan is critical to ensure continuity of care and to avoid unnecessary diagnostics.

### 709.2 POLICY

Inmates who are transferred to other correctional or health care facilities shall be sent with a health discharge summary form that includes information about the inmate's medical and mental health condition, the current treatment plan and any medications, if needed (Wis. Stat. § 302.388(2); Wis. Admin. Code DOC § 350.15(14)).

### 709.3 TRANSFERS

When any inmate is being transferred to another county or state correctional facility, a health summary form, provided by the Wisconsin Department of Corrections, shall be completed by a qualified health care professional and delivered along with any related medical records to the receiving facility's intake staff at the time of transfer. The form shall be completed following the health summary instructions.

If a complete copy of the inmate's medical file is provided to the receiving facility's intake staff at the time of transfer, the health summary form will not be required (Wis. Stat. § 302.388(2); Wis. Admin. Code DOC § 350.15(14)).

If the receiving facility requests a copy of the medical record, it will be supplied within five working days.

The health summary form and any related medical records being transferred shall be placed in a format that maintains the confidentiality of the inmate's medical information. The transporting personnel shall be provided separate written directives for any medications, required health care or safeguards while traveling. The transporting personnel shall also document on the transfer log the date, time and name of the person receiving the inmate, the health summary form and medical records.

#### 709.3.1 EXTENDED TRANSPORTATION OF INMATES

When an inmate will be in transfer status for several days and housed temporarily at various custody facilities along the way, a medical transfer packet shall be prepared by the qualified health care professional in a form that will advise the temporary housing facilities of any medical needs of the inmate. When medically appropriate, a small supply of medication should be provided with the medical transfer packet so it will be available to the temporary housing facility as needed.

### 709.4 RECEIVING TRANSFERRED INMATES

When an inmate being transferred to this facility arrives without a full and comprehensive medical transfer packet from another facility, the inmate shall be medically screened and receive a

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comprehensive health appraisal, in accordance with the **Medical Screening Policy** and **Health Appraisals Policy**. The medical department of the sending facility should be promptly contacted to determine if the transferred inmate has any medical needs that require immediate attention or any scheduled surgeries or appointments with community health care services. Arrangements should then be made with the sending facility for the delivery of a more detailed review of the inmate's medical needs.