

Eau Claire County Sheriff's Office

Custody Manual

PHILOSOPHY AND GOALS

We hope to return the offender to the community better than when they arrived, by providing structure and an opportunity for positive change.

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CODE OF ETHICS

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

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

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

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

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

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

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Chapter 1 - Role and Authority

Organizational Structure and Responsibility

100.1 PURPOSE AND SCOPE

The organizational structure of the Office is designed to create an efficient means to accomplish its mission and goals and to provide for the best possible service to the public.

100.2 DIVISIONAL RESPONSIBILITY

The Sheriff is responsible for administering and managing the Office. There are three divisions in the Office:

- Administrative Division
- Security Services Division
- Field Services Division

100.2.1 ADMINISTRATIVE DIVISION

The Administrative Division is commanded by the Administrative Manager, whose primary responsibility is to provide general management direction and control for the Administrative Division. The Administrative Division consists of Administrative, Personnel Services, Financial and Technology Support.

100.2.2 SECURITY SERVICES DIVISION

The Security Services Division is commanded by a Captain, whose primary responsibility is to function as the Jail Administrator to provide general management direction and control for the jail. The Security Services Division consists of Custody Operations, which includes Investigations, Court Room operations, Medical/Mental Health Services, Programs and Transportation.

100.2.3 FIELD SERVICES DIVISION

The Field Services Division is commanded by a Captain, whose primary responsibility is to provide general management direction and control of Field Services.

100.3 CHAIN OF COMMAND

To maintain continuity, order and effectiveness in the Office, a chain of command has been established and should be respected. All staff members should adhere to the chain of command in all official actions. However, nothing shall prohibit a staff member from initiating immediate action outside of the chain of command if it is necessitated by a complaint of discrimination, sexual harassment, gross malfeasance or a violation of the law.

Authority and Legal Assistance

101.1 PURPOSE AND SCOPE

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

101.2 POLICY

It is the policy of this Office that the local detention facility will be maintained by all lawful means for the incarceration of persons suspected of violating the law or who have been adjudicated as guilty of committing a crime or civil offense by a competent legal authority, as prescribed by law.

101.3 LEGAL FOUNDATION

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

101.4 LEGAL ASSISTANCE

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

- (a) Analyze and alert the jail executive and management team to jail-related case law.
- (b) Serve as a legal consultant in the construction and review of new jail policies and procedures.
- (c) Serve as a legal consultant on issues related, but not limited to:
 1. Use of force
 2. Faith-based requests
 3. Complaints and grievances
 4. Allegations of abuse by staff
- (d) Serve as legal counsel in legal matters brought against this office and the Sheriff.

101.4.1 LEGAL LIAISON

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

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Authority and Legal Assistance

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

Annual Review and Performance-Based Goals and Objectives

102.1 PURPOSE AND SCOPE

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

102.2 POLICY

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

102.3 ANNUAL REVIEW

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

- (a) Statutory, regulatory and other requirements applicable to the operation of the facility.
- (b) Lawsuits and/or court orders/consent decrees.
- (c) Office policies, procedures, directives and post orders that guide the operation of the facility.
- (d) Fiscal operations and accounting procedures.
- (e) Personnel issues/actions that include, but are not limited to, on-the-job injuries, internal affairs investigations, employee grievances, employee discipline, selection and recruitment.
- (f) Compliance with internal/external inspections of the facility.
- (g) Condition of the physical plant, infrastructure and maintenance efforts.
- (h) Cleanliness of the facility.
- (i) Inmate profiles and trends that measure:
 1. Inmate population (Average Daily Population)
 2. Inmate population by gender
 3. Highest one-day count
 4. Bookings/releases
 5. Percentage of male inmates
 6. Percentage of female inmates
 7. Juveniles in custody
 8. Felony inmates in custody

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Annual Review and Performance-Based Goals and Objectives

9. Misdemeanor inmates in custody
 10. Pre-trial population
 11. Sentenced population
 12. Medical beds
 13. Mental health beds
 14. Meal counts (regular, medical, court meals)
 15. Special needs inmates
 16. Classification issues
 17. Demographics (age, race, gang affiliation)
- (j) Security issues that include:
1. Inmate-on-inmate assaults
 2. Inmate-on-staff assaults
 3. Major disturbances
 4. Deaths in custody (natural/suicide/homicide/accidents)
 5. Suicide attempts
- (k) Inmate programs including:
1. Education
 2. Commissary
 3. Drug and alcohol programs
 4. Faith-based services

102.4 CRITERIA TO MEASURE PERFORMANCE

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

- (a) Fiscal year budget surpluses or successful operations even with budget reductions
- (b) Findings from independent financial audits
- (c) Inmate grievances
- (d) Documentation that office investigators have completed the required specialized training in conducting sexual abuse investigations (28 CFR 115.34)
- (e) Documented training hours received by staff
- (f) Completed audits of the policy and procedures manuals

102.5 MANAGEMENT REVIEW PROCESS

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

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Annual Review and Performance-Based Goals and Objectives

- (a) **Performance analysis** - Performance analysis attempts to discover discrepancies between the expected and actual levels of performance. This analysis should focus on whether the practices in this facility are meeting the mission of the Office and whether office policies and procedures are in alignment with statutes, regulations and court orders.
- (b) **One-to-one interviews** - Scheduled interviews with custody staff held in private to encourage candid responses, to help identify issues or conditions that should be targeted for review or correction.
- (c) **Questionnaires** - Questionnaires should be used as a group method to solicit suggestions and information about what operations are in need of adjustment or where program resources should be directed.
- (d) **Staff debriefing** - Staff should be periodically debriefed, especially after an emergency operation or incident, to identify aspects of facility operations that may need to be addressed by the Jail Administrator and supervisors.
- (e) **Inspection findings** - The Office is subject to a variety of administrative inspections (standard-setting authorities, command staff, grand jury, jail advocates). These annual inspections should be used to identify ongoing issues in the operation of this facility.

102.6 MANAGEMENT REVIEW RESULTS

To the extent reasonably practicable the individuals responsible for the development of a management review should follow the guidelines established in the Administrative Communications Policy and Annual Facility Inspection Policy to document and support the findings.

The results of management reviews should be used in the ongoing process of continuous improvement. They should be used to direct changes in the operation of this facility or to identify successful operations that might be replicated in other areas of the facility. They should not, however, include specific identifying information of incidents or involved individuals.

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

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103.1 PURPOSE AND SCOPE

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

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

103.2 POLICY

The manual of the Eau Claire County Sheriff's Office-Security Services Division is hereby established and shall be referred to as the Custody Manual. All members are to conform to the provisions of this manual.

103.2.1 DISCLAIMER

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

103.3 RESPONSIBILITIES

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

The Jail Administrator or authorized designee shall ensure that the Custody Manual is reviewed annually, updated whenever necessary and staff trained accordingly to ensure that the policies in the manual are current and reflect the missions of the Eau Claire County Sheriff's Office-Security services Division. The review shall be documented in written form sufficient to indicate that policies and procedures have been reviewed and amended as appropriate to facility changes.

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103.3.1 DEPARTMENT OF CORRECTIONS APPROVAL

The Sheriff or authorized designee shall submit the initial Custody Manual to the Wisconsin Department of Corrections for approval and will comply with all measures of the approval process (Wis. Admin. Code DOC § 350.09).

103.3.2 COMMAND STAFF

The command staff should consist of the following:

- Sheriff
- Jail Administrator/Captain
- Assistant Jail Administrator/Lieutenant
- Sergeant

103.3.3 OTHER PERSONNEL

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

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

103.4 DEFINITIONS

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

Office - The Eau Claire County Sheriff's Office.

Custody Manual - The Eau Claire County Sheriff's Office Custody Manual.

Employee - Any person employed by the Office.

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

Member - This term applies to all persons who are employed by the Eau Claire County Sheriff's Office-Security Services Division, including:

- Full- and Part-time Employees.
- Sworn Personal
- Reserve Officers
- Civilian Officers
- Civilian Employees

Officer - All persons, regardless of rank, who are employees and who are selected and trained in accordance with state law as Correctional Officers of the Eau Claire County Sheriff's Office-Security Services Division.

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

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

Rank - The job classification title held by an Officer.

Shall or will - Indicates a mandatory action.

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

103.5 DISTRIBUTION OF MANUAL

Copies of the Custody Manual shall be made available to all Security Services Employees. An electronic version of the Custody Manual will be made available to all members on the Office network (Wis. Admin. Code DOC § 350.09).

No changes shall be made to the manual without authorization from the Jail Administrator or an authorized designee.

103.6 MANUAL ACCEPTANCE

As a condition of employment, all members are required to read and obtain necessary clarification of this Office's policies. All members are required to sign a statement of receipt acknowledging that they have received a copy or have been provided access to the Custody Manual. [See attachment: Lexipol acknowledgement.pdf](#)

103.7 REVISIONS TO POLICIES

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

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

Administrative Communications

104.1 PURPOSE AND SCOPE

Effective communications within the Eau Claire County Sheriff's Office are critical to the accomplishment of the mission of the office and the effective operation of the Security Services Division. Administrative communications of this Office are governed by the following policy.

104.2 POLICY

The Eau Claire County Sheriff's Office will appropriately communicate significant events within the organization to its members. Both electronic and non-electronic administrative communications will be professional in appearance and comply with the established letterhead, signature and disclaimer guidelines, as applicable.

104.3 PERSONNEL ORDERS

Personnel orders may be issued periodically by the Sheriff to announce and document all promotions, transfers, hiring of new personnel, separations, personnel and group commendations or other changes in status.

104.4 CORRESPONDENCE

All Office correspondence is to be written in a clear, concise manner, consistent with the report formats and guidelines prescribed in this policy and reflecting the highest possible quality in organization, grammar, punctuation and spelling.

All external correspondence shall be on Office letterhead. All Office letterhead, including all digital facsimiles of the letterhead, shall bear the signature element of the Sheriff or the authorized designee. Personnel should use Office letterhead only for official business and with the approval of their supervisors.

104.5 SURVEYS

All surveys made in the name of the Sheriff shall be authorized in advance by the Sheriff, the Jail administrator or authorized designee.

104.6 COMPLETED STAFF WORK

All staff reports (e.g., reports assigned to a specific person for the purpose of responding to a problem or issue) shall incorporate the principle of "completed staff work," which requires the person to whom a task has been delegated to complete and document the delegated work to such an extent that the only thing left for the decision-maker to do is to approve or decline to approve the recommendation. Staff reports that only point out weaknesses or merely suggest needed actions are not completed staff work and are not acceptable.

The writer of the staff report should document the efforts made to have the report reviewed by or acted upon by those individuals representing work units or other entities likely to be affected by any proposed changes.

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Administrative Communications

104.7 INTRODUCTORY SUMMARY MEMORANDUMS

Any memorandum that exceeds one page in length should contain a brief introductory summary section synthesizing the subject matter.

104.8 ADMINISTRATIVE REPORT FORMAT

All staff reports submitted via the chain of command to superior officers for further action should be written in accordance with the following format, when applicable.

Executive Summary Section - The staff report should begin with a brief statement of the problem or issue and what could be done about it. This summary should restate the main points of the report in general, non-technical language, leaving out details. The length of the executive summary section should range from one paragraph to one page.

Problem/Issue Identification Section - This section of a staff report is critical to the success of the reader's ability to grasp the issues involved and to arrive at an informed decision. It should strive to identify the true nature and scope of the problem by identifying the known facts and background of the situation, including who has the problem, how long has it existed and the known or likely consequences of the problem.

Forecast Future Impacts - This section of the report should clearly define the problem and be accompanied by an analysis of relevant factors, supported by specific examples, details or testimony, clarifying what the problem is and why it exists. Generally, the reader should be able to leave this section of the report clearly understanding the issues involved and the consequences of taking no action.

Alternatives Analysis Section - Whenever the seriousness or complexity of a problem warrants the development of alternative solutions, a staff report should include a section containing a discussion of different courses of action and their consequences, taking into account the comments and positions of other staff members or entities affected by any Office response to the problem.

Departmental Directive

105.1 PURPOSE AND SCOPE

Departmental Directives establish a communication practice that may be used by the Sheriff to make immediate changes to policy and procedure in accordance with and as permitted by statutes, regulations or negotiated contracts. Departmental Directives will immediately modify or change and supersede the sections of this manual to which they pertain.

105.2 DEPARTMENTAL DIRECTIVES PROTOCOL

Departmental Directives will be incorporated into the manual as required upon approval of the Sheriff. Departmental Directives will modify existing policies or create a new policy as appropriate. The previous policy will be rescinded upon incorporation of the new or updated policy into the manual.

Any Departmental Directive issued after publication of the manual should be numbered consecutively, starting with the last two digits of the year, followed by the number "01" as in yy-01.

105.3 RESPONSIBILITIES

105.3.1 SHERIFF

The Sheriff, with the assistance of office staff, shall issue and be responsible for all Departmental Directives, including their publication and dissemination throughout the Office.

105.3.2 MANAGERS AND SUPERVISORS

Managers and supervisors are responsible for ensuring that staff under their command receive training on all new Departmental Directives.

Training documentation shall be placed into the supervisor's file or the employee's training file.

Annual Facility Inspection

106.1 PURPOSE AND SCOPE

Annual facility inspections are the collections of data designed to assist administrators, managers and supervisors in the management of the custody facility by means of establishing a systematic inspection and review of its operation. This policy provides guidelines for conducting the annual facility inspection.

106.1.1 POLICY

This office will use a formal annual inspection process of its facility to ensure that practices and operations are in compliance with statutes, regulations, policies and procedures and best practice standards. Inspections will be used to help identify the need for new or revised policies and procedures, administrative needs, funding requirements, evaluation of service providers and changes in laws and regulations.

106.2 JAIL ADMINISTRATOR RESPONSIBILITY

The Jail Administrator is responsible for collecting performance indicators and other relevant data to generate and provide an annual inspection of all custody facilities. The Jail Administrator will ensure that inspections are conducted as outlined below for each facility type on an annual basis.

Annual inspections may be used in preparation of inspections by outside entities, such as inspections by a government inspection authority, professional organization or accreditation body. In this case, the local inspection will serve as a pre-inspection review that will prepare the facility for the outside or third-party evaluator.

106.3 INSPECTION AREAS

The annual inspection should include the following areas in the assessment process:

- (a) **Pre-assessment briefing** - The pre-assessment briefing should begin with a meeting of the Jail Administrator, key program staff and service providers. The individual conducting the assessment will need to advise key personnel of the areas they will be inspecting so the appropriate materials will be brought up to date and made available to the assessment team.
- (b) **Policy review** - A review of all jail policies and procedures should be conducted to ensure that those policies are up to date and accurately reflect the requirements and activities related to the jail operation.
- (c) **Record review** - A review of the records that support jail activities, medical records and the facility's financial records should be conducted to ensure that contractual benchmarks are being met and that any discrepancies are documented and reported as part of the assessment report in an effort to mitigate harm from improper access to or release of records.

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Annual Facility Inspection

- (d) **Benchmark review** - A review of the Office stated goals and objectives should be discussed with the Jail Administrator, program managers and other key providers of programs. This will provide the opportunity to identify any areas that require correction, additional resources or that reflect a successful performance that should be acknowledged and possibly replicated.
- (e) **On-site inspections** - The assessment team should conduct on-site inspections of the facility to verify that activities in the facility are in alignment with goals and objectives and compliant with policies and procedures. Any discrepancies, as well as exceptional efforts on the part of management and staff, should be reported as a part of the jail assessment. An inspection checklist should be used to guide the inspection process and to ensure consistency. It is important that the jail assessments be viewed as a credible measurement instrument as many issues identified in the assessment may require significant funding.
- (f) **Develop an action plan** - After the fact-finding described in the previous sections has been accomplished, notes, records and recommendations should be analyzed and an action plan developed to initiate any needed correction. Documenting successful practices is important to determine if they can be replicated in other areas.
- (g) **Reporting** - The results of the inspection should be compiled into a report and should include recommendations and action plans necessary to ensure continuous improvement in the operation and management of the jail system. The completed report and any analysis and documentation required to justify costs, policy revisions or any other administrative requirements should be submitted to the Sheriff.
- (h) **Monitor progress** - The Jail Administrator should ensure that approved recommendations are being instituted by the responsible program providers.

106.4 FOCAL POINTS FOR INSPECTIONS

Inspections of facilities used for detaining persons pending arraignment, held during trial and held upon a lawful court commitment should include inspection of the policies, procedures and performance by management and staff to ensure compliance and timely updates. Inspections should include, but not be limited to, the following inspection points:

- Staff training
- Number of personnel
- Policy and procedures manual
- Fire suppression pre-planning
- Incident reports
- Death in-custody
- Documented suicide attempts

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- Classification plan
- Reception and booking
- Communicable disease prevention plan
- Inmates with mental disorders
- Administrative segregation
- Developmentally disabled inmates
- Use of force and restraint devices
- Contraband control
- Perimeter security
- Searches (area and personal)
- Access to telephones
- Access to courts and counsel
- Inmate visiting
- Inmate mail
- Religious access
- Health care services
- Intake medical screening
- Pest control
- Detoxification treatment
- Suicide prevention program
- First-aid kit
- Meals, frequency of serving
- Minimum diet
- Food service plan
- Food serving and supervision
- Facility sanitation, safety, maintenance
- Tools, key and lock control
- Use of safety cells
- Plan for inmate discipline including rules and disciplinary penalties, forms of discipline, limitations on discipline and disciplinary records.
- Bedding and linen use

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- Mattress conditions and replacement

Standards of Conduct

107.1 PURPOSE AND SCOPE

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

107.2 POLICY

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

107.3 DIRECTIVES AND ORDERS

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

107.3.1 UNLAWFUL OR CONFLICTING ORDERS

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

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

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

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

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107.3.2 SUPERVISOR RESPONSIBILITIES

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

- (a) Failure to be reasonably aware of the performance of their subordinates or to provide appropriate guidance and control.
- (b) Failure to promptly and fully report any known misconduct of a member to his/her immediate supervisor or to document such misconduct appropriately or as required by policy.
- (c) Directing a subordinate to violate a policy or directive, acquiesce to such a violation, or are indifferent to any such violation by a subordinate.
- (d) The unequal or disparate exercise of authority on the part of a supervisor toward any member for malicious or other improper purpose.

107.4 GENERAL STANDARDS

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

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

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

107.4.1 PRISON RAPE ELIMINATION ACT DISCLOSURE

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

- (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 USC § 1997.
- (b) Been convicted for an offense involving engaging in or attempting to engage in sexual activity facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was unable to consent or refuse.
- (c) Been the subject of any civil or administrative adjudication finding that the member engaged in sexual activity facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was unable to consent or refuse.

107.5 CAUSES FOR DISCIPLINE

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

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107.5.1 LAWS, RULES, AND ORDERS

- (a) Violation of, or ordering or instructing a subordinate to violate, any policy, procedure, rule, order, directive, or requirement, or failure to follow instructions contained in office or county manuals.
- (b) Disobedience of any legal directive or order issued by any office member of a higher rank.
- (c) Violation of federal, state, local, or administrative laws, rules, or regulations.

107.5.2 ETHICS

- (a) Using or disclosing one's status as a member of the Eau Claire County Sheriff's Office in any way that could reasonably be perceived as an attempt to gain influence or authority for non-office business or activity.
- (b) The wrongful or unlawful exercise of authority on the part of any member for malicious purpose, personal gain, willful deceit or any other improper purpose.
- (c) The receipt or acceptance of a reward, fee or gift from any person for service incident to the performance of the member's duties (lawful subpoena fees and authorized work permits excepted).
- (d) Acceptance of fees, gifts or money contrary to the rules of this office and/or laws of the state.
- (e) Offer or acceptance of a bribe or gratuity.
- (f) Misappropriation or misuse of public funds, property, personnel or services.
- (g) Any other failure to abide by the standards of ethical conduct.

107.5.3 DISCRIMINATION, OPPRESSION, OR FAVORITISM

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

107.5.4 RELATIONSHIPS

- (a) Unwelcome solicitation of a personal or sexual relationship while on-duty or through the use of one's official capacity.
- (b) Engaging in on-duty sexual activity including but not limited to sexual intercourse, excessive displays of public affection, or other sexual contact with other members, volunteers, contractors, or inmates.
- (c) Establishing or maintaining an inappropriate personal or financial relationship, as a result of an investigation, with an inmate or with a known victim, witness, suspect, or defendant while a case is being investigated or prosecuted, or as a direct result of any official contact.

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- (d) Associating with or joining a criminal gang, organized crime, and/or criminal syndicate when the member knows or reasonably should know of the criminal nature of the organization. This includes any organization involved in a definable criminal activity or enterprise, except as specifically directed and authorized by this office.
- (e) Associating on a personal, rather than official, basis with persons who demonstrate recurring involvement in serious violations of state or federal laws after the member knows, or reasonably should know of such criminal activities, except as specifically directed and authorized by this office.

107.5.5 ATTENDANCE

- (a) Leaving the job to which the member is assigned during duty hours without reasonable excuse and proper permission and approval.
- (b) Unexcused or unauthorized absence or tardiness.
- (c) Excessive absenteeism or abuse of leave privileges.
- (d) Failure to report to work or to the place of assignment at the time specified and fully prepared to perform duties without a reasonable excuse.

107.5.6 UNAUTHORIZED ACCESS, DISCLOSURE, OR USE

- (a) Unauthorized and inappropriate intentional release of confidential or protected information, materials, data, forms, or reports obtained as a result of the member's position with this office.
- (b) Disclosing to any unauthorized person any active investigation, inmate, or critical incident information.
- (c) The use of any information, photograph, video, or other recording obtained or accessed as a result of employment or appointment to this office for personal or financial gain, or without the express authorization of the Sheriff or the authorized designee.
- (d) Loaning, selling, allowing unauthorized use, giving away, or appropriating any office property for personal use, personal gain, or any other improper or unauthorized use or purpose.
- (e) Using office resources in association with any portion of an independent civil action. These resources include but are not limited to personnel, vehicles, equipment, and non-subpoenaed records.

107.5.7 EFFICIENCY

- (a) Neglect of duty.
- (b) Unsatisfactory work performance including, but not limited to, failure, incompetence, inefficiency or delay in performing and/or carrying out proper orders, work assignments or the instructions of supervisors without a reasonable and bona fide excuse.
- (c) Concealing, attempting to conceal, removing or destroying defective or incompetent work.

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- (d) Unauthorized sleeping during on-duty time or assignments.
- (e) Failure to notify the Office within 24 hours of any change in residence address or contact numbers.
- (f) Failure to notify the Department of Human Resources of changes in relevant personal information (e.g., information associated with benefits determination) in a timely fashion.

107.5.8 PERFORMANCE

- (a) Failure to disclose or misrepresenting material facts, or making any false or misleading statement on any application, examination form, or other official document, report, or form, or during the course of any work-related investigation.
- (b) The falsification of any work-related records, making misleading entries or statements with the intent to deceive, or the willful and unauthorized removal, alteration, destruction, and/or mutilation of any office record, public record, book, paper, or document.
- (c) Failure to participate in investigations, or giving false or misleading statements, or misrepresenting or omitting material information to a supervisor or other person in a position of authority, in connection with any investigation or in the reporting of any office-related business.
- (d) Being untruthful or knowingly making false, misleading, or malicious statements that are reasonably calculated to harm the reputation, authority, or official standing of this office or its members.
- (e) Disparaging remarks or conduct concerning duly constituted authority to the extent that such conduct disrupts the efficiency of this office or subverts the good order, efficiency, and discipline of this office or that would tend to discredit any of its members.
- (f) Unlawful gambling or unlawful betting at any time or any place. Legal gambling or betting under any of the following conditions:
 - 1. While on office premises.
 - 2. At any work site, while on-duty or while in uniform, or while using any office equipment or system.
 - 3. Gambling activity undertaken as part of a correctional officer's official duties and with the express knowledge and permission of a direct supervisor is exempt from this prohibition.
- (g) Improper political activity including:
 - 1. Unauthorized attendance while on-duty at official legislative or political sessions.
 - 2. Solicitations, speeches, or distribution of campaign literature for or against any political candidate or position while on-duty or on office property, or while in any way representing him/herself as a member of this office, except as expressly authorized by county policy, the collective bargaining agreement, or the Sheriff.
- (h) Engaging in political activities during assigned working hours except as expressly authorized by county policy, the collective bargaining agreement, or the Sheriff.

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

107.5.9 CONDUCT

- (a) Failure of any member to promptly and fully report activities on his/her part or the part of any other member where such activities resulted in contact with any other law enforcement agency or that may result in criminal prosecution or discipline under this policy.
- (b) Unreasonable and unwarranted force to a person encountered or a person under arrest.
- (c) Exceeding lawful peace officer powers by unreasonable, unlawful, or excessive conduct.
- (d) Unauthorized or unlawful fighting, threatening, or attempting to inflict unlawful bodily harm on another.
- (e) Engaging in horseplay that reasonably could result in injury or property damage.
- (f) Discourteous, disrespectful, or discriminatory treatment of any member of the public or any member of this office or the county.
- (g) Use of obscene, indecent, profane, or derogatory language while on-duty or in uniform.
- (h) Criminal, dishonest, or disgraceful conduct, whether on- or off-duty, that adversely affects the member's relationship with this office.
- (i) Unauthorized possession of, loss of, or damage to office property or the property of others, or endangering it through carelessness or maliciousness.
- (j) Attempted or actual theft of office property; misappropriation or misuse of public funds, property, personnel, or the services or property of others; unauthorized removal or possession of office property or the property of another person.
- (k) Activity that is incompatible with a member's conditions of employment or appointment as established by law or that violates a provision of any collective bargaining agreement, including fraud in securing the appointment or hire.
- (l) Initiating any civil action for recovery of any damages or injuries incurred in the course and scope of employment or appointment without first notifying the Sheriff of such action.
- (m) Allowing contraband articles including but not limited to weapons, cellular telephones or other wireless devices, clothing, food, illegal drugs, or tobacco in any jail facility.
- (n) Receiving from an inmate any articles to deliver outside the facility
- (o) Any other on- or off-duty conduct which any member knows or reasonably should know is unbecoming a member of this office, is contrary to good order, efficiency, or morale, or tends to reflect unfavorably upon this office or its members.

107.5.10 SAFETY

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

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- (b) Failure to maintain current licenses or certifications required for the assignment or position (e.g., driver's license, first aid).
- (c) Failure to maintain good physical condition sufficient to adequately and safely perform law enforcement duties.
- (d) Unsafe firearm or other dangerous weapon handling, including loading or unloading firearms in an unsafe manner, either on- or off-duty.
- (e) Carrying, while on the premises of the work place, any firearm or other lethal weapon that is not authorized by the member's appointing authority, except as permitted under Wis. Stat. § 175.60(15m)(b).
- (f) Unsafe or improper driving habits or actions in the course of employment or appointment.
- (g) Any personal action contributing to a preventable traffic crash.
- (h) Concealing or knowingly failing to report any on-the-job or work-related accident or injury as soon as practicable but within 24 hours.

107.5.11 INTOXICANTS

- (a) Reporting for work or being at work while intoxicated or when the member's ability to perform assigned duties is impaired due to the use of alcohol, medication or drugs, whether legal, prescribed or illegal.
- (b) Possession or use of alcohol at any work site or while on-duty, except as authorized in the performance of an official assignment. A member who is authorized to consume alcohol is not permitted to do so to such a degree that it may impair on-duty performance.
- (c) Unauthorized possession, use of, or attempting to bring a controlled substance, illegal drug or non-prescribed medication to any work site.

Discriminatory Harassment

108.1 PURPOSE AND SCOPE

The purpose of this policy is to prevent office members from being subjected to discriminatory harassment, including sexual harassment and retaliation. Nothing in this policy is intended to create a legal or employment right or duty that is not created by law.

108.2 POLICY

The Eau Claire County Sheriff's Office is an equal opportunity employer and is committed to creating and maintaining a work environment that is free of all forms of discriminatory harassment, including sexual harassment and retaliation. The Office will not tolerate discrimination against a member in hiring, promotion, discharge, compensation, fringe benefits, and other privileges of employment. The Office will take preventive and corrective action to address any behavior that violates this policy or the rights and privileges it is designed to protect.

The nondiscrimination policies of the Office may be more comprehensive than state or federal law. Conduct that violates this policy may not violate state or federal law but still could subject a member to discipline.

108.3 DEFINITIONS

Definitions related to this policy include:

108.3.1 DISCRIMINATION

The Office prohibits all forms of discrimination, including any employment-related action by a member that adversely affects an applicant or member and is based on actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, and any other classification or status protected by law.

Discriminatory harassment, including sexual harassment, is verbal or physical conduct that demeans or shows hostility or aversion toward an individual based upon that individual's protected class. It has the effect of interfering with an individual's work performance or creating a hostile or abusive work environment.

Conduct that may, under certain circumstances, constitute discriminatory harassment, can include making derogatory comments; making crude and offensive statements or remarks; making slurs or off-color jokes; stereotyping; engaging in threatening acts; making indecent gestures, pictures, cartoons, posters, or material; making inappropriate physical contact; or using written material or office equipment and/or systems to transmit or receive offensive material, statements, or pictures. Such conduct is contrary to office policy and to a work environment that is free of discrimination.

108.3.2 RETALIATION

Retaliation is treating a person differently or engaging in acts of reprisal or intimidation against the person because the person has engaged in protected activity, filed a charge of discrimination,

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participated in an investigation, or opposed a discriminatory practice. Retaliation will not be tolerated.

108.3.3 SEXUAL HARASSMENT

The Office prohibits all forms of discrimination and discriminatory harassment, including sexual harassment. It is unlawful to harass an applicant or a member because of that person's sex.

Sexual harassment includes but is not limited to unwelcome sexual advances, requests for sexual favors, or other verbal, visual, or physical conduct of a sexual nature when:

- (a) Submission to such conduct is made either explicitly or implicitly as a term or condition of employment, position, or compensation.
- (b) Submission to, or rejection of, such conduct is used as the basis for any employment decisions affecting the member.
- (c) Such conduct has the purpose or effect of substantially interfering with a member's work performance or creating an intimidating, hostile, or offensive work environment.

108.3.4 ADDITIONAL CONSIDERATIONS

Discrimination and discriminatory harassment do not include actions that are in accordance with established rules, principles, or standards, including:

- (a) Acts or omission of acts based solely upon bona fide occupational qualifications under the Equal Employment Opportunity Commission and State of Wisconsin, Department of Workforce Development, Equal Rights Division.
- (b) Bona fide requests or demands by a supervisor that the member improve the member's work quality or output, that the member report to the job site on time, that the member comply with county or office rules or regulations, or any other appropriate work-related communication between supervisor and member.

108.3.5 STATE DISCRIMINATION LAW

Unlawful employment practices include discrimination against properly qualified individuals by reason of their age, race, creed, color, disability, marital status, sex, national origin, ancestry, sexual orientation, arrest record, conviction record, military service, use or nonuse of lawful products off the employer's premises during nonworking hours, or declining to attend a meeting or to participate in any communication about religious or political matters (Wis. Stat. § 111.31).

108.4 RESPONSIBILITIES

This policy applies to all office members, who shall follow the intent of these guidelines in a manner that reflects office policy, professional standards, and the best interest of the Office and its mission.

Members are encouraged to promptly report any discriminatory, retaliatory, or harassing conduct or known violations of this policy to a supervisor. Any member who is not comfortable with reporting violations of this policy to the member's immediate supervisor may bypass the chain of command and make the report to a higher-ranking supervisor or manager. Complaints may also be filed with the Sheriff, the Director of Human Resources, or the County Administrator.

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Any member who believes, in good faith, that the member has been discriminated against, harassed, or subjected to retaliation, or who has observed harassment, discrimination, or retaliation, is encouraged to promptly report such conduct in accordance with the procedures set forth in this policy.

Supervisors and managers receiving information regarding alleged violations of this policy shall determine if there is any basis for the allegation and shall proceed with a resolution as stated below.

108.4.1 QUESTIONS OR CLARIFICATION

Members with questions regarding what constitutes discrimination, sexual harassment, or retaliation are encouraged to contact a supervisor, a manager, the Sheriff, the Director of Human Resources, or the County Administrator for further information, direction, or clarification.

108.4.2 SUPERVISOR RESPONSIBILITIES

The responsibilities of supervisors and managers shall include but are not limited to:

- (a) Continually monitoring the work environment and striving to ensure that it is free from all types of unlawful discrimination, including harassment or retaliation.
- (b) Taking prompt, appropriate action within their work units to avoid and minimize the incidence of any form of discrimination, harassment, or retaliation.
- (c) Ensuring that their subordinates understand their responsibilities under this policy.
- (d) Ensuring that members who make complaints or who oppose any unlawful employment practices are protected from retaliation and that such matters are kept confidential to the extent possible.
- (e) Making a timely determination regarding the substance of any allegation based upon all available facts.
- (f) Notifying the Sheriff or the Director of Human Resources in writing of the circumstances surrounding any reported allegations or observed acts of discrimination, harassment, or retaliation no later than the next business day.

108.4.3 SUPERVISOR'S ROLE

Supervisors and managers shall be aware of the following:

- (a) Behavior of supervisors and managers should represent the values of the Office and professional standards.
- (b) False or mistaken accusations of discrimination, harassment, or retaliation can have negative effects on the careers of innocent members.

Nothing in this section shall be construed to prevent supervisors or managers from discharging supervisory or management responsibilities, such as determining duty assignments, evaluating or counseling members, or issuing discipline, in a manner that is consistent with established procedures.

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108.5 INVESTIGATION OF COMPLAINTS

Various methods of resolution exist. During the pendency of any such investigation, the supervisor of the involved member should take prompt and reasonable steps to mitigate or eliminate any continuing abusive or hostile work environment. It is the policy of the Office that all complaints of discrimination retaliation, or harassment shall be fully documented, and promptly and thoroughly investigated.

108.5.1 SUPERVISOR RESOLUTION

Members who believe they are experiencing discrimination, harassment, or retaliation should be encouraged to inform the individual that the behavior is unwelcome, offensive, unprofessional, or inappropriate. However, if the member feels uncomfortable or threatened or has difficulty expressing the member's concern, or if this does not resolve the concern, assistance should be sought from a supervisor or manager who is a rank higher than the alleged transgressor.

108.5.2 FORMAL INVESTIGATION

If the complaint cannot be satisfactorily resolved through the supervisory resolution process, a formal investigation will be conducted.

The person assigned to investigate the complaint will have full authority to investigate all aspects of the complaint. Investigative authority includes access to records and the cooperation of any members involved. No influence will be used to suppress any complaint and no member will be subject to retaliation or reprisal for filing a complaint, encouraging others to file a complaint, or for offering testimony or evidence in an investigation (Wis. Stat. § 111.322(2m)).

Formal investigation of the complaint will be confidential to the extent possible and will include but is not limited to details of the specific incident, frequency and dates of occurrences, and names of any witnesses. Witnesses will be advised regarding the prohibition against retaliation, and that a disciplinary process, up to and including termination, may result if retaliation occurs.

Members who believe they have been discriminated against, harassed, or retaliated against because of their protected status are encouraged to follow the chain of command but may also file a complaint directly with the Sheriff, the Director of Human Resources, or the County Administrator.

108.5.3 ALTERNATIVE COMPLAINT PROCESS

No provision of this policy shall be construed to prevent any member from seeking legal redress outside the Office. Members who believe that they have been harassed, discriminated against, or retaliated against are entitled to bring complaints of employment discrimination to federal, state, and/or local agencies responsible for investigating such allegations. Specific time limitations apply to the filing of such charges. Members are advised that proceeding with complaints under the provisions of this policy does not in any way affect those filing requirements.

108.6 DOCUMENTATION OF COMPLAINTS

All complaints or allegations shall be thoroughly documented on the appropriate forms and in a manner designated by the Sheriff. The outcome of all reports shall be:

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- (a) Approved by the Sheriff, the County Administrator, or the Director of Human Resources, depending on the ranks of the involved parties.
- (b) Maintained in accordance with the established records retention schedule.

108.6.1 NOTIFICATION OF DISPOSITION

The complainant and/or victim will be notified in writing of the disposition of the investigation and the the actions taken to remedy or address the circumstances giving rise to the complaint.

108.7 TRAINING

All new members shall be provided with a copy of this policy as part of their orientation. The policy shall be reviewed with each new member. The member shall certify by signing the prescribed form that the member has been advised of this policy, is aware of and understands its contents and agrees to abide by its provisions during the member's term with the Office.

All members shall receive annual training on the requirements of this policy and shall certify by signing the prescribed form that they have reviewed the policy, understand its contents and agree that they will continue to abide by its provisions.

Personnel Complaints (Security Services)

109.1 PURPOSE AND SCOPE

This policy provides guidelines for the reporting, investigation, and disposition of complaints regarding the conduct of members of the Eau Claire County Sheriff's Office-Security Services Division. This policy shall not apply to any questioning, counseling, instruction, informal verbal admonishment, or other routine or unplanned contact of a member in the normal course of duty, by a supervisor or any other member, nor shall this policy apply to a criminal investigation.

109.2 POLICY

The Eau Claire County Sheriff's Office takes seriously all complaints regarding the service provided by the Office the conduct of its members.

The Office will accept and address all complaints of misconduct in accordance with this policy and applicable federal, state, and local laws, municipal and county rules, and the requirements of any collective bargaining or employment agreements.

It is also the policy of this Office to ensure that the community can report misconduct without concern for reprisal or retaliation.

109.3 PERSONNEL COMPLAINTS

Personnel complaints include any allegation of misconduct or improper job performance that, if true, would constitute a violation of Office policy or federal, state, or local law, policy, or rule. Personnel complaints may be generated internally or by a member of the public.

Inquiries about conduct or performance that, if true, would not violate Office policy or federal, state, or local law, policy, or rule may be handled informally by a supervisor and shall not be considered a personnel complaint. Such inquiries generally include clarification regarding policy, procedures, or the response to specific incidents by the Office.

109.3.1 COMPLAINT CLASSIFICATIONS

Personnel complaints shall be classified in one of the following categories and investigated by a supervisor who holds a rank greater than that of the accused staff member:

Informal - A matter in which the Security Services Sergeant is satisfied that appropriate action has been taken.

Formal - A matter in which a Security Services Sergeant determines that further action is warranted above their initial investigation. Such complaints may be referred to the Jail Administrator or designee, depending on the seriousness and complexity of the investigation. All formal complaints shall be brought to the attention of the Jail Administrator or authorized designee.

Incomplete - A matter in which the complaining party either refuses to cooperate or becomes unavailable after diligent follow-up investigation. At the discretion of the assigned Security Service Sergeant, Jail Administrator or an authorized designee, such matters may be further investigated depending on the seriousness of the complaint and the availability of sufficient information. All

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incomplete complaints shall be brought to the attention of the Jail Administrator or an authorized designee

109.3.2 SOURCES OF COMPLAINTS

The following applies to the source of complaints:

- (a) Individuals from the public may make complaints in any form, including in writing, by email, in person, or by telephone.
- (b) Any Office member becoming aware of alleged misconduct shall immediately notify a Security Services Sergeant or if involving the Security Services Sergeant, shall notify the Jail Administrator or an authorized designee.
- (c) Security Services Sergeants shall initiate a complaint based upon observed misconduct or receipt from any reliable source alleging misconduct that, if true, could result in disciplinary action.
- (d) Anonymous and third-party complaints should be accepted and investigated to the extent that sufficient information is provided.
- (e) Tort claims and lawsuits may generate a personnel complaint.

109.4 DOCUMENTATION

Security Services Sergeants shall ensure that all formal and informal complaints are documented in writing. The Security Services Sergeant shall ensure that the nature of the complaint is defined as clearly as possible.

All complaints and inquiries should be documented in the electronic Security Services Sergeants electronic pass-on log. The log shall include the nature of the complaint and the actions being taken to address the complaint.

109.5 ADMINISTRATIVE INVESTIGATIONS

Allegations of misconduct will be administratively investigated as follows.

109.5.1 SECURITY SERVICES SERGEANT RESPONSIBILITIES

In general, the primary responsibility for the investigation of a personnel complaint shall rest with the member's immediate supervisor, a Security Services Sergeant, unless the Security Services Sergeant is the complainant, or the Security Services Sergeant is the ultimate decision-maker regarding disciplinary action or has any personal involvement regarding the alleged misconduct. The Jail Administrator or the authorized designee may direct that another Security Services Sergeant or other office personnel investigate any complaint.

A Security Services Sergeant who becomes aware of alleged misconduct shall take reasonable steps to prevent aggravation of the situation.

The responsibilities of Security Services Sergeants include, but are not limited to:

- (a) Ensuring that upon receiving or initiating any formal complaint, the complaint is thoroughly documented..

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1. The original documentation will be directed to the Security Service Sergeant of the accused member, who will take appropriate action.
 2. In circumstances where the integrity of the investigation could be jeopardized by reducing the complaint to writing or where the confidentiality of a complainant is at issue, the Security Services Sergeant shall orally report the matter to the Jail Administrator, an authorized designee or to the Sheriff, who will initiate appropriate action.
- (b) Responding to all complainants in a courteous and professional manner.
- (c) Resolving those personnel complaints that can be resolved immediately.
1. Follow-up contact with the complainant should be made within a reasonable period of time after receiving the complaint.
 2. If the matter is resolved and no further action is required, the Security Services Sergeant will document the resolution and forward the form to the Jail Administrator or an authorized designee.
- (d) Ensuring that upon receipt of a complaint involving allegations of a potentially serious nature, the Jail Administrator, an authorized designee and the Sheriff are notified via the chain of command as soon as practicable.
- (e) Promptly contacting the Jail Administrator or an authorized designee and Human Resources for direction regarding the Security Services Sergeants' role in addressing a complaint that relates to sexual, racial, ethnic, or other forms of prohibited harassment or discrimination.
- (f) Forwarding unresolved personnel complaints to the Jail Administrator or an authorized designee who will determine whether to contact the complainant or assign the complaint for further investigation.
- (g) Informing the complainant of the Security Services Sergeants name within a reasonable time after the filing of the complaint.
- (h) Investigating a complaint as follows:
1. Making reasonable efforts to obtain names, addresses, and telephone numbers of witnesses.
 2. When appropriate, ensuring immediate medical attention is provided and photographs of alleged injuries and accessible uninjured areas are taken.
- (i) Ensuring that the procedural rights of the accused member are followed.
- (j) Ensuring interviews of the complainant are generally conducted during reasonable hours and at a minimum, audibly recorded.

109.5.2 ADMINISTRATIVE INVESTIGATION PROCEDURES

Whether conducted by a Security Services Sergeant or a member of another agency, the following applies to members covered by the Law Enforcement Officers' Bill of Rights.

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- (a) Interviews of an accused member shall be conducted during reasonable hours and preferably when the member is on-duty. If the member is off-duty, he/she shall be compensated.
- (b) Unless waived by the member, interviews of an accused member shall be at the Eau Claire County Sheriff's Office or other reasonable and appropriate place.
- (c) No more than two interviewers should ask questions of an accused member.
- (d) Prior to any interview, a member should be informed of the nature of the investigation (Wis. Stat. § 164.02(1)(a)).
- (e) All interviews should be for a reasonable period and the member's personal needs should be accommodated.
- (f) No member should be subjected to offensive or threatening language, nor shall any promises, rewards or other inducements be used to obtain answers.
- (g) Any member refusing to answer questions directly related to the investigation may be ordered to answer questions administratively and may be subject to discipline for failing to do so.
 - 1. A member should be given an order to answer questions in an administrative investigation that might incriminate the member in a criminal matter only after the member has been given a *Garrity* advisement. Administrative investigators should consider the impact that compelling a statement from the member may have on any related criminal investigation and should take reasonable steps to avoid creating any foreseeable conflicts between the two related investigations. This may include conferring with the person in charge of the criminal investigation (e.g., discussion of processes, timing, implications).
 - 2. No information or evidence administratively coerced from a member may be provided to anyone involved in conducting the criminal investigation or to any prosecutor.
- (h) The interviewer should record all interviews of members and witnesses. The member may also record the interview. If the member has been previously interviewed, a copy of that recorded interview should be provided to the member prior to any subsequent interview.
- (i) All members subjected to interviews that could result in discipline have the right to have an uninvolved representative present during the interview (Wis. Stat. § 164.02(1)(b)). However, to maintain the integrity of each individual's statement, involved members shall not consult or meet with a representative or attorney collectively or in groups prior to being interviewed.
- (j) All members shall provide complete and truthful responses to questions posed during interviews.
- (k) No member should be compelled to submit to a polygraph examination, nor should any refusal to submit to such examination be mentioned in any investigation (Wis. Stat. § 111.37).

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- (l) A member shall not be disciplined, retaliated against or threatened with retaliation for exercising his/her rights as described in this policy (Wis. Stat. § 164.03).

109.5.3 ADMINISTRATIVE INVESTIGATION FORMAT

Formal investigations of personnel complaints shall be thorough, complete, and essentially follow this format:

Introduction - Include the identity of the members, the identity of the assigned investigators, the initial date, and source of the complaint.

Synopsis - Provide a brief summary of the facts giving rise to the investigation.

Summary - List the allegations separately, including applicable policy sections, with a brief summary of the evidence relevant to each allegation. A separate recommended finding should be provided for each allegation.

Evidence - Each allegation should be set forth with the details of the evidence applicable to each allegation provided, including comprehensive summaries of member and witness statements. Other evidence related to each allegation should also be detailed in this section.

Conclusion - A recommendation regarding further action or disposition should be provided.

Exhibits - A separate list of exhibits (e.g., recordings, photos, documents) should be attached to the report.

109.5.4 DISPOSITIONS

Each personnel complaint shall be classified with one of the following dispositions:

Unfounded - When the investigation discloses that the alleged acts did not occur or did not involve Office members. Complaints that are determined to be frivolous will fall within the classification of unfounded.

Exonerated - When the investigation discloses that the alleged act occurred but that the act was justified, lawful, and/or proper.

Not sustained - When the investigation discloses that there is insufficient evidence to sustain the complaint or fully exonerate the member.

Sustained - When the investigation discloses sufficient evidence to establish that the act occurred and that it constituted misconduct.

If an investigation discloses misconduct or improper job performance that was not alleged in the original complaint, the investigator shall take appropriate action with regard to any additional allegations.

109.5.5 COMPLETION OF INVESTIGATIONS

Every Security Services Sergeant assigned to investigate a personnel complaint or other alleged misconduct shall proceed with due diligence in an effort to complete the investigation within one year from the date of discovery by an individual authorized to initiate an investigation.

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109.5.6 NOTICE TO COMPLAINANT OF INVESTIGATION STATUS

The Security Services Sergeant conducting the investigation should provide the complainant with periodic updates on the status of the investigation, as appropriate.

109.6 ADMINISTRATIVE SEARCHES

Assigned Eau Claire County Property, such as lockers, storage spaces, and other areas, including desks, offices, and vehicles, may be searched as part of an administrative investigation upon a reasonable suspicion of misconduct.

Such areas may also be searched at any time by a supervisor for non-investigative purposes, such as obtaining a needed report, radio, or other document or equipment.

109.7 ADMINISTRATIVE LEAVE

When a complaint of misconduct is of a serious nature, or when circumstances indicate that allowing the accused to continue to work would adversely affect the mission of the Office, the Jail Administrator or the authorized designee may temporarily assign an accused employee to administrative leave. Any employee placed on administrative leave:

- (a) May be required to relinquish any Office badge, identification, assigned weapons, and any other Office equipment.
- (b) Shall be required to continue to comply with all policies and lawful orders of a supervisor.
- (c) May be temporarily reassigned to a different shift, generally a normal business-hours shift, during the investigation. The employee may be required to remain available for contact at all times during such shift, and will report as ordered.

109.8 CRIMINAL INVESTIGATION

Where a member is accused of potential criminal conduct, a separate supervisor or investigator shall be assigned to investigate the criminal allegations apart from any administrative investigation. Any separate administrative investigation may parallel a criminal investigation.

The Sheriff shall be notified as soon as practicable when a member is accused of criminal conduct. The Sheriff may request a criminal investigation by an outside law enforcement agency.

A member accused of criminal conduct shall be provided with all rights afforded to a civilian. The member should not be administratively ordered to provide any information in regard the criminal investigation.

The Eau Claire County Sheriff's Office may release information concerning the arrest or detention of any staff member, including information that has not led to a conviction. No disciplinary action should be taken until an independent administrative investigation is conducted.

109.9 POST-ADMINISTRATIVE INVESTIGATION PROCEDURES

Upon completion of a formal investigation, an investigation report should be forwarded to the Sheriff through the chain of command. Each level of command should review the report and include his/her comments in writing before forwarding the report. The Sheriff may accept or modify

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any classification or recommendation for disciplinary action. Forms of discipline include, but are not limited to, training, counseling, and punitive action.

109.9.1 JAIL ADMINISTRATOR RESPONSIBILITIES

Upon receipt of any completed personnel investigation, the Jail Administrator or designee shall review the entire investigative file, the member's personnel file, and any other relevant materials.

The Jail Administrator or authorized designee may make recommendations regarding the disposition of any allegations and the amount of discipline, if any, to be imposed.

Prior to forwarding recommendations to the Sheriff, the Jail Administrator or authorized designee may return the entire investigation to the assigned Sergeant for further investigation or action.

When forwarding any written recommendation to the Sheriff, the Jail Administrator or authorized designee shall include all relevant materials supporting the recommendation. Actual copies of a member's existing personnel file need not be provided and may be incorporated by reference.

109.9.2 SHERIFF RESPONSIBILITIES

Upon receipt of any written recommendation for disciplinary action, the Sheriff shall review the recommendation and all accompanying materials. The Sheriff may modify any recommendation and/or may return the file to the Jail Administrator or authorized designee for further investigation or action.

Once the Sheriff is satisfied that no further investigation or action is required by staff, the Sheriff shall determine the amount of discipline, if any, that should be imposed. In the event disciplinary action is proposed, the Sheriff shall provide the member with a written notice and the following:

- (a) Access to all of the materials considered by the Sheriff in recommending the proposed discipline.
- (b) An opportunity to respond orally or in writing to the Sheriff within five days of receiving the notice.
 1. Upon a showing of good cause by the member, the Sheriff may grant a reasonable extension of time for the member to respond.
 2. If the member elects to respond orally, the presentation shall be recorded by the Office. Upon request, the member shall be provided with a copy of the recording.

Once the member has completed his/her response, or if the member has elected to waive any such response, the Sheriff shall consider all information received in regard to the recommended discipline. The Sheriff shall render a timely written decision to the member and specify the grounds and reasons for discipline and the effective date of the discipline. Once the Sheriff has issued a written decision, the discipline shall become effective.

109.9.3 NOTICE OF FINAL DISPOSITION TO THE COMPLAINANT

The Sheriff or the authorized designee should ensure that the complainant is notified of the disposition (i.e., sustained, not sustained, exonerated, unfounded) of the complaint.

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109.10 PRE-DISCIPLINE EMPLOYEE RESPONSE

The pre-discipline process is intended to provide the accused employee with an opportunity to present a written or oral response to the Sheriff, after having had an opportunity to review the supporting materials and prior to imposition of any recommended discipline. The employee shall consider the following:

- (a) The response is not intended to be an adversarial or formal hearing.
- (b) Although the employee may be represented by an uninvolved representative or legal counsel, the response is not designed to accommodate the presentation of testimony or witnesses.
- (c) The employee may suggest that further investigation could be conducted or the employee may offer any additional information or mitigating factors for the Sheriff to consider.
- (d) In the event that the Sheriff elects to conduct further investigation, the employee shall be provided with the results prior to the imposition of any discipline.
- (e) The employee may thereafter have the opportunity to further respond orally or in writing to the Sheriff on the limited issues of information raised in any subsequent materials.

109.11 RESIGNATIONS/RETIREMENTS PRIOR TO DISCIPLINE

In the event that a member tenders a written resignation or notice of retirement prior to the imposition of discipline, it shall be noted in the file. The tender of a resignation or retirement by itself shall not serve as grounds for the termination of any pending investigation or discipline.

109.12 POST-DISCIPLINE APPEAL RIGHTS

Non-probationary employees have the right to appeal a suspension without pay, punitive transfer, demotion, reduction in pay or step, or termination from employment. The employee has the right to appeal using the procedures established by personnel rules (Wis. Stat. § 59.26(8)(b)(6)).

109.13 PROBATIONARY EMPLOYEES AND OTHER MEMBERS

At-will, probationary employees and members other than non-probationary employees may be disciplined and/or released from employment without adherence to any of the procedures set out in this policy, and without notice or cause at any time. These individuals are not entitled to any rights under this policy. However, any of these individuals released for misconduct should be afforded an opportunity solely to clear their names through a liberty interest hearing, which shall be limited to a single appearance before the Sheriff or their authorized designee.

In cases where an individual has been absent for more than a week or when additional time to review the individual is considered to be appropriate, the probationary period may be extended at the discretion of the Sheriff.

109.14 RETENTION OF PERSONNEL INVESTIGATION FILES

All personnel complaints shall be maintained in accordance with the established records retention schedule and as described in the Personnel Records Policy.

Anti-Retaliation

110.1 PURPOSE AND SCOPE

This policy prohibits retaliation against members who identify workplace issues, such as fraud, waste, abuse of authority, gross mismanagement, or any inappropriate conduct or practices, including violations that may pose a threat to the health, safety, or well-being of members.

This policy does not prohibit actions taken for nondiscriminatory or non-retaliatory reasons, such as discipline for cause.

These guidelines are intended to supplement and not limit members' access to other applicable remedies. Nothing in this policy shall diminish the rights or remedies of a member pursuant to any applicable federal law, provision of the U.S. Constitution, state and local law, ordinance, or collective bargaining agreement.

110.2 POLICY

The Eau Claire County Sheriff's Office has a zero tolerance for retaliation and is committed to taking reasonable steps to protect from retaliation members who, in good faith, engage in permitted behavior or who report or participate in the reporting or investigation of workplace issues. All complaints of retaliation will be taken seriously and will be promptly and appropriately investigated.

110.3 RETALIATION PROHIBITED

No member may retaliate against any person for engaging in lawful or otherwise permitted behavior; for opposing a practice believed to be unlawful, unethical, discriminatory, or retaliatory; for reporting or making a complaint under this policy; or for participating in any investigation related to a complaint under this or any other policy.

Retaliation includes any adverse action or conduct, including but not limited to:

- Refusing to hire or denying a promotion.
- Extending the probationary period.
- Unjustified reassignment of duties or change of work schedule.
- Real or implied threats or other forms of intimidation to dissuade the reporting of wrongdoing or filing of a complaint, or as a consequence of having reported or participated in protected activity.
- Taking unwarranted disciplinary action.
- Spreading rumors about the person filing the complaint or about the alleged wrongdoing.
- Shunning or unreasonably avoiding a person because the person has engaged in protected activity.

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Anti-Retaliation

110.4 COMPLAINTS OF RETALIATION

Any members who feel they have been retaliated against in violation of this policy should promptly report the matter to any supervisor, any command staff member, the Sheriff, or the county Director of Human Resources.

Members shall act in good faith, not engage in unwarranted reporting of trivial or minor deviations or transgressions, and make reasonable efforts to verify facts before making any complaint in order to avoid baseless allegations. Members shall not report or state an intention to report information or an allegation knowing it to be false or with willful or reckless disregard for the truth or falsity of the information, or otherwise act in bad faith.

Investigations are generally more effective when the identity of the reporting member is known, thereby allowing investigators to obtain additional information from the reporting member. However, complaints may be made anonymously. All reasonable efforts shall be made to protect the reporting member's identity. However, confidential information may be disclosed to the extent required by law or to the degree necessary to conduct an adequate investigation and make a determination regarding a complaint. In some situations, the investigative process may not be complete unless the source of the information and a statement by the member are part of the investigative process.

110.5 SUPERVISOR RESPONSIBILITIES

Supervisors are expected to remain familiar with this policy and ensure that members under their command are aware of its provisions.

The responsibilities of supervisors include but are not limited to:

- (a) Ensuring complaints of retaliation are investigated as provided in the Personnel Complaints Policy.
- (b) Receiving all complaints in a fair and impartial manner.
- (c) Documenting the complaint and any steps taken to resolve the problem.
- (d) Acknowledging receipt of the complaint, notifying the Sheriff via the chain of command, and explaining to the member how the complaint will be handled.
- (e) Taking appropriate and reasonable steps to mitigate any further violations of this policy.
- (f) Monitoring the work environment to ensure that any member making a complaint is not subjected to further retaliation.
- (g) Periodic follow-up with the complainant to ensure that retaliation is not continuing.
- (h) Not interfering with or denying the right of a member to make any complaint.
- (i) Taking reasonable steps to accommodate requests for assignment or schedule changes made by a member who may be the target of retaliation if it would likely mitigate the potential for further violations of this policy.

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110.6 COMMAND STAFF RESPONSIBILITIES

The Sheriff should communicate to all supervisors the prohibition against retaliation.

Command staff shall treat all complaints as serious matters and shall ensure that prompt actions take place, including but not limited to:

- (a) Communicating to all members the prohibition against retaliation.
- (b) The timely review of complaint investigations.
- (c) Remediation of any inappropriate conduct or condition and instituting measures to eliminate or minimize the likelihood of recurrence.
- (d) The timely communication of the outcome to the complainant.

110.7 RECORDS RETENTION AND RELEASE

The Administrative Services Division Manager shall ensure that documentation of investigations is maintained in accordance with the established records retention schedules.

110.8 TRAINING

This policy should be reviewed with each new member.

All members should receive periodic refresher training on the requirements of this policy.

110.9 WHISTLE-BLOWING

State law protects a law enforcement officer who witnesses and reports or intervenes to stop any unlawful use of force by another law enforcement officer (Wis. Stat. § 175.44). Members who believe they have been the subject of retaliation for engaging in protected behaviors should promptly report it to a supervisor. Supervisors should refer complaints to the Captain of the Division for investigation pursuant to the Personnel Complaints Policy.

Personal Appearance Standards

111.1 PURPOSE AND SCOPE

To protect uniformity and neutrality toward the public and other members of the Office, employees shall maintain their personal hygiene and appearance to project a professional image appropriate for this Office and for their assignment.

111.2 GROOMING STANDARDS

Unless otherwise stated and because deviations from these standards could present officer safety issues, the following appearance standards shall apply to all employees, except those whose current assignment would deem them not appropriate, and where the Sheriff has granted an exception.

111.3 HAIR

Hairstyles of all members shall be neat in appearance and shall not be such that it presents an unprofessional or neglected appearance. All hairstyles shall present a professional appearance in a business setting.

For male employees, hair must not extend below the top edge of the uniform collar or over the ears.

On duty uniformed female employees shall arrange their hair in a neat and professional appearance. Once the hair reaches a length where it could obstruct the field of vision, it shall be pulled back to the rear of the head and secured at one single point. Acceptable styles would include a bun, braid, French braid, or ponytail. The bulk or length shall not obscure or obstruct the visibility of any uniform insignia, the wearing of headgear or the proper placement of any protective gear, to include the proper fit of any agency issued respirator.

While on duty, all employees shall keep their hair neat, clean and well groomed. Extreme hairstyles shall not be worn. If dyes, tints or bleaches are used, the resulting hair color must be natural to human hair.

Wigs and hairpieces shall not be worn unless they conform to the standards of natural hair. Hair accessories must be professional in appearance. Beads, ribbons, jeweled pins and other ornaments will not be worn.

111.4 MUSTACHES

A short and neatly trimmed mustache or goatee may be worn. Mustaches shall not extend more than 1/2" below the corners of the mouth or beyond the natural hairline of the upper lip. A goatee for these purposes is defined as one that connects a mustache to the hair of the chin. The length may not exceed 1/4".

111.5 SIDEBURNS

Sideburns shall not exceed below the bottom of the outer ear opening (top of the ear lobes) and shall be trimmed and neat.

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111.6 FACIAL HAIR

A beard that presents a groomed appearance that is neatly trimmed and completely filled in may be worn. Beard hair must not exceed 1/4" in length, must be worn with a mustache and connected to sideburns. The top of the beard shall not cover the upper part of the cheek. The bottom of the beard shall not extend below the Adam's apple following the jaw line. Any facial hair worn must not interfere with the proper seal of Office issued air respirators. Fit tests are conducted at regular intervals and if a beard is found to interfere, the employee shall adjust or shave the facial hair.

A beard may be started on April 1st or October 1st to minimize an unkept appearance during the growth period. A beard may also be started at the onset of a minimum of five consecutive days off.

111.7 FINGERNAILS

- (a) Fingernails extending beyond the tip of the finger can pose a safety hazard to employees and others. For this reason, fingernails shall be trimmed so that no point of the nail extends beyond the tip of the finger.

111.8 JEWELRY

For the purpose of this policy, jewelry refers to rings, earrings, necklaces bracelets, wrist watches and tie tacks or tie bars. Jewelry shall present a professional image and may not create a safety concern for the office member or others. Jewelry that depicts racial, sexual, discriminatory, gang affiliations or obscene language is not allowed.

- (a) Necklaces shall not be visible above the shirt of the collar.
- (b) Earrings shall be small and worn only in or on the earlobe.
- (c) One ring or ring set may be worn on each hand. No rings should be of the type that would cut or pose an unreasonable safety risk to the member or others during a physical altercation, if Office member is assigned to a position where an altercation may reasonable occur.
- (d) Wristwatches shall be conservative and present a professional image.
- (e) Tie tacks or tie bars worn with civilian attire shall be conservative and present a professional image.

111.9 TATTOOS

While on duty or representing the Eau Claire County Sheriff's Office, in any official capacity, visible tattoos are not permitted on the ears, head, neck, face or hands. At no time while the member is on duty or representing the office in any official capacity shall any offensive tattoo or body art be visible. Examples of offensive tattoos include but are not limited to those that exhibit or advocate discrimination; those that exhibit gang affiliation, supremacist or extremist affiliation; those that depict or promote drug use, sexually explicit acts, or other obscene material. Tattoos may be required to be covered if they are political or have the potential to negatively impact the ECSO. The final determination and interpretation of a tattoo will be determined by the Sheriff. Any tattoo that is found to be in conflict with this policy shall be covered by the appropriately authorized uniform as

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determined by the Sheriff. Employees are encouraged to consult with administration to determine if a tattoo would be permissible to wear openly.

111.10 BODY PIERCING AND ALTERATIONS

Body piercing or alteration to any area of the body that is visible in any authorized uniform or attire and that is a deviation from normal anatomical features and that is not medically required is prohibited. Such body alteration includes but is not limited to the following:

- (a) Tongue piercing or splitting.
- (b) The complete or transdermal implantation of any material other than hair replacement or breast augmentation.
- (c) Abnormal shaping of the ears, eyes, nose or teeth.
- (d) Branding or scarification

111.11 NOTIFICATION

The office shall at time of hiring, notify each employee of the personal appearance standards. (Wis. Stat §103.14)

Chapter 2 - Organization and Administration

Drug- and Alcohol-Free Workplace

200.1 PURPOSE AND SCOPE

The purpose of this policy is to establish clear and uniform guidelines regarding drugs and alcohol in the workplace (41 USC § 8103).

200.2 POLICY

It is the policy of the Eau Claire County Sheriff's Office to provide a drug- and alcohol-free workplace for all members.

200.3 GENERAL GUIDELINES

Alcohol and drug use in the workplace or on office time can endanger the health and safety of office members and the public.

Members who have consumed an amount of an alcoholic beverage or taken any medication, or combination thereof, that would tend to adversely affect their mental or physical abilities shall not report for duty. Affected members shall notify the Security Services Sergeant or appropriate supervisor as soon as the member is aware that the member will not be able to report to work. If the member is unable to make the notification, every effort should be made to have a representative contact the supervisor in a timely manner. If the member is adversely affected while on-duty, the member shall be immediately removed and released from work (see the Work Restrictions section in this policy).

200.3.1 USE OF MEDICATIONS

Members should not use any medications that will impair their ability to safely and completely perform their duties. Any member who is medically required or has a need to take any such medication shall report that need to the member's immediate supervisor prior to commencing any on-duty status.

200.3.2 MEDICAL CANNABIS

Possession, use, or being under the influence of medical cannabis on- or off-duty is prohibited and may lead to disciplinary action.

200.4 MEMBER RESPONSIBILITIES

Members shall report for work in an appropriate mental and physical condition. Members are prohibited from purchasing, manufacturing, distributing, dispensing, possessing or using controlled substances or alcohol on office premises or on office time (41 USC § 8103). The lawful possession or use of prescribed medications or over-the-counter remedies is excluded from this prohibition.

Members shall notify a supervisor immediately if they observe behavior or other evidence that they believe demonstrates that a fellow on-duty member is impaired due to drug or alcohol use.

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Members are required to notify their immediate supervisors of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction (41 USC § 8103).

200.5 EMPLOYEE ASSISTANCE PROGRAM

There may be available a voluntary employee assistance program to assist those who wish to seek help for alcohol and drug problems (41 USC § 8103). Insurance coverage that provides treatment for drug and alcohol abuse also may be available. Employees should contact the Department of Human Resources, their insurance providers, or the employee assistance program for additional information. It is the responsibility of each employee to seek assistance before alcohol or drug problems lead to performance problems.

200.6 WORK RESTRICTIONS

If a member informs a supervisor that he/she has consumed any alcohol, drug or medication that could interfere with a safe and efficient job performance, the member may be required to obtain clearance from his/her physician before continuing to work.

If the supervisor reasonably believes, based on objective facts, that a member is impaired by the consumption of alcohol or other drugs, the supervisor shall prevent the member from continuing work and shall ensure that he/she is safely transported away from the Office.

200.7 SCREENING TESTS

A supervisor may require an employee to submit to a screening test under any of the following circumstances:

- (a) The supervisor reasonably believes, based upon objective facts, that the employee is under the influence of alcohol or drugs that are impairing the employee's ability to perform duties safely and efficiently.
- (b) The employee discharges a firearm in the performance of duties (excluding training or authorized euthanizing of an animal).
- (c) The employee discharges a firearm issued by the [AgencyOffice] while off-duty, resulting in injury, death, or substantial property damage.
- (d) The employee drives a motor vehicle in the performance of duties and becomes involved in an incident that results in bodily injury, death, or substantial damage to property.

200.7.1 SUPERVISOR RESPONSIBILITIES

The supervisor shall prepare a written record documenting the specific facts that led to the decision to require the test, and shall inform the employee in writing of the following:

- (a) The test will be given to detect either alcohol or drugs, or both.
- (b) The result of the test is not admissible in any criminal proceeding against the employee.

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- (c) The employee may refuse the test, but refusal may result in dismissal or other disciplinary action.

200.7.2 DISCIPLINE

An employee may be subject to disciplinary action if the employee:

- (a) Fails or refuses to submit to a screening test.
- (b) After taking a screening test that indicates the presence of a controlled substance, fails to provide proof, within 72 hours after being requested that the employee took the controlled substance as directed, pursuant to a current and lawful prescription issued in the employee's name.

200.8 COMPLIANCE WITH THE DRUG-FREE WORKPLACE ACT

No later than 30 days following notice of any drug statute conviction for a violation occurring in the workplace involving a member, the Office will take appropriate disciplinary action, up to and including dismissal, and/or requiring the member to satisfactorily participate in a drug abuse assistance or rehabilitation program (41 USC § 8104).

200.9 CONFIDENTIALITY

The Office recognizes the confidentiality and privacy due its members. Disclosure of any information relating to substance abuse treatment, except on a need-to-know basis, shall only be with the express written consent of the member involved or pursuant to lawful process.

The written results of any screening tests and all documents generated by the employee assistance program are considered confidential medical records and shall be maintained separately in the member's confidential medical file in accordance with the Personnel Records Policy.

Financial Practices

201.1 PURPOSE AND SCOPE

The purpose of this policy is to establish financially sound practices to ensure the development and management of a budget plan, conduct appropriate audits and manage the staffing plan and personnel cost for the facility.

201.2 POLICY

The Sheriff shall prepare and present an annual budget request identifying the resources and costs associated with the judicious operation of the facility. Budget requests shall be prepared in the manner and detail prescribed by the Office. Service goals and objectives should be delineated in the budget plan.

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

A fiscal system based on established accounting procedures shall be used to monitor ongoing income and expenditures.

201.3 BUDGET PLAN

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

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

201.4 FISCAL ACCOUNTING AND MANAGEMENT OF APPROVED BUDGET

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

- The budget amount
- The amount expended for the month
- The year-to-date amount expended
- Any outstanding encumbrances
- The cumulative total year-to-date expenditures plus outstanding encumbrances

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

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

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

201.5 TRANSFERRING FUNDS AMONG BUDGET CATEGORIES

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

201.6 FINANCIAL AUDITS

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

201.6.1 FINANCIAL AUDITS OF THE INMATE WELFARE FUND

An annual financial audit of the Inmate Welfare Fund shall be conducted on any monies placed into the Inmate Welfare Fund.

201.6.2 POSITION CONTROL

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

In order to exercise control of payroll expenditures, the Office will utilize a system of position control as part of its ongoing budget process.

201.7 STAFFING PLAN

The Jail Administrator should maintain an up-to-date staffing plan for the purpose of exercising position control. The staffing plan should include a comprehensive list of all positions in this facility. Each position has a descriptive job title that is associated with a description of the position's duties and responsibilities. Each position will have a written job description for all position classifications and post assignments that define responsibilities, duties and qualifications

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

- (a) Ensure that this facility is staffed with the appropriate number and type of staff. The proper allocation and deployment of staff across shifts and functional units is

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essential. In addition, the availability of the right classification of staff (e.g., custody staff supervising inmates, maintenance staff performing maintenance, food service staff preparing meals) with the appropriate job skills and training enhances efficiency.

- (b) Strategically time the filling of newly authorized positions or vacancies in current positions. Strategic timing is important throughout the budget year to create vacancy savings that can be used to address current budget year shortfalls.
- (c) Manage the use of overtime carefully. The historical use of overtime should be tracked to make the case for additional staff and/or to provide sufficient funding in an overtime line item. The use of overtime should also be monitored at regular intervals to verify that it is being used within projected levels.
- (d) Manage the use of part-time staff. The number of hours worked by part-time staff should be monitored to ensure that part-time employees are not working in excess of what has been authorized (e.g., a part-time employee should be working no more than an average of 20 hours per week).
- (e) Establish and maintain procedures to ensure the accuracy and integrity of payroll documentation. Time cards, time sheets and related documentation should reflect actual hours worked.
- (f) Consider the impact of position upgrades on the entire job classification. An upgrade for one position may set the stage for upgrades of similar positions within the same job classification.
- (g) Monitor the use of merit increases. Caution should be exercised in granting merit increases as a way of making up for perceived shortfalls in cost-of-living increases. Each merit increase, unless it is a one-time bonus, increases the base pay and has an impact on continuation funding in future budget years.

201.7.1 INSURANCE REQUIREMENTS

The Sheriff shall ensure the Office has adequate liability coverage for its jail operations including:

- Civil liability
- Public employee blanket bond
- Vehicle
- Workers' compensation

Coverage may include self-insurance if authorized by the county.

201.7.2 PERFORMANCE MONITORING

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

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

201.8 INDIGENT INMATE FUNDS

The financial services division shall establish a definition and procedures to define indigence and a debit accounting procedure to recoup fees from indigent inmates who received services that would normally have been charged to a non-indigent inmate's fund.

Supervision of Inmates - Minimum Requirements

202.1 PURPOSE AND SCOPE

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

202.2 POLICY

It is the policy of this facility to provide for the safety and security of citizens, staff and inmates through appropriate staffing levels that are sufficient to operate the facility and perform functions related to the safety, security, custody and supervision of inmates.

202.3 SUPERVISION OF INMATES

There shall be, at all times, sufficient staff designated to remain in the facility for the supervision and welfare of inmates, to ensure the implementation and operation of all programs and activities, as required by minimum jail standards, and to respond to emergencies when needed. Such staff must not leave the facility while inmates are present and should not be assigned duties that could conflict with the supervision of inmates (Wis. Stat. § 302.42).

When both male and female inmates are held at this facility, a minimum of one male and one female correctional officer should be on-duty in the jail at all times (Wis. Stat. § 302.41).

Staff members shall not be placed in positions of responsibility for the supervision and welfare of inmates of the opposite sex in circumstances that can be described as an invasion of privacy or that may be degrading or humiliating to the inmates. Staff used as program resource personnel with inmates should be of the same sex as the inmates when reasonably available. However, at least one staff member of the same sex as the inmates should be on-duty and available to the inmates during all such activities.

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

202.4 SEPARATION OF DUTIES

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

Prohibition on Inmate Control

203.1 PURPOSE AND SCOPE

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

203.2 POLICY

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

203.3 EDUCATION, DRUG OR ALCOHOL PROGRAM ASSISTANTS

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

Equipment Inventory and Supplies

204.1 PURPOSE AND SCOPE

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

204.2 POLICY

The Jail Administrator or authorized designee shall ensure that all jail property and fixed assets are inventoried annually and that all supplies purchased are reconciled with the invoice prior to payment.

The Jail maintains a secure storage area for the purpose of storing supplies and equipment. The Jail Administrator or authorized designee shall maintain oversight of the area.

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

Requisition forms bearing the signature of the Administrative Division Manager should be completed and received by the Finance Department before any supplies or equipment are purchased and distributed to the facility. Any encumbrance to this facility's budget requires review and approval by the Jail Administrator and the Finance Director.

The Administrative Division Manager, in conformance with established policies, is responsible for negotiating all other purchases.

204.3 PURCHASING

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

Personnel with spending authority should adhere to the following strategies:

- (a) Be knowledgeable about the county's requirements and procedures for purchasing goods and services.
- (b) Establish a working relationship with this facility's purchasing agent.
- (c) Provide the purchasing agent with information describing the types of goods and services required to operate the facility.
- (d) Ensure that staff with spending authority follow procedures that outline the process for submission and approval of purchase requisitions.
- (e) Review purchase requisitions to verify the need, urgency and priority.
- (f) Monitor service contracts to ensure that this facility is receiving the scope and quality of services specified in the contract.

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- (g) Regularly monitor expenditures to make certain the purchase of goods and services is charged to the appropriate accounts and within budget limits.
- (h) Keep purchase records to maintain the integrity and availability of purchasing documents, including requisitions, purchase orders, receiving reports and invoices.

204.4 EQUIPMENT INVENTORY

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

Tool and Culinary Equipment Control

205.1 PURPOSE AND SCOPE

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

205.2 POLICY

It is the policy of this facility to securely store, inventory, control and monitor the use of tools and culinary equipment to ensure accountability and the secure use of these items (Wis. Admin Code DOC § 350.11(20); Wis. Admin. Code DOC § 350.18(10)).

205.2.1 CUSTODY TOOLS

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

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

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

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

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

- (a) Detaining and searching any inmate who had access to the tool.
- (b) Conducting a thorough search of the immediate area for the missing item.
- (c) Initiating a facility-wide search.

The kitchen staff member responsible for the supervision of the use of missing tool will prepare and submit a report to the Security Services Sergeant documenting the specific tool that is missing and the circumstances of the disappearance. The report will be forwarded to the Jail Administrator or authorized designee. All staff members involved in the search will submit a report to the on-duty supervisor documenting their findings.

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205.2.2 MAINTENANCE OR CONSTRUCTION TOOLS

Maintenance or construction tools are those tools and equipment that are brought into and out of the secure perimeter of the facility by employees, contractors or vendors to facilitate repairs or construction of the physical plant. Only the tools and equipment needed specifically for the intended work will be permitted into the facility.

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

When the person has finished working in the area, correctional staff will ensure that all tools and equipment are accounted for by sweeping the work area. Once the area is deemed free of tools and equipment, the inmates may be released from their lock-down status.

205.2.3 KITCHEN EQUIPMENT

Culinary tools are located in the kitchen and include common kitchen tools used in the preparation, service and delivery of meals. No inmate shall use or possess a knife or hand tool with a cutting blade while working in the kitchen. Inmate workers or porters may use other kitchen equipment in food preparation, service and delivery of meals. All kitchen knives and tools with sharp or pointed edges shall be stored in a locked cabinet per DOC 350.11 (20). All tools shall be returned to the secure cabinet when not in use.

The kitchen shall implement an inventory and labeling system to account for the kitchen hand tools. All hand tools when not in use shall be locked in a secure cabinet.

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

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

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

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

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205.2.4 SERVING AND INDIVIDUAL EATING TOOLS

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

In the event that a serving tool is missing, the kitchen staff shall notify the Security Services Sergeant and a search for the tool shall be initiated.

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

Property and Evidence

206.1 PURPOSE AND SCOPE

This policy provides for the proper collection, storage, security and disposition of evidence and other property. This policy also provides for the protection of the chain of custody and those persons authorized to remove and/or destroy property.

206.1.1 PROPERTY AND EVIDENCE SECTION SECURITY

The Property and Evidence Section shall maintain secure storage and control of all property necessitating custody by the Office. The property and evidence technician reports to the Detective Division supervisor and is responsible for the security of the Property and Evidence Section. Property and Evidence Section keys are maintained only by the property and evidence technician and the Detective Division supervisor. An additional key is in a sealed and initialed envelope maintained in the safe in the Sheriff's office. The property and evidence technician and the Detective Division supervisor shall not loan Property and Evidence Section keys to anyone and shall maintain keys in a secure manner.

Any individual entering the Property and Evidence Section other than the property and evidence technician must be accompanied by the property and evidence technician or the Detective Division supervisor and must sign in and out on the logbook, giving the date and time of entry and exit, and the purpose, including a specific case or property number. The entry shall be initialed by the accompanying individual.

206.2 DEFINITIONS

Definitions related to this policy include:

Evidence - Includes items taken or recovered in the course of an investigation that may be used in the prosecution of a case.

Found property - Includes property found by a member or citizen where the owner cannot be readily identified or contacted and has no apparent evidentiary value.

Property - Includes all items of evidence, items taken for safekeeping and found property.

Safekeeping - Includes the following types of property:

- Property obtained by the Office for safekeeping, such as a firearm
- Personal property of an arrestee not taken as evidence
- Property taken for safekeeping under authority of a law

Member - Jail staff

- Correctional Officer
- Sergeant
- Lieutenant
- Captain

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206.3 PROPERTY HANDLING

Any member who first comes into possession of any property shall retain such property in his/her possession until it is properly tagged and placed in the designated property locker or storage room, along with the property form. Care shall be taken to maintain the chain of custody for all evidence.

Any property seized by a member, with or without a warrant, shall be safely kept for as long as necessary for the purpose of being produced as evidence. Seized property held as evidence shall be returned to its rightful owner unless subject to lawful detention or ordered destroyed or otherwise disposed of by the court (Wis. Stat. § 950.04(1v)(s)).

Where ownership can be established as to found property that has no apparent evidentiary value, excluding contraband, such property may be released to the owner without the need for booking. The property documentation must be completed to document the release of property not booked. The owner shall sign the appropriate form acknowledging receipt of the item.

206.3.1 PROPERTY BOOKING PROCEDURE

All property must be booked prior to the member going off-duty. Members booking property shall observe the following guidelines:

- (a) Complete the property form describing each item separately, listing all serial numbers, owner's name, finder's name and other identifying information or markings.
- (b) The member shall mark each item of evidence with initials and date.
- (c) Items too small to mark, or that will be damaged, degraded or devalued by marking, should be individually packaged, labeled and the package marked with initials and date.
- (d) Complete an evidence/property tag and attach it to each package or envelope in which the property is stored.
- (e) Place the case number in the upper right corner or in the appropriate field of the evidence/property tag.
- (f) The original property form shall be submitted with the case report. A copy shall be placed with the property in the temporary property locker or with the property if it is stored somewhere other than a property locker.
- (g) When the property is too large to be placed in a temporary property locker, the item may be temporarily stored in any office supply room or other location that can be secured from unauthorized entry. The location shall be secured to prevent entry and a completed property form placed into a numbered property locker indicating the location of the property.

206.3.2 CONTROLLED SUBSTANCES

All controlled substances shall be booked separately using a separate property record. Drug paraphernalia shall also be booked separately.

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The member seizing the controlled substances shall place them in the designated temporary property locker accompanied by two copies of the form for the Administrative Services Division and investigators. The original will be detached and submitted with the case report.

206.3.3 EXPLOSIVES

Members who encounter a suspected explosive device shall promptly notify an immediate supervisor. The bomb squad will be called to handle explosive-related incidents and will be responsible for the handling, storage, sampling and disposal of all suspected explosives.

Explosives will not be retained in the sheriff's facility. Only fireworks that are considered stable and safe and road flares or similar signaling devices may be booked into property. All such items shall be stored in proper containers and in an area designated for the storage of flammable materials. The property and evidence technician is responsible for transporting to the fire department, on a regular basis, any fireworks or signaling devices that are not retained as evidence.

206.3.4 EXCEPTIONAL HANDLING

Certain property items require a separate process. The following items shall be processed in the described manner:

- (a) Any evidence collected which may contain biological samples, should be properly labeled as such.
- (b) Property stained with bodily fluids, such as blood or semen, shall be air-dried in a secure location (e.g., locked drying cabinet) prior to processing.
- (c) License plates found not to be stolen or connected with a known crime should be released directly to the property and evidence technician or placed in the designated container for return to the Wisconsin Department of Transportation. No formal property booking process is required.
- (d) All bicycles and bicycle frames require a property record. Property tags will be securely attached to each bicycle or bicycle frame. The property may be released directly to the property and evidence technician or placed in the bicycle storage area until a property and evidence technician can log the property.
- (e) All cash shall be counted in the presence of another member and the envelope initialed by both members. A supervisor shall be contacted for cash in excess of \$1,000. The supervisor shall also witness the count and will initial and date the property documentation and specify any additional security procedures to be used.
- (f) All evidence collected by personnel processing a crime scene requiring specific storage requirements pursuant to laboratory procedures should clearly indicate storage requirements on the property form.
- (g) Items that are potential biohazards shall be appropriately packaged and marked to reduce the risk of exposure or contamination.

County property, unless connected to a known criminal case, should be released directly to the appropriate County department. No formal booking is required. In cases where no responsible person can be located, the property should be booked for safekeeping in the normal manner.

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206.4 PACKAGING OF PROPERTY

All property should be packaged in compliance with Wisconsin Division of Criminal Investigations standards or standards set by this office.

Certain items require special consideration and shall be booked separately as follows:

- (a) Controlled substances
- (b) Firearms (ensure they are unloaded, rendered safe, and booked separately from ammunition)
- (c) Property with more than one known owner
- (d) Drug paraphernalia
- (e) Fireworks
- (f) Contraband
- (g) Biohazards
- (h) Consider separately packaging any original container or packaging, including controlled substances packaging, to permit latent print or other evidence recovery

206.4.1 PACKAGING CONTAINER

Members shall package all property, except controlled substances, in a suitable container that is appropriate for its size. Knife boxes should be used to package knives or any other sharp items. Handgun boxes should be used for handguns. Syringe tubes should be used to package syringes and needles.

A property tag shall be securely attached to the outside of all items or group of items packaged together.

206.4.2 PACKAGING CONTROLLED SUBSTANCES

The member seizing controlled substances shall retain such property in his/her possession until it is properly weighed, packaged, tagged and placed in the designated narcotics locker, accompanied by two copies of the property record. Prior to packaging and if the quantity allows, a presumptive test should be made on all suspected controlled substances. When conducted, the result of this test shall be included in the members report.

Controlled substances shall be packaged in an envelope of appropriate size, available in the report room. The member shall initial the sealed envelope and the initials shall be covered with cellophane tape. Controlled substances shall not be packaged with other property.

The member shall weigh the suspected controlled substance in the container in which it was seized. A full description of the item, along with packaging and total weight of the item as seized, will be placed in the case report and on the property form. After packaging and sealing as required, the entire package will be weighed and the Gross Package Weight (GPW) will be written on the outside of the package, initialed and dated by the member.

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The GPW will be verified every time the package is checked in or out of the Property and Evidence Section. Any discrepancies shall be noted on the outside of the package. Any change in weight should be immediately reported to the Detective Division supervisor.

A completed property tag shall be attached to the outside of the container. The chain of custody shall be recorded on the back of this tag.

206.4.3 RIGHT OF REFUSAL

The property and evidence technician has the right to refuse any piece of property that is hazardous or that has not been properly documented or packaged. Should the property and evidence technician refuse an item of property, he/she shall maintain secure custody of the item in a temporary property locker or other safe location and inform the submitting members' supervisor.

206.5 RECORDING OF PROPERTY

The property and evidence technician receiving custody of evidence or property shall create a property control card for each piece of property received. The property control card will be the permanent record of the property in the Property and Evidence Section. The property and evidence technician will record his/her signature, GPW if it is a controlled substance to be used as evidence, the date and time the property was received and where the property will be stored.

A property logbook shall be maintained and a unique property number created for each piece of property received. The logbook shall record, by property number, the date received, case number, tag number, item description, item location and date disposed. A unique property number shall be obtained for each item or group of items from the logbook. This number shall be recorded on the property tag and the property control card.

Any changes in the location of property held by the Eau Claire County Sheriff's Office shall be noted in the property logbook.

206.6 PROPERTY CONTROL

Each time the property and evidence technician receives property or releases property to another person, he/she shall enter this information on the property control card. Deputies desiring property for court shall contact the property and evidence technician at least one day prior to the court day.

206.6.1 RESPONSIBILITIES OF OTHER PERSONNEL

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

Request for analysis of items other than controlled substances shall be completed on the appropriate forms and submitted to the property and evidence technician. This request may be filled out anytime after booking of the property or evidence.

206.6.2 TRANSFER OF EVIDENCE TO CRIME LABORATORY

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

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Any transfer of evidence to the crime laboratory requires:

- (a) The name and contact information of the person submitting the evidence.
- (b) Appropriate packaging and conveyance of evidence to the laboratory.
- (c) Necessary documentation accompanies evidence at time of transmittal.
- (d) Adequate receipts and signatures to support chain of evidence.
- (e) Written request that lab results be returned in writing.

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

206.6.3 STATUS OF PROPERTY

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

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

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

206.6.4 AUTHORITY TO RELEASE PROPERTY

The property and evidence technician shall not release any property without a signed authorization from an appropriate authorized member of the Office. The Detective Division shall authorize the disposition or release of all evidence and property coming into the care and custody of the Office.

For property in custody of the Office for investigatory or prosecutorial purposes and owned by a victim or witness, a property and evidence technician shall, upon the request of the owner:

- (a) Provide a list describing the property, unless such release would seriously impede an investigation.
- (b) Return the property expeditiously, unless the property is contraband or required as evidence.

Upon the direction of a prosecuting attorney, property held as evidence of a crime may be photographed and released to the owner.

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206.6.5 RELEASE OF PROPERTY

A reasonable attempt shall be made to identify the rightful owner of found or stolen property or evidence not needed for an investigation.

Property belonging to a crime victim shall be promptly released to the victim unless needed for evidence within 10 days of being taken unless the property is weapons, contraband or is otherwise excluded (Wis. Stat. § 950.04(1v)(s)).

Release of property shall be made upon receipt of an authorized release form, listing the name and address of the person to whom the property is to be released. The release authorization shall be signed by the authorizing supervisor or investigator and must conform to the items listed on the property form or must specify the specific item to be released. Release of all property shall be properly documented.

With the exception of firearms and other property specifically regulated by statute, found property and property held for safekeeping shall be held for a minimum of 30 days. During such period, property personnel shall attempt to contact the rightful owner by telephone and/or mail when sufficient identifying information is available. Property not held for any other purpose and not claimed within 30 days after notification (or receipt, if notification is not feasible) may be auctioned to the highest bidder at a properly published public auction (Wis. Stat. § 66.0139(2)). If such property is not sold at auction or otherwise lawfully claimed, it may thereafter be destroyed. The final disposition of all such property shall be fully documented in related reports.

A property and evidence technician shall release the property to the owner or finder, upon valid identification and proper documentation presented by the owner or finder, for which an authorized release has been received. A signature of the person receiving the property shall be recorded on the original property form. After release of all property entered on the property control card, the card shall be forwarded to the Administrative Services Division for filing with the case. If some items of property have not been released, the property card will remain with the Property and Evidence Section.

Upon release or other form of disposal, the proper entry shall be documented in the property logbook.

206.6.6 DISPUTED CLAIMS TO PROPERTY

Occasionally more than one party may claim an interest in property being held by the Office, and the legal rights of the parties cannot be clearly established. Such property shall not be released until one party has obtained a court order or otherwise establishes undisputed right to the property.

All parties should be advised that their claims are civil. In extreme situations, legal counsel for the Office may be asked to file an interpleader in court to resolve the disputed claim.

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206.6.7 CONTROL OF CONTROLLED SUBSTANCES

The Property and Evidence Section will be responsible for the storage, control, and destruction of all controlled substances coming into the custody of this office, including paraphernalia as described in Wis. Stat. § 961.571(1)(a).

206.6.8 RELEASE AND DISPOSAL OF FIREARMS

A firearm may not be released until it has been verified that the person receiving the weapon is not prohibited from receiving or possessing the weapon by 18 USC § 922(d) or Wis. Stat. § 968.20(1m).

The Office shall make best efforts for a period of 30 days after the seizure of an abandoned or stolen firearm to protect the firearm from harm and return it to the lawful owner. At the expiration of such period, the firearm or other deadly weapon may be processed for disposal in accordance with Wis. Stat. § 66.0139, Wis. Stat. § 165.81 and Wis. Stat. § 968.20(3)(b) and consistent with this policy.

206.7 DISPOSITION OF PROPERTY

All property not held for evidence in a pending criminal investigation or proceeding, and held for 30 days or longer where the owner has not been located or fails to claim the property, may be disposed of in compliance with existing laws upon receipt of proper authorization for disposal (Wis. Stat. § 66.0139(2)). The property and evidence technician shall request a disposition or status on all property which has been held in excess of 30 days and for which no disposition has been received from a supervisor or investigator.

Upon any release or sale of any property, the proper notation shall be made on the property control card and in the property logbook. Proceeds from the sale of unclaimed property shall be deposited into the County treasury, minus reimbursement for office expenses.

206.7.1 EXCEPTIONAL DISPOSITIONS

The following types of property shall be destroyed or disposed of in the manner and at the time prescribed by law or by a court of competent jurisdiction:

- Weapons declared by law to be nuisances
- Animals, birds and equipment related to their care and containment that have been ordered forfeited by the court
- Counterfeiting equipment
- Gaming devices
- Obscene matter ordered to be destroyed by the court
- Altered vehicles or component parts
- Controlled substances
- Unclaimed, stolen or embezzled property
- Destructive devices

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- Any property used in the commission of a crime

206.7.2 RETENTION OF BIOLOGICAL EVIDENCE

The Property and Evidence Section supervisor shall ensure that no biological evidence held by the Office is destroyed prematurely or without adequate notification pursuant to Wis. Stat. § 968.205 to the following persons, when applicable:

- (a) The defendant
- (b) The defendant's attorney
- (c) The appropriate prosecutor
- (d) Any sexual assault victim
- (e) The Detective Division supervisor

Biological evidence shall be retained for a minimum period established by law, the Property and Evidence Section supervisor or the expiration of any sentence imposed related to the evidence, whichever time period is greater. Following the retention period, notifications should be made by certified mail and should inform the recipient that the evidence will be destroyed after a date specified in the notice unless a motion seeking an order to retain the sample is filed and served on the Office pursuant to Wis. Stat. § 968.205(5). A record of all certified mail receipts shall be retained in the appropriate file. Any objection to, or motion regarding, the destruction of the biological evidence should be retained in the appropriate file and a copy forwarded to the Detective Division supervisor.

Biological evidence related to a homicide shall be retained indefinitely and may only be destroyed with the written approval of the Sheriff and the head of the applicable prosecutor's office.

206.8 REPORT OF ABANDONED PROPERTY AND UNCLAIMED FUNDS

The Property and Evidence Section supervisor shall complete and file a report of presumed abandoned property or unclaimed funds, and periodically submit the record to the Administrative Services supervisor and the County Treasurer/Finance Department.

206.9 INSPECTIONS OF THE PROPERTY AND EVIDENCE SECTION

On a monthly basis, the Detective Division supervisor shall inspect the evidence storage facilities and practices to ensure adherence to appropriate policies and procedures.

- (a) Unannounced inspections of evidence storage areas shall be conducted semi-annually, as directed by the Sheriff.
- (b) An annual audit of evidence held by the Office shall be conducted by a Captain, who is not routinely or directly connected with evidence control, as assigned by the Sheriff.
- (c) Whenever a change is made in personnel who have access to the Property and Evidence Section, an inventory of all evidence/property shall be made by an individual not associated with the Property and Evidence Section or function, with the assistance of the new personnel, to ensure that records are correct and all evidence property is accounted for.

Records and Data

207.1 PURPOSE AND SCOPE

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

207.2 ACCESS TO CRIMINAL RECORDS

Official files, documents, records, electronic data, video and audio recordings and information held by the Eau Claire County Sheriff's Office or in the custody or control of office employees, volunteers or contractors are regarded as non-public and/or confidential.

Access to confidential paper or electronically generated records in this facility is restricted at various locations according to job function and the need to know. Employees working in assigned areas will only have access to the information that is necessary for the performance of their duties. Granting access to other employees or anyone outside of the work area must meet with supervisory approval. All requests for information received from outside the Office shall be forwarded to the Jail Administrator.

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

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

207.3 STAFF TRAINING

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

Research Involving Inmates

208.1 PURPOSE AND SCOPE

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

208.2 POLICY

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

208.3 AUTHORIZATION REQUIREMENTS

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

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

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

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

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

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

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

208.4 LEGAL CONSIDERATIONS

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

208.5 INMATES IN COMMUNITY-BASED RESEARCH

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

- (a) The intake nurse shall collect all relevant data including name and contact information of the treating physician, and all available detail about the treatment regimen and the condition being treated.
- (b) The responsible physician shall be contacted prior to the initiation of treatment.
- (c) Consultation with community researchers shall be made by the responsible physician to determine the intent of the study and any necessary parameters to measure as the treatment period progresses.
- (d) Necessary information shall be obtained so that withdrawal from the research protocol is done without harming the health of the inmate.

208.6 HUMAN RESEARCH STUDIES

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

Inmate Records

209.1 PURPOSE AND SCOPE

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

209.2 POLICY

It is the policy of this office that all records shall be complete and comprehensive, resulting in reliable data that provides information about each inmate's period of confinement (Wis. Stat § 59.27(2); Wis. Admin. Code DOC § 350.10(1)), as well as histories of previous confinement in this facility. All inmate records are official office documents and should be used for official business only. Inmate records are a vital component of the criminal justice system and should only be released to authorized persons.

209.2.1 RECORD MAINTENANCE

It shall be the responsibility of the Administrative Services Division to maintain the following records on all persons who have been committed or assigned to this facility, including, but not limited to, the following (Wis. Stat. § 59.27(2); Wis. Admin. Code DOC § 350.10(1)):

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

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- Medical, dental, mental health, drug and alcohol screenings, assessments, treatments and medications
- Release authority and the time of release
- Time and manner of any inmate escape

The Jail Administrator or the authorized designee shall establish a procedure for managing inmate records.

209.2.2 RECORDS SECURITY

Inmate records shall be maintained in a secure area (Wis. Admin. Code DOC § 350.10(2)) and accessed only by authorized personnel.

209.2.3 JUVENILE RECORDS

Juvenile records shall be maintained separately from adult inmate records and retained confidentially, in accordance with Wis. Stat. § 938.396 and any other federal or state law (Wis. Admin. Code DOC § 350.10(2)).

209.2.4 RELEASE OF INMATE RECORDS

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

209.2.5 ELECTRONIC RECORD MAINTENANCE

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

209.2.6 RECORDS RETENTION

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

Report Preparation

210.1 PURPOSE AND SCOPE

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

210.2 REPORT PREPARATION

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

Handwritten reports must be prepared legibly. If the report is not prepared legibly, the employee shall be required by the reviewing supervisor to promptly correct the report. Employees who generate reports on computers are subject to all requirements of this policy.

All reports shall accurately reflect the identity of the persons involved, all pertinent information seen, heard or assimilated by any other sense, and any actions taken. Employees shall not suppress, conceal or distort the facts of any reported incident, nor shall any employee make a false report orally or in writing. Generally, the reporting employee's opinions should not be included in reports unless specifically identified as such.

210.3 REQUIRED REPORTING

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

210.3.1 CRIMINAL ACTIVITY REPORTING

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

210.3.2 INCIDENT REPORTING

Incident reports generally serve as an in-house documentation of occurrences in the facility and to initiate, document and support the inmate disciplinary process. The Office shall establish a filing system that differentiates between incident reports, crime reports and disciplinary actions. This

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policy does not require the duplication of information on two different forms. Where both exist, cross-referencing facilitates retrieval of one or both.

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

- (a) Non-criminal incidents of rule violations by inmates.
- (b) Attempted suicide or suicidal ideation on the part of an inmate, if known.
- (c) Non-criminal breaches of security or evidence of an escape attempt.
- (d) Non-criminal security threats, including intelligence related to jail activities.
- (e) Significant incidents related to medical issues, health or safety in the jail.
- (f) Discovery of contraband in the possession of inmates or their housing areas.
- (g) Detaining or handcuffing any visitor at the facility.
- (h) Traffic collisions involving office vehicles.
- (i) Risk management incidents to include injuries to inmates and lost or damaged property.
- (j) Accidental injuries of staff, inmates or the public.

210.3.3 DEATHS

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

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

210.3.4 INJURY OR DAMAGE BY OFFICE PERSONNEL

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

210.3.5 USE OF FORCE

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

210.4 GENERAL POLICY OF EXPEDITIOUS REPORTING

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

210.4.1 GENERAL POLICY OF HANDWRITTEN REPORTS

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

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

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210.4.2 GENERAL USE OF OTHER HANDWRITTEN FORMS

County, state and federal agency forms may be block printed as appropriate. In general, the form itself may make the requirement for typing apparent.

210.5 REPORT CORRECTIONS

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

210.6 REPORT CHANGES OR ALTERATIONS

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

210.7 ELECTRONIC SIGNATURES

The Jail has established an electronic signature procedure for use by all employees of the Jail. The Jail Administrator or the authorized designee shall be responsible for maintaining the electronic signature system and ensuring that each employee creates a unique, confidential password for his/her electronic signature. The system use and design shall follow the requirements of (Wis. Stat. § 137.12 et seq.) when applicable

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

Key and Electronic Access Device Control

211.1 PURPOSE AND SCOPE

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

211.2 POLICY

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

211.2.1 KEY IDENTIFICATION

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

A separate secure document identifying all keys will be maintained.

211.2.2 KEY SET CONTENTS

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

211.2.3 KEY CONTROL

All facility keys shall be maintained in a locked key box and readily accessible in case of an emergency (Wis. Admin. Code DOC § 350.18(8)).

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

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

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

Under no circumstances will security keys be made available to inmates regardless of their status (Wis. Admin Code DOC § 350.18(8)).

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211.2.4 LOCK POLICY

All security perimeter entrances, Central Control doors and cell doors shall be kept locked, except when used for admission or exit of employees, inmates or visitors, and in an emergency. Operators of sallyports shall ensure that only one of the doors of a sallyport is opened at any time for entry or exit purposes, except where the entry or exit of emergency personnel requires the operator to override the doors and allow for rapid entry or exit.

211.2.5 TESTING

Locks to security doors or gates shall be tested for proper function at least monthly to ensure proper operation. This testing shall be documented and a monthly report forwarded to the Jail Administrator (Wis. Admin. Code DOC § 350.18(7)).

211.2.6 EXTERIOR DOOR AND ARMORY KEYS

Keys for exterior doors to the facility and the armory shall be kept in a locked cabinet in a secure location, outside of the facility's secure perimeter.

211.2.7 EMERGENCY KEY SET

At least one key set containing every key for the facility shall be kept separate from all other key sets in a secure location and be accessible only to the Jail Administrator, Security Services Sergeant or an authorized designee, in the event of an emergency.

211.2.8 KEY INVENTORY

All issued keys shall be inventoried and accounted for on each shift (Wis. Admin. Code DOC § 350.18(8)).

211.2.9 MISSING KEYS

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

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

The Jail Administrator or authorized designee shall initiate an investigation into the disappearance of the keys to reexamine the procedures for key control, and shall notify the Sheriff of his/her

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

211.2.10 DAMAGED KEYS OR LOCKS

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

211.3 KEY CONTROL RECORDS

Each shift is responsible for reporting any key malfunctions or missing key sets. Key control measures shall be documented, and the records retained in accordance with established records retention schedules.

211.4 ELECTRONIC ACCESS DEVICES

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

Electronic Logs

212.1 PURPOSE AND SCOPE

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

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

212.2 POLICY

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

212.3 RESPONSIBILITIES AND PROCEDURES

Correctional officers assigned to a security post shall prepare an accurate electronic log daily. The electronic log is a permanent record of the daily activities for their assigned area. Employees who falsify any jail document may be subject to disciplinary action, up to and including termination, as well as criminal prosecution.

All facility employees will adhere to the following procedures when preparing an electronic log:

- (a) Entries should be legible and provide sufficient detail to ensure that the log entry or report properly reflects the events of the day.
- (b) Entries shall include the name and badge number of the individual making the entry.
- (c) Entries shall reflect the date and time of the event logged.
- (d) Entries created and stored electronically shall not be modified. If corrections or changes become necessary, they shall be done by way of a supplemental entry, leaving the original entry unaltered and retrievable.

212.4 ELECTRONIC LOG

Correctional officers shall enter all pertinent information into the electronic log when any of the following occur:

- Personnel on-duty
- All searches/shakedowns
- Disciplinary actions
- Unusual inmate behavior
- Discovered contraband
- Unusual occurrences
- Use of emergency equipment
- Any use of force (see incident report)

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212.5 BRIEFINGS

Each correctional officer assigned to a post, as well as the supervisor, shall prepare a verbal briefing for the oncoming shifts staff. This briefing shall include the following:

- The formal inmate count at the beginning and end of each shift
- Exchange of security equipment (duress alarm, radio, Taser)
- Information that would assist the oncoming staff
- Unusual occurrences

212.6 SUPERVISOR RESPONSIBILITIES

Supervisors shall periodically review the electronic logs during the course of their shifts. When appropriate, supervisors should include comments in the log with regard to an incident or unusual occurrence in the facility.

Whenever a major event in the facility requires a coordinated command response, the incident commander should designate someone to keep a running log that identifies, at minimum, the following:

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

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

Personnel Records

213.1 PURPOSE AND SCOPE

This policy governs maintenance and access to personnel records. Personnel records include any file maintained under an individual member's name.

213.2 POLICY

It is the policy of this Office to maintain personnel records and preserve the confidentiality of personnel records pursuant to the Constitution and the laws of Wisconsin (Wis. Stat. § 19.36(10)).

213.3 OFFICE FILE

The Personnel file shall be maintained as a record of a person's employment/appointment with this office. The official personnel file will be maintained and kept in the Department of Human Resources. The file should contain, at a minimum:

- (a) Personal data, including photographs, marital status, names of family members, educational and employment history or similar information..
- (b) Election of employee benefits.
- (c) Personnel action reports reflecting assignments, promotions and other changes in employment/appointment status. These should be retained in compliance with Eau Claire County's records retention ordinance and/or Human Resources policies.
- (d) Original performance evaluations. These should be maintained according to Human Resources rules of record retention.
- (e) Discipline records, including copies of sustained personnel complaints.
- (f) Adverse comments such as supervisor notes or memos may be retained in the office file after the member has had the opportunity to read and initial the comment.
 - 1. Once a member has had an opportunity to read and initial any adverse comment, the member shall be given the opportunity to respond in writing to the adverse comment
 - 2. Any member response shall be attached to and retained with the original adverse comment (Wis. Stat. § 103.13).
 - 3. If a member refuses to initial or sign an adverse comment, at least one supervisor should note the date and time of such refusal on the original comment. Such a refusal, however, shall not be deemed insubordination, nor shall it prohibit the entry of the adverse comment into the member's file.
- (g) Commendations and awards.
- (h) Any other information, the disclosure of which would constitute an unwarranted invasion of personal privacy.

213.4 DIVISION FILE

Division files may be separately maintained internally by a member's supervisor for the purpose of completing timely performance evaluations. The Division file may contain supervisor comments,

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notes, notices to correct and other materials that are intended to serve as a foundation for the completion of timely performance evaluations.

213.5 TRAINING FILE

An individual training file shall be maintained through the Wisconsin Training and Standards ACADIS system for each member. Training records may also be created and stored remotely, either manually or automatically (e.g., Daily Training Bulletin (DTB) records).

- (a) The involved member is responsible for ensuring any attended training is appropriately documented within the ACADIS system. If an entry is found to be missing or in error the employee will contact their supervisor to have it corrected.
- (b) Office instructors are responsible for ensuring training objectives and course content records are retained. This includes documentation of all restraint, less-lethal & firearm training an employee attends.

213.6 INTERNAL AFFAIRS FILE

Internal affairs files shall be maintained under the exclusive control of the Captain of the Division in conjunction with the office of the Sheriff. Access to these files may only be approved by the Sheriff or the Captain of the Division supervisor.

These files shall contain the complete investigation of all formal complaints of member misconduct, regardless of disposition. Investigations of complaints that result in the following findings shall not be placed in the member's office file but will be maintained in the internal affairs file:

- (a) Not sustained
- (b) Unfounded
- (c) Exonerated

213.7 MEDICAL FILE

A medical file shall be maintained within the Department of Human Resources and separately from all other personnel records and shall contain all documents relating to the member's medical condition and history, including but not limited to:

- (a) Materials relating to a medical leave of absence, including leave under the Family and Medical Leave Act (FMLA).
- (b) Documents relating to workers' compensation claims or the receipt of short- or long-term disability benefits.
- (c) Fitness-for-duty examinations, psychological and physical examinations, follow-up inquiries and related documents.
- (d) Medical release forms, doctor's slips and attendance records that reveal a member's medical condition.
- (e) Any other documents or materials that reveal the member's medical history or medical condition, including past, present or future anticipated mental, psychological or physical limitations.

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213.8 SECURITY

Personnel records should be maintained in a secured location and locked either in a cabinet or access-controlled room. Personnel records maintained in an electronic format should have adequate password protection.

Personnel records are subject to disclosure only as provided in this policy, the Records Maintenance and Release Policy or according to applicable discovery procedures.

Nothing in this policy is intended to preclude review of personnel records by the County Administrator, Corporation Counsel or other attorneys or representatives of the County in connection with official business.

213.8.1 REQUESTS FOR DISCLOSURE

Any member receiving a request for a personnel record shall promptly notify the Custodian of Records or other person charged with the maintenance of such records (Wis. Stat. § 19.31 et seq.).

Upon receipt of any such request, the responsible person shall notify the affected member as soon as practicable that such a request has been made.

The responsible person shall further ensure that an appropriate response to the request is made in a timely manner, consistent with applicable law. In many cases, this may require assistance of available legal counsel.

All requests for disclosure that result in access to a member's personnel records shall be logged in the corresponding file, and the affected employee will be notified in writing prior to access and within three days after the decision is made to permit access (Wis. Stat. § 19.356(2)(a)).

213.8.2 RELEASE OF PERSONNEL INFORMATION

The Office may release any factual information concerning a disciplinary investigation if the member who is the subject of the investigation (or the member's representative) publicly makes a statement that is published in the media and that the member (or representative) knows to be false. The disclosure of such information, if any, shall be limited to facts that refute any such false statement.

213.9 MEMBERS' ACCESS TO THEIR PERSONNEL RECORDS

Any member may request access to the member's own personnel record during the normal business hours of those responsible for maintaining such files twice in a calendar year or as otherwise provided in a collective bargaining agreement. If doing so requires the member to take time off work, arrangements for an alternate reasonable time should be made for the member to access the files. The Office will grant the inspection within seven working days (Wis. Stat. § 103.13).

Any member seeking the removal or correction of any item from the personnel records shall file a written request to the Sheriff through the chain of command. The Office may remove or correct any such item if appropriate, or within 30 days provide the member with a written explanation of why the contested item will not be removed or changed. If the contested item is not removed or

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changed, the member's request and the written response from the Office shall be retained with the contested item in the member's corresponding personnel record as long as the contested item is a part of the file (Wis. Stat. § 103.13).

Members may obtain a copy of the information or part of the information contained in their file (Wis. Stat. § 103.13).

A member who is involved in a current grievance against the Office may designate in writing a representative of the member's union or collective bargaining unit or other representative to inspect the member's personnel record which may have a bearing on the resolution of the grievance (Wis. Stat. § 103.13).

Members may be restricted from accessing files containing any of the following information (Wis. Stat. § 103.13):

- (a) An ongoing internal affairs investigation to the extent that it could jeopardize or compromise the investigation pending final disposition or notice to the member of the intent to discipline.
- (b) Confidential portions of internal affairs files that have not been sustained against the member.
- (c) Criminal investigations involving the member.
- (d) Letters of reference concerning employment/appointment, licensing, or issuance of permits regarding the member.
- (e) Any portion of a test document, except the cumulative total test score for either a section of the test document or for the entire test document.
- (f) Materials used by the Office for staff management planning, including judgments or recommendations concerning future salary increases and other wage treatments, management bonus plans, promotions and job assignments, or other comments or ratings used for office planning purposes.
- (g) Information of a personal nature about a person other than the member if disclosure of the information would constitute a clearly unwarranted invasion of the other person's privacy.
- (h) Records relevant to any other pending claim between the Office and the member that may be discovered in a judicial proceeding.
- (i) Medical records where it would have a detrimental effect on the member, in which case the Office may release the medical records to a physician designated by the member so that the physician may release the medical records to the member.

213.10 RETENTION AND PURGING

Unless provided otherwise in this policy, personnel records shall be maintained in accordance with the established records retention schedule.

- (a) During the preparation of each member's performance evaluation, all personnel complaints and disciplinary actions should be reviewed to determine the relevancy, if any, to progressive discipline, training, and career development. Each supervisor

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responsible for completing the member's performance evaluation should determine whether any prior sustained disciplinary file should be retained beyond the required period for reasons other than pending litigation or other ongoing legal proceedings.

- (b) If a supervisor determines that records of prior discipline should be retained beyond the required period, approval for such retention should be obtained through the chain of command from the Sheriff.
- (c) If, in the opinion of the Sheriff, a personnel complaint or disciplinary action maintained beyond the required retention period is no longer relevant, all records of such matter may be destroyed in accordance with the established records retention schedule.

213.11 POLICY

It is the policy of this office to maintain personnel records and preserve the confidentiality of personnel records pursuant to the Constitution and the laws of Wisconsin (Wis. Stat. § 19.36(10)).

213.12 OFFICE FILE

The Office file shall be maintained as a record of a person's employment/appointment with this office. The office file should contain, at a minimum (Wis. Stat. § 165.85):

- (a) Personal data, including photographs, marital status, names of family members, educational and employment history, or similar information. A photograph of the member should be permanently retained.
- (b) Election of employee benefits.
- (c) Personnel action reports reflecting assignments, promotions, and other changes in employment/appointment status. These should be permanently retained.
- (d) Original performance evaluations. These should be permanently maintained.
- (e) Discipline records, including copies of sustained personnel complaints.
- (f) Adverse comments such as supervisor notes or memos may be retained in the [agency_office] file after the member has had the opportunity to read and initial the comment.
 1. Once a member has had an opportunity to read and initial any adverse comment, the member shall be given the opportunity to respond in writing to the adverse comment.
 2. Any member response shall be attached to and retained with the original adverse comment (Wis. Stat. § 103.13).
 3. If a member refuses to initial or sign an adverse comment, at least one supervisor should note the date and time of such refusal on the original comment. Such a refusal, however, shall not be deemed insubordination nor shall it prohibit the entry of the adverse comment into the member's file.
- (g) Commendations and awards.
- (h) Any other information, the disclosure of which would constitute an unwarranted invasion of personal privacy.

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213.13 DIVISION FILE

Division files may be separately maintained internally by a member's supervisor for the purpose of completing timely performance evaluations. The Division file may contain supervisor comments, notes, notices to correct, and other materials that are intended to serve as a foundation for the completion of timely performance evaluations.

213.14 TRAINING FILE

An individual training file shall be maintained for each member. Training files will contain digital records of all training. Training records may be created and stored remotely, either manually or automatically (e.g., Daily Training Bulletin (DTB) records).

- (a) The involved member is responsible for providing the Administrative Division, in a timely manner, evidence of completed training/education that was hosted and occurred outside of the office.
- (b) The Captain or an authorized designee shall ensure that documentation of internal training records are placed in the member's training file.

213.15 CAPTAIN OF THE DIVISION FILE

Internal affairs files shall be maintained under the exclusive control of the Captain of the Division in conjunction with the office of the Sheriff. Access to these files may only be approved by the Sheriff or the Captain of the Division supervisor.

These files shall contain the complete investigation of all formal complaints of member misconduct, regardless of disposition. Investigations of complaints that result in the following findings shall not be placed in the member's office file but will be maintained in the internal affairs file:

- (a) Not sustained
- (b) Unfounded
- (c) Exonerated

213.16 MEDICAL FILE

A medical file shall be maintained separately from all other personnel records and shall contain all documents relating to the member's medical condition and history, including but not limited to:

- (a) Materials relating to a medical leave of absence, including leave under the Family and Medical Leave Act (FMLA).
- (b) Documents relating to workers' compensation claims or the receipt of short- or long-term disability benefits.
- (c) Fitness-for-duty examinations, psychological and physical examinations, follow-up inquiries, and related documents.
- (d) Medical release forms, doctor's slips, and attendance records that reveal a member's medical condition.

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- (e) Any other documents or materials that reveal the member's medical history or medical condition, including past, present, or future anticipated mental, psychological, or physical limitations.

213.17 SECURITY

Personnel records should be maintained in a secured location and locked either in a cabinet or access-controlled room. Personnel records maintained in an electronic format should have adequate password protection.

Personnel records are subject to disclosure only as provided in this policy or according to applicable discovery procedures.

Nothing in this policy is intended to preclude review of personnel records by the County Administrator, Corporation Counsel, or other attorneys or representatives of the county in connection with official business.

Perimeter Security

214.1 PURPOSE AND SCOPE

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

214.2 POLICY

All entry points to the secure perimeter of the facility shall be monitored and controlled continuously by Central Control staff. The entire perimeter shall be inspected, maintained, monitored and continuously assessed to ensure its physical integrity and prevent unauthorized entry, inmate escape and contraband from entering the facility.

214.2.1 VISITORS

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

214.3 PROCEDURE

The secure perimeter shall be maintained by assigned staff. The Jail Administrator or the authorized designee shall ensure that a staffing plan is in place to monitor the secure perimeter of this facility. Suspicious activity at or near the perimeter shall immediately be reported to the Security Services Sergeant and Central Control. Central Control staff shall initiate an appropriate law enforcement response.

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

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

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

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

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

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

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

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

Accessibility - Facility and Equipment

215.1 PURPOSE AND SCOPE

This policy is intended to ensure that staff and the general public have access to the facility, in compliance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, 29 USC § 794.

215.1.1 DISABILITY DEFINED

A disability is any physical or mental impairment that substantially 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. Additionally, disability includes a physical or mental impairment that would inhibit a person's ability to meet the requirements established by the Office for conducting visitation or other business in the facility.

215.2 POLICY

The Eau Claire County Sheriff's Office prohibits discrimination of persons with disabilities. The Eau Claire County Sheriff's Office adheres to the ADA and all other applicable federal and state laws, regulations and guidelines in providing reasonable accommodations to ensure that the facility is reasonably accessible to and usable by individuals.

215.2.1 ACCOMMODATIONS

As part of the compliance with the ADA and the commitment to provide access to persons with disabilities, the Office will provide reasonable accommodations in areas that include, but are not limited to:

- Vehicle parking areas that accommodate cars and vans or other vehicles with wheelchair lifts.
- Public areas that are wheelchair accessible.
- Drinking fountains that can accommodate wheelchairs or other mobility devices.
- ADA-compliant elevators.
- Restroom areas that are wheelchair compliant and meet ADA standards for accessibility.
- Search areas and metal detection devices, including private areas where alternative search methods may be performed.
- Services and equipment for the deaf and hard of hearing.
- Visitor check-in areas.
- Visitation areas, including attorney interview rooms that can accommodate wheelchairs and other mobility devices.

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215.2.2 ADA COORDINATOR

The Jail Administrator should appoint a staff member to serve as the ADA Coordinator, whose primary responsibilities include, but are not limited to, coordinating compliance with ADA requirements. The ADA Coordinator should be knowledgeable and experienced in a variety of areas, including:

- The office structure, activities and employees, including special issues relating to the requirements of the jail.
- The ADA and other laws that address the rights of people with disabilities, such as Section 504 of the Rehabilitation Act, 29 USC § 794.
- The accommodation needs of people with a broad range of disabilities.
- Alternative formats and technologies that enable staff, inmates and the public with disabilities to communicate, participate and perform tasks related to jail activities.
- Construction and remodeling requirements with respect to ADA design standards.
- Working cooperatively with staff, inmates and the public with disabilities.
- Local disability advocacy groups or other disability groups.
- Negotiation and mediation.

215.2.3 TRAINING

The ADA Coordinator should work with the Training Sergeant as appropriate, developing training regarding issues specifically related, but not limited to:

- The requirements of Section 504 of the Rehabilitation Act, 29 USC § 794.
- Office policies and procedures relating to ADA requirements.

215.2.4 DISSEMINATION OF INFORMATION

The ADA Coordinator will be responsible for the dissemination of information to staff and visitors on issues specifically related, but not limited to:

- Services available to members of the public who are disabled.
- Accessing services to accommodate disabilities.
- Registering complaints or grievances relating to issues involving the ADA.

News Media Relations

216.1 PURPOSE AND SCOPE

This policy provides guidelines for media releases and media access to this facility's incidents and general public information.

216.2 POLICY

It is the policy of the Eau Claire County Sheriff's Office that the ultimate authority and responsibility for the release of information to the media shall remain with the Sheriff. However, in situations not warranting immediate notice to the Sheriff and in situations where the Sheriff has given prior approval, the Jail Administrator or authorized designee may prepare and release information to the media in accordance with this policy and applicable law.

216.2.1 MEDIA REQUEST

Any media request for information or access to this facility shall be referred to the Jail Administrator or authorized designee. Prior to releasing any information to the media, employees shall consider the following:

- (a) At no time shall any employee of this Eau Claire County Sheriff's Office make any comment or release any official information to the media without prior approval from the Jail Administrator or authorized designee
- (b) In any situation involving a law enforcement agency, reasonable efforts shall be made to coordinate media releases with the authorized representative of each involved agency prior to the release of any information by this office.
- (c) Under no circumstance should any member of this office make any comment to the media regarding any law enforcement or corrections-related incident that does not involve this office without prior approval of the Jail Administrator or the authorized designee.

216.3 MEDIA ACCESS

Authorized members of the media shall be provided reasonable access to scenes of disasters, investigations, emergencies and other law enforcement activities related to this facility, subject to the following conditions:

- (a) The media representative shall produce valid press credentials that shall be prominently displayed at all times.
- (b) Media representatives may be prevented from interfering with emergency operations and investigations.
 1. In situations where media access would reasonably appear to interfere with the facility's security, emergency operations or an investigation, every reasonable effort should be made to provide media representatives with information regarding the incident in such a manner that does not compromise the safety and security of the inmates, staff or the facility itself. All information released to

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the media should be coordinated through the Jail Administrator or authorized designee.

- (c) No member of this office shall be subjected to media visits or interviews without the consent of the involved employee.
- (d) Media interviews with individuals who are in custody shall not be permitted without the approval of the Sheriff and the express consent of the person in custody. The supervisor shall obtain a signed waiver from the inmate prior to being interviewed, photographed or videotaped.

216.3.1 PROVIDING ADVANCE INFORMATION

To protect the safety and rights of personnel working in this facility, advance information about planned actions by custody personnel, such as movement of persons in custody or the execution of a mass arrest in which field booking is arranged, should not be disclosed to the news media nor should media representatives be invited to be present at such actions except with the prior approval of the Sheriff.

Any exceptions to the above should only be considered for the furtherance of this facility's legitimate purposes. Prior to approving any exception, the Sheriff will consider, at minimum, whether the release of information or the presence of the media would unreasonably endanger any individual, prejudice the rights of any person or is otherwise prohibited by law.

216.4 SCOPE OF INFORMATION SUBJECT TO RELEASE

The Eau Claire County Sheriff's Office will maintain a daily log of individuals who are currently in custody or were recently booked. Unless restricted by law and except to the extent that disclosure of a particular item of information would endanger the safety of a person involved in an investigation or would endanger the successful completion of the investigation or a related investigation, the following information on inmates/persons booked is considered public information and can be released upon request:

- (a) The inmate's full name.
- (b) The inmate's physical description, including date of birth.
- (c) Date and time of arrest.
- (d) Date and time of booking.
- (e) Location of arrest.
- (f) All charges the inmate is being held on, including outstanding warrants, probation/parole holds.
- (g) Amount of bail.
- (h) Arresting agency.

Information on this facility's policies and procedures regarding non-security related matters, (i.e., programs, facility rules and regulations, visitation, health care, religious services) can be released to the general public by any supervisor or authorized designee. A copy of the applicable portions

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of this facility's policy and procedures manual can be made available for public review with the approval of the Sheriff.

Any information related to the safety, security and maintenance of order shall be redacted before being provided to the general public. Applicable regulations for the operation of a custody facility can be made available for review by the public and inmates. Inmates can request a copy through the inmate programs staff.

Information related to escapes, suicides or crimes occurring in this facility shall only be released with the approval of the Jail Administrator or the authorized designee.

Information concerning incidents involving certain sex crimes and other offenses set forth in all applicable laws shall be restricted.

Identifying information concerning deceased individuals shall not be released to the media until notification of next of kin or until otherwise cleared by the coroner's/medical examiner's office or otherwise required by law.

216.4.1 RESTRICTED INFORMATION

It shall be the responsibility of the Jail Administrator or the authorized designee to ensure that restricted information is not inappropriately released to the media by this office. When in doubt, authorized and available legal counsel should be consulted.

Examples of such restricted information include, but are not limited to:

- (a) Confidential personnel information concerning staff and volunteers of the office.
 - 1. The identities of custody personnel involved in major incidents may only be released to the media pursuant to consent of the involved personnel or upon a request processed in accordance with the public records laws at Wis. Stat. § 19.31 et seq.
- (b) Criminal history information.
- (c) Information that would tend to endanger the safety of any individual or jeopardize the successful completion of any ongoing investigation.
- (d) Information pertaining to pending litigation involving this office.
- (e) Information obtained in confidence.
- (f) Any information that is otherwise privileged or restricted under state or federal law.

Community Relations and Public Information

217.1 PURPOSE AND SCOPE

This policy provides guidelines to custody personnel when dealing with the public or interested groups when requests are received to share information generated within the facility. It guides personnel in their interactions with the community and with inmates.

This policy is intended to provide custody personnel with guidelines for processing information requests during routine contacts, as well as in the event of an incident or emergency (See the News Media Relations Policy for guidance on media releases).

217.2 RESPONSIBILITIES

The Jail Administrator or authorized designee is responsible for ensuring that the following information is public and available to all who inquire about it. It includes:

- (a) Visitation schedule; this should include days and times visiting is allowed and how many visits inmates may receive, as well as reasons why visiting may be restricted.
- (b) Telephone and correspondence rules and availability to inmates.
- (c) A brief description of the education programs.
- (d) Facility rules and limits of discipline.
- (e) Access to personal care items for the indigent inmate.
- (f) Access to medical, mental health and dental care.
- (g) The process by which inmates are oriented to the facility.

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

217.3 PROHIBITED MATERIALS

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

217.4 TOURS OF THE CUSTODY FACILITY

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

- (a) Persons who tour this facility must be of an appropriate age as determined by the Jail Administrator or authorized designee.

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

Victim Notification of Inmate Release

218.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure victims of crimes receive notice when an inmate held for those crimes is released.

218.2 POLICY

It is the policy of this office to facilitate victim notification.

218.3 PROCEDURE

The Jail Administrator or an authorized designee should ensure that a system is in place for individuals to request release notification on any inmate housed in this facility.

218.4 NOTIFICATION

Correctional Officers tasked with the release of an inmate or with investigating an escape should verify that the information necessary for a release notification is processed appropriately.

Community Service

219.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for developing community service programs that are intended to provide work opportunities for inmates and needed services to the community.

219.2 POLICY

It is the policy of the Eau Claire County Sheriff's Office to promote community service programs that provide work opportunities for inmates and will support public works projects, such as maintenance to county roadways or parks. Activities that benefit individuals, businesses or other private entities that are not considered a public works project are prohibited.

219.3 PROGRAM GUIDELINES

Any community service program is subject to the approval of the Jail Administrator or the authorized designee.

Any such program shall be subject to the following guidelines:

- (a) The program complies with all statutes, ordinances, regulations, labor agreements, permissions or restrictions relating to inmates whenever they are assigned to public works and community service projects.
- (b) There is an availability of inmates who, as a matter of classification, are deemed to be eligible for participation in the community service program.
- (c) The number of work opportunities available in the community will determine the availability of opportunities to participate in the community service program.
- (d) Staff assigned to manage the program should strive to develop work assignments that give inmates an opportunity to develop good work habits and attitudes that can be applied to jobs obtained after release.
- (e) Victim and community input should be solicited and considered when developing community service programs.
- (f) There shall be sufficient staff assigned to supervise inmate work crews.
- (g) Inmates shall receive appropriate training for the work assignment and the use of any related tools or equipment.
- (h) The inmate workday should approximate the typical workday in the community for the type of work being performed. The normal work hours should not exceed eight hours per shift and must include adequate break and meal time.
- (i) Inmate performance while in the program should be regularly evaluated and recorded. Poor performance in the work program or violation of rules may render the inmate ineligible to participate in the work program. Any violation of work rules may result in disciplinary action that may include the loss of credits previously awarded for good

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behavior and work time. Inmates who do not comply with program rules, or for any reason cannot work, will be reclassified in accordance with the policies and procedures of the Eau Claire County Sheriff's Office.

- (j) The working conditions for any inmate must comply with all applicable federal, state or local work safety laws and regulations.

219.4 SELECTION PROCESS

Participation in any community service program is strictly voluntary. A classification process that clearly describes the criteria for program participation will be developed by the supervisor in charge of the program.

Any inmate desiring to participate in a community service program is subject to the following:

- (a) The inmate must submit to a screening process, including a criminal history check, to ensure that his/her criminal history is compatible with work in non-secure areas.
- (b) The inmate must agree in writing to participate in a community service program.

Inmates may be charged a fee for participation in the program in order to offset the cost of administration and staffing.

Vehicle Safety

220.1 PURPOSE AND SCOPE

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

220.2 USE AND SECURITY OF OFFICE VEHICLES

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

220.2.1 USE OF SEAT BELTS

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

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

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

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

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

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

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

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220.2.2 VEHICLE SECURITY

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

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

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

220.2.3 VEHICLE AIRBAGS

In all vehicles equipped with airbag restraint systems, the system will not be tampered with or deactivated. All equipment installed in vehicles equipped with airbags will be installed as per the vehicle manufacturer specifications to avoid the danger of interfering with the effective deployment of the airbag device.

220.3 VEHICLE INSPECTIONS

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

220.4 VEHICLE SAFETY REPAIRS

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

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

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

All vehicles owned, leased, or used by this office shall be inspected annually by a qualified individual. Inspection reports will be forwarded to and maintained by the Jail Administrator or an authorized designee

220.5 USE OF PERSONAL VEHICLES

The use of personal vehicles for official business must be approved by the Jail Administrator. The Jail Administrator or the authorized designee shall verify that the personal vehicle meets the state's insurance requirements. A copy of the insurance card shall be retained in facility files. All

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policies and procedures applicable to facility vehicles shall apply to the personal vehicle while it is being used for official business.

220.6 COLLISION DAMAGE, ABUSE, AND MISUSE

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

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

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

220.7 TOLL ROAD USE

Law enforcement vehicles are not routinely exempt from incurring toll road charges. Pursuant to the non-revenue policy of the toll roads, law enforcement agencies responding to an emergency or incident on the toll roads while on-duty are exempt from paying the toll.

Commuting or returning to the Office after an emergency does not qualify for this exemption; personnel using office-owned vehicles are subject to the toll charge.

To avoid unnecessary toll road violation charges, all members operating office-owned vehicle on toll roads shall adhere to the following:

- (a) Members operating office-owned vehicles for any reason other than an initial response to an emergency shall stop and pay the appropriate toll charge.
- (b) Members may submit for reimbursement from the Office for any toll fees.
- (c) Members driving office-owned vehicles through a toll plaza or booth during a response to an emergency shall draft a memo to their supervisors within five working days, explaining the circumstances.

220.8 POLICY

The Eau Claire County Sheriff's Office provides vehicles for official business use and may assign take-home vehicles based on its determination of operational efficiency, and the economic impact to the Office, tactical deployments, and other considerations.

Fitness for Duty

221.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that all correctional officers of this office are fit for duty and able to perform their job functions upon hire, and remain fit for duty throughout their employment.

221.2 POLICY

This policy requires all correctional officers to be free from any physical, emotional or mental condition that might adversely affect their ability to effectively perform their duties throughout their employment.

- (a) It shall be the responsibility of each employee of this office to maintain physical, emotional and mental condition sufficient to safely and properly perform the essential duties of his/her job classification.
- (b) Each employee of this office shall perform his/her respective duties without physical, emotional and/or mental constraints.
- (c) During working hours, all employees are required to be alert, attentive and capable of performing the assigned responsibilities.
- (d) Any employee who feels unable to perform his/her duties shall promptly notify a supervisor. In the event that an employee believes another employee is unable to perform his/her duties, such observations and/or belief shall be promptly reported to a supervisor.

221.3 SUPERVISOR RESPONSIBILITIES

- (a) A supervisor observing an employee, or receiving a report of an employee who is perceived as being unable to safely perform his/her duties due to a physical, emotional or mental condition, shall take prompt and appropriate action to resolve the situation.
- (b) Whenever reasonably feasible, the supervisor shall attempt to ascertain the reason or source of the problem. In all cases a preliminary evaluation should be made to determine the employee's level of inability to perform his/her duties.
- (c) In the event the employee appears to be in need of immediate medical or mental health treatment, all reasonable efforts should be made to provide such care.
- (d) The employee's Security Services Sergeant, Jail Administrator or authorized designee should determine whether the employee should be temporarily relieved of duty.
- (e) The Jail Administrator or authorized designee shall be promptly notified in the event that any employee is relieved of duty.

221.4 NON-WORK RELATED CONDITIONS

Any employee suffering from a non-work related condition that warrants a temporary relief from duty may be required to use sick leave or other paid time off to obtain medical treatment or other reasonable relief from symptoms. If the condition is a serious health condition of the employee or a qualified family member, the employee's supervisor should facilitate the employee's contact

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with the appropriate person with Human Resources to initiate the leave process under the Family and Medical Leave Act.

221.5 WORK-RELATED CONDITIONS

Any employee suffering from a work-related condition that warrants temporary relief from duty shall comply with personnel rules and guidelines for processing such claims.

Upon the recommendation of the Security Services Sergeant or supervisor, and with the concurrence of the Jail Administrator, any employee whose actions or use of force in an official capacity result in death or serious injury to another may be temporarily removed from regularly assigned duties and/or placed on paid administrative leave for the well-being of the employee, and until such time as the following may be completed:

- (a) A preliminary determination indicates that the employee's conduct appears to be in compliance with policy and appropriate for the circumstances.
- (b) The employee has had the opportunity to receive necessary counseling and any necessary or required psychological or medical clearance to return to full duty.

221.6 PHYSICAL AND PSYCHOLOGICAL EXAMINATIONS

- (a) Whenever circumstances reasonably indicate that the employee may be unfit for duty, the Jail Administrator or the authorized designee may serve that employee with a written order to undergo a physical and/or psychological examination in cooperation with the Department of Human Resources to determine the level of the employee's fitness for duty. The order shall indicate the date, time and place for the examination.
- (b) The examining physician or therapist will provide the Office with a report indicating whether the employee is fit for duty. If the employee is not fit for duty, the report should list any functional limitations that restrict his/her ability to perform the job duties. If the employee places his/her condition at issue in any subsequent or related administrative action/grievance, the examining physician or therapist may be required to disclose any information that is relevant to such proceedings.
- (c) In order to facilitate the examination of any employee, the Office will provide all appropriate documents and available information to assist in the evaluation and/or treatment.
- (d) All reports and evaluations submitted by the treating physician or therapist shall be part of the employee's confidential personnel file.
- (e) Any employee ordered to receive a fitness-for-duty examination shall comply with the terms of the order and cooperate fully with the examining physician or therapist regarding any clinical interview, tests administered or other procedures. Any failure to comply with such an order and any failure to cooperate with the examining physician or therapist, including signing of releases, may be deemed insubordination and shall be subject to discipline, up to and including termination.

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- (f) Once an employee has been deemed fit for duty by the examining physician or therapist, the employee will be notified to resume his/her duties.

221.7 APPEALS

An employee whose salary is reduced or withheld due to a fitness-for-duty exam shall be entitled to an administrative appeal.

Staffing

222.1 PURPOSE AND SCOPE

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

222.2 POLICY

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

222.3 STAFFING PLAN REQUIREMENTS

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

At minimum, the staffing plan will include the following:

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

222.4 STAFFING ANALYSIS

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

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

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

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The staffing analysis should be used to identify whether required activities are being performed competently and in compliance with current laws and office policies. If deficiencies are noted, the staffing analysis should also include recommendations regarding what corrective measures may be needed, including the following:

- (a) Operational changes
- (b) Equipment requirements
- (c) Additional training
- (d) Supervisory intervention
- (e) Additional personnel

222.4.1 DATA COLLECTION FOR ANALYSIS

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

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

222.5 REPORTING

The Sheriff or authorized designee will cause a report of the findings of the staff analysis to be submitted to the officials responsible for funding the jail operation.

Employee Speech, Expression and Social Networking

223.1 PURPOSE AND SCOPE

This policy is intended to address issues associated with employee use of social networking sites and to provide guidelines for the regulation and balancing of employee speech and expression with the legitimate needs of the Office.

Nothing in this policy is intended to prohibit or infringe upon any communication, speech or expression that is protected or privileged under law. This includes speech and expression protected under state or federal constitutions as well as labor or other applicable laws. For example, this policy does not limit an employee from speaking as a private citizen, including acting as an authorized member of a recognized bargaining unit, about matters of public concern, such as misconduct or corruption.

Employees are encouraged to consult with their supervisor regarding any questions arising from the application or potential application of this policy.

223.1.1 APPLICABILITY

This policy applies to all forms of communication including, but not limited to, film, video, print media, public or private speech, use of all Internet services, including the World Wide Web, e-mail, file transfer, remote computer access, news services, social networking, social media, instant messaging, blogs, forums, video and other file-sharing sites.

223.2 POLICY

Public employees occupy a trusted position in the community, and thus, their statements have the potential to contravene the policies and performance of this office. Due to the nature of the work and influence associated with the law enforcement profession, it is necessary that employees of this office be subject to certain reasonable limitations on their speech and expression. To achieve its mission and efficiently provide service to the public, the Eau Claire County Sheriff's Office will carefully balance the individual employee's rights against the Office's needs and interests when exercising a reasonable degree of control over its employees' speech and expression.

223.3 SAFETY

Employees should consider carefully the implications of their speech or any other form of expression when using the Internet. Speech and expression that may negatively affect the safety of the Eau Claire County Sheriff's Office employees, such as posting personal information in a public forum, can result in compromising an employee's home address or family ties. Employees should therefore not disseminate or post any information on any forum or medium that could reasonably be anticipated to compromise the safety of any employee, an employee's family or associates. Examples of the type of information that could reasonably be expected to compromise safety include:

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- Disclosing a photograph and name or address of a correctional officer who is working undercover.
- Disclosing the address of a fellow correctional officer.
- Otherwise disclosing where another correctional officer can be located off-duty.

223.4 PROHIBITED SPEECH, EXPRESSION AND CONDUCT

To meet the office's safety, performance and public-trust needs, the following are prohibited unless the speech is otherwise protected (for example, an employee speaking as a private citizen, including acting as an authorized member of a recognized bargaining unit, on a matter of public concern):

- (a) Speech or expression made pursuant to an official duty that tends to compromise or damage the mission, function, reputation or professionalism of the Office or its employees.
- (b) Speech or expression that, while not made pursuant to an official duty, is significantly linked to, or related to, the Office and tends to compromise or damage the mission, function, reputation or professionalism of the Office or its employees. Examples may include:
 1. Statements that indicate disregard for the law or the state or U.S. Constitution.
 2. Expression that demonstrates support for criminal activity.
 3. Participating in sexually explicit photographs or videos for compensation or distribution.
- (c) Speech or expression that could reasonably be foreseen as having a negative impact on the credibility of the employee as a witness. For example, posting statements or expressions to a website that glorify or endorse dishonesty, unlawful discrimination or illegal behavior.
- (d) Speech or expression of any form that could reasonably be foreseen as having a negative impact on the safety of the employees of the jail. For example, a statement on a blog that provides specific details as to how and when prisoner transportations are made could reasonably be foreseen as potentially jeopardizing employees by informing criminals of details that could facilitate an escape or attempted escape.
- (e) Speech or expression that is contrary to this office's Code of Ethics.
- (f) Use or disclosure, through whatever means, of any information, photograph, video or other recording obtained or accessible as a result of employment with the jail for financial or personal gain, or any disclosure of such materials without the expressed authorization of the Sheriff or the authorized designee.
- (g) Posting, transmitting or disseminating any photographs, video or audio recordings, likenesses or images of office logos, emblems, uniforms, badges, patches, marked

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vehicles, equipment or other material that specifically identifies the Office on any personal or social networking or other website or web page, without the express authorization of the Sheriff.

- (h) Office on any personal or social networking or other website or web page, without the express authorization of the Sheriff.
- (i) Accessing websites for non-authorized purposes, or use of any personal communication device, game device or media device, whether personally or office-owned, for personal purposes while on-duty, except in the following circumstances:
 1. When brief personal communication may be warranted by the circumstances (e.g., inform family of extended hours).
 2. During authorized breaks, however, such usage should be limited as much as practicable to areas out of sight and sound of the public and shall not be disruptive to the work environment.

Employees must take reasonable and prompt action to remove any content, including content posted by others, that is in violation of this policy from any web page or website maintained by the employee (e.g., social or personal website).

223.4.1 UNAUTHORIZED ENDORSEMENTS AND ADVERTISEMENTS

While employees are not restricted from engaging in the following activities as private citizens or as authorized members of a recognized bargaining unit, employees may not represent the Eau Claire County Sheriff's Office or identify themselves in any way that could be reasonably perceived as representing the Eau Claire County Sheriff's Office in order to do any of the following, unless specifically authorized by the Sheriff:

- (a) Endorse, support, oppose or contradict any political campaign or initiative.
- (b) Endorse, support, oppose or contradict any social issue, cause or religion.
- (c) Endorse, support or oppose any product, service, company or other commercial entity.
- (d) Appear in any commercial, social or nonprofit publication or any motion picture, film, video, public broadcast or on any website.

Additionally, when it can reasonably be construed that an employee, acting in his/her individual capacity or through an outside group or organization (e.g., bargaining group), is affiliated with this office, the employee shall give a specific disclaiming statement that any such speech or expression is not representative of the Office.

Employees retain their right to vote as they choose, to support candidates of their choice and to express their opinions as private citizens, including as authorized members of a recognized bargaining unit, on political subjects and candidates at all times while off-duty. However, employees may not use their official authority or influence to interfere with or affect the result of an election or a nomination for office. Employees are also prohibited from directly or indirectly using

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their official authority to coerce, command or advise another employee to pay, lend or contribute anything of value to a party, committee, organization, agency or person for political purposes (5 USC § 1502).

223.5 PRIVACY EXPECTATION

Employees forfeit any expectation of privacy with regard to anything published or maintained through file-sharing software or any Internet site open to public view (e.g., Facebook, MySpace).

The Office also reserves the right to access, audit and disclose for whatever reason all messages, including attachments, and any information transmitted over any technology that is issued or maintained by the Office, including the office e-mail system, computer network or any information placed into storage on any office system or device.

All messages, pictures and attachments transmitted, accessed or received over office networks are considered office records and, therefore, are the property of the Office. The Office reserves the right to access, audit and disclose for whatever reason all messages, including attachments, that have been transmitted, accessed or received through any office system or device, or any such information placed into any office storage area or device. This includes records of all key strokes or web-browsing history made at any office computer or over any office network. The fact that access to a database, service or website requires a user name or password will not create an expectation of privacy if it is accessed through office computers or networks.

223.6 CONSIDERATIONS

In determining whether to grant authorization of any speech or conduct that is prohibited under this policy, the factors that the Sheriff or authorized designee should consider include:

- (a) Whether the speech or conduct would negatively affect the efficiency of delivering public services.
- (b) Whether the speech or conduct would be contrary to the good order of the Office or the efficiency or morale of its members.
- (c) Whether the speech or conduct would reflect unfavorably upon the Office.
- (d) Whether the speech or conduct would negatively affect the member's appearance of impartiality in the performance of his/her duties.
- (e) Whether similar speech or conduct has been previously authorized.
- (f) Whether the speech or conduct may be protected and outweighs any interest of the Office.

223.7 TRAINING

Subject to available resources, the Office should provide training regarding employee speech and the use of social networking to all members of the office.

Required Reporting

224.1 PURPOSE AND SCOPE

This policy clarifies the office's responsibilities when required to make reports or notifications to any other government agency regarding jail incidents.

This policy is not meant to replicate reporting mandates already addressed more appropriately in other policies.

224.2 POLICY

It is the policy of this office to comply with the reporting requirements established by law. The Jail Administrator or the authorized designee shall ensure that these mandates are met.

224.3 PROCEDURE

The Jail Administrator or the authorized designee shall report to a Wisconsin Department of Corrections (DOC) regional Detention Facilities Specialist within 48 hours after any of the following events occur (Wis. Admin. Code DOC § 350.10):

- (a) An inmate death.
- (b) An inmate suicide attempt resulting in a hospital admission or medical treatment for a life-threatening injury. This does not include an emergency room admission for injuries that are not life threatening, or an admission for detention and evaluation under Wis. Stat. § 51.001 et seq.
- (c) Hospitalization of an inmate or staff member due to an injury caused by assault or use of force.
- (d) An escape or attempted escape from secure custody.
- (e) Significant damage to the jail affecting the safety or security of the jail

Information Technology Use

225.1 PURPOSE AND SCOPE

This purpose of this policy is to provide guidelines for the proper use of office information technology resources, including computers, electronic devices, hardware, software and systems.

225.1.1 DEFINITIONS

Definitions related to this policy include:

Computer system - All computers (on-site and portable), electronic devices, hardware, software, and resources owned, leased, rented or licensed by the Eau Claire County Sheriff's Office that are provided for official use by its members. This includes all access to, and use of, Internet Service Providers (ISP) or other service providers provided by or through the Office or office funding.

Hardware - Includes, but is not limited to, computers, computer terminals, network equipment, electronic devices, telephones including cellular and satellite, pagers, modems or any other tangible computer device generally understood to comprise hardware.

Software - Includes, but is not limited to, all computer programs, systems and applications including "shareware." This does not include files created by the individual user.

Temporary file, permanent file or file - Any electronic document, information or data residing or located, in whole or in part, on the system including, but not limited to, spreadsheets, calendar entries, appointments, tasks, notes, letters, reports, messages, photographs or videos.

225.2 POLICY

Eau Claire County Sheriff's Office members shall use information technology resources, including computers, software and systems, that are issued or maintained by the Office in a professional manner and in accordance with this policy.

225.3 PRIVACY EXPECTATION

Members forfeit any expectation of privacy with regard to emails, texts or anything published, shared, transmitted or maintained through file-sharing software or any Internet site that is accessed, transmitted, received or reviewed on any office technology system.

The Office reserves the right to access, audit and disclose, for whatever reason, any message, including attachments, and any information accessed, transmitted, received or reviewed over any technology that is issued or maintained by the Office, including the office e-mail system, computer network or any information placed into storage on any office system or device. This includes records of all key strokes or web-browsing history made at any office computer or over any office network. The fact that access to a database, service or website requires a user name or password will not create an expectation of privacy if it is accessed through office computers, electronic devices or networks.

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225.4 RESTRICTED USE

Members shall not access computers, devices, software or systems for which they have not received prior authorization or the required training. Members shall immediately report unauthorized access or use of computers, devices, software or systems by another member to the Security Services Sergeant.

Members shall not use another person's access passwords, logon information and other individual security data, protocols and procedures unless directed to do so by the Security Services Sergeant.

225.4.1 SOFTWARE

Members shall not copy or duplicate any copyrighted or licensed software except for a single copy for backup purposes, in accordance with the software company's copyright and license agreement.

To reduce the risk of a computer virus or malicious software infection, members shall not install any unlicensed or unauthorized software on any office computer. Members shall not install personal copies of any software on any office computer. Any files or software that a member finds necessary to install on office computers or networks shall be installed only with the approval of office information systems technology (IT) staff and only after being properly scanned for malicious attachments.

When related to criminal investigations, software program files may be downloaded only with the approval of IT staff and with the authorization of the Sheriff or the authorized designee.

No member shall knowingly make, acquire or use unauthorized copies of computer software that is not licensed to the Office while on office premises, computer system or electronic device. Such unauthorized use of software exposes the Office and involved members to severe civil and criminal penalties.

Introduction of software by members should only occur as a part of the automated maintenance or update process of office- or county-approved or installed programs by the original manufacturer, producer or developer of the software. Any other introduction of software requires prior authorization from IT staff.

225.4.2 HARDWARE

Access to technology resources provided by or through the Office shall be strictly limited to office-related activities. Data stored on or available through office computer systems shall only be accessed by authorized members who are engaged in an active investigation, assisting in an active investigation, or who otherwise have a legitimate law enforcement or office-related purpose to access such data. Any exceptions to this policy must be approved by the Security Services Sergeant.

225.4.3 INTERNET USE

Internet access provided by or through the Office shall be strictly limited to office-related activities and other reasonable uses. Internet sites containing information that is not appropriate or

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applicable to office use and which shall not be intentionally accessed include, but are not limited to, adult forums, pornography, gambling, chat rooms, and similar or related Internet sites. Certain exceptions may be permitted with the express approval of the Security Services Sergeant as a function of a member's assignment.

Downloaded information from the Internet shall be limited to messages, mail and data files.

225.4.4 OFF-DUTY USE

Members shall only use technological resources related to their job while on-duty or in conjunction with specific on-call assignments unless specifically authorized by the Security Services Sergeant. This includes the use of telephones, cell phones, texting, e-mail or any other "off-the-clock" work-related activities.

225.5 PROTECTION OF SYSTEMS AND FILES

All members have a duty to protect the computer system and related systems and devices from physical and environmental damage and are responsible for the correct use, operation, care and maintenance of the computer system.

Members shall ensure office computers and access terminals are not viewable by persons who are not authorized users. Computers and terminals should be secured, users logged off and password protections enabled whenever the user is not present. Access passwords, logon information and other individual security data, protocols and procedures are confidential information and are not to be shared. Password length, format, structure and content shall meet the prescribed standards required by the computer system or as directed by the Security Services Sergeant and shall be changed at intervals as directed by IT staff or the Security Services Sergeant.

It is prohibited for a member to allow an unauthorized user to access the computer system at any time or for any reason. Members shall promptly report any unauthorized access to the computer system or suspected intrusion from outside sources (including the Internet) to the Security Services Sergeant.

225.6 INSPECTION OR REVIEW

Any Security Services Supervisor has the express authority to inspect or review the computer system, all temporary or permanent files, related electronic systems or devices, and any contents thereof, whether such inspection or review is in the ordinary course of his/her duties or based on cause.

Reasons for inspection or review may include, but are not limited to, computer system malfunctions, problems or general computer system failure, a lawsuit against the Office involving one of its members or a member's duties, an alleged or suspected violation of any office policy, request for disclosure of data, or a need to perform or provide a service.

The IT staff may extract, download, or otherwise obtain any and all temporary or permanent files residing or located in or on the office computer system when requested by the Security Services Sergeant or during the course of regular duties that require such information.

Safety and Health Program

226.1 PURPOSE AND SCOPE

The purpose of this policy is to establish an ongoing and effective plan to reduce the incidence of illness and injury for members of the Eau Claire County Sheriff's Office, in accordance with the requirements of Wis. Stat. § 101.055 and Wis. Admin. Code § SPS 332.15.

This policy specifically applies to illness and injury that results in lost time or that requires medical treatment beyond first aid. Although this policy provides the essential guidelines for a plan that reduces illness and injury, it may be supplemented by procedures outside the Custody Manual.

This policy does not supersede but supplements any related county-wide safety efforts.

226.2 POLICY

The Eau Claire County Sheriff's Office is committed to providing a safe environment for its members and visitors and to minimizing the incidence of work-related illness and injuries. The Office will establish and maintain a Safety and Health Program and will provide tools, training, and safeguards designed to reduce the potential for accidents, illness, and injuries. It is the intent of the Office to comply with all laws and regulations related to occupational safety.

226.3 SAFETY AND HEALTH PROGRAM

The Administrative Captain is responsible for developing an illness and injury prevention plan that shall include (Wis. Admin. Code § SPS 332.203):

- (a) Workplace safety and health training programs.
- (b) Regularly scheduled safety meetings.
- (c) Posted or distributed safety information.
- (d) A system for members to anonymously inform management about workplace hazards.
- (e) Establishment of a safety and health committee that will:
 1. Meet regularly.
 2. Prepare a written record of safety and health committee meetings.
 3. Review the results of periodic scheduled inspections.
 4. Review investigations of accidents and exposures.
 5. Make suggestions to command staff for the prevention of future incidents.
 6. Review investigations of alleged hazardous conditions.
 7. Submit recommendations to assist in the evaluation of member safety suggestions.
 8. Assess the effectiveness of efforts made by the Office to meet applicable standards.
- (f) Establishing a process to ensure illnesses and injuries are reported as required under Wis. Stat. § 101.055 and Wis. Admin. Code § SPS 332.50.

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226.4 ADMINISTRATIVE CAPTAIN RESPONSIBILITIES

The responsibilities of the Administrative Captain include but are not limited to:

- (a) Managing and implementing a plan to reduce the incidence of member illness and injury.
- (b) Ensuring that a system of communication is in place that facilitates a continuous flow of safety and health information between supervisors and members. This system shall include:
 1. New member orientation that includes a discussion of safety and health policies and procedures.
 2. Regular member review of the Safety and Health Program.
- (c) Ensuring that all safety and health policies and procedures are clearly communicated and understood by all members.
- (d) Taking reasonable steps to ensure that all members comply with safety rules in order to maintain a safe work environment. This includes but is not limited to:
 1. Informing members of the safety and health program guidelines.
 2. Recognizing members who perform safe work practices.
 3. Ensuring that the member evaluation process includes member safety performance.
 4. Ensuring office compliance to meet standards regarding the following (Wis. Stat. § 101.055):
 - (a) Maintenance of records related to work-related injuries, illnesses, and exposure to toxic/harmful substances.
 - (b) Prompt notification to employees of qualifying exposures.
 - (c) Notification to employees of their protections and rights regarding employee safety, including posting a summary of these protections and rights at the Office.
 - (d) Assistance is provided to inspectors of the Wisconsin Department of Safety and Professional Services and required information is provided to them.
 - (e) Notification is made to collective bargaining units of inspectors by the Wisconsin Department of Safety and Professional Services.
 - (f) Protection is provided to employees exercising their rights to reporting safety issues.
 - (g) Meet or exceed Public Employment Safety and Health requirements of Wis. Admin. Code § SPS 332.15 et seq. to include:
 1. Communicable diseases (Wis. Stat. § 101.055; Wis. Admin. Code § SPS 332.15).

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2. Respiratory protection (29 CFR 1910.134; Wis. Admin. Code § SPS 332.15).
 3. Emergency Action Plan (see the Fire Safety and Evacuation policies) (29 CFR 1910.38; Wis. Admin. Code § SPS 332.15).
- (e) Making available a form to document inspections, unsafe conditions or work practices, and actions taken to correct unsafe conditions and work practices.
 - (f) Making available a form to document individual incidents or accidents.
 - (g) Making available a form to document the safety and health training of each member. This form will include the member's name or other identifier, training dates, type of training, and training providers.
 - (h) Conducting and documenting a regular review of the health and safety plan.

226.5 SUPERVISOR RESPONSIBILITIES

Supervisor responsibilities include but are not limited to:

- (a) Ensuring member compliance with the Safety and Health Program guidelines and answering questions from members about this policy.
- (b) Training, counseling, instructing, or making informal verbal admonishments any time safety performance is deficient. Supervisors may also initiate discipline when it is reasonable and appropriate under the Standards of Conduct Policy.
- (c) Establishing and maintaining communication with members on health and safety issues. This is essential for an injury-free, productive workplace.
- (d) Completing required forms and reports relating to illness and injury prevention; such forms and reports shall be submitted to the Jail Administrator.
- (e) Notifying the Jail Administrator when:
 1. New substances, processes, procedures, or equipment that present potential new hazards are introduced into the work environment.
 2. New, previously unidentified hazards are recognized.
 3. Occupational illnesses and injuries occur.
 4. New and/or permanent or intermittent members are hired or reassigned to processes, operations, or tasks for which a hazard evaluation has not been previously conducted.
 5. Workplace conditions warrant an inspection.

226.6 HAZARDS

All Security Services Employees shall be responsible to report and/or take reasonable steps to correct unsafe or unhealthy work conditions, practices, or procedures in a timely manner. Employees should make their reports to a supervisor (as a general rule, their supervisors).

Supervisors should make reasonable efforts to correct unsafe or unhealthy work conditions in a timely manner, based on the severity of the hazard. These hazards should be corrected when

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observed or discovered, when it is reasonable to do so. When a hazard exists that cannot be immediately abated without endangering members or property, supervisors should protect or remove all exposed members from the area or item, except those necessary to correct the existing condition.

Members who are necessary to correct the hazardous condition shall be provided with the necessary protection.

All significant actions taken and dates they are completed shall be documented on the appropriate form. This form should be forwarded to the Jail Administrator via the chain of command.

The Jail Administrator will take appropriate action to ensure the Safety and Health Program addresses potential hazards upon such notification.

226.7 INSPECTIONS

Safety inspections are crucial to a safe work environment. These inspections identify and evaluate workplace hazards and permit mitigation of those hazards. A hazard assessment checklist should be used for documentation and to ensure a thorough assessment of the work environment.

The Administrative Captain shall ensure that the appropriate documentation is completed for each inspection.

226.7.1 EQUIPMENT

Employees are charged with daily inspections of their assigned areas and of their PPE as described in the Sanitation Inspections and Daily Electronic Logs and Shift Reports policies. Members shall complete the appropriate form if an unsafe condition cannot be immediately corrected. Employees should forward this form to their supervisors. (as a general rule, their supervisor)

226.8 INVESTIGATIONS

Any member sustaining any work-related illness or injury, as well as any member who is involved in any accident or hazardous substance exposure while on-duty, shall report such event as soon as practicable to their supervisor. Members observing or learning of a potentially hazardous condition are to promptly report the condition to their supervisors.

A supervisor receiving such a report should personally investigate the incident or ensure that an investigation is conducted. Investigative procedures for workplace accidents and hazardous substance exposures should include:

- (a) A visit to the accident scene as soon as possible.
- (b) An interview of the injured member and witnesses.
- (c) An examination of the workplace for factors associated with the accident/exposure.
- (d) Determination of the cause of the accident/exposure.
- (e) Corrective action to prevent the accident/exposure from reoccurring.
- (f) Documentation of the findings and corrective actions taken.

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Additionally, the supervisor should proceed with the steps to report an on-duty injury, as required under the Occupational Disease and Work-Related Injury Reporting Policy, in conjunction with this investigation to avoid duplication and ensure timely reporting.

226.9 TRAINING

The Jail Administrator should work with the Training Sergeant to provide all members, including supervisors, with training on general and job-specific workplace safety and health practices.

Training shall be provided:

- (a) To supervisors to familiarize them with the safety and health hazards to which members under their immediate direction and control may be exposed.
- (b) To all members with respect to hazards specific to each member's job assignment.
- (c) To all members given new job assignments for which training has not previously been provided.
- (d) Whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard.
- (e) Whenever the Office is made aware of a new or previously unrecognized hazard.

226.9.1 TRAINING TOPICS

The Training Sergeant shall ensure that training includes:

- (a) Reporting unsafe conditions, work practices, and injuries, and informing a supervisor when additional instruction is needed.
- (b) Use of appropriate clothing, including gloves and footwear.
- (c) Use of respiratory equipment.
- (d) Availability of toilet, hand-washing, and drinking-water facilities.
- (e) Provisions for medical services and first aid.
- (f) Handling of bloodborne pathogens and other biological hazards.
- (g) Prevention of heat and cold stress.
- (h) Identification and handling of hazardous materials, including chemical hazards to which members could be exposed, and review of resources for identifying and mitigating hazards (e.g., hazard labels, Safety Data Sheets (SDS)).
- (i) Mitigation of physical hazards, such as heat and cold stress, noise, and ionizing and non-ionizing radiation.
- (j) Identification and mitigation of ergonomic hazards, including working on ladders or in a stooped posture for prolonged periods.
- (k) Back exercises/stretchers and proper lifting techniques.
- (l) Avoidance of slips and falls.
- (m) Good housekeeping and fire prevention.
- (n) Other job-specific safety concerns.

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226.10 RECORDS

Records and training documentation relating to the Safety and Health Program will be maintained in accordance with the established records retention schedule.

Occupational Disease and Work-Related Injury Reporting

227.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidance regarding the timely reporting of occupational diseases, mental health issues, and work-related injuries.

227.1.1 DEFINITIONS

Definitions related to this policy include:

Occupational disease or work-related injury - Any mental or physical harm to an employee caused by accident or disease (Wis. Stat. § 102.01(2)(c)).

227.2 POLICY

The Eau Claire County Sheriff's Office will address occupational diseases, some mental health issues, and work-related injuries appropriately, and will comply with applicable state worker's compensation requirements (Wis. Stat. § 102.01 et seq.).

227.3 RESPONSIBILITIES

227.3.1 MEMBER RESPONSIBILITIES

Any member sustaining any occupational disease or work-related injury shall report such event as soon as practicable, but within 24 hours, to a supervisor, and shall seek medical care when appropriate (Wis. Stat. § 102.12).

227.3.2 SUPERVISOR RESPONSIBILITIES

A supervisor learning of any occupational disease or work-related injury should ensure the member receives medical care as appropriate.

Supervisors shall ensure that required documents regarding worker's compensation are completed and forwarded promptly. Any related countywide illness- or injury- reporting protocol shall also be followed.

Supervisors shall determine whether the Safety and Health Policy applies and take additional action as required.

227.3.3 JAIL ADMINISTRATOR RESPONSIBILITIES

The Jail Administrator or an authorized designee who receives a report of an occupational disease or work-related injury should review the report for accuracy and determine what additional action should be taken. The report shall then be forwarded to the Sheriff, the county's risk management entity, and the Administrative Captain to ensure any required Department of Safety and Professional Services reporting is made as required in the safety and health program identified in the Safety and Health Program Policy.

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227.3.4 SHERIFF RESPONSIBILITIES

The Sheriff shall review and forward copies of the report to the Department of Human Resources. Copies of the report and related documents retained by the Office shall be filed in the member's confidential medical file.

227.4 OTHER DISEASE OR INJURY

Diseases and injuries caused or occurring on-duty that do not qualify for worker's compensation reporting shall be documented on the designated report of injury form, which shall be signed by a supervisor. A copy of the completed form shall be forwarded to the appropriate Captain through the chain of command and a copy sent to the Administrative Captain.

Unless the injury is extremely minor, this report shall be signed by the affected member, indicating that he/she desired no medical attention at the time of the report. By signing, the member does not preclude his/her ability to later seek medical attention.

227.5 SETTLEMENT OFFERS

When a member sustains an occupational disease or work-related injury that is caused by another person and is subsequently contacted by that person, his/her agent, insurance company, or attorney and offered a settlement, the member shall take no action other than to submit a written report of this contact to his/her supervisor as soon as possible.

227.5.1 NO SETTLEMENT WITHOUT PRIOR APPROVAL

No less than 10 days prior to accepting and finalizing the settlement of any third-party claim arising out of or related to an occupational disease or work-related injury, the member shall provide the Sheriff with written notice of the proposed terms of such settlement. In no case shall the member accept a settlement without first providing written notice to the Sheriff. The purpose of such notice is to permit the county to determine whether the offered settlement will affect any claim the county may have regarding payment for damage to equipment or reimbursement for wages against the person who caused the disease or injury, and to protect the county's right of subrogation, while ensuring that the member's right to receive compensation is not affected.

Peer Support Program

228.1 PURPOSE & SCOPE

To support all members of the Eau Claire County Sheriff's Office who may be experiencing additional stress due to experiences encountered in their personal and/or professional lives. The Peer Support Team provides a way for employees of this office to confidentially talk through their experiences with co-workers who may have shared experiences, along with a desire to help. The Peer Support Team will contain office staff from all three divisions of the Eau Claire County Sheriff's Office and will be available 24/7/365

228.2 PEER SUPPORT TRAINING

The Peer Support Team members have received specialized training in crisis intervention and will serve as a resource for their peers. Team members may not act as a primary support person until they have attended the mandatory initial 8-hour Peer Support Training offered by Hakes Wellness Solutions. Team training(s) will occur, every quarter. Team members shall attend as many quarterly team trainings as possible and notify the Team Coordinator of any absences.

228.3 TEAM RESOURCES

Team members will serve as a resource to provide:

- (a) Emotional support during and after times of personal and professional crisis to employees of this office who express a need for assistance, or for whom fellow members of the Office feel could benefit from program involvement.
- (b) Promote trust, ensure anonymity and preserve confidentiality for persons utilizing peer support within the guidelines of this program.
- (c) Develop peer support members who can identify personal conflicts and provide guidance or a referral to professional/alternative resource, as required.
- (d) Support employees of this office and their families during tragedies or critical incidents and make proper referrals to professional resources, as needed.
- (e) Provide personnel to listen, assess and when necessary, refer, for professional assistance to employees and their families during times of grief, trauma or other personal and professional problems.
- (f) Maintain effective peer support related training and responses.
- (g) Support those who have experienced family tragedy.
- (h) Check on office employees who may be off work due to an extended illness or injury.
- (i) Mentor and meet with new employees of this office, provide follow-up checks and support during the employees introductory period.
- (j) Provide support for office retirees.

228.4 DUTIES & RESPONSIBILITY

COORDINATORS

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Peer Support Program

The Peer Support Team will have one team coordinator and one assistant team coordinator. The coordinators will act as the primary liaison between the team members, resource persons, and the office. The coordinators are responsible for administering the program, to include assigning and supervising team members in the performance of their duties associated with the support and referral program. major duties of the coordinators include:

- (a) Assign team members to critical incidents.
- (b) Serve as an administrative member of the team.
- (c) Conduct defusing briefings.
- (d) Ensure all members of this office are aware of the program through presentations, written memorandums and by supplying other literature.
- (e) Recruiting, coordinating and screening of team members.
- (f) Coordinates all training of team members.
- (g) Develop resources to assist employees or their family members when problem areas are identified.
- (h) Maintain ONLY statistical data or reported contacts by team members and employees.
- (i) Ensure strict confidentiality and anonymity
- (j) Prepare and disseminate to all employees of this office, a current referral list of professional counseling services that are approved by the Peer Support Program.
- (k) Offer guidance and support to team members when questions or problems arise.
- (l) Coordinate follow-up responses of team members when outside referrals are made for outside services.

TEAM MEMBERS

Peer Support Team members provide support and assistance to employees in times of stress and crisis. Team members are specifically trained to assist individuals through a crisis or other stressful event(s). Team members should refer cases that require professional intervention to the appropriate professionals. No team member is exempt from federal, state and local laws or the polices of this office. Team member responsibilities are as follows:

- (a) Serve as a team member and conduct defusing briefings.
- (b) Convey trust, ensure anonymity and preserve confidentiality within guidelines to employees of this office who seek assistance from the Peer Support Program.
- (c) Assist employees of this office by referring him/her/ to the appropriate resource, when necessary.
- (d) Be available to members of this office for additional follow-up support.
- (e) Maintain contact with the team coordinators regarding activity and submit ONLY statistical data.
- (f) Contact the assigned injured/ill office employee in need of support.

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- (g) The team member will agree to be contacted and if practical, respond at any hour of the day.
- (h) When necessary, contact the coordinators for guidance and assistance.
- (i) Notify the coordinators if they wish to voluntarily withdraw their involvement from the team.
- (j) Notify the coordinators of any conflict of interest.

228.5 CONFIDENTIALITY CLAUSE

The acceptance and success of the Peer Support Team will be determined, in large, by observance of strict confidentiality. It is imperative that each team member maintains strict confidentiality of all information learned about an individual within the guidelines of this program. The policy of the team is to maintain strict confidentiality. Communication between team members, as well as the identity of the individual being served is considered confidential, although there is no legal protection or privilege to such communication.

Peer support members will maintain strict confidentiality, except in matters that involve the following exceptions:

- (a) Substantial danger to themselves or others.
- (b) Suspected child abuse.
- (c) Sale or transportation of drugs.
- (d) Domestic violence.
- (e) Elder abuse
- (f) Cases where the law requires reporting.
- (g) Cases where the employee seeking assistance requests reporting.

When performing their duties, team members WILL NOT be required to divulge confidential information, even if ordered to do so by a supervisor, unless the nature of the known information falls within one of the above-mentioned exceptions listed. When questions arise as to whether the known information falls under the above listed exceptions, the team member will contact the team coordinators for guidance. Information gathered outside of the above listed exceptions WILL NOT be used for discipline or to the detriment of the employee seeking assistance. The only information about services that will be maintained shall consist of anonymous statistical data directly related to the use of the team. ANY member of the team found to be in violation of this strict confidentiality policy may be removed from the team and may be subject to other discipline action, up to and including termination.

During the FTO program, Correctional Officers and Deputies will not have peer support confidentiality with their assigned training officers, if their training officer happens to be a Peer Support Team Member. Introductory period (probationary) Correctional Officers and Deputies, will have confidentiality with team members after successful completion of the training period. This

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rule is in place to ensure the clear separation of the training officers function versus that of a team member of the Peer Support Team.

228.6 NOTIFICATION & REFERRALS

All members of the office and their families are encouraged to contact a team member of this program or a supervisor when he/she becomes aware of an individual who is in need of assistance, to enable the office employee to recognize and resolve the unfavorable reactions to a stressful situation. Contact by a team member does not have to stay within the employees shift, days off group or division and in some cases should not. All referrals will remain anonymous and will not be used as a disciplinary sanction.

Referrals may occur as follows:

- (a) An employee of this office may personally contact any team member or the team coordinators for referral to either a team member or a professional resource.
- (b) A family member or other associate of an employee of this office may make a referral.
- (c) Supervisory personnel have the authority and responsibility to recommend a team contact to an employee when appropriate and after any stressful, critical or traumatic event. This can be done by notification to the team coordinators. It must be understood by the supervisor that any contact is completely voluntary, as no employee can be ordered to participate.

Electronic Mail

229.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for the proper use and application of the electronic mail (email) system provided by the Office. Email is a communication tool available to employees to enhance efficiency in the performance of job duties. It is to be used in accordance with generally accepted business practices and current law (e.g., Wisconsin Public Records Laws). Messages transmitted over the email system must only be those that involve official business activities or that contain information essential to employees for the accomplishment of business-related tasks and/or communications directly related to the business, administration or practices of the Office.

229.2 EMAIL RIGHT OF PRIVACY

All email messages, including any attachments, transmitted over the office computer network or accessed through a web browser accessing the office system are considered office records and therefore are the property of the Office. The Office reserves the right to access, audit and disclose for any lawful reason, any message including any attachment that is transmitted or received over its email system or that is stored on any office system.

The email system is not a confidential system since all communications transmitted on, to or from the system are the property of the Office. Therefore, the email system is not appropriate for confidential or personal communications. If a communication must be private, an alternative method to communicate the message should be used instead of email. Employees using the office email system shall have no expectation of privacy concerning communications transmitted over the system.

Employees should not use personal accounts to exchange email or other information that is related to the official business of the Office. The use of any computer, internet service, phone service or other wireless service to send or receive information that may be related to public business may be subject to review or disclosure.

229.3 PROHIBITED USE OF EMAIL

The office email system shall not be used for personal purposes unless that use is authorized in writing by the Sheriff.

Sending derogatory, defamatory, obscene, disrespectful, sexually suggestive, harassing, or any other inappropriate messages on the email system is prohibited and may result in discipline.

Email messages addressed to the entire Office are only to be used for official business-related items that are of particular interest to all users. Users are reminded that all email is subject to review and scrutiny with regard to appropriate content or violation of any prohibitions. In the event that a user has questions about sending a particular email communication, the user should seek prior approval from the Sheriff or a Captain. Personal advertisements or announcements are not permitted.

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It is a violation of this policy to transmit a message under another user's name or email address or to use the password of another to log into the system. Users are required to log off the network or secure the workstation when the computer is unattended. This added security measure will minimize the potential misuse of an individual's email, name and/or password by others.

229.4 EMAIL RECORD MANAGEMENT

Email may, depending upon the individual content, be a record under the Wisconsin Public Records Law (Wis. Stat. § 19.31) and must be managed in accordance with the established records retention schedule and in compliance with state law.

The Custodian of Records shall ensure that email messages are retained and recoverable as outlined in the Records Maintenance and Release Policy.

Portable Audio/Video Recorders

230.1 PURPOSE AND SCOPE

This policy provides guidelines for the use of portable audio/video recording devices by members of this office while in the performance of their duties. Portable audio/video recording devices include all recording systems, whether body-worn, hand-held, or integrated into portable equipment (Wis. Stat. § 165.87).

This policy does not apply to mobile audio/video recordings, interviews, or interrogations conducted at any Eau Claire County Sheriff's Office facility, authorized undercover operations, wiretaps, or eavesdropping (concealed listening devices).

230.2 POLICY

The Eau Claire County Sheriff's Office may provide members with access to portable recorders, either audio or video or both, including Body Worn Cameras (BWC) for use during the performance of their duties. The use of recorders, including body worn cameras, is intended to enhance the mission of the Office by accurately capturing interactions between members of the Office, those experiencing incarceration and those in the community. The Sheriff's Office is committed to transparency.

230.3 COMPUTER SUPPORT TECHNICIAN

The Sheriff or the authorized designee should designate a coordinator responsible for (Wis. Stat. § 165.87):

- (a) Establishing procedures for the security, storage, and maintenance of data and recordings.
- (b) Establishing procedures for accessing data and recordings.
- (c) Establishing procedures for logging or auditing access.
- (d) Establishing procedures for transferring, downloading, tagging, or marking events.
- (e) Coordinating with the Training Sergeant to provide training on this policy to:
 1. Deputies who are authorized to use portable audio/video recorders.
 2. Members of the Office who use, maintain, store, or are responsible for the release of records and recordings.
- (f) Periodically reviewing the Office's practices relating to the use, maintenance, and storage of body cameras and data to confirm compliance with this policy.
- (g) Ensuring this policy is available to the public on the Office's website.

230.4 MEMBER PRIVACY EXPECTATION

All recordings made by members on any office-issued device at any time, and any recording made while acting in an official capacity of this office regardless of ownership of the device it was made on, shall remain the property of the Office. Members shall have no expectation of privacy or ownership interest in the content of these recordings.

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230.5 MEMBER RESPONSIBILITIES

Prior to going into service, each designated member will be responsible for making sure that he/ she is equipped with a body worn camera issued by the Office, and that the body worn camera is in good working order. If the body worn camera is not in working order or the member becomes aware of a malfunction at any time, the member shall promptly report the failure to his/her immediate supervisor and obtain a functioning device as soon as reasonably practicable. Members should wear the recorder in a conspicuous manner or otherwise notify persons that they are being recorded, whenever reasonably practicable.

Unless conducting a lawful recording in an authorized undercover capacity, non-uniformed members should wear the recorder in a conspicuous manner when in use or otherwise notify persons that they are being recorded, whenever reasonably practicable.

Members should document the existence of a recording in any report or other official record of the contact, including any instance where the recorder malfunctioned, or the member deactivated the recording. Members should include the reason for deactivation.

230.6 ACTIVATION OF THE AUDIO/VIDEO RECORDER

Members shall activate the body worn camera during any contact with an incarcerated individual. The camera shall also be activated anytime the member reasonably believes that a recording maybe useful. Once started, recordings should continue without interruption until the contact ends.

Members should remain sensitive to the dignity of all individuals being recorded and exercise sound discretion to respect privacy by discontinuing recording whenever it reasonably appears to the member that such privacy may outweigh any legitimate law enforcement interest in recording. Recording should resume when privacy is no longer at issue unless the circumstances no longer fit the criteria for recording.

At no time is a member expected to jeopardize his/her safety in order to activate a body worn camera or change the recording media. However, the body worn camera should be activated in situations described above as soon as reasonably practicable.

230.6.1 CESSATION OF RECORDING

Once activated, the body worn camera shall remain on continuously until the member reasonably believes that his/her direct participation in the incident is complete or the situation no longer fits the criteria for activation. Recording may be stopped during significant periods of inactivity such as:

- (a) Report writing
- (b) While in a medical facility, waiting for a person in custody to be medically cleared; however, the body worn camera should be re-activated if/when the need for contact with the person again arises
- (c) Other extended breaks from direct participation in the incident or contact with involved persons
- (d) The incident or event is of such duration that the camera maybe deactivated to conserve recording time

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- (e) The event being recorded is restricted by state or federal law
- (f) The intention to stop the recording has been noted by the member both verbally and documented in the incident report

230.6.2 SURREPTITIOUS USE OF THE PORTABLE RECORDER

Wisconsin law permits an individual to surreptitiously record any conversation in which one party to the conversation has given his/her permission (Wis. Stat. § 968.31(2)(b)).

Members may surreptitiously record any conversation during the course of a criminal investigation in which the member reasonably believes that such a recording will be lawful and beneficial to the investigation.

Members shall not surreptitiously record another office member without a court order, unless lawfully authorized by the Sheriff or the authorized designee.

230.6.3 EXPLOSIVE DEVICE

Many portable recorders, including body-worn cameras and audio/video transmitters, emit radio waves that could trigger an explosive device. Therefore, these devices should not be used where an explosive device may be present.

230.7 PROHIBITED USE OF PORTABLE RECORDERS

Members are prohibited from using office-issued body worn cameras and recording media for personal use and are prohibited from making personal copies of recordings created while on-duty or while acting in their official capacity.

Members are also prohibited from retaining recordings of activities or information obtained while on-duty, whether the recording was created with office-issued or personally owned recorders. Members shall not duplicate or distribute such recordings, except for authorized legitimate office business purposes. All such recordings shall be retained at the Office.

Members are prohibited from using personally owned recording devices while on-duty without the express consent of a Supervisor. Any member who uses a personally owned recorder for office-related activities shall comply with the provisions of this policy, including retention and release requirements, and should notify the on-duty supervisor of such use as soon as reasonably practicable.

Recordings shall not be used by any member for the purpose of embarrassment, harassment or ridicule.

230.8 IDENTIFICATION AND PRESERVATION OF RECORDINGS

To assist with identifying and preserving data and recordings, members should download, tag or mark these in accordance with procedure and document the existence of the recording in any related case report.

A member should transfer, tag or mark recordings when the member reasonably believes:

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- (a) The recording contains evidence relevant to potential criminal, civil or administrative matters.
- (b) A complainant, victim or witness has requested non-disclosure.
- (c) A complainant, victim or witness has not requested non-disclosure, but the disclosure of the recording may endanger the person.
- (d) Disclosure may be an unreasonable violation of someone's privacy. (e) Medical or mental health information is contained.
- (e) Disclosure may compromise an undercover officer or confidential informant.
- (f) The recording or portions of the recording may be protected under the Public Records Law (Wis. Stat. § 19.31 et seq.).

Any time a member reasonably believes a recorded contact may be beneficial in a non-criminal matter (e.g., a hostile contact), the member should promptly notify a supervisor of the existence of the recording.

[See attachment: Retention Policy Cheat Sheet.pdf](#)

230.9 RETENTION OF RECORDING

All recordings shall be retained for a period consistent with the requirements of the established records retention schedule but in no event for a period less than 120 days (Wis. Stat. § 165.87).

230.9.1 EXCEPTIONS TO RETENTION REQUIREMENTS FOR BODY-WORN CAMERAS

Exceptions to the 120-day retention period for body-worn cameras are as follows (Wis. Stat. § 165.87):

- (a) Recordings should be retained until the final disposition of any investigation, case, or complaint to which the recordings pertain to any of the following:
 - 1. Death or actual or alleged physical injury to any person in the recording
 - 2. An encounter resulting in custodial arrest
 - 3. A search during a temporary detention pursuant to Wis. Stat. § 968.25
 - 4. An encounter resulting in the use of force except when the only use of force involves the use of a firearm to euthanize an injured wild animal
- (b) Recordings used in any criminal, civil, or administrative proceeding may not be destroyed except upon a final disposition from the court or hearing officer after a determination the recordings are no longer needed, or by an order from the court or hearing officer.
- (c) Recordings may be retained for a period beyond 120 days if a request or directive to preserve the recordings is made before the expiration of that time period by a deputy from this office or another law enforcement agency, member of a board of fire and police commission, prosecutor, defendant, or a court.

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230.9.2 RELEASE OF AUDIO/VIDEO RECORDINGS

Requests for the release of audio/video recordings shall be processed in accordance with the Records Maintenance and Release Policy.

230.10 REVIEW OF RECORDED MEDIA FILES

When preparing written reports, members should review their recordings as a resource. Members shall not retain personal copies of recordings. Members should not use the fact that a recording was made as a reason to write a less detailed report.

While recordings obtained provide an objective record of these events, it is understood that camera recordings do not necessarily reflect the experience or state of mind of the member(s) in a given incident. Moreover, cameras have limitations and recordings may depict events differently than the events recalled by the involved member(s). Specifically, it is understood that cameras may capture information that may not have been heard and/or observed by the involved member(s) and may not capture information observed by the member(s).

Supervisors are authorized to review relevant recordings any time they are investigating alleged misconduct or reports of meritorious conduct. Other review of recordings that could be beneficial, such as reviewing the member's performance, should be done on a case by case basis, with accompanying documentation.

Recorded files may also be reviewed:

- (a) Upon approval by a supervisor, by any member of the Office who is participating in an official investigation, such as a personnel complaint, administrative investigation, or criminal investigation.
- (b) Pursuant to lawful process or by court personnel who are otherwise authorized to review evidence in a related case.
- (c) By media personnel with permission of the Sheriff or the authorized designee.
- (d) In compliance with a public records request, if permitted, and in accordance with the Records Maintenance and Release Policy.

All recordings should be reviewed by the Custodian of Records prior to public release (see the Records Maintenance and Release Policy). Recordings that unreasonably violate a person's privacy or sense of dignity should not be publicly released unless disclosure is required by law or order of the court (Wis. Stat. § 165.87(3)).

Personal Communication Devices

231.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for the use of mobile telephones and communication devices, whether issued or funded by the Office or personally owned, while on-duty or when used for authorized work-related purposes.

This policy generically refers to all such devices as Personal Communication Devices (PCDs) but is intended to include all mobile telephones, personal digital assistants (PDAs), wireless capable tablets and similar wireless two-way communications and/or portable Internet access devices. PCD use includes, but is not limited to, placing and receiving calls, text messaging, blogging and microblogging, emailing, using video or camera features, playing games and accessing sites or services on the Internet.

231.2 POLICY

The Eau Claire County Sheriff's Office allows members to utilize office-issued or funded PCDs and to possess personally owned PCDs in the workplace, subject to certain limitations. Any PCD used while on-duty or used off-duty in any manner reasonably related to the business of the Office, will be subject to monitoring and inspection consistent with the standards set forth in this policy.

The inappropriate use of a PCD while on-duty may impair officer safety. Additionally, members are advised and cautioned that the use of a personally owned PCD either on-duty or after duty hours for business-related purposes may subject the member and the member's PCD records to civil or criminal discovery or disclosure under applicable public records laws.

Members who have questions regarding the application of this policy or the guidelines contained herein are encouraged to seek clarification from supervisory staff.

231.3 PRIVACY EXPECTATION

Members forfeit any expectation of privacy with regard to any communication accessed, transmitted, received or reviewed on any PCD issued or funded by the Office and shall have no expectation of privacy in their location should the device be equipped with location detection capabilities (see the Information Technology Use Policy for additional guidance).

231.4 OFFICE-ISSUED PCD

Depending on a member's assignment and the needs of the position, the Office may, at its discretion, issue or fund a PCD for the member's use to facilitate on-duty performance. Office-issued PCDs may not be used for personal business either on- or off-duty unless authorized by the Sheriff or the authorized designee. Such devices and the associated telephone number, if any, shall remain the sole property of the Office and shall be subject to inspection or monitoring (including all related records and content) at any time without notice and without cause.

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231.5 PERSONALLY OWNED PCD

Members may carry a personally owned PCD while on-duty, subject to the following conditions and limitations:

- (a) Permission to carry a personally owned PCD may be revoked if it is used contrary to provisions of this policy.
- (b) The Office accepts no responsibility for loss of or damage to a personally owned PCD.
- (c) The PCD and any associated services shall be purchased, used and maintained solely at the member's expense.
- (d) The device should not be used for work-related purposes except in exigent circumstances (e.g., unavailability of radio communications). Members will have a reduced expectation of privacy when using a personally owned PCD in the workplace and have no expectation of privacy with regard to any office business-related communication.
 - 1. Members may use personally owned PCDs on-duty for routine administrative work as authorized by the Sheriff.
- (e) The device shall not be utilized to record or disclose any business-related information, including photographs, video or the recording or transmittal of any information or material obtained or made accessible as a result of employment with the Office, without the express authorization of the Sheriff or the authorized designee.
- (f) Use of a personally owned PCD while at work or for work-related business constitutes consent for the Office to access the PCD to inspect and copy data to meet the needs of the Office, which may include litigation, public records retention and release obligations and internal investigations. If the PCD is carried on-duty, members will provide the Office with the telephone number of the device.
- (g) All work-related documents, emails, photographs, recordings or other public records created or received on a member's personally owned PCD should be transferred to the Eau Claire County Sheriff's Office and deleted from the member's PCD as soon as reasonably practicable but no later than the end of the member's shift.

231.6 USE OF PCD

The following protocols shall apply to all PCDs that are carried while on-duty or used to conduct office business:

- (a) A PCD may not be used to conduct personal business while on-duty, except for brief personal communications (e.g., informing family of extended hours). Members shall endeavor to limit their use of PCDs to authorized break times, unless an emergency exists.
- (b) Members are prohibited from taking pictures, making audio or video recordings or making copies of any such picture or recording media unless it is directly related to official office business. Disclosure of any such information to any third party through any means, without the express authorization of the Sheriff or the authorized designee, may result in discipline.

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- (c) Using PCDs to harass, threaten, coerce or otherwise engage in inappropriate conduct with any third party is prohibited. Any member having knowledge of such conduct shall promptly notify a supervisor.

231.7 SUPERVISOR RESPONSIBILITIES

The responsibilities of supervisors include, but are not limited to:

- (a) Ensuring that members under their command are provided appropriate training on the use of PCDs consistent with this policy.
- (b) Monitoring, to the extent practicable, PCD use in the workplace and take prompt corrective action if a member is observed or reported to be improperly using a PCD.
 1. An investigation into improper conduct should be promptly initiated when circumstances warrant.
 2. Before conducting any administrative search of a member's personally owned device, supervisors should consult with the Sheriff or the authorized designee.

231.8 USE WHILE DRIVING

The use of a PCD while driving can adversely affect safety, cause unnecessary distractions and present a negative image to the public. Deputies operating emergency vehicles should restrict the use of these devices to matters of an urgent nature and should, where practicable, stop the vehicle at an appropriate location to use the PCD.

Except in an emergency, members who are operating vehicles that are not equipped with lights and siren shall not use a PCD while driving unless the device is specifically designed and configured to allow hands-free use (Wis. Stat. § 346.89). Hands-free use should be restricted to business-related calls or calls of an urgent nature.

231.9 OFFICIAL USE

Members are reminded that PCDs are not secure devices and conversations may be intercepted or overheard. Caution should be exercised while utilizing PCDs to ensure that sensitive information is not inadvertently transmitted.

Lactation Breaks

232.1 PURPOSE & SCOPE

The purpose of this policy is to provide reasonable accommodations to employees desiring to express breast milk for the employees infant child.

232.2 POLICY

It is the policy of this office to provide, in compliance with the Fair Labor Standards Act, reasonable break time and appropriate facilities to accommodate any employee desiring to express breast milk for her infant nursing child, for up to one year after the child's birth.

232.3 LACTATION BREAK TIME

A rest period should be permitted each time the employee has the need to express breast milk. In general, lactation breaks that cumulatively total 30 minutes or less during any four hour work period or major portion of a four-hour work period would be considered reasonable. However, individual circumstances may require more or less time.

Lactation breaks, if feasible, should be taken at the same time as the employees regularly scheduled break or meal time.

While a reasonable effort will be made to provide additional time beyond the authorized breaks, any such time exceeding the regularly scheduled break time will be considered unpaid.

Employees desiring to take a lactation break shall notify the on duty supervisor or senior most correctional officer on duty, prior to taking such break. Such breaks may be reasonably delayed if they would seriously disrupt office operations.

Once a lactation break has been approved, the break should not be interrupted except for emergency or exigent circumstances.

232.4 PRIVATE LOCATION

The office will make reasonable efforts to accommodate employees with the use of an appropriate room or other location to express breast milk in private. Such room or location should be in close proximity to the employees work area and shall be other than a bathroom or toilet stall. The location must be shielded from view and free from intrusion of co-workers and the public.

Employees occupying such private areas shall either secure the door or otherwise make it clear to others that the area is occupied with a need for privacy. All other employees should avoid interrupting an employee during an authorized break, except to announce an emergency or other urgent circumstances.

The Eau Claire County Jails authorized lactation location will be the resting room, located in the female locker room. Authorized lactation breaks for employees assigned to any field assignment may be taken to the nearest appropriate private area.

Wellness Program

233.1 POLICY, PURPOSE & SCOPE

It is the Policy of the Eau Claire County Sheriff's Office to prioritize member wellness, to foster fitness for duty and to support a healthy quality of life for Sheriff Office members. The Eau Claire County Sheriff's Office will maintain a wellness program that supports its members with critical incident response and follow up support.

The purpose of this policy is to provide guidance on establishing and maintaining a proactive wellness program for all Eau Claire County Sheriff's Office members. The wellness program is intended to be a holistic approach to a members well-being and to encompass aspects such as mental health and overall wellness.

A contracted mental health professional will be made available for consultation and, when needed, referral to an outside licensed mental health professional. This mental health service is provided confidentially and without fear of reprisal.

A peer support team has been established to support all members of the Eau Claire County Sheriff's Office who may be experiencing stress due to encounters in their personal and/or professional lives. The peer support team provides a way for employees to confidentially talk through their experiences with co-workers who desire help. [Eau Claire County Sheriff's Office Custody Manual: 228.2 PEER SUPPORT TRAINING](#)

233.2 DEFINITIONS

MENTAL HEALTH PROFESSIONAL- A qualified mental health professional can provide the following: recommendations for care; training regarding self care and management; education for supervisors, staff, family and significant others; counseling sessions for individuals; experience in dealing with law enforcement and corrections related trauma.

CRITICAL INCIDENT- An event or situation that may cause a strong emotional, cognitive or physical reaction that has the potential to interfere with daily life.

CRITICAL INCIDENT STRESS DEBRIEFING (CISD)- A standardized approach using a discussion format to provide education, support, and emotional release opportunities for members involved in a work related critical incident.

PEER SUPPORT- Mental and emotional wellness support, provided by peers, who have been trained to help members cope with critical incidents and certain personal or professional problems.

233.3 WELLNESS PROGRAM CORE COMPONENTS

The following are core components of the Wellness program:

- (a) Services of an Eau Claire County Sheriff's Office contracted mental health provider will be made available for mental health consultation and, when needed, referred to an outside licensed mental health professional. This health service is provided confidentially and without fear of reprisal.

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- (b) Correctional staff *will be required* to meet with the contracted mental health provider annually. Sessions will include a general mental health assessment, a resiliency assessment (work/life balance and social support) and a review of job related stressors. The intent of these mandatory sessions is not to identify employees who are experiencing issues in their personal and professional lives, but to provide a framework of consistent support.
- (c) Resources for formal debriefings shall be provided following any large scale jail critical incident or any other jail incident that is deemed particularly disturbing, that may affect the mental health of staff members.

233.4 WELLNESS REVIEW

The Sheriff's Office contracted mental health provider will conduct mandatory annual wellness reviews of all jail staff. The contracted mental health provider will confirm with the Division Captain or the authorized designee that all jail staff have completed the mandatory wellness review. The general results, or conclusions of the wellness review will remain confidential, except:

- (a) If the contracted mental health provider concludes that there is a serious risk of harm or danger to that individual or others, if the facts of the visit are not disclosed.
- (b) When failure to disclose the specific facts would expose the contracted mental health provider to civil or criminal liability or if it would be inconsistent with professional ethics in their field.
- (c) If the employee has given written consent of disclosure by the contracted mental health provider to the Sheriff's Office.

233.5 FUNDING

Funding for the mandatory annual wellness reviews will be provided by Eau Claire County. In instances where the identified mental health provider is a provider under the County Employee Assistance Program (EAP), the primary funding source for the wellness reviews will be through the Eau Claire County EAP. Additional services above and beyond the required annual wellness visit and voluntary referrals outside of the licensed mental health provider will be provided under the Eau Claire County EAP.

233.6 CRITICAL INCIDENT STRESS DEBRIEFING

A critical incident stress debriefing should occur as soon as practicable following a critical incident. The coordinator is responsible for organizing the debriefing. Notes and recordings shall not be taken during the debriefing because of the sole purpose of the debriefing related effects of a critical incident.

The debriefing is not part of any investigation process. Care should be taken not to release or repeat any communication made during the debriefing unless otherwise authorized by policy, the law or a valid court order.

Attendance at the debriefing should only include peer support members and those directly involved in the incident.

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233.7 WELLNESS COORDINATOR

The Sheriff should appoint wellness coordinators. The coordinators should report directly to the Sheriff, or an authorized designee and should collaborate with advisors, as appropriate, to fulfill the responsibilities of the positions, including, but not limited to:

- (a) Identification of wellness support providers.
- (b) Develop and manage operational procedures for office support.
- (c) Verifying that office members have reasonable access to resources.
- (d) Establishing procedures for critical incident stress debriefings.
- (e) Facilitating delivery of wellness information, training and support.
- (f) Verifying a confidential, timely and appropriate EAP (employee assistance program) is available to members.

233.8 TRAINING

Wellness coordinators, or their authorized designee, should collaborate with the office training staff to provide all members with regular education and training on topics related to member wellness, including, but not limited to:

- (a) The availability and range of wellness support systems
- (b) Suicide prevention.
- (c) Recognition and managing mental duress, emotional fatigue, PTSD, and other human reactions to trauma.
- (d) Substance and alcohol abuse awareness.
- (e) Sleep deprivation and physical fatigue.
- (f) Marriage and family wellness.
- (g) Anger management.
- (h) Nutrition and exercise.
- (i) Time & financial management.

Training materials, curriculum and attendance records should be retained in the office training database.

Chapter 3 - Recruitment, Selection and Planning

Chief Executive Officer

300.1 PURPOSE AND SCOPE

All law enforcement Chief Executive Officers employed within the State of Wisconsin are required to meet specific requirements for appointment. This policy provides guidelines for the appointment of the Chief Executive Officer of the Office, who is required to exercise the powers and duties of the office as prescribed by state law.

300.2 CHIEF EXECUTIVE OFFICER REQUIREMENTS

The Chief Executive Officer of this office, as a condition of appointment, must be a citizen of the United States (Wis. Stat. § 66.0501(1)).

The Chief Executive Officer shall meet required prerequisites and complete any course of training prescribed by the Wisconsin Law Enforcement Standards Board (LESB) (Wis. Admin. Code § LES 2.01(1)).

300.2.1 OATH OF OFFICE

The Chief Executive Officer shall take and file the official oath of office within 20 days after notice of election or appointment (Wis. Stat. § 59.21(1)).

300.2.2 AUTHORITY

The Chief Executive Officer shall have command of the law enforcement force of the County (Wis. Stat. § 59.26).

The Chief Executive Officer shall have charge of all County jails, including that portion of any jail that is used by the County in a joint government building (Wis. Stat. § 59.28; Wis. Stat. § 59.27(1)).

As a matter of policy, the Sheriff extends to his/her Officers authority to assist in the following duties:

- (a) To attend the circuit courts.
- (b) To serve or execute processes, writs, and orders made and lawfully delivered to him.

300.3 TRAINING

Each newly elected or appointed Chief Executive Officer should attend executive development training courses within two years of appointment. Such training may include programs provided by the Wisconsin Department of Justice Training and Standards Bureau, the Wisconsin Certified Public Manager Program, Northwestern School of Police Staff and Command, the FBI National Academy and the International Association of Chiefs of Police.

300.4 GOALS AND OBJECTIVES

The Sheriff or the authorized designee is responsible for establishing goals and objectives for the Eau Claire County Sheriff's Office and shall ensure they are reviewed and updated annually and available as an appendix to this policy manual. The plan should specify a time period and, at a minimum, include:

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- Long term goals and operational objectives
- Anticipated workload and staffing needs
- Capital improvement, equipment and supply needs
- Provisions for implementation, progress assessment and revision as needed

Division Commanders shall ensure that goals and objectives for their assigned divisions are established, assessed for progress, reviewed and updated annually, and distributed to all members.

Employee Orientation

301.1 PURPOSE AND SCOPE

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

301.2 NEW EMPLOYEE ORIENTATION

All new employees shall participate in a pre-service office orientation prior to assuming his/her duties. The orientation shall include, but not necessarily be limited to, the following:

- Facility tour
- Policy, procedures and job description resources
- Organizational chart
- Office mission, vision and values statement
- Office culture
- Staff rules and regulations
- Code of ethics

301.3 EMPLOYEE ACKNOWLEDGEMENTS

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

The Training Sergeant or an authorized designee will collect a signature page from the employee, acknowledging receipt, review and understanding of the documents that shall be retained in the employee's personnel file in accordance with established records retention schedules.

Continuing Professional Education

302.1 PURPOSE AND SCOPE

This policy is designed to support the ongoing professional education of office personnel at all levels. Continuing professional education provides a broad view of the world and by extension enhances the understanding of the correctional mission as it applies to the Office and the community.

302.1.1 PHILOSOPHY

The Office seeks to encourage continuing education whenever practical. All continuing education programs will be within the framework of negotiated employee agreements and the availability of funds to provide ongoing efforts for self improvement.

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

302.2 OBJECTIVES

Training involves activities whereby correctional officers, professional staff, support and contractor personnel learn and demonstrate an understanding of the specific job skills required for each position.

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

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

302.3 REQUIRED TRAINING

Correctional officers shall receive 24 hours of documented jail officer recertification training each year (Wis. Stat. § 165.85(4)).

Correctional officers shall receive documented annual training on inmate health care policies and procedures, administration of medications and medical screening (Wis. Admin. Code DOC § 350.14(6); Wis. Admin. Code DOC § 350.16(2)) (see the Suicide Prevention and Intervention Policy for the requirement for suicide prevention training).

Training for Managers and Supervisors

303.1 PURPOSE AND SCOPE

This policy establishes training requirements and guidelines for supervisory and management staff, and encourages all personnel to participate in basic and continuing professional training.

303.2 POLICY

It is the policy of this office to administer a training program that provides for the professional growth and continued development of its personnel in accordance with all laws, ordinances and regulations. All training is provided with the intent to improve the competency of staff within the confines of funding, the requirements of a given assignment, staffing levels and legal mandates.

303.3 TRAINING OBJECTIVES

The objectives of the training program are to accomplish the following:

- (a) Improve the competency of staff at all levels.
- (b) Ensure that staff can carry out the mission of the Office through a thoroughly demonstrated knowledge of office policies and procedures.
- (c) Increase the technical expertise and overall effectiveness of personnel.
- (d) Provide for continued professional development of office personnel.

303.4 TRAINING FOR NEW MANAGERS AND SUPERVISORS

All supervisory personnel shall have completed core training as specified in the Training Policy, prior to assuming supervisory responsibilities.

303.5 TRAINING RECORDS

The Office shall use training courses certified by a competent government or standards-setting organization whenever practicable. All training should include testing to identify and document the employee's knowledge of the subject matter.

It shall be the responsibility of the Jail Administrator or authorized designee to ensure that the following is maintained on file for all training provided by the Office:

- The course outline or lesson plan
- A roster signed and dated by those in attendance
- The name of the person coordinating the training

It shall be the responsibility of the involved employee to provide evidence of completed training or education that occurs outside of the office, in a timely manner. The Jail administrator or authorized designee shall ensure that records of internal training are placed in the employee's training file.

Security Services- Field Training Officer

304.1 PURPOSE AND SCOPE

The Security Services-Field Training Officer program is intended to provide a standardized program to facilitate the correctional officer's transition from the academic setting to the actual performance of general corrections duties.

304.2 POLICY

It is the policy of this office to assign all new correctional officers to a structured Security Services-Field Training Officer program that is designed to prepare the new correctional officer to perform in a custody assignment, and to provide training on all skills needed to operate in a safe, productive and professional manner.

304.3 TRAINING OFFICER

The Field Training Officer (FTO) should be an experienced correctional officer trained in the art and science of supervising, training and evaluating entry-level correctional officers in the application of their previously acquired knowledge and skills.

304.3.1 SELECTION PROCESS

Field Training officers will be selected based on certain requirements, including:

- (a) A desire to perform the training.
- (b) A demonstrated ability to be a positive role model.
- (c) Successfully navigated an internal selection process.
- (d) Approved by supervisors and current FTOs.
- (e) Years of service & life experience taken into considerations.

304.3.2 TRAINING

All FTOs should successfully complete FTO related instruction prior to being assigned a trainee.

All FTOs should complete annual continued education, on training staff, while assigned to the position of FTO.

304.4 TRAINING OFFICER RESPONSIBILITIES

- (a) FTOs shall complete and submit a written evaluation on the performance of their assigned trainee to the FTO supervisor on a daily basis.
- (b) FTOs shall review the performance evaluations with the trainee each day.
- (c) A detailed end-of-phase performance evaluation on the assigned trainee shall be completed by the FTO at the end of each phase of training.
- (d) FTOs shall be responsible for signing off on all completed topics contained within the Training Manual, noting the methods of learning and evaluating the performance of the assigned trainee.

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304.5 TRAINING OFFICER PROGRAM SUPERVISOR

The FTO program supervisor will be selected from the rank of sergeant or above by the Jail Administrator or the authorized designee. The FTO supervisor's responsibilities include the following:

- (a) Assign trainees to FTOs.
- (b) Conduct FTO meetings.
- (c) Maintain and ensure FTO/trainee performance evaluations are completed in a timely manner.
- (d) Maintain, update and issue the training manual to each trainee.
- (e) Monitor individual FTO performance.
- (f) Monitor the overall FTO program.
- (g) Develop and implement ongoing training for FTOs.
- (h) Report individual training issues and progress to the Jail Administrator or authorized designee.

Recruitment and Selection

305.1 PURPOSE AND SCOPE

This policy provides a framework for employee recruiting efforts and identifying job-related standards for the selection process. This policy supplements the rules that govern employment practices for the Eau Claire County Sheriff's Office and that are promulgated and maintained by the Department of Human Resources.

305.2 POLICY

In accordance with applicable federal, state, and local law, the Eau Claire County Sheriff's Office provides equal opportunities for applicants and employees, regardless of actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, and any other classification or status protected by law. The Office does not show partiality or grant any special status to any applicant, employee, or group of employees unless otherwise required by law.

The Office will recruit and hire only those individuals who demonstrate a commitment to service and who possess the traits and characteristics that reflect personal integrity and high ethical standards.

305.3 RECRUITMENT

The Office should employ a comprehensive recruitment and selection strategy to recruit and select employees from a qualified and diverse pool of candidates. The strategy should include:

- (a) Identification of racially and culturally diverse target markets.
- (b) Use of marketing strategies to target diverse applicant pools.
- (c) Expanded use of technology and maintenance of a strong internet presence. This may include an interactive office website and the use of office-managed social networking sites, if resources permit.
- (d) Expanded outreach through partnerships with media, community groups, citizen academies, local colleges, universities, and the military.
- (e) Employee referral and recruitment incentive programs.
- (f) Consideration of shared or collaborative regional testing processes.

The Office shall avoid advertising, recruiting, and screening practices that tend to stereotype, focus on homogeneous applicant pools, or screen applicants in a discriminatory manner.

The Office should strive to facilitate and expedite the screening and testing process, and should periodically inform each candidate of his/her status in the recruiting process.

305.4 SELECTION PROCESS

The Office shall actively strive to identify a diverse group of candidates who have in some manner distinguished themselves as being outstanding prospects.

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Minimally, the Office should employ a comprehensive screening, background investigation, and selection process that assesses cognitive and physical abilities and includes review and verification of the following:

- (a) A comprehensive application for employment (including previous employment, references, current and prior addresses, education, military record)
- (b) Driving record
- (c) Reference checks
- (d) Employment eligibility, including U.S. Citizenship and Immigration Services (USCIS) Employment Eligibility Verification Form I-9 and acceptable identity and employment authorization documents. This required documentation should not be requested until a candidate is hired. This does not prohibit obtaining documents required for other purposes
- (e) Information obtained from public internet sites
- (f) Financial history consistent with the Fair Credit Reporting Act (FCRA) (15 USC § 1681 et seq.)
- (g) Local, state, and federal criminal history record checks
- (h) Polygraph or voice stress analyzer examination (when legally permissible) (Wis. Stat. § 111.37)
- (i) Medical and psychological examination (may only be given after a conditional offer of employment)
- (j) Review board or selection committee assessment

305.4.1 POLYGRAPH EXAMINATION REQUIREMENTS

If a polygraph examination is used as part of the selection process, candidates should be notified at the time of application of the following:

- (a) That a polygraph test will be required as part of the application process
- (b) The general subject areas that may be covered during the polygraph test

The polygraph examination shall be undertaken in accordance with the requirements of Wis. Stat. § 111.37.

In no case shall the results of a polygraph examination serve as the sole reason for denial of employment (Wis. Stat. § 111.37(6)).

305.4.2 EXAMINER QUALIFICATIONS

If a polygraph examination is used, the examiner should be appropriately trained in the administration of polygraph examinations in the employment setting.

305.4.3 VETERAN PREFERENCE

The Office will provide veteran preference points as required (Wis. Stat. § 63.08(1)).

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305.5 BACKGROUND INVESTIGATION

Every candidate shall undergo a thorough background investigation to verify his/her personal integrity and high ethical standards, and to identify any past behavior that may be indicative of the candidate's unsuitability to perform duties relevant to the operation of the Eau Claire County Sheriff's Office (Wis. Admin. Code § LES 2.01).

305.5.1 NOTICES

Background investigators shall ensure that investigations are conducted and notices provided in accordance with the requirements of the FCRA (15 USC § 1681d).

305.5.2 REVIEW OF SOCIAL MEDIA SITES

Due to the potential for accessing unsubstantiated, private, or protected information, the Office should not require candidates to provide passwords, account information, or access to password-protected social media accounts (Wis. Stat. § 995.55).

The Office should consider utilizing the services of an appropriately trained and experienced third party to conduct open-source, internet-based searches and/or review information from social media sites to ensure that:

- (a) The legal rights of candidates are protected.
- (b) Material and information to be considered are verified, accurate, and validated.
- (c) The Office fully complies with applicable privacy protections and local, state, and federal law.

Regardless of whether a third party is used, the Office should ensure that potentially impermissible information is not available to any person involved in the candidate selection process.

305.5.3 DOCUMENTING AND REPORTING

The background investigator shall summarize the results of the background investigation in a report that includes sufficient information to allow the reviewing authority to decide whether to extend a conditional offer of employment. The report shall not include any information that is prohibited from use, including that from social media sites, in making employment decisions. The report and all supporting documentation shall be included in the candidate's background investigation file.

305.5.4 RECORDS RETENTION

The background report and all supporting documentation shall be maintained in accordance with the established records retention schedule.

305.5.5 CANDIDATE WAIVERS

Candidates are required to complete a waiver authorizing the disclosure of previous personnel files. The assigned background investigator shall submit the waiver to every government agency that has employed the candidate and request the personnel file information. The waiver should be submitted to the previous employing agency at least 30 days before a hiring decision is made. No hiring decision should be made without reviewing the information (Wis. Stat. § 165.85).

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305.6 DISQUALIFICATION GUIDELINES

As a general rule, performance indicators, candidate information, and records shall be evaluated by considering the candidate as a whole, and taking into consideration the following:

- Age at the time the behavior occurred
- Passage of time
- Patterns of past behavior
- Severity of behavior
- Probable consequences if past behavior is repeated or made public
- Likelihood of recurrence
- Relevance of past behavior to public safety employment
- Aggravating and mitigating factors
- Other relevant considerations

A candidate's qualifications will be assessed on a case-by-case basis, using a totality-of-the-circumstances framework.

305.6.1 MANDATORY DISQUALIFICATION

No members or contractors shall be hired who have (28 CFR 115.17):

- (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 USC § 1997).
- (b) Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent, or was unable to consent or refuse.
- (c) Been civilly or administratively adjudicated to have engaged in the activity described in paragraph (b) of this section.

The Office shall ask all candidates who may have contact with inmates to disclose any conduct described above in written applications or interviews. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

The Office shall make reasonable efforts to contact prior institutions that the candidate has been employed by to inquire about sexual abuse allegations in accordance with 28 CFR 115.17.

305.7 EMPLOYMENT STANDARDS

All candidates shall meet the minimum standards required by state law. Candidates will be evaluated based on merit, ability, competence, and experience, in accordance with the high standards of integrity and ethics valued by the Office and the community.

Validated, job-related, and nondiscriminatory employment standards shall be established for each job classification and shall minimally identify the training, abilities, knowledge, and skills required to perform the position's essential duties in a satisfactory manner. Each standard should include

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performance indicators for candidate evaluation. The Department of Human Resources should maintain validated standards for all positions.

305.7.1 STANDARDS FOR CORRECTIONAL OFFICERS

Candidates shall meet the minimum standards established by Wisconsin law, including those provided in Wis. Stat. § 165.85; Wis. Admin. Code § LES 2.01; and Wis. Admin. Code § LES 2.02:

- Possess a valid Wisconsin driver's license
- Be free of any felony convictions, misdemeanor crime of domestic violence, or of any offense that if committed in Wisconsin could be punished as a felony unless an absolute and unconditional pardon has been granted
- Be at least 18 years of age
- Be a citizen of the United States (Wis. Stat. § 66.0501(1))
- Submit to a local, state, and national fingerprint check
- Possess good moral character as determined by a thorough background investigation (Wis. Stat. § 165.85)
- Possess a high school diploma or GED equivalent
- Be free from any physical, emotional, or mental condition that might adversely affect the performance as a correctional officer
- Undergo a physical assessment by a licensed physician, physician assistant, or nurse practitioner to verify the candidate can meet the required physical standards
- Complete a satisfactory oral interview
- Submit to a drug test upon hire

The Eau Claire County Sheriff's Office may establish additional standards for selection of a candidate for the position of correctional officer (Wis. Stat. § 165.85(4)).

305.7 PROBATIONARY PERIODS

The Office should coordinate with the Eau Claire County Human Resources to identify positions subject to probationary periods and procedures for:

- (a) Appraising performance during probation.
- (b) Assessing the level of performance required to complete probation.
- (c) Extending probation.
- (d) Documenting successful or unsuccessful completion of probation.

Training

306.1 PURPOSE AND SCOPE

It is the policy of this office to assign all new correctional officers to a structured jail training program designed to prepare the new correctional officer to perform in a correctional assignment with the skills needed to operate in a safe, productive and professional manner.

306.2 MINIMUM TRAINING REQUIREMENTS

All correctional officers, full- or part-time, shall successfully complete 200 hours of a preparatory program of jail officer training within one year of employment. A minimum of 12 hours of the training shall be devoted to methods of supervision of special needs inmates, including inmates who may be emotionally distressed, mentally ill, suicidal, developmentally disabled, or alcohol or drug abusers (Wis. Stat. § 165.85(4)).

306.3 JAIL TRAINING PROGRAM PHASES

The jail training program is designed to build upon the conceptual foundation taught in the basic academy, whereupon the theoretical knowledge gained in the academy can be molded into a practical skill set. The jail training program consists of the five phases described below.

306.3.1 FIRST PHASE - FACILITY ORIENTATION

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

- (a) Brief the trainee on the purpose, scope and responsibilities expected during the training program.
- (b) Explain the evaluation system and acquaint the trainee with the rating forms that will be used.
- (c) Provide the trainee with any required equipment or materials.
- (d) Tour the entire facility and support services with the trainee.
- (e) Introduce the trainee to the Jail Administrator and key supervisory, administrative and support personnel.

306.3.2 SECOND PHASE - SHADOWING

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

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

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

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

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306.3.3 THIRD PHASE - HANDS-ON WITH CLOSE SUPERVISION

During this phase the FTO will instruct the trainee in each required activity at each post, including transportation and special functions. Once each task is demonstrated, the trainee will be directed to perform each activity under the close supervision of the FTO.

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

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

306.3.4 FOURTH PHASE - SOLO WITH MONITORING

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

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

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

306.3.5 FIFTH PHASE - WORKING INDEPENDENTLY WITH SUPERVISION

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

The supervisor, in consultation with the FTO and the Jail Administrator, will make a recommendation to pass the trainee on to his/her assignment, to continue training, or will recommend termination.

306.4 PROBATIONARY PERIOD EVALUATION

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

Specialized Training

307.1 PURPOSE AND SCOPE

Correctional officers who are assigned to specialized units will receive training commensurate with the complexity of their specialty and must be able to demonstrate proficiency in the specific skills related to their specialized function.

307.2 QUALIFICATIONS

To be eligible for assignment to a specialized unit, correctional officers are required to be off probation and to have at least three years of experience as a correctional officer.

307.3 TRAINING

The jail Administrator or authorized designee is responsible for ensuring that all personnel who are assigned to a specialized emergency unit will receive not less than 16 hours of specialized training as specified above or as part of their annual training requirement.

The Office will use courses certified by a competent government or standards-setting organization whenever practicable. All training should include testing to identify and document the employee's knowledge in the subject matter presented.

It shall be the responsibility of the employee to provide the Jail Administrator or authorized designee with evidence of completed training and education in a timely manner. The Jail Administrator or authorized designee shall ensure that copies of training records are placed in the employee's training file.

Firearms

308.1 PURPOSE AND SCOPE

This policy provides guidelines for issuing firearms, the safe and legal carrying of firearms, firearms maintenance, and firearms training.

This policy does not apply to issues related to the use of firearms that are addressed in the Use of Force or Officer-Involved Shootings and Deaths policies.

This policy only applies to those members who are authorized to carry firearms.

308.2 POLICY

The Eau Claire County Sheriff's Office will equip its members with firearms to address the risks posed to the public and office members by violent and sometimes well-armed persons. The office will ensure firearms are appropriate and in good working order and that relevant training is provided as resources allow.

308.3 AUTHORIZED FIREARMS, AMMUNITION, AND OTHER WEAPONS

Members shall only use firearms that are issued or approved by the Office and have been thoroughly inspected by the Senior Range Officer. Except in an emergency or as directed by a supervisor, no firearm shall be carried by a member who has not qualified with that firearm at an authorized office range.

All other weapons not provided by the Office, including, but not limited to, edged weapons, chemical or electronic weapons, impact weapons or any weapon prohibited or restricted by law or that is not covered elsewhere by office policy, may not be carried by members in the performance of their official duties without the express written authorization of the member's Captain. This exclusion does not apply to the carrying of a single folding pocketknife that is not otherwise prohibited by law.

308.3.1 HANDGUNS

The authorized office-issued handgun is the Glock Model 22. Members are authorized to carry their issued handguns when off-duty.

308.3.2 SHOTGUNS

The authorized office-issued shotgun is the Remington 870P 12 gauge.

When not deployed, the shotgun shall be properly secured consistent with office training in a locking weapons rack in the patrol vehicle.

308.3.3 PATROL RIFLES

The authorized office-issued patrol rifle is the Colt AR-15.

Members may deploy the patrol rifle in any circumstance where the member can articulate a reasonable expectation that the rifle may be needed. Examples of some general guidelines for deploying the patrol rifle may include, but are not limited to:

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- (a) Situations where the member reasonably anticipates an armed encounter.
- (b) When a member is faced with a situation that may require accurate and effective fire at long range.
- (c) Situations where a member reasonably expects the need to meet or exceed a suspect's firepower.
- (d) When a member reasonably believes that there may be a need to fire on a barricaded person or a person with a hostage.
- (e) When a member reasonably believes that a suspect may be wearing body armor.
- (f) When authorized or requested by a supervisor.
- (g) When needed to euthanize an animal.

When not deployed, the patrol rifle shall be properly secured consistent with office training in a locking weapons rack in the patrol vehicle.

308.3.4 PERSONALLY OWNED DUTY FIREARMS

Members desiring to carry an authorized but personally owned duty firearm (handgun and rifle) must receive written approval from the Sheriff or the authorized designee. Once approved, personally owned duty firearms are subject to the following restrictions:

- (a) The firearm shall be in good working order and on the office list of approved firearms.
- (b) The firearm shall be inspected by the Senior Range Officer prior to being carried and thereafter shall be subject to inspection whenever it is deemed necessary.
- (c) Prior to carrying the firearm, members shall qualify under range supervision and thereafter shall qualify in accordance with the office qualification schedule. Members must demonstrate proficiency and safe handling, and that the firearm functions properly.
- (d) Members shall provide written notice of the make, model, color, serial number and caliber of the firearm to the Senior Range Officer, who will maintain a list of the information.

308.3.5 AUTHORIZED SECONDARY HANDGUN

Members desiring to carry office or personally owned secondary handguns are subject to the following restrictions:

- (a) The handgun shall be in good working order and on the office list of approved firearms.
- (b) Only one secondary handgun may be carried at a time.
- (c) The purchase of the handgun and ammunition shall be the responsibility of the member unless the handgun and ammunition are provided by the Office.
- (d) The handgun shall be carried concealed at all times and in such a manner as to prevent unintentional cocking, discharge or loss of physical control.
- (e) The handgun shall be inspected by the Senior Range Officer prior to being carried and thereafter shall be subject to inspection whenever it is deemed necessary.

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- (f) Ammunition shall be the same as office issue. If the caliber of the handgun is other than office issue, the Sheriff or the authorized designee shall approve the ammunition.
- (g) Prior to carrying the secondary handgun, members shall qualify under range supervision and thereafter shall qualify in accordance with the office qualification schedule. Members must demonstrate proficiency and safe handling, and that the handgun functions properly.
- (h) Members shall provide written notice of the make, model, color, serial number and caliber of a secondary handgun to the Senior Range Officer, who will maintain a list of the information.

308.3.6 AUTHORIZED OFF-DUTY FIREARMS

The carrying of firearms by members while off-duty is permitted by the Sheriff but may be rescinded should circumstances dictate (e.g., administrative leave). Members who choose to carry a firearm while off-duty, based on their authority as peace officers, will be required to meet the following guidelines (Wis. Stat. § 941.23):

- (a) If a member chooses to carry a personally owned firearm off-duty, the firearm shall be used, carried and inspected in accordance with the Personally Owned Duty Firearms requirements in this policy.
 - 1. The purchase of the personally owned firearm and ammunition shall be the responsibility of the member.
- (b) The firearm shall be carried concealed at all times and in such a manner as to prevent unintentional cocking, discharge or loss of physical control.
- (c) It will be the responsibility of the member to submit the firearm to the Senior Range Officer for inspection prior to being personally carried. Thereafter the firearm shall be subject to periodic inspection by the Senior Range Officer.
- (d) Prior to carrying any off-duty firearm, the member shall demonstrate to the Senior Range Officer that he/she is proficient in handling and firing the firearm and that it will be carried in a safe manner.
- (e) The member will successfully qualify with the firearm prior to it being carried.
- (f) Members shall provide written notice of the make, model, color, serial number and caliber of the firearm to the Senior Range Officer, who will maintain a list of the information.
- (g) If a member desires to use more than one firearm while off-duty, he/she may do so, as long as all requirements set forth in this policy for each firearm are met.
- (h) Members shall only carry office-authorized ammunition.
- (i) When armed, deputies shall carry their badges and Eau Claire identification cards under circumstances requiring possession of such identification.

308.3.7 AMMUNITION

Members shall carry only office-authorized ammunition. Members shall be issued fresh duty ammunition in the specified quantity for all office-issued firearms during the member's firearms

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qualification. Replacements for unserviceable or depleted ammunition issued by the Office shall be dispensed by the Senior Range Officer when needed, in accordance with established policy.

Members carrying personally owned authorized firearms of a caliber differing from office-issued firearms shall be responsible for obtaining fresh duty ammunition in accordance with the above, at their own expense.

308.4 EQUIPMENT

Firearms carried on- or off-duty shall be maintained in a clean, serviceable condition. Maintenance and repair of authorized personally owned firearms are the responsibility of the individual member.

308.4.1 REPAIRS OR MODIFICATIONS

Each member shall be responsible for promptly reporting any damage or malfunction of an assigned firearm to a supervisor or the Senior Range Officer.

Firearms that are the property of the Office or personally owned firearms that are approved for office use may be repaired or modified only by a person who is office-approved and certified as an armorer or gunsmith in the repair of the specific firearm. Such modification or repair must be authorized in advance by the Senior Range Officer.

Any repairs or modifications to the member's personally owned firearm shall be done at his/her expense and must be approved by the Senior Range Officer.

308.4.2 HOLSTERS

Only office-approved holsters shall be used and worn by members. Members shall periodically inspect their holsters to make sure they are serviceable and provide the proper security and retention of the handgun.

308.4.3 TACTICAL LIGHTS

Tactical lights may only be installed on a firearm carried on- or off-duty after they have been examined and approved by the Senior Range Officer. Once the approved tactical lights have been properly installed on any firearm, the member shall qualify with the firearm to ensure proper functionality and sighting of the firearm prior to carrying it.

308.4.4 OPTICS OR LASER LIGHTS

Optics or laser sights may only be installed on a firearm carried on- or off-duty after they have been examined and approved by the Senior Range Officer. Any approved sight shall only be installed in strict accordance with manufacturer specifications. Once approved sights have been properly installed on any firearm, the member shall qualify with the firearm to ensure proper functionality and sighting of the firearm prior to carrying it.

Except in an approved training situation, a member may only sight in on a target when the member would otherwise be justified in pointing a firearm at the target.

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308.5 SAFE HANDLING, INSPECTION, AND STORAGE

Members shall maintain the highest level of safety when handling firearms and shall consider the following:

- (a) Members shall not unnecessarily display or handle any firearm.
- (b) Members shall be governed by all rules and regulations pertaining to the use of the range and shall obey all orders issued by the Senior Range Officer. Members shall not dry fire or practice quick draws except as instructed by the Senior Range Officer or other firearms training staff.
- (c) Members shall not clean, repair, load or unload a firearm anywhere in the Office, except where clearing barrels are present.
- (d) Shotguns or rifles removed from vehicles, or the equipment storage room shall be loaded and unloaded outside of the vehicle in a safe manner, using clearing barrels when available.
- (e) Members shall not place or store any firearm or other weapon on office premises except where the place of storage is locked. No one shall carry firearms into the jail section or any part thereof when securing or processing an arrestee, but shall place all firearms in a secured location. Members providing access to the jail section to persons from outside agencies are responsible for ensuring firearms are not brought into the jail section.
- (f) Members shall not use any automatic firearm, heavy caliber rifle, gas or other type of chemical weapon or firearm from the armory, except with approval of a supervisor.
- (g) Any firearm authorized by the Office to be carried on- or off-duty that is determined by a member to be malfunctioning or in need of service or repair shall not be carried. It shall be promptly presented to the Office, or a Senior Range Officer approved by the Office for inspection and repair. Any firearm deemed in need of repair or service by the Senior Range Officer will be immediately removed from service. If the firearm is the member's primary duty firearm, a replacement firearm will be issued to the member until the duty firearm is serviceable.

308.5.1 INSPECTION AND STORAGE

Handguns shall be inspected regularly and upon access or possession by another person. Shotguns and rifles shall be inspected at the beginning of the shift by the member to whom the weapon is issued. The member shall ensure that the firearm is carried in the proper condition and loaded with approved ammunition. Inspection of the shotgun and rifle shall be done while standing outside of the patrol vehicle. All firearms shall be pointed in a safe direction or into clearing barrels.

Personally owned firearms may be safely stored in lockers at the end of the shift. Office-owned firearms shall be stored in the appropriate equipment storage room. Handguns may remain loaded if they are secured in an appropriate holster. Shotguns and rifles shall be unloaded in a safe manner outside the building and then stored in the appropriate equipment storage room.

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308.5.2 STORAGE AT HOME

Members shall ensure that all firearms and ammunition are locked and secured while in their homes, vehicles or any other area under their control, and in a manner that will keep them inaccessible to children and others who should not have access. Members shall not permit office-issued firearms to be handled by anyone not authorized by the Office to do so. Members should be aware that negligent storage of a firearm could result in civil and criminal liability (Wis. Stat. § 948.55).

308.5.3 ALCOHOL AND DRUGS

Firearms shall not be carried by any member, either on- or off-duty, who has consumed an amount of an alcoholic beverage, taken any drugs or medication, or has taken any combination thereof that would tend to adversely affect the member's senses or judgment (Wis. Stat. § 941.20(1)(b); Wis. Stat. § 941.20(1)(bm)).

308.6 FIREARMS TRAINING AND QUALIFICATIONS

All members who carry a firearm while on-duty are required to successfully complete training six times per year with their duty firearms. In addition to quarterly training, all members will qualify at least annually with their duty firearms and shall meet or exceed the standards set by the Wisconsin Law Enforcement Standards Board (Wis. Stat. § 165.85). Members will qualify with off-duty and secondary firearms at least twice a year. Training and qualifications must be on an approved range course.

At least annually, all members carrying a firearm should receive practical training designed to simulate field situations including low-light shooting.

308.6.1 NON-CERTIFICATION OR NON-QUALIFICATION

If any member fails to meet minimum standards for firearms training or qualification for any reason, including injury, illness, duty status or scheduling conflict, that member shall submit a memorandum to his/her immediate supervisor prior to the end of the required training or qualification period.

Those who fail to meet minimum standards or qualify on their first shooting attempt shall be provided remedial training and will be subject to the following requirements:

- (a) Additional range assignments may be scheduled to assist the member in demonstrating consistent firearm proficiency.
- (b) Members shall be given credit for a range training or qualification when obtaining a qualifying score or meeting standards after remedial training.
- (c) No range credit will be given for the following:
 1. Unauthorized range make-up
 2. Failure to meet minimum standards or qualify after remedial training

Members who repeatedly fail to meet minimum standards will be removed from field assignment and may be subject to disciplinary action.

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308.7 FIREARM DISCHARGE

Except during training or recreational use, any member who discharges a firearm intentionally or unintentionally, on- or off-duty, shall make a verbal report to his/her supervisor as soon as circumstances permit. If the discharge results in injury or death to another person, additional statements and reports shall be made in accordance with the Officer-Involved Shootings and Deaths Policy. If a firearm was discharged as a use of force, the involved member shall adhere to the additional reporting requirements set forth in the Use of Force Policy.

In all other cases, written reports shall be made as follows:

- (a) If on-duty at the time of the incident, the member shall file a written report with his/her Captain or provide a recorded statement to investigators prior to the end of shift, unless otherwise directed.
- (b) If off-duty at the time of the incident, a written report shall be submitted or a recorded statement provided no later than the end of the next regularly scheduled shift, unless otherwise directed by a supervisor.

308.7.1 DESTRUCTION OF ANIMALS

Members are authorized to use firearms to stop an animal in circumstances where the animal reasonably appears to pose an imminent threat to human safety and alternative methods are not reasonably available or would likely be ineffective.

In circumstances where there is sufficient advance notice that a potentially dangerous animal may be encountered, office members should develop reasonable contingency plans for dealing with the animal (e.g., fire extinguisher, ECD, oleoresin capsicum (OC) spray, animal control officer). Nothing in this policy shall prohibit any member from shooting a dangerous animal if circumstances reasonably dictate that a contingency plan has failed or becomes impractical.

308.7.2 INJURED ANIMALS

A member may euthanize an animal that is so badly injured that human compassion requires its removal from further suffering and where other dispositions are impractical.

308.7.3 WARNING AND OTHER SHOTS

Generally, warning shots or shots fired for the purpose of summoning aid are discouraged and may not be discharged unless the member reasonably believes that they appear necessary, effective and reasonably safe.

308.8 SENIOR RANGE OFFICER DUTIES

The range will be under the exclusive control of the Senior Range Officer. All members attending will follow the directions of the Senior Range Officer. The Senior Range Officer will maintain a roster of all members attending the range and will submit the roster to the Training Sergeant after each range date. Failure of any member to sign in and out with the Senior Range Officer may result in non-participation or non-qualification.

The range shall remain operational and accessible to office members during hours established by the Office.

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The Senior Range Officer has the responsibility of making periodic inspection, at least once a year, of all duty firearms carried by members of this office to verify proper operation. The Senior Range Officer has the authority to deem any office-issued or personally owned firearm unfit for service. The member will be responsible for all repairs to his/her personally owned firearm; it will not be returned to service until it has been inspected and approved by the Senior Range Officer.

The Senior Range Officer has the responsibility for ensuring each member meets the minimum requirements during training shoots and, on at least a yearly basis, can demonstrate proficiency in the care, cleaning and safety of all firearms the member is authorized to carry. The Senior Range Officer shall ensure that the handgun qualification standards set by the Wisconsin Law Enforcement Standards Board are either met or exceeded by each deputy (Wis. Stat. § 165.85).

The Senior Range Officer shall complete and submit to the Training Sergeant documentation of the training courses provided. Documentation shall include the qualifications of each instructor who provides the training, a description of the training provided and, on a form that has been approved by the Office, a list of each member who completes the training. The Senior Range Officer should keep accurate records of all training shoots, qualifications, repairs, maintenance or other records as directed by the Training Sergeant.

308.9 FLYING WHILE ARMED

The Transportation Security Administration (TSA) has imposed rules governing law enforcement officers flying armed on commercial aircraft. The following requirements apply to deputies who intend to be armed while flying on a commercial air carrier or flights where screening is conducted (49 CFR 1544.219):

- (a) Deputies wishing to fly while armed must be flying in an official capacity, not for vacation or pleasure, and must have a need to have the firearm accessible, as determined by the Office based on the law and published TSA rules.
- (b) Deputies must carry their Eau Claire County Sheriff's Office identification card, bearing the deputy's name, a full-face photograph, identification number, the deputy's signature and the signature of the Sheriff or the official seal of the Office and must present this identification to airline officials when requested. The deputy should also carry the standard photo identification needed for passenger screening by airline and TSA officials (e.g., driver license, passport).
- (c) The Eau Claire County Sheriff's Office must submit a National Law Enforcement Telecommunications System (NLETS) message prior to the 's travel. If approved, TSA will send the Eau Claire County Sheriff's Office an NLETS message containing a unique alphanumeric identifier. The deputy must present the message on the day of travel to airport personnel as authorization to travel while armed.
- (d) An official letter signed by the Sheriff authorizing armed travel may also accompany the deputy. The letter should outline the deputy's need to fly armed, detail his/her itinerary, and include that the deputy has completed the mandatory TSA training for a law enforcement officer flying while armed.

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- (e) Deputies must have completed the mandated TSA security training covering deputies flying while armed. The training shall be given by the office-appointed instructor.
- (f) It is the deputy's responsibility to notify the air carrier in advance of the intended armed travel. This notification should be accomplished by early check-in at the carrier's check-in counter.
- (g) Any deputy flying while armed should discreetly contact the flight crew prior to take-off and notify them of his/her assigned seat.
- (h) Discretion must be used to avoid alarming passengers or crew by displaying a firearm. The deputy must keep the firearm concealed on his/her person at all times. Firearms are not permitted in carry-on luggage and may not be stored in an overhead compartment.
- (i) Deputies should try to resolve any problems associated with flying armed through the flight captain, ground security manager, TSA representative or other management representative of the air carrier.
- (j) Deputies shall not consume alcoholic beverages while aboard an aircraft, or within eight hours prior to boarding an aircraft.

308.10 CARRYING FIREARMS OUT OF STATE

Qualified, active, full-time deputies of this office are authorized to carry a concealed firearm in all other states subject to the following conditions (18 USC § 9268):

- (a) The deputy shall carry his/her Eau Claire identification card whenever carrying such firearm.
- (b) The deputy is not the subject of any current disciplinary action.
- (c) The deputy may not be under the influence of alcohol or any other intoxicating or hallucinatory drug.
- (d) The deputy will remain subject to this and all other office policies (including qualifying and training).

Deputies are cautioned that individual states may enact local regulations that permit private persons or entities to prohibit or restrict the possession of concealed firearms on their property, or that prohibit or restrict the possession of firearms on any state or local government property, installation, building, base or park. Federal authority may not shield a deputy from arrest and prosecution in such locally restricted areas.

Active law enforcement officers from other states are subject to all requirements set forth in 18 USC § 9268.

Security Services-Chemical Agents

309.1 PURPOSE AND SCOPE

This policy establishes the required training for correctional officers to be authorized to carry and use chemical agents and identifies the appropriate medical treatment of individuals exposed to a chemical agent.

309.2 POLICY

The Office authorizes the use of selected chemical agents. Chemical agents are tools used to minimize the potential for injury to correctional officers, inmates and others. Chemical agents should only be used in situations where such force reasonably appears justified and necessary.

309.3 CHEMICAL AGENT TRAINING

Only correctional officers trained and having shown adequate proficiency in the use of any chemical agent and the Use of Force Policy are authorized to carry the device.

- (a) The Training Sergeant or an authorized designee shall ensure that appropriate training for all chemical agents occurs annually at minimum.
- (b) All initial and proficiency training for chemical agents will be documented in the correctional officer's training file.
- (c) Correctional officers failing to demonstrate proficiency with chemical agents or knowledge of the Use of Force Policy will lose their authorization to carry or use the devices and will be provided remedial training. If, after two remedial training sessions have occurred, a correctional officer fails to demonstrate proficiency with chemical agents or knowledge of the Use of Force Policy, the correctional officer may be subject to further training and/or discipline.
- (d) The Training Sergeant or an authorized designee shall be responsible for ensuring that all personnel who are authorized to use chemical agents have also been trained in the proper medical follow-up treatment of persons who have been affected by the use of chemical agents. Training should include the initial treatment, (e.g., providing the proper solution to cleanse the affected area) and knowing when and how to summon medical personnel for more severe effects.

309.4 PROFICIENCY TESTING

The Training Sergeant or authorized designee shall ensure that all training delivered to staff should also test proficiency in order to document that the employee understands the subject matter, and that proficiency training is monitored and documented by a certified weapons or use of force instructor.

309.5 TRAINING RECORDS

It shall be the responsibility of the Jail Administrator or an authorized designee to ensure that the following is maintained on file for all training provided by the Office:

- A course outline/lesson plan

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- A roster signed and dated by those in attendance
- The name of the person coordinating/instructing the training

The Jail Administrator or authorized designee shall ensure that copies of such training records are retained in accordance with established records retention schedules.

309.6 REVIEW, INSPECTION AND APPROVAL

Every chemical agent delivery device will be periodically inspected by the the designated instructor/armorer for a particular device.

Prison Rape Elimination Act Training

310.1 PURPOSE AND SCOPE

This policy establishes an education and training process related to implementation of the Prison Rape Elimination Act of 2003 (PREA) and the implementing regulation (PREA Rule) (28 CFR 115.5 et seq.).

310.2 POLICY

The Eau Claire County Sheriff's Office endeavors to comply with the training standards in the PREA Rule and to ensure that all staff, volunteers and contractors are aware of their responsibilities and that staff, volunteers, contractors and inmates are aware of the policies and procedures of the facility as they relate to PREA.

310.3 MEMBER TRAINING

All staff, volunteers and contractors who may have contact with inmates shall receive office-approved training on the prevention and detection of sexual abuse and sexual harassment within this facility. The Training Sergeant shall ensure that the staff receives training and testing in prevention and intervention techniques, that they have sufficient knowledge to answer any questions the arrestees and inmates may have regarding sexual assault or abuse, and that they are familiar enough with the reporting process to take an initial report of a sexual assault or abuse. The Training Sergeant shall be responsible for developing and administering this training, covering at minimum (28 CFR 115.31; 28 CFR 115.32):

- (a) The zero-tolerance policy for sexual abuse and sexual harassment and how to report such incidents.
- (b) The dynamics of sexual abuse and sexual harassment in confinement.
- (c) The common reactions of sexual abuse and sexual harassment victims.
- (d) Prevention and intervention techniques to avoid sexual abuse and sexual harassment in the jail.
- (e) Procedures for the investigation of a report of sexual abuse and/or sexual harassment.
- (f) Individual responsibilities under sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures.
- (g) An individual's right to be free from sexual abuse and sexual harassment.
- (h) The right of inmates to be free from retaliation for reporting sexual abuse and sexual harassment.
- (i) How to detect and respond to signs of threatened and actual sexual abuse.
- (j) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or gender non-conforming inmates.
- (k) How to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment to outside authorities.

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- (l) How to avoid inappropriate relationships with inmates.

Training shall be tailored according to the sex of the inmates at the facility. Staff should receive additional training on security measures and the separation of male and female populations in the same facility if the staff has been reassigned from a facility that houses only male or female inmates.

Training should include written testing to validate knowledge and understanding of the material. The Training Sergeant shall document, through signature or electronic verification, that staff, volunteers and contractors have received and understand the training. The Training Section will maintain training records on all those receiving training in accordance with procedures developed by the Training Sergeant.

The Training Sergeant shall ensure that members undergo annual refresher training that covers the office's sexual abuse and sexual harassment policies and related procedures (28 CFR 115.31).

310.4 SPECIALIZED MEDICAL TRAINING

All full- and part-time qualified health care and mental health professionals who work regularly in the facility shall receive all of the member training listed above, as well as training that includes (28 CFR 115.35):

- (a) Detecting and assessing signs of sexual abuse and sexual harassment.
- (b) Preserving physical evidence of sexual abuse.
- (c) Responding effectively and professionally to victims of sexual abuse and sexual harassment.
- (d) Reporting allegations or suspicions of sexual abuse and sexual harassment.

If the qualified health care and mental health professionals employed by this facility conduct forensic examinations, they shall receive the appropriate training to conduct such examinations.

The Jail Administrator or authorized designee shall maintain documentation that the facility's health care and mental health professionals have received the training referenced above, either from this office or elsewhere.

310.5 SPECIALIZED INVESTIGATIVE TRAINING

Specialized investigative training for investigators shall include the uniform evidence protocol to maximize potential for obtaining useable physical evidence; techniques for interviewing sexual abuse victims; proper use of *Miranda* and *Garrity* warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution (28 CFR 115.21; 28 CFR 115.34).

Health Care Staff Orientation

311.1 PURPOSE AND SCOPE

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

311.2 NEW HEALTH CARE STAFF ORIENTATION

All health care staff shall complete an orientation program prior to performing services on behalf of the Office. At a minimum, the orientation program shall include:

- A facility tour
- Staff responsibilities
- Inmate rights and responsibilities
- Safety and security
- Emergency procedures
- Policy, procedures and job description resources
- Guidelines for conduct with inmates
- Health care delivery protocols
- Universal precautions
- Disposal of biohazard waste
- Aspects and dynamics of health services within a custody environment

311.3 HEALTH CARE STAFF REFRESHER TRAINING

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

311.4 FACILITY-SPECIFIC TRAINING

The Training Sergeant should include these staff members in training and training exercises relative to facility safety and security including, but not limited to, the following:

- Emergency medical triage in the facility
- Emergency evacuation routes and procedures
- Communication systems during facility emergencies
- Security during facility emergencies
- Qualified health care professional response during “officer down” incidents

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Health Care Staff Orientation

- Responding to critical facility emergencies
- Facility hostage policy and medical response tactics
- Medical emergency transportation procedures
- Media relations

311.5 TESTING

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

Volunteers

312.1 PURPOSE AND SCOPE

It is the policy of this office to use qualified volunteers to assist in the daily operation through their contribution of services to the inmates and the families of inmates, and to serve as a link between the facility and the community. Volunteers are intended to supplement and support, rather than supplant correctional officers and other personnel. Volunteers can be an important part of any organization and are proven to be a valuable asset to corrections institutions (Wis. Admin. Code DOC § 350.31(1)).

312.1.1 DEFINITION OF VOLUNTEER

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

312.2 SUPERVISION OF VOLUNTEERS

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

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

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

- (a) Take the time to introduce volunteers to employees on all levels.
- (b) Ensure volunteers have work space and necessary office supplies.
- (c) Make sure the work is challenging. Do not hesitate to give them an assignment or task that will tap these valuable resources.

312.3 HEALTH CARE VOLUNTEERS

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

The program coordinator shall ensure that health care volunteers have completed required training and possess appropriate credentials for the services being provided. Health care volunteers must sign an agreement to maintain the security and confidentiality of information as required by office policy and state and federal laws. The signed agreement shall be maintained on file with the Office.

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

312.4 CONFIDENTIALITY

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

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

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

312.5 PROPERTY AND EQUIPMENT

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

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

312.5.1 VEHICLE USE

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

- (a) A safety briefing and office-approved driver-safety course.
- (b) Verification that the volunteer possesses a valid driver license.
- (c) Verification that the volunteer carries current vehicle insurance.

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

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

312.5.2 TELECOMMUNICATION SYSTEMS USAGE

Volunteers with access to law enforcement telecommunication systems shall successfully complete all mandated access training and radio procedures training prior to using any such equipment. Volunteers shall comply with all policies and procedures related to the use of such

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equipment. The program coordinator should ensure that appropriate training is provided for volunteers whenever necessary.

312.6 DISCIPLINARY PROCEDURES/TERMINATION

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

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

312.6.1 EXIT INTERVIEWS

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

312.7 EVALUATION

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

312.8 VOLUNTEER IDENTIFICATION

All volunteers shall be issued an identification card indicating his/her volunteer status within the Office. An identification record shall be kept for each volunteer that includes the volunteer's:

- Photograph.
- Address.
- Contact telephone number.
- Background certification.
- Training/orientation certifications.
- List of special skills or volunteer specialty.
- Languages spoken.

SHIFT TRAINING

313.1 PURPOSE AND SCOPE

Shift Training is generally conducted during the correctional officer's assigned shift. Shift training provides an opportunity for an important exchange of information between employees and their supervisors.

313.2 POLICY

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

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

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

313.3 COMPUTER-BASED TRAINING OPTIONS

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

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

Employees who are assigned to participate in the DTB program shall complete each DTB during their shift or as otherwise directed by the Security Services Sergeant. Employees shall not allow uncompleted DTBs to build up over time. Personnel may be required to complete DTBs missed

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SHIFT TRAINING

during extended absences (e.g., vacation, medical leave) upon returning to duty. Although the DTB system can be accessed from any Internet-active computer, employees shall only take DTBs as part of their on-duty assignment as there will be no authorization for viewing DTBs while off-duty.

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

313.4 TRAINING RECORDS

The Jail Administrator or authorized designee will assist the Security Services Sergeants with identifying relevant topics for delivery during Shift Trainings and will be responsible for maintaining all shift training records.

Training Plan

314.1 PURPOSE AND SCOPE

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

314.2 POLICY

The Lieutenant or authorized designee shall conduct an annual training needs assessment to determine the training needs of all employees based upon state laws, regulations, certification requirements and continued professional training requirements.

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

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

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

The Lieutenant or authorized designee will execute the training plan on behalf of the Jail Administrator.

314.3 TRAINING OFFICERS

A qualified Training Coordinator shall be appointed by Jail Administrator or authorized designee.

Full-time employees who are assigned to be trainers shall receive specialized instruction.

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

314.4 TRAINING RECORDS

An individual training file shall be maintained by the Lieutenant or authorized designee for each employee. Training files shall contain records of all training and education for all employees.

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

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Whenever an employee obtains training that is not provided by this Office, it shall be the responsibility of the employee to provide the Lieutenant or authorized designee evidence of completed training or education in a timely manner.

The Lieutenant or authorized designee or supervisor shall ensure that copies of such training records are placed in the employee's training file.

Training records shall contain the following information:

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

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

314.5 COURSE CERTIFICATION/QUALITY ASSURANCE

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

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

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

314.6 TRAINING GROUP

The Lieutenant or authorized designee shall establish a training Group, which will serve to assist with identifying training needs for the Office. Members should be selected based on their abilities at post-incident evaluation and at assessing related training needs.

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

- (a) Any incident involving the death or serious injury of an employee.
- (b) Incidents involving a high-risk of death, serious injury or civil liability.

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

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

The Lieutenant or authorized designee will consider the recommendation of the group and determine what training should be addressed, taking into consideration the mission of the Office and available resources.

314.7 TRAINING PROCEDURES

- (a) All employees assigned to attend training shall attend as scheduled, unless previously excused by their immediate supervisor, Lieutenant or authorized designee. Excused absences from mandatory training should be limited to the following:
 1. Court appearances
 2. Authorized vacation
 3. Sick leave
 4. Physical limitations preventing the employee's participation
 5. Emergency situations
- (b) When an employee is unable to attend mandatory training, that employee shall:
 1. Notify his/her supervisor as soon as possible.
 2. Document his/her absence in an email.
 3. Make arrangements through the supervisor, Lieutenant or authorized designee to attend the required training on an alternate date.

Support Personnel Orientation and Training

315.1 PURPOSE AND SCOPE

The Office has developed an orientation and training program for support and contractor personnel, whether full- or part-time, to increase competency in their assigned tasks and to help ensure that all support personnel understand the issues that are unique to their position as it relates to this facility. This policy establishes minimum training guidelines for those employees and contractors.

315.2 LIEUTENANT RESPONSIBILITIES

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

315.3 PART-TIME PERSONNEL

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

- Safety and security
- Facility regulations
- Facility operations
- Guidelines for conduct with inmates

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

315.4 PERSONNEL WITH MINIMAL INMATE CONTACT

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

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

- Safety and security
- Custody policies and procedures
- Emergency procedures

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Support Personnel Orientation and Training

- Job-specific training

315.5 PERSONNEL WITH REGULAR INMATE CONTACT

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

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

- Safety and security
- Emergency procedures
- Staff responsibilities
- Guidelines for conduct with inmates
- Aspects and dynamics of the custody environment
- Supervision of inmates
- Suicide awareness and dynamics
- Use of force
- Inmate rules and regulations
- Inmate rights and responsibilities
- CPR and first aid

315.6 TESTING

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

Chapter 4 - Emergency Planning

Facility Emergencies

400.1 PURPOSE AND SCOPE

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

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

400.2 POLICY

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

400.3 PROCEDURE

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

The Jail Administrator or authorized designee should develop, publish, and review emergency response plans that address the following:

- (a) Escapes
- (b) Disturbances/Riots
- (c) Hostages
- (d) Civil disturbances
- (e) Natural disasters
- (f) Periodic testing of emergency equipment
- (g) Other emergencies as needs are identified

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

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

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

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

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400.4 LOCKDOWN

Upon detecting any significant incident that threatens the security of the facility, such as a riot or hostage situation, staff shall immediately notify Central Control and the Security Services Sergeant. The Security Services Sergeant, or in his/her absence Central Control, may determine whether to order a partial or full lockdown of the facility and shall notify the Jail Administrator or authorized designee as soon as practicable.

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

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

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

400.5 HUNGER STRIKE

Upon being made aware that one or more inmates is engaging in a hunger strike, the staff will notify the Security Services Sergeant, who will notify the Jail Administrator or authorized designee. The Jail Administrator or authorized designee should evaluate the basis for the strike and seek an appropriate resolution.

Should the Jail Administrator or authorized designee be unable to resolve the grievance leading to the strike, the Jail Administrator or authorized designee will notify the Sheriff and provide updates on the status of the hunger strike.

400.5.1 NOTIFICATION OF QUALIFIED HEALTH CARE PROFESSIONALS

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

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

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

400.5.2 RESPONSE TO HUNGER STRIKES

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

If the hunger strike remains unresolved, the Jail Administrator or authorized designee may direct the appropriate staff to examine the inmate commissary purchases made in advance of the hunger

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strike, and to monitor commissary purchases made during the hunger strike. Additional staff should be directed to observe the cell area, including trash containers, of the inmates involved for evidence of food items purchased from the commissary and of food hoarding.

400.5.3 LEGAL GUIDANCE

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

400.6 RESPONSE TO DISTURBANCES

The staff should attempt to minimize the disruption to normal facility operations caused by a disturbance by attempting to isolate the disturbance to the extent possible. The staff should immediately notify the Security Services Sergeant, the Jail Administrator, or authorized designee of the incident. The Security Services Sergeant, Jail Administrator, or authorized designee may direct additional staff as needed to resolve the disturbance.

400.6.1 NOTIFICATIONS

The Security Services Sergeant should notify the Jail Administrator or authorized designee of the disturbance as soon as practicable. Based on the seriousness of the event, the Jail Administrator or authorized designee should notify the Sheriff.

400.6.2 NOTIFICATION OF QUALIFIED HEALTH CARE PROFESSIONALS

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

400.6.3 REPORTING

The Security Services Sergeant, Jail Administrator, or authorized designee should direct that an incident report be completed containing the details of the disturbance no later than the end of the shift. If appropriate, a crime report shall be initiated, and prosecution sought.

400.7 RIOTS

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

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

400.7.1 RESPONSE TO RIOTS

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

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Staff should evaluate their response given the totality of circumstances in any situation, but generally should not enter the space where a riot is occurring until sufficient staff members are present to safely suppress the riot. Nothing in this policy shall prohibit any staff member from assisting staff members who are being assaulted.

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

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

400.7.2 QUALIFIED HEALTH CARE PROFESSIONAL RESPONSE

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

The contracted medical provider or the authorized designee should be included in developing the response plan as it relates to the potential for a medical response, medical triage and treatment activities, and the safety and security of medical personnel during the incident.

400.7.3 NOTIFICATIONS

As soon as practicable, the Security Services Sergeant or a responsible staff member shall notify the Jail Administrator or authorized designee, who in turn, shall notify the Sheriff.

400.7.4 REPORTING

The Security Services Sergeant shall direct that a report be written detailing the incident by the end of the shift. If appropriate, a crime report will also be prepared by the responsible law enforcement agency.

400.7.5 DEBRIEFING

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

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

400.8 HOSTAGES

The Office does not recognize the taking of hostages as a reason to relinquish control of the jail environment. All staff, inmates, visitors, volunteers and contractors shall be informed of the “no

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hostage” policy prior to entering the facility for the first time and shall sign an acknowledgment, which the facility shall retain.

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

400.8.1 RESPONSE TO HOSTAGE INCIDENT

Central Control should immediately be notified at the earliest sign of a hostage incident. Central Control shall notify the Security Services Sergeant, Jail Administrator or authorized designee. The Jail Administrator or authorized designee will notify the Sheriff as soon as practicable.

The Security Services Sergeant, Jail Administrator or authorized designee shall make every effort to ensure that the hostage incident remains confined to the smallest area possible. All door controls accessible to the inmate shall be disabled. Emergency exits that lead outside the secure perimeter shall be guarded.

400.8.2 NOTIFICATION OF QUALIFIED HEALTH CARE PROFESSIONALS

At the direction of the Security Services Sergeant or the authorized designee, the qualified health care professionals should be notified in order to identify a location and form a logistical plan for medical triage. The location also shall serve as a medical staging area for other medical emergency responders.

400.8.3 HOSTAGE RESCUE

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

400.8.4 REPORTING AND DEBRIEFING

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

400.9 ESCAPES

Upon being made aware that an escape may have occurred, or did in fact occur, the staff member should immediately notify Central Control. Central Control should notify the Security Services Sergeant, Jail Administrator, or authorized designee. As soon as practicable, the Jail Administrator should notify the Sheriff.

Once the escape is verified and immediate actions taken inside the facility (lockdown, etc.), the Security Services Sergeant should notify the Eau Claire Communications Unit to broadcast an attempt to locate.

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400.9.1 INMATE COUNTS

As soon as the facility is fully locked down, a full inmate count should be taken.

All inmates who are outside of the secure perimeter of the facility (e.g., court, work details) should be located and identified. Any missing inmate should have his/her identity disclosed and his/her facility record should be accessed by the Jail Administrator or authorized designee.

400.9.2 SEARCH

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

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

400.9.3 REPORTING

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

400.10 CIVIL DISTURBANCES OUTSIDE OF THE JAIL

Upon being notified that jail space will be needed in response to a civil disturbance involving mass arrests, the Security Services Sergeant should notify the Jail Administrator or authorized designee. The Jail Administrator or authorized designee should make the determination regarding the magnitude of the event and whether it warrants notification of the Sheriff.

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

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

400.11 REVIEW OF EMERGENCY PROCEDURES

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

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

400.12 TRAINING

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

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

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

The Lieutenant or authorized designee shall forward an annual report to the Sheriff and Jail Administrator on the status of emergency response plan training. Any training deficiencies identified in this report should be rectified within 90 days of the report.

The facility emergency plan and all training shall be documented by the Lieutenant or authorized designee and retained in accordance with established records retention schedules.

Emergency Staffing

401.1 PURPOSE AND SCOPE

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

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

401.2 POLICY

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

401.2.1 EMERGENCY STAFFING

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

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

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401.2.2 LEGAL ASSISTANCE

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

401.2.3 TRAINING

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

- (a) Establishing a distribution list for the contingency plan.
- (b) Establishing a periodic review and update of the plan.
- (c) Ensuring that all supervisors and managers are periodically trained on the plan.
- (d) Ensuring that all supervisors and managers are provided a copy of the plan and/or a means to access it in the event of an emergency.
- (e) Documenting all training.
- (f) Maintaining training records for each supervisor and manager and ensuring that those personnel periodically receive appropriate update training on the plan.

Fire Safety

402.1 PURPOSE AND SCOPE

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

402.2 POLICY

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

The Jail Administrator or authorized designee shall ensure that a fire alarm and detection and suppression system, as required by law, are installed, maintained, and periodically tested. Any variance, exception or equivalency issues must be approved by the fire jurisdiction authorities, and must not constitute a serious life-safety threat to the occupants of the facility (Wis. Admin. Code DOC § 350.19).

402.2.1 FIRE CODES

The Office shall comply with all federal, state, and local fire codes (Wis. Admin. Code DOC § 350.19(1)).

402.2.2 FIRE PREVENTION RESPONSIBILITY

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

402.3 FIRE SUPPRESSION PRE-PLANNING

Pursuant to (Wis. Admin. Code DOC § 350.19(2)), the Jail Administrator or authorized designee shall, in cooperation with the local fire department or other qualified entity, develop a plan for responding to a fire. The plan shall include, but is not limited to:

- (a) A fire suppression pre-plan by the local fire department, to be included as part of this policy.
- (b) Fire prevention, safety inspection plans, and record retention schedules developed by designated staff or as required by applicable law.
- (c) Documentation of all fire prevention inspections (all orders to correct and all proofs of correction should be maintained for a minimum of two years or as otherwise required by law).
- (d) An evacuation (see the Evacuation Policy).
- (e) A plan for the emergency housing of inmates in case of fire.
- (f) A plan for the cross-training of responders and facility staff via drills, which should occur at least quarterly, if practicable.

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402.3.1 SPRINKLER HEADS

Sprinkler heads accessible to inmates, who are not under direct supervision, shall be tamper and suicide proof (Wis. Admin. Code DOC § 350.19(7)).

402.4 FIRE PREVENTION EQUIPMENT

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

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

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

402.5 FIREFIGHTING EQUIPMENT

The Jail Administrator or authorized designee shall ensure that the facility is equipped with the necessary firefighting equipment (e.g., fire hoses, extinguishers) in an amount and in a location as recommended by the local fire authority or other qualified entity (Wis. Admin. Code DOC § 350.19(1)). The locations of firefighting equipment will be shown on the facility fire plan (schematic).

While the staff is not trained as fully qualified firefighters, the Jail Administrator or the authorized designee will ensure that the staff is trained to initially respond to a fire with the purpose of facilitating the safety of the occupants, including evacuation, if necessary (Wis. Admin. Code DOC § 350.19(1)).

402.5.1 SELF-CONTAINED BREATHING APPARATUS

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

402.6 FIRE TRAINING

The Training Sergeant is responsible for ensuring that within the first six months of assignment to the facility all staff members receive training on the use of the SCBA sufficient to demonstrate proficiency. The staff should also be trained in the use of the facility's firefighting equipment sufficient to demonstrate proficiency. The staff should receive refresher training at least annually on the use of firefighting equipment (Wis. Admin. Code DOC § 350.19(4)).

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

402.7 INSPECTIONS

The Office shall be inspected by an appointed staff member who is qualified to perform fire and safety inspections on a monthly basis to ensure that fire safety standards are maintained. These

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inspections will be focused on, but not limited to, fire prevention, staff training and proficiency, firefighting equipment availability and functionality, alarms, fire detectors, fire safety equipment, and staff familiarity with prevention and suppression techniques, suppression pre-planning, SCBA use, emergency response, fire safety equipment use, and the evacuation plan.

The Jail Administrator or the authorized designee shall ensure that staff conduct documented monthly fire and safety inspections of the facility (Wis. Admin. Code DOC § 350.19) and that all fire safety equipment is tested at least quarterly.

A staff member shall be assigned to coordinate with local or state fire officials for an inspection of the facility at least every 12 months (Wis. Admin. Code DOC § 350.19(5)). The result of all fire inspections and fire equipment testing shall be provided to the Jail Administrator and the Sheriff and maintained for a minimum of two years.

402.7.1 FURNISHINGS

All furnishings allowed in the facility shall meet fire authority standards for fire performance characteristics. Prior to the introduction of any furnishing into the facility, the staff shall receive clearance from the local fire authority as to its appropriateness.

402.7.2 FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS

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

402.8 EMERGENCY HOUSING OF INMATES

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

Emergency Power and Communications

403.1 PURPOSE AND SCOPE

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

403.2 POLICY

It is the policy of the Eau Claire County Sheriff's Office to ensure that power to critical systems and communications continues to operate within the facility in the event of a loss of power.

403.2.1 PREVENTIVE MAINTENANCE

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

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

403.2.2 SAFETY AND SECURITY

Inoperable or malfunctioning safety and/or security equipment shall be immediately repaired or replaced. In the event that safety and/or security equipment become inoperable or damaged and it is not safe to operate a secure portion of the facility, that portion of the facility should be vacated and the inmates housed elsewhere. Or, staffing should be increased sufficiently for the area to remain safe and secure until the repair can be completed.

403.2.3 INSPECTION AND TESTING

The Facility Director or authorized designee is responsible for scheduled testing of emergency power systems. The power system manufacturer should be contacted for the required testing intervals and load information. The emergency power system should be load-tested in accordance with the manufacturer's recommendations or at least quarterly.

All emergency equipment and systems should be inspected by a qualified individual at least every six months.

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

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All testing and inspections shall be documented and the results included in a report to the Facility Director or authorized designee.

Evacuation

404.1 PURPOSE AND SCOPE

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

404.2 POLICY

The community, staff, volunteers, contractors and inmates should have a well-researched and validated evacuation plan that can be implemented in the event any portion of this facility requires evacuating due to an emergency (e.g., fire, smoke, flood and storm) (Wis. Admin. Code DOC § 350.19). All custody staff should be knowledgeable about the evacuation plan, policy and procedures.

404.3 EVACUATION PLAN

The Eau Claire County Sheriff's Office maintains an evacuation plan to be implemented in the event of a fire, natural disaster or other emergency (Wis. Admin. Code DOC § 350.19). At minimum the evacuation plan shall address the following:

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

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

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

404.3.1 EXITS

All facility exits should be marked with signs that clearly indicate the direction of traffic.

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

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404.3.2 EVACUATION PLANS AND ROUTES

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

404.3.3 EMERGENCY HOUSING OF INMATES

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

404.4 TRAINING DRILLS

The Lieutenant or authorized designee should ensure that drills of the evacuation plan are conducted at least annually, or more often if required by code, for each shift and at all facility locations (Wis. Admin. Code DOC § 350.19).

Drills will include staff and may include volunteers. The local fire agency may be invited to participate in one or more drills annually. Nonviolent and compliant inmates may participate. Violent and/or dangerous inmates or those known to be a flight risk will not be involved in the drills.

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

Chapter 5 - Inmate Management

Population Management

500.1 PURPOSE AND SCOPE

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

500.2 POLICY

It is the policy of this facility that an inmate population management system should be established and maintained to account for the admission, processing and release of inmates. The Jail Administrator or the authorized designee is responsible for ensuring that detailed daily reports of the facility's inmate population are completed and maintained by the staff. The reports shall reflect the average daily population of inmates by categories of adult males and adult females. The Jail Administrator should collect and submit the data to the Sheriff. The Sheriff or the authorized designee should maintain the data in an accessible format for historical purposes, trend analysis and to respond to funding opportunities (see the Crowding Policy).

500.2.1 DATA COLLECTION

For each reporting period, the data collection should include, but will not be limited to:

- (a) Current number of beds in:
 - 1. Compliance with local or state standards
 - 2. General housing
 - 3. Medical/mental health
- (b) Average Daily Population (ADP) for:
 - 1. Minimum security
 - 2. Maximum security
 - 3. High security
 - 4. Administrative segregation
- (c) Highest one-day inmate population
- (d) Number and percentage of:
 - 1. Bookings
 - 2. Male inmates
 - 3. Female inmates
 - 4. Non-sentenced inmates
 - 5. Felony inmates
 - 6. pretrial inmates released

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7. Sentenced inmates released early due to lack of space
 8. Inmates receiving psychotropic medication
- (e) Number of inmates:
1. Enrolled in work release program
 2. Enrolled in work furlough program
 3. Assigned to home electronic monitoring program
- (f) Number of:
1. Inmate-on-inmate assaults
 2. Inmate-on-staff assaults
 3. Escapes/attempted escapes
 4. Active misdemeanor warrants
 5. Active felony warrants
 6. Inmate grievances and dispositions
 7. Inmate disciplinary reports and dispositions
- (g) Any other demographic information (e.g., gang activity)

Inmate Counts

501.1 PURPOSE AND SCOPE

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

501.2 POLICY

It is the policy of this office to account for all inmates within and under the control of this facility through scheduled and other counts as needed (Wis. Admin. Code DOC § 350.18(4)).

501.3 PROCEDURE

The Jail Administrator or the authorized designee shall be responsible for creating and maintaining a written procedure establishing the process and frequency of counts. Inmate counts shall be conducted at least three times per day, with a minimum of one count per shift. Emergency counts may be conducted at the direction of the Security Services Sergeant as needed. Electronic counts shall not be substituted for direct staff observation.

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

Any discrepancy in the count should immediately be reported to the Jail Administrator and resolved prior to the release of the shift personnel responsible for the count. A formal count in which all inmates are personally identified by a correctional officer should be conducted once a day at a time established by the Jail Administrator. The result of the formal count will be used to calculate the average daily population statistics for the facility.

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

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

All count sheets shall be signed by the Security Services Sergeant and forwarded to the Administrative Services Division. Count sheets shall be maintained for a period of time prescribed by statute, ordinance or policy (Wis. Admin. Code DOC § 350.18(4)).

Inmate Reception

502.1 PURPOSE AND SCOPE

The Eau Claire 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 office 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 reports
- (b) Probable cause declarations
- (c) Warrants or court orders
- (d) Victim notification information
- (e) Special needs related to religious practices, such as diet, clothing and appearance (see the Religious Programs Policy)
- (f) Accommodation requests related to disabilities (see the Inmates with Disabilities Policy)
- (g) Information regarding suicidal statements or actions (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 correctional officer.

Prior to accepting custody of 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.

502.3.1 IMMIGRATION DETAINERS

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

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502.4 SEARCHES BEFORE ADMISSION

All arrestees and their property shall be searched for contraband by the booking correctional officer before being accepted for 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 correctional 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 correctional officer prior to the arrestee being accepted for booking.

Strip searches shall be conducted in accordance with the Searches Policy.

502.5 ADMISSION PROCESS

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

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
- Date and time of arrest
- Date and time of admission
- Name, rank, agency and signature of the arresting correctional officer and transporting correctional officer, if different
- Health insurance information
- 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
- Additional information concerning special custody requirements or special needs

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- Local, state and federal criminal history records
- Photographs, fingerprints and notation of any marks or physical characteristics unique to the inmate, such as scars, birthmarks, deformities or tattoos
- Medical, dental and mental health screening records, including suicide risk
- Inventory of all personal property including clothing, jewelry and money
 - Items of rare or unusual value should be brought to the attention of a supervisor
 - The inmate's signature should be obtained on the booking record and on any forms used to record money and property
- A record of personal telephone calls made at the time of booking or the time the opportunity was provided to place calls if the calls were not made

502.5.1 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.

502.6 TRANSITION FROM RECEPTION TO GENERAL POPULATION

The Security Services Sergeant is responsible to ensure only arrestees who qualify are placed into general population cells or housing. Those who will not be placed into general population include:

- (a) Arrestees who are eligible for release following citation.
- (b) Arrestees who are intoxicated or under the influence of any chemical substance.
- (c) Arrestees who are arranging bail. They shall be permitted a reasonable period of time, at the discretion of the Security Services Sergeant, to make telephone calls before being placed in general population.

502.6.1 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 office 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.

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 supervisor, who shall ensure that the appropriate medical staff is notified.

502.6.2 INMATE SEPARATION

Inmates should be kept separate from the general population during the admission process. Newly admitted inmates should be separated according to the facility's classification plan.

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502.7 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 booking correctional officer and referenced to the booking number before the admission is completed. The original copy of the property receipt will be retained and placed in the inmate file and/or with the property.

Excess personal clothing shall be mailed to, picked up by, or transported to designated family members or to a person of the inmate's choosing, or stored in containers designed for this purpose.

502.7.1 VERIFICATION OF INMATE'S MONEY

All monies belonging to the inmate and retained by the booking correctional officer shall be verified in front of the inmate.

502.7.2 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 Administrator.

502.8 INMATE TELEPHONE CALLS

Every inmate, whether adult or juvenile, detained in this facility shall be entitled to at least one completed telephone call immediately upon being admitted and no later than three hours after arrest. 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. If it is determined that the person is a custodial parent with responsibility for a minor child, the person shall be entitled to make such additional telephone calls as reasonably necessary for the purpose of arranging care for the minor child.

There is no obligation for the custody staff to make a telephone call on an inmate's behalf, for example in the case of a person who is so intoxicated that he/she cannot make a call. The custody staff is not required to wake an intoxicated person so that the person may complete a call. An intoxicated person should be provided the opportunity to make the telephone calls once the person awakes.

502.8.1 TELEPHONE CALL PROCEDURES

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

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.

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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 temporary holding area to general population housing (see the Inmate Hygiene Policy).

Inmate Handbook and Orientation

503.1 PURPOSE AND SCOPE

This policy provides for the orientation of inmates booked into the Eau Claire County Jail facility. The purpose of the orientation is to inform inmates of the Eau Claire County jail routine, rules, inmate rights and services.

503.2 POLICY

The Jail Administrator or authorized designee shall provide an effective method of orienting all inmates. The orientation shall consist of a digital inmate handbook. The digital inmate handbook shall be available to all inmates being moved to general population housing. The digital inmate handbook shall be available to the inmates throughout their entire time in custody.

503.2.1 INITIAL ORIENTATION

To assist with the inmate's transition into a custody environment, the orientation will include the following topics in the digital inmate handbook:

- (a) Facility rules and disciplinary sanctions
- (b) Correspondence, visiting and telephone rules
- (c) Availability of personal care items and opportunities for personal hygiene
- (d) Inmate grievance procedure
- (e) Co-pays, fees and charges
- (f) Medical, dental and mental health services
- (g) Possibilities for pretrial release
- (h) Programs and activities, including application procedures
- (i) Classification/housing assignments and appeal procedures
- (j) Court appearance, where scheduled, if known
- (k) Sexual abuse and sexual harassment information including the following (28 CFR 115.33):
 - 1. Facility's zero-tolerance policy
 - 2. Prevention and intervention
 - 3. Instruction on how inmates can avoid being victims of sexual abuse and sexual harassment through self-protection techniques
 - 4. Reporting sexual abuse or sexual harassment incidents, including how to report such incidents anonymously
 - 5. Treatment and counseling for victims of sexual abuse or sexual harassment
 - 6. Mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis

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organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies (28 CFR 115.53)

7. Information regarding confidentiality, monitoring and mandatory reporting

- (l) Contacting foreign consuls
- (m) Requests for religious accommodations
- (n) Emergency procedures (e.g., fires, evacuations)
- (o) Voting, including registering to vote

In addition to English, the digital inmate handbook will be provided in the most commonly used languages for the inmate population.

The Jail Administrator or authorized designee should consider enlisting the assistance of volunteers who are qualified and proficient in both English and the language in which they are providing translation assistance to translate the orientation information. Use of outside translation sources may also be considered.

Interpretive services will be provided to inmates who do not speak English or any of the other languages in which the orientation information is available.

A written and signed acknowledgment of the orientation and receipt of the handbook should be maintained in the inmate's permanent file (28 CFR 115.33).

503.2.2 ORIENTATION FOR NON-READERS, VISUALLY IMPAIRED AND DEAF OR HARD-OF-HEARING INMATES

Inmates who cannot read, are visually impaired or have intellectual, psychiatric or speech disabilities or limited reading skills, shall have materials read to them by a staff member or presented to them using audible recorded media (28 CFR 115.16).

Inmates who are deaf or hard of hearing shall be provided with interpretation services. Reasonable efforts should be made by the staff to assist the inmate in understanding the information.

Inmate Safety Checks

504.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a requirement for conducting visual safety checks at least every 60 minutes for all inmates, and for creating and maintaining a log to document all safety checks.

504.2 POLICY

It is the policy of the Eau Claire County Sheriff's Office that all correctional staff shall conduct safety checks at least once every 60 minutes on all inmates, or more frequently as determined by inmate custody status and/or housing classification.

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

504.3 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 at least every 60 minutes and more frequently if necessary.
- (b) Safety checks shall be conducted on an irregular schedule (staggered) so that inmates cannot predict when the checks will occur.
- (c) Safety checks shall be done by personal observation of the correctional officer and shall be sufficient to determine whether the inmate is experiencing any stress or trauma.
- (d) Cameras and monitors may supplement the required visual observation safety checks but they shall not replace the need for direct visual observation.
- (e) Safety checks will be clearly documented on permanent logs in accordance with the office.
- (f) Actual times of the checks and notations should be recorded.
- (g) Log entries shall never be made in advance of the actual check. Log entries made in this manner do not represent factual information and are prohibited.
- (h) Special management Inmates shall be checked more frequently as detailed in the Special Management Inmates Policy.

Special Management Inmates

505.1 PURPOSE AND SCOPE

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

505.1.1 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.

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

Special management inmate - An inmate who falls into either of the previously mentioned classifications.

505.2 POLICY

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

505.3 SPECIAL MANAGEMENT INMATES HOUSING CRITERIA

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

Individuals who may be classified as special management inmates include, but are not limited to, inmates who are:

- In protective custody or court-imposed segregation.
- Exhibiting mental health concerns.
- An escape threat.
- A serious violence threat.
- Known to have gang affiliation.

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- A known management problem.
- A suicide risk.
- Exhibiting medical issues.
- Physically impaired.

505.4 CIRCUMSTANCES REQUIRING IMMEDIATE SEGREGATION

Any Security Services Staff member 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)).

505.4.1 REVIEW PROCESS

The Shift Sergeant shall be notified when any inmate is placed in immediate segregation and shall be informed of the circumstances leading to the order to segregate. Within 72 hours of the inmate being placed into segregation, the Sergeant or the authorized designee must review the circumstances surrounding the segregation to determine which of the following actions shall be taken:

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

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505.5 PROTECTIVE CUSTODY

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

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

505.6 MAINTENANCE OF PRIVILEGES

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

- 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.

505.7 REVIEW OF STATUS

The Shift Sergeant 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.

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505.8 HEALTH EVALUATION REQUIREMENTS

After notification from staff that an inmate is being placed in segregation, the Security Services Sergeant shall ensure that communication occurs with qualified medical and mental health staff about the movement of the inmate.

- (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 Security Services Sergeant and coordinate the appropriate plan for the inmate based on the safety needs of the facility and the medical needs of the inmate.

505.8.1 HEALTH CONSIDERATIONS

Due to the possibility of self-inflicted injury and depression during periods of segregation, health evaluations should include notations of any bruises and other trauma markings and the 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 regular visits 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 special management inmate due to the presence of a serious mental illness and is placed in a segregation setting, the staff shall document this in the inmate's file and notify their shift Sergeant. 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.

505.9 SAFETY CHECKS

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

Inmates who are at risk of suicide shall be under increased observation and shall be personally observed by the staff every 15 minutes on an irregular schedule. Once an inmate has demonstrated that they are a suicide risk, the increased observation period will remain in effect until they are seen by a qualified mental healthcare professional. Subsequent supervision routines should be in accordance with orders provided by the qualified mental healthcare provider.

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

- (a) Visits by members of the program staff, upon request.

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

505.10 LOG PROCEDURES

Handwritten logs (suicide watch & wrap) should be completed in black 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 logs (electronic and/or hand written) 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

Hand written 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 (electronic & written) frequently during their shift and enter comments as appropriate. At minimum, supervisors should enter the date and time of each review.

All safety checks will be documented in detail and should include the exact time of the safety check and the identification information of the employee conducting the check. All written documentation will be gathered and provided to the shift sergeant to assure the record is complete and accurate. Once the written documents are accounted for, they will be submitted to the jail administrator or his authorized designee for final review. The jail administrator or authorized designee will assure the written records are provided to the qualified medical and mental health staff for scanning into the inmates medical file.

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505.10.1 LOG INSPECTION AND ARCHIVAL OF LOGS

The Security Services Sergeant shall review and evaluate the logs and pass any significant incidents via the chain of command to the Jail Administrator for review.

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

505.11 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)).

Control Devices and Techniques

506.1 PURPOSE AND SCOPE

This policy provides guidelines for the use and maintenance of control devices that are described in this policy.

506.2 POLICY

In order to control subjects who are violent or who demonstrate the intent to be violent, the Eau Claire County Sheriff's Office authorizes correctional officers to use control devices in accordance with the guidelines in this policy and the Use of Force Policy.

506.3 ISSUING, CARRYING AND USING CONTROL DEVICES

Control devices described in this policy may be carried and used by members of this office only if the device has been issued by the Office or approved by the Sheriff or the authorized designee.

Only correctional officers who have successfully completed office-approved training in the use of any control device are authorized to carry and use the device.

Control devices may be used when a decision has been made to control, restrain or arrest a subject who is violent or who demonstrates the intent to be violent, and the use of the device appears reasonable under the circumstances. When reasonable, a verbal warning and opportunity to comply should precede the use of these devices.

When using control devices, deputies should carefully consider potential impact areas in order to minimize injuries and unintentional targets.

506.4 RESPONSIBILITIES

506.4.1 SHIFT SERGEANT RESPONSIBILITIES

The Shift Sergeant may authorize the use of a control device by selected personnel or members of specialized units who have successfully completed the required training.

506.4.2 SHIFT SERGEANT RESPONSIBILITIES

The Shift Sergeant shall control the inventory and issuance of all control devices and shall ensure that all damaged, inoperative, outdated or expended control devices or munitions are properly disposed of, repaired or replaced.

Every control device will be periodically inspected by the Shift Sergeant or the designated instructor for a particular control device. The inspection shall be documented.

506.4.3 USER RESPONSIBILITIES

All normal maintenance, charging or cleaning shall remain the responsibility of personnel using the various devices.

Any damaged, inoperative, outdated or expended control devices or munitions, along with documentation explaining the cause of the damage, shall be returned to the Shift Sergeant for

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disposition. Damage to County property forms shall also be prepared and forwarded through the chain of command, when appropriate, explaining the cause of damage.

506.5 BATON GUIDELINES

The need to immediately control a suspect must be weighed against the risk of causing serious injury. The head, neck, throat, spine, heart, kidneys and groin should not be intentionally targeted except when the deputy reasonably believes the suspect poses an imminent threat of serious bodily injury or death to the deputy or others.

When carrying a baton, uniformed personnel shall carry the baton in its authorized holder or on load bearing vest.

506.6 CHEMICAL AGENT GUIDELINES

Chemical agents may be used for crowd control, crowd dispersal or against barricaded suspects based on the circumstances. Only the Shift Sergeant, Incident Commander, SWAT Commander, or Special Events Commander may authorize the delivery and use of chemical agents, and only after evaluating all conditions known at the time and determining that such force reasonably appears justified and necessary.

When practicable, fire personnel should be alerted or summoned to the scene prior to the deployment of chemical agents to control any fires and to assist in providing medical aid or gas evacuation if needed.

506.7 OLEORESIN CAPSICUM (OC) GUIDELINES

As with other control devices, oleoresin capsicum (OC) spray and pepper projectiles may be considered for use to bring under control an individual or groups of individuals who are engaging in, or are about to engage in violent behavior. Pepper projectiles and OC spray should not, however, be used against individuals or groups who merely fail to disperse or do not reasonably appear to present a risk to the safety of officers or the public.

506.7.1 OC SPRAY

Uniformed personnel carrying OC spray shall carry the device in an office provided holster on the equipment belt or load bearing vest.

506.7.2 PEPPER PROJECTILE SYSTEMS

Pepper projectiles are plastic spheres that are filled with a derivative of OC powder. Because the compressed gas launcher delivers the projectiles with enough force to burst the projectiles on impact and release the OC powder, the potential exists for the projectiles to inflict injury if they strike the head, neck, spine or groin. Therefore, personnel using a pepper projectile system should not intentionally target those areas, except when the correctional officer reasonably believes the suspect poses an imminent threat of serious bodily injury or death to the correctional officer or others.

Correctional officers encountering a situation that warrants the use of a pepper projectile system shall notify a supervisor as soon as practicable. A supervisor shall respond to all pepper projectile

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system incidents where the suspect has been hit or exposed to the chemical agent. The supervisor shall ensure that all notifications and reports are completed as required by the Use of Force Policy.

Each deployment of a pepper projectile system shall be documented. This includes situations where the launcher was directed toward the suspect, whether or not the launcher was used. Unintentional discharges shall be promptly reported to a supervisor and documented on the appropriate report form. Only non-incident use of a pepper projectile system, such as training and product demonstrations, is exempt from the reporting requirement.

506.7.3 TREATMENT FOR OC SPRAY EXPOSURE

Persons who have been sprayed with or otherwise affected by the use of OC should be promptly provided with clean water to cleanse the affected areas. Those persons who complain of further severe effects shall be examined by appropriate medical personnel.

506.8 KINETIC ENERGY PROJECTILE GUIDELINES

This office is committed to reducing the potential for violent confrontations. Kinetic energy projectiles, when used properly, are less likely to result in death or serious physical injury and can be used in an attempt to de-escalate a potentially deadly situation.

506.8.1 DEPLOYMENT AND USE

Only office-approved kinetic energy munitions shall be carried and deployed. Approved munitions may be used to compel an individual to cease his/her actions when such munitions present a reasonable option.

Correctional officers are not required or compelled to use approved munitions in lieu of other reasonable tactics if the involved correctional officer determines that deployment of these munitions cannot be done safely. The safety of hostages, innocent persons and correctional officers takes priority over the safety of subjects engaged in criminal or suicidal behavior.

Circumstances appropriate for deployment include, but are not limited to, situations in which:

- (a) The suspect is armed with a weapon and the tactical circumstances allow for the safe application of approved munitions.
- (b) The suspect has made credible threats to harm him/herself or others.
- (c) The suspect is engaged in riotous behavior or is throwing rocks, bottles or other dangerous projectiles at people and/or deputies.
- (d) There is probable cause to believe that the suspect has already committed a crime of violence and is refusing to comply with lawful orders.

506.8.2 DEPLOYMENT CONSIDERATIONS

Before discharging projectiles, the correctional officer should consider such factors as:

- (a) Distance and angle to target.
- (b) Type of munitions employed.
- (c) Type and thickness of subject's clothing.

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- (d) The subject's proximity to others.
- (e) The location of the subject.
- (f) Whether the subject's actions dictate the need for an immediate response and the use of control devices appears appropriate.

A verbal warning of the intended use of the device should precede its application, unless it would otherwise endanger the safety of correctional officers or when it is not practicable due to the circumstances. The purpose of the warning is to give the individual a reasonable opportunity to voluntarily comply and to warn other correctional officers and individuals that the device is being deployed.

Correctional officers should keep in mind the manufacturer's recommendations and their training regarding effective distances and target areas. However, correctional officers are not restricted solely to use according to manufacturer recommendations. Each situation must be evaluated on the totality of circumstances at the time of deployment.

The need to immediately incapacitate the subject must be weighed against the risk of causing serious injury or death. The head and neck should not be intentionally targeted, except when the correctional officer reasonably believes the suspect poses an imminent threat of serious bodily injury or death to the deputy or others.

506.8.3 SAFETY PROCEDURES

Shotguns specifically designated for use with kinetic energy projectiles will be specially marked in a manner that makes them readily identifiable as such.

Deputies will inspect the shotgun and projectiles at the beginning of each shift to ensure that the shotgun is in proper working order and the projectiles are of the approved type and appear to be free from defects.

When it is not deployed, the shotgun will be properly and securely stored in the vehicle. When deploying the kinetic energy projectile shotgun, the deputy shall visually inspect the kinetic energy projectiles to ensure that conventional ammunition is not being loaded into the shotgun.

Absent compelling circumstances, deputies will employ the two-person rule for loading kinetic energy projectiles. The two-person rule is a safety measure in which a second deputy watches the unloading and loading process to ensure that the weapon is completely emptied of conventional ammunition.

506.9 TRAINING FOR CONTROL DEVICES

The Training Sergeant or authorized designee shall ensure that all personnel who are authorized to carry a control device have been properly trained and certified to carry the specific control device and are retrained or recertified as necessary.

- (a) Proficiency training shall be monitored and documented by a certified, control-device weapons or tactics instructor.

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- (b) All training and proficiency for control devices will be documented in the correctional officer's training file.
- (c) Correctional officer who fail to demonstrate proficiency with the control device or knowledge of this agency's Use of Force Policy will be provided remedial training. If a correctional officer cannot demonstrate proficiency with a control device or knowledge of this agency's Use of Force Policy after remedial training, the correctional officer will be restricted from carrying the control device and may be subject to discipline.

506.10 REPORTING USE OF CONTROL DEVICES AND TECHNIQUES

Any application of a control device or technique listed in this policy shall be documented in the related incident report and reported pursuant to the Use of Force Policy.

Inmate Classification

507.1 PURPOSE AND SCOPE

This policy describes the Eau Claire County Sheriff's Office's classification process, which is designed to foster a safe and secure facility by providing fair and consistent guidelines for classification of inmates.

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 (O.R.) or bail, or released back to the community through an appropriate release mechanism, including alternatives to incarceration programs, such as electronic supervision.

It is the policy of this office to properly classify inmates, in a fair and consistent manner, according to security and health risks, so that appropriate supervision, temporary holding and housing assignments may be made in accordance to WI 302.36.

507.3 CLASSIFICATION PLAN

The Jail Administrator 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
- Emotional and mental condition
- Potential risk of safety to others or self
- Special management inmate status
- Special needs assessment for vulnerable inmates

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- Behavioral or physical limitations or disabilities
- Medical and mental health condition
- Level of sobriety at booking
- Suicidal ideation
- Escape history and degree of escape risk
- Prior assaultive or violent behavior
- The need to be separated from other classifications of inmates (e.g., juvenile offenders gang affiliation, confidential informant, former law enforcement, sexual orientation)
- Prior convictions for sex offenses against an adult or child
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender 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 detained solely for civil immigration purposes
- 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 Office (28 CFR 115.41)
- Any other criteria as deemed appropriate by the Sheriff or the authorized designee

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

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

507.3.1 INMATE RESPONSE TO SCREENING

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

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

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507.4 INITIAL CLASSIFICATION

The initial classification process is intended to identify predatory, violent and at-risk inmates. It should occur early in the intake process to allow for appropriate supervision while an inmate is being temporarily held in this facility and until a decision is made to place the individual into a more permanent housing assignment, with other inmates..

Inmates may be interviewed by a Classification Officer as soon as possible in the booking process. The Classification Officer shall complete the initial classification form. The initial classification form should include a place for the Classification Officer to make a housing recommendation. This recommendation should be based on the inmates institutional history, current charges, the inmates institutional behavior and other risks and needs such as medical needs, mental health needs and the need for increased protection due to vulnerability.

The initial classification form shall be placed in the inmate's file and provided to the classification correctional officer, who will, within the limits of available resources, determine the appropriate temporary housing location (Wis. Admin. Code DOC § 350.21(1)).

507.5 CLASSIFICATION UPON HOUSING

Once it has been determined that the person arrested will not be released from custody on bail or O.R., a more in-depth classification of the inmate will be conducted as soon as possible, but no later than 5 working day(s) after the inmate's arrival at the facility, after which the inmate will be moved to more permanent housing.

507.5.1 INTERVIEW

The comprehensive classification process begins with a review of any initial classification information obtained during the reception and booking process, as well as an interview by the classification 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 classification review will be made to determine each inmate's initial eligibility for work assignments, educational and vocational programs and the work release program (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, Inmate Education, Vocation and Rehabilitation, and Work Release Program policies).

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 regarding

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charges 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 Jail Administrator or the authorized designee. The decision by the Jail Administrator or the authorized designee is final (Wis. Admin. Code DOC § 350.21(1)).

507.6.1 PERIODIC CLASSIFICATION REVIEWS

The classification correctional officer shall review the status of all inmates who have been incarcerated in the facility for more than 30 days. Additional reviews should occur each 30 days thereafter. The review should examine changes in the inmate's behavior or circumstances and should either raise, lower or maintain the classification status (28 CFR 115.41; Wis. Admin. Code DOC § 350.21).

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

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

507.6.2 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 by any officer trained in classification. (Wis. Admin. Code DOC § 350.24(4)). Any status changes to classification should be documented by a note in the inmates file.

507.7 HOUSING ASSIGNMENTS

Inmates should be housed based upon the following criteria:

- Classification level
- Age (Juvenile/Adult)
- Sex
- Need for protection or separation

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- Criminal sophistication
- Risk and/or Needs
- Institutional Behavior
- Any other criteria identified by the Jail Administrator

507.7.1 SEPARATION

Male and female inmates shall be housed to ensure visual and physical separation.

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 Administrator or the authorized designee should periodically meet with representatives of the classification correctional officers to discuss the fixed resources (e.g., cells, dorms, dayrooms).

The Jail Administrator should report at least quarterly to the custody management team any space issues.

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

Security Services Sergeants shall notify the Jail Administrator or the authorized designee when single-occupancy cells are not available for housing the above described inmates. In such cases, a risk assessment shall be used to identify inmates in the above categories who may be safely housed together.

507.10 PRISON RAPE ELIMINATION ACT (PREA) CONSIDERATIONS

Housing, bed, work and program assignments should be made to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive (28 CFR 115.42). Inmates identified as being at high risk for sexually aggressive behavior will be monitored and housed in an area that will minimize the risk to other inmates and staff. All inmates identified as being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety. However, inmates at high risk for sexual victimization shall not be placed in involuntary

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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 EDUCATION, WORK AND OTHER RELEASE (HUBER)

Unless an inmate is incarcerated for an offense for which release is prohibited by law or otherwise prohibited by court order, an inmate incarcerated in the jail may be released for a period reasonable and necessary for the following reasons:

- To seek or maintain employment
- To attend education classes
- To obtain medical treatment
- Any other reasonable purpose as determined by the Jail Administrator or the authorized designee

Education and work-release inmates who leave the secure perimeter of the jail to complete programs should be housed separately from inmates in general population.

There should be no contact between the inmates in general population and those being authorized for education, work or other release. This is to minimize the risk of introducing contraband into the jail and to maintain facility security.

507.12 STAFF TRAINING IN CLASSIFICATION

Classification correctional officers should receive training specific to inmate classification before being assigned primary classification duties. (Wis. Admin. Code DOC § 350.21(1)).

Conducted Energy Device

508.1 PURPOSE AND SCOPE

This policy provides guidelines for the issuance and use of the electronic control device (ECD).

508.2 POLICY

The ECD is intended to control a violent or potentially violent inmate, while minimizing the risk of serious injury. The appropriate use of such a device should result in fewer serious injuries to custody staff and inmates.

508.3 ISSUANCE AND CARRYING ECDS

Only members who have successfully completed office-approved training may be issued and carry the ECD.

ECDs are issued for use during a member's current assignment. Those leaving a particular assignment may be required to return the device to the office's inventory.

Correctional officers shall only use the ECD and cartridges that have been issued by the Office. Uniformed correctional officers who have been issued the ECD shall wear the device in an approved holster on their person.

Members carrying the ECD should perform a spark test on the unit prior to every shift. Correctional officers shall be responsible for ensuring that their issued ECD is properly maintained and in good working order.

508.4 VERBAL AND VISUAL WARNINGS

A verbal warning of the intended use of the ECD should precede its application, unless it would otherwise endanger the safety of correctional officers or when it is not practicable due to the circumstances. The purpose of the warning is to:

- (a) Provide the inmate with a reasonable opportunity to voluntarily comply.
- (b) Provide other correctional officers and inmates with a warning that a ECD may be deployed.

If, after a verbal warning, an inmate is unwilling to voluntarily comply with a correctional officer's lawful orders and it appears both reasonable and feasible under the circumstances, the correctional officer may, but is not required to, display the electrical arc (provided that a cartridge loaded into the device) or the laser in a further attempt to gain compliance prior to the application of the ECD. The aiming laser should never be intentionally directed into the eyes of another as it may permanently impair his/her vision.

The fact that a verbal and/or other warning was given or the reasons it was not given shall be documented by the correctional officer deploying the device in the related report.

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508.5 USE OF THE ECD

The ECD has limitations and restrictions requiring consideration before its use. The ECD should only be used when its operator can safely approach the subject within the operational range of the device.

Although the ECD is generally effective in controlling most individuals, correctional officers should be aware that the device may not achieve the intended results and be prepared with other options.

508.5.1 APPLICATION OF THE ECD

The ECD may be used in any of the following circumstances, when the circumstances perceived by the correctional officer at the time indicate that such application is reasonably necessary to control a person:

- (a) The inmate is violent or physically resisting.
- (b) The inmate has demonstrated an intention to be violent or to physically resist and reasonably appears to have the potential to harm correctional officers, him/herself or others.

508.5.2 SPECIAL DEPLOYMENT CONSIDERATIONS

The use of the ECD on certain individuals should generally be avoided unless the totality of the circumstances indicates that other available options reasonably appear ineffective or would present a greater danger to the correctional officer, the subject or others, and the correctional officer reasonably believes that the need to control the individual outweighs the risk of using the device. This includes:

- (a) Inmates who are known to be pregnant.
- (b) Elderly inmates.
- (c) Inmates with obviously low body mass.
- (d) Inmates who are handcuffed or otherwise restrained.
- (e) Inmates who have been recently sprayed with a flammable chemical agent or who are otherwise in close proximity to any combustible vapor or flammable material, including alcohol-based oleoresin capsicum (OC) spray.
- (f) Inmates whose position or activity may result in collateral injury (e.g., falls from height).

Because the application of the ECD in the drive-stun mode (i.e., direct contact without probes) relies primarily on pain compliance, the use of the drive-stun mode generally should be limited to supplementing the probe-mode to complete the circuit, or as a distraction technique to gain separation between the correctional officers and the subject, thereby giving correctional officers time and distance to consider force options or actions.

The ECD shall not be used to torture, psychologically torment, elicit statements or to punish any inmate.

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508.5.3 TARGETING CONSIDERATIONS

Reasonable efforts should be made to target lower center mass and avoid intentionally targeting the head, neck, chest and groin. If the dynamics of a situation or officer safety do not permit the correctional officer to limit the application of the ECD probes to a precise target area, correctional officers should monitor the condition of the inmate if one or more probes strikes the head, neck, chest or groin until the inmate is released to the care of qualified medical personnel.

508.5.4 MULTIPLE APPLICATIONS OF THE ECD

Correctional officers should apply a ECD for only one standard cycle and then evaluate the situation before applying any subsequent cycles. Multiple applications of the ECD against a single individual are generally not recommended and should be avoided unless the correctional officer reasonably believes that the need to control the individual outweighs the potentially increased risk posed by multiple applications.

If the first application of the ECD appears to be ineffective in gaining control of an inmate and if circumstances allow, the correctional officer should consider certain factors before additional applications of the device, including:

- (a) Whether the probes are making proper contact.
- (b) Whether the inmate has the ability and has been given a reasonable opportunity to comply.
- (c) Whether verbal commands, other options or tactics may be more effective.

Correctional officers should generally not intentionally apply more than one ECD at a time against a single subject.

508.5.5 ACTIONS FOLLOWING DEPLOYMENTS

Correctional officers shall notify a supervisor of all ECD discharges. Confetti tags should be collected and the expended cartridge, along with both probes and wire, should be submitted into evidence. The cartridge serial number should be noted and documented on the evidence paperwork. The evidence packaging should be marked "Biohazard" if the probes penetrated the subject's skin.

508.5.6 OFF-DUTY CONSIDERATIONS

Correctional officers are not authorized to carry office ECDs while off-duty.

508.6 DOCUMENTATION

Correctional officers shall document all ECD discharges in the related arrest/crime report and the use of force report form. Notification shall also be made to a supervisor in compliance with the Use of Force Policy. Unintentional discharges, pointing the device at a person, laser activation and arcing the device will also be documented on the report form.

508.6.1 ECD REPORTABLE INFORMATION

Items that shall be included in the use of force report form are:

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- (a) The type and brand of ECD and cartridge and cartridge serial number.
- (b) Date, time and location of the incident.
- (c) Whether any display, laser or arc deterred a subject and gained compliance.
- (d) The number of ECD activations, the duration of each cycle, the duration between activations, and (as best as can be determined) the duration that the subject received applications.
- (e) The range at which the ECD was used.
- (f) The type of mode used (probe or drive-stun).
- (g) Location of any probe impact.
- (h) Location of contact in drive-stun mode.
- (i) Description of where missed probes went.
- (j) Whether medical care was provided to the subject.
- (k) Whether the subject sustained any injuries.
- (l) Whether any deputies sustained any injuries.

The Training Sergeant or authorized designee should periodically analyze the report forms to identify trends, including deterrence and effectiveness. The Training Sergeant or authorized designee should also conduct audits of data downloads and reconcile use of force report forms with recorded activations. ECD information and statistics, with identifying information removed, should periodically be made available to the public.

508.6.2 REPORTS

The correctional officer should include the following in a report:

- (a) Identification of all personnel firing ECDs
- (b) Identification of all witnesses
- (c) Medical care provided to the subject
- (d) Observations of the subject's physical and physiological actions
- (e) Any known or suspected drug use, intoxication or other medical problems

508.7 MEDICAL TREATMENT

Correctional officers may remove ECD probes from a person's body based on their training and manufacturer's recommendations. Probes lodged in sensitive areas, as listed below, should be removed by medical personnel. Used ECD probes shall be treated as a sharps biohazard, similar to a used hypodermic needle, and handled appropriately. Universal precautions should be taken.

All inmates who have been struck by ECD probes or who have been subjected to the electric discharge of the device shall be medically assessed prior to continued processing or housing. Any inmate who falls under any of the following categories should, as soon as practicable, be examined by qualified medical personnel:

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- (a) The person is suspected of being under the influence of controlled substances and/or alcohol.
- (b) The person may be pregnant.
- (c) The person reasonably appears to be in need of medical attention.
- (d) The ECD probes are lodged in a sensitive area (e.g., groin, female breast, head, face, neck).
- (e) The person requests medical treatment.

Any inmate exhibiting signs of distress or who is exposed to multiple or prolonged applications (i.e., more than 15 seconds) shall be promptly examined by qualified medical personnel or medically evaluated.

If any individual refuses medical attention, such a refusal should be witnessed by another correctional officer and/or medical personnel and shall be fully documented in related reports. If an audio recording is made of the contact or an interview with the individual, any refusal should be included, if possible.

The transporting correctional officer shall inform any person providing medical care or receiving custody that the individual has been subjected to the application of the ECD.

508.8 SUPERVISOR RESPONSIBILITIES

When possible, supervisors should respond to calls when they reasonably believe there is a likelihood the ECD may be used. A supervisor should respond to all incidents where the ECD was activated.

A supervisor should review each incident where a person has been exposed to an activation of the ECD. The device's onboard memory should be downloaded through the data port by a Shift supervisor or authorized designee and saved with the related arrest/crime report. Photographs of probe sites should be taken and witnesses interviewed.

508.9 TRAINING

Personnel who are authorized to carry the ECD shall be permitted to do so only after successfully completing the initial office-approved training. Any personnel who have not carried a ECD as a part of their assignment for a period of six months or more shall be recertified by the office-approved ECD instructor prior to again carrying or using the device.

Proficiency training for personnel who have been issued ECDs should occur every year. A reassessment of a correctional officer's knowledge and/or practical skill may be required at any time if deemed appropriate by the Training Sergeant.

Command staff and supervisors should receive ECD training as appropriate for the investigations they conduct and review.

Correctional officers who do not carry ECDs should receive training that is sufficient to familiarize them with the device and with working with correctional officers who use the device.

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The Training Sergeant is responsible for ensuring that all members who carry ECDs have received initial and annual proficiency training. Periodic audits should be used for verification.

Application of ECDs during training could result in injury to personnel and should not be mandatory for certification.

All training and proficiency for ECDs will be documented in the correctional officer's training file.

The Training Sergeant should ensure that all training includes:

- (a) A review of this policy.
- (b) A review of the Use of Force Policy.
- (c) Target area considerations, including techniques or options to reduce the unintentional application of probes near the head, neck, chest and groin.
- (d) Handcuffing a subject during the application of a ECD and transitioning to other force options.
- (e) Restraint techniques that do not impair respiration following the application of an ECD.
- (f) De-escalation techniques.
- (g) Restraint techniques that do not impair respiration following the application of the ECD.

Control of Inmate Movement

509.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for the safe and secure movement of inmates between areas within the facility and transportation from the facility to court, medical appointments or other jurisdictions.

509.2 POLICY

The staff should be vigilant in the control and movement of inmates between areas within the facility and when transporting inmates outside the secure confines of the facility. Control may be by direct or indirect visual observation. All staff should consider all inmate movement as a high-risk activity. The staff should be aware of their surroundings at all times and take necessary steps to prevent the possession and exchange of contraband.

509.3 MOVEMENT OF INMATES

Movement of one or more inmates in the facility should be done in an orderly manner with inmates walking in a single-file line. Staff members should have situational awareness during the movement of inmates and should consider the design of the facility, areas of poor visibility and the presence of other inmates being moved. The staff should avoid areas where inmates may have access to contraband items.

Inmates should be restrained during movement based upon individual security classification, with higher risk inmates in handcuffs, waist chains and leg irons. An exception to this procedure is when an inmate has a physical disability where restraint devices may cause serious injury. Pregnant inmates shall be moved in accordance with the Use of Restraints Policy.

Whenever a high-security inmate is not able to be restrained, the staff should compensate by utilizing wheelchairs and should secure the inmate to the chair. It may also be necessary to increase the number of staff present to ensure the safe movement of high-security inmates.

The staff should be watchful in and around passageways and ensure that sallyport doors are secured to prevent escape.

Use of Force

510.1 PURPOSE AND SCOPE

This policy provides guidelines on the reasonable use of force. While there is no way to specify the exact amount or type of reasonable force to be applied in any situation, every member of this Office is expected to use these guidelines to make such decisions in a professional, impartial, and reasonable manner.

In addition to those methods, techniques, and tools set forth below, the guidelines for the reasonable application of force contained in this policy shall apply to all policies addressing the potential use of force, including but not limited to the Conducted Energy Device, Use of Restraints, and Electronic Restraints policies (Wis. Admin. Code § DOC 350.22).

510.1.1 DEFINITIONS

Definitions related to this policy include:

Deadly force - Force reasonably anticipated and intended to create a substantial likelihood of death or very serious injury.

Feasible - Reasonably capable of being done or carried out under the circumstances to successfully achieve the arrest or lawful objective without increasing risk to the Officer or another person.

Force - The application of physical techniques or tactics, chemical agents, or weapons to another person. It is not a use of force when a person allows him/herself to be searched, escorted, handcuffed, or restrained.

Force team technique - The force team technique ordinarily involves trained Officers clothed in protective gear who enter the inmate's area in tandem, each with a specific task, to achieve immediate control of the inmate.

Imminent - Ready to take place; impending. Note that imminent does not mean immediate or instantaneous.

Totality of the circumstances - All facts and circumstances known to the Officer at the time, taken as a whole, including the conduct of the Officer and the individual leading up to the use of force.

510.2 POLICY

The use of force is a matter of critical concern, both to the public and to the public safety community. Officers are involved on a daily basis in numerous and varied interactions and, when warranted, may use reasonable force in carrying out their duties.

Officers must have an understanding of, and true appreciation for, their authority and limitations. This is especially true with respect to overcoming resistance while engaged in the performance of public safety duties.

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The Eau Claire County Sheriff's Office recognizes and respects the value of all human life and dignity without prejudice to anyone. Vesting Officers with the authority to use reasonable force and to protect the public welfare requires monitoring, evaluation, and a careful balancing of all interests.

510.2.1 DUTY TO INTERCEDE AND REPORT

Any deputy/officer present and observing another law enforcement officer or a member using force that is clearly beyond that which is objectively reasonable under the circumstances shall, when in a position to do so, intercede to prevent the use of unreasonable force.

Any deputy/officer who observes another law enforcement officer or a member use force that is potentially beyond that which is objectively reasonable under the circumstances should report these observations to a supervisor as soon as feasible.

510.2.2 PERSPECTIVE

When observing or reporting force used by a law enforcement officer, each deputy/officer should take into account the totality of the circumstances and the possibility that other law enforcement officers may have additional information regarding the threat posed by the subject.

510.3 USE OF FORCE

Officers shall use only that amount of force that reasonably appears necessary given the facts and circumstances perceived by the Officer at the time of the event to accomplish a legitimate government purpose as to gain control of the individual; protect and ensure the safety of inmates, members, and others; prevent serious property damage; prevent escape; obtain compliance with facility rules and member orders; and ensure the institution's security and good order.

The reasonableness of force will be judged from the perspective of a reasonable Officer on the scene at the time of the incident. Any evaluation of reasonableness must allow for the fact that Officers are often forced to make split-second decisions about the amount of force that reasonably appears necessary in a particular situation, with limited information and in circumstances that are tense, uncertain, and rapidly evolving.

Given that no policy can realistically predict every possible situation an Officer might encounter, Officers are entrusted to use well-reasoned discretion in determining the appropriate use of force in each incident.

It is also recognized that circumstances may arise in which Officers reasonably believe that it would be impractical or ineffective to use any of the tools, weapons, or methods provided by this Office. Officers may find it more effective or reasonable to improvise their response to rapidly unfolding conditions that they are confronting. In such circumstances, the use of any improvised device or method must nonetheless be reasonable and utilized only to the degree that reasonably appears necessary to accomplish a legitimate government purpose.

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While the ultimate objective of every encounter is to avoid or minimize injury, nothing in this policy requires an officer to retreat or be exposed to possible physical injury before applying reasonable force.

Force shall never be used as punishment (Wis. Stat. § 302.08).

510.3.1 ALTERNATIVE TACTICS - DE-ESCALATION

When circumstances reasonably permit, deputies/officers should use non-violent strategies and techniques to decrease the intensity of a situation, improve decision-making, improve communication, reduce the need for force, and increase voluntary compliance (e.g., summoning additional resources, formulating a plan, attempting verbal persuasion).

510.3.2 USE OF FORCE TO EFFECT AN ARREST

A law enforcement officer may use reasonable force to arrest a person or execute a warrant. Additionally, a law enforcement officer making a lawful arrest may command the aid of any person, and such person shall have the same power as that of the law enforcement officer (Wis. Stat. § 968.07; Wis. Stat. 968.14).

510.3.3 FACTORS USED TO DETERMINE THE REASONABLENESS OF FORCE

When determining whether to apply force and evaluating whether a deputy/officer has used reasonable force, a number of factors should be taken into consideration, as time and circumstances permit. These factors include but are not limited to:

- (a) Immediacy and severity of the threat to deputies/officers or others.
- (b) The conduct of the individual being confronted, as reasonably perceived by the deputy/officer at the time.
- (c) Deputy/Officer/subject factors (e.g., age, size, relative strength, skill level, injuries sustained, level of exhaustion or fatigue, the number of deputies/officers available vs. subjects).
- (d) The effects of suspected drug or alcohol use.
- (e) The individual's mental state or capacity.
- (f) The individual's ability to understand and comply with deputy/officer commands.
- (g) Proximity of weapons or dangerous improvised devices.
- (h) The degree to which the individual has been effectively restrained and his/her ability to resist despite being restrained.
- (i) The availability of other reasonable and feasible options and their possible effectiveness.
- (j) Seriousness of the suspected offense or reason for contact with the individual.
- (k) Training and experience of the deputy/officer.
- (l) Potential for injury to deputies/officers, suspects, and others.

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- (m) Whether the individual appears to be resisting, attempting to evade arrest by flight, or is attacking the deputy/officer.
- (n) The risk and reasonably foreseeable consequences of escape.
- (o) The apparent need for immediate control of the individual or a prompt resolution of the situation.
- (p) Whether the conduct of the individual being confronted no longer reasonably appears to pose an imminent threat to the deputy/officer or others.
- (q) Prior contacts with the individual or awareness of any propensity for violence.
- (r) Any other exigent circumstances.

510.3.4 PAIN COMPLIANCE TECHNIQUES

Pain compliance techniques may be effective in controlling a physically or actively resisting individual. Deputies/Officers may only apply those pain compliance techniques for which they have successfully completed office-approved training. Deputies/Officers utilizing any pain compliance technique should consider:

- (a) The degree to which the application of the technique may be controlled given the level of resistance.
- (b) Whether the individual can comply with the direction or orders of the deputy/officer.
- (c) Whether the individual has been given sufficient opportunity to comply.

The application of any pain compliance technique shall be discontinued once the deputy/officer determines that compliance has been achieved.

510.3.5 CAROTID CONTROL HOLD

A carotid control hold is a technique designed to control an individual by temporarily restricting blood flow through the application of pressure to the side of the neck and, unlike a chokehold, does not restrict the airway. The proper application of the carotid control hold may be effective in restraining a violent or combative individual. However, due to the potential for injury, the use of the carotid control hold is limited to those circumstances where deadly force is authorized and is subject to the following:

- (a) At all times during the application of the carotid control hold, the response of the individual should be monitored. The carotid control hold should be discontinued when circumstances indicate that the application no longer reasonably appears necessary.
- (b) Any individual who has had the carotid control hold applied, regardless of whether he/she was rendered unconscious, shall be promptly examined by paramedics or other qualified medical personnel and should be monitored until such examination occurs.
- (c) The deputy/officer shall inform any person receiving custody, or any person placed in a position of providing care, that the individual has been subjected to the carotid control hold and whether the individual lost consciousness as a result.
- (d) Any deputy/officer attempting or applying the carotid control hold shall promptly notify a supervisor of the use or attempted use of such hold.

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- (e) The use or attempted use of the carotid control hold shall be thoroughly documented by the deputy/officer in any related reports.

510.3.6 RESPIRATORY RESTRAINTS

The use of a respiratory restraint, also known as a chokehold, is limited to circumstances where deadly force is authorized and if applied, is subject to the same guidelines and requirements as a carotid control hold.

510.3.7 USE OF FORCE TO SEIZE EVIDENCE

In general, deputies/officers may use reasonable force to lawfully seize evidence and to prevent the destruction of evidence. However, deputies/officers are discouraged from using force solely to prevent a person from swallowing evidence or contraband. In the instance when force is used, deputies/officers should not intentionally use any technique that restricts blood flow to the head, restricts respiration or which creates a reasonable likelihood that blood flow to the head or respiration would be restricted. Deputies/Officers are encouraged to use techniques and methods taught by the Eau Claire County Sheriff's Office for this specific purpose.

510.3.8 CHOKE HOLDS

The use of a choke hold, which is the intentional and prolonged application of force to the throat or windpipe, is limited to circumstances where deadly force is authorized and if applied, is subject to the same guidelines and requirements as a carotid control hold (Wis. Stat. § 66.0511).

510.4 DEADLY FORCE APPLICATIONS

When reasonable, the deputy/officer shall, prior to the use of deadly force, make efforts to identify him/ herself as a peace officer and to warn that deadly force may be used, unless the deputy/officer has objectively reasonable grounds to believe the person is aware of those facts.

Use of deadly force is justified in the following circumstances involving imminent threat or imminent risk:

- (a) A deputy/officer may use deadly force to protect him/herself or others from what he/she reasonably believes is an imminent threat of death or great bodily harm.
- (b) A deputy/officer may use deadly force to stop a fleeing subject when the deputy/officer has probable cause to believe that the individual has committed, or intends to commit, a felony involving the infliction or threatened infliction of great bodily harm or death, and the deputy/officer reasonably believes that there is an imminent risk of great bodily harm or death to any other person if the individual is not immediately apprehended. Under such circumstances, a verbal warning should precede the use of deadly force, where feasible.

Imminent does not mean immediate or instantaneous. An imminent danger may exist even if the suspect is not at that very moment pointing a weapon at someone. For example, an imminent danger may exist if a deputy/officer reasonably believes that the individual has a weapon or is attempting to access one and intends to use it against the deputy/officer or another person. An imminent danger may also exist if the individual is capable of causing great bodily harm or death without a weapon, and the deputy/officer believes the individual intends to do so.

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510.4.1 MOVING VEHICLES

Shots fired at or from a moving vehicle involve additional considerations and risks, and are rarely effective.

When feasible, deputies/officers should take reasonable steps to move out of the path of an approaching vehicle instead of discharging their firearm at the vehicle or any of its occupants.

A deputy/officer should only discharge a firearm at a moving vehicle or its occupants when the deputy/officer reasonably believes there are no other reasonable means available to avert the imminent threat of the vehicle, or if deadly force other than the vehicle is directed at the deputy/officer or others.

Deputies/Officers should not shoot at any part of a vehicle in an attempt to disable the vehicle.

510.5 REPORTING THE USE OF FORCE

Every member use of force is an incident that shall be reported on the appropriate report form (Wis. Admin. Code § DOC 350.22(2)).

The documentation will reflect the actions and responses of each member participating in the incident, as witnessed by the reporting member.

The report should include:

- (a) A clear, detailed description of the incident, including any application of weapons or restraints.
- (b) The identity of all involved in the incident (e.g., inmates, members, and others).
- (c) The Officer should articulate the factors perceived and why he/she believed the use of force was reasonable under the circumstances.
- (d) Efforts made to temper the severity of a forceful response, and if there were none, the reasons why.
- (e) Description of any injuries to anyone involved in the incident, including the result of any medical checks that show the presence or absence of injury.

Any member directly observing the incident shall make a verbal report to a supervisor as soon as practicable and include as much of the aforementioned information as is known by the member.

Members shall submit the appropriate documentation prior to going off-duty, unless directed otherwise by a supervisor.

A video recording is required for all calculated use of force incidents and should include the introduction of all members participating in the process. The recording and documentation will be part of the investigation package. The supervisor should ensure the recording is properly processed for retention and a copy is forwarded with the report to the investigating agency, within a reasonable period of time.

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The supervisor responsible for gathering the reports may allow a reasonable delay in preparation of a report in consideration of the immediate psychological and/or physical condition of the involved member.

The shift Sergeant or designee shall promptly notify the Jail Administrator or his designee of any incident involving a member employing deadly force, or any incident where a death or serious bodily injury may have been caused by a member.

510.5.1 NOTIFICATIONS TO SUPERVISORS

Supervisory notification shall be made as soon as practicable following the application of force in any of the following circumstances:

- (a) The application caused a visible injury.
- (b) The application would lead a reasonable deputy/officer to conclude that the individual may have experienced more than momentary discomfort.
- (c) The individual subjected to the force complained of injury or continuing pain.
- (d) The individual indicates intent to pursue litigation.
- (e) Any application of the ECD or control device.
- (f) Any application of a restraint device other than handcuffs, shackles, or belly chains.
- (g) The individual subjected to the force was rendered unconscious.
- (h) An individual was struck or kicked.
- (i) An individual alleges unreasonable force was used or that any of the above has occurred.

510.5.2 REPORTING TO WISCONSIN DEPARTMENT OF JUSTICE

Statistical data regarding all qualifying use of force incidents is to be reported to the Wisconsin Department of Justice as required by Wis. Stat. § 165.845. For the purposes of this section, a qualifying use of force incident means any incident (Wis. Stat. § 165.845):

- (a) Involving the discharge of a firearm by a correctional officer at or in the direction of a civilian.
- (b) Involving the discharge of a firearm by a civilian at or in the direction of a correctional officer.
- (c) Involving any action taken by a correctional officer in response to an act of resistance that results in great bodily harm or death (Wis. Stat. § 939.22).
- (d) Involving an act of resistance taken by a civilian against a correctional officer that results in great bodily harm or death.

510.6 MEDICAL CONSIDERATIONS

Once it is reasonably safe to do so, medical assistance shall be obtained for any person who exhibits signs of physical distress, has sustained visible injury, expresses a complaint of injury or continuing pain, or was rendered unconscious. Any individual exhibiting signs of physical distress

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after an encounter should be continuously monitored until he/she can be medically assessed. Individuals should not be placed on their stomachs for an extended period, as this could impair their ability to breathe.

Based upon the deputy/officer's initial assessment of the nature and extent of the individual's injuries, medical assistance may consist of examination by an emergency medical services provider or medical personnel at a hospital or jail. If any such individual refuses medical attention, such a refusal shall be fully documented in related reports and, whenever practicable, should be witnessed by another deputy/officer and/or medical personnel. If a recording is made of the contact or an interview with the individual, any refusal should be included in the recording, if possible.

The on-scene supervisor or, if the on-scene supervisor is not available, the primary handling deputy/officer shall ensure that any person providing medical care or receiving custody of a person following any use of force is informed that the person was subjected to force. This notification shall include a description of the force used and any other circumstances the deputy/officer reasonably believes would be potential safety or medical risks to the subject (e.g., prolonged struggle, extreme agitation, impaired respiration).

Individuals who exhibit extreme agitation, violent irrational behavior accompanied by profuse sweating, extraordinary strength beyond their physical characteristics, and imperviousness to pain (sometimes called "excited delirium"), or who require a protracted physical encounter with multiple deputies/officers to be brought under control, may be at an increased risk of sudden death. Calls involving these persons should be considered medical emergencies. Deputies/Officers who reasonably suspect a medical emergency should request medical assistance as soon as practicable and have medical personnel stage away.

See the Medical Aid and Response Policy for additional guidelines.

510.7 SUPERVISOR RESPONSIBILITIES

A supervisor should respond to a reported application of force resulting in visible injury, if reasonably available. When a supervisor is able to respond to an incident in which there has been a reported application of force, the supervisor is expected to:

- (a) Obtain the basic facts from the involved deputies/officers. Absent an allegation of misconduct or excessive force, this will be considered a routine contact in the normal course of duties.
- (b) Ensure that any injured parties are examined and treated.
- (c) When possible, separately obtain a recorded interview with the individual upon whom force was applied. If this interview is conducted without the individual having voluntarily waived his/her Miranda rights, the following shall apply:
 1. The content of the interview should not be summarized or included in any related criminal charges.
 2. The fact that a recorded interview was conducted should be documented in a property or other report.

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3. The recording of the interview should be distinctly marked for retention until all potential for civil litigation has expired.
- (d) Once any initial medical assessment has been completed or first aid has been rendered, ensure that photographs have been taken of any areas involving visible injury or complaint of pain, as well as overall photographs of uninjured areas.
 1. These photographs should be retained until all potential for civil litigation has expired.
- (e) Identify any witnesses not already included in related reports.
- (f) Review and approve all related reports.
- (g) Determine if there is any indication that the individual may pursue civil litigation.
 1. If there is an indication of potential civil litigation, the supervisor should complete and route a notification of a potential claim through the appropriate channels.
- (h) Evaluate the circumstances surrounding the incident and initiate an administrative investigation if there is a question of policy noncompliance or if for any reason further investigation may be appropriate.

In the event that a supervisor is unable to respond to the scene of an incident involving the reported application of force, the supervisor is still expected to complete as many of the above items as circumstances permit.

510.7.1 SHIFT SERGEANT RESPONSIBILITY

The Shift Sergeant shall review each use of force by any personnel within his/her command to ensure compliance with this policy and to address any training issues.

510.8 POLICY AVAILABILITY

This policy shall be made available to the public at no charge upon request (Wis. Stat. § 66.0511(2)).

510.9 TRAINING

The Jail Administrator shall work with the Training Sergeant to ensure legal and facility training mandates are met. This training shall include the following:

- (a) Use of force
- (b) Weapons training
- (c) Self-defense
- (d) Confrontation avoidance procedures:
 1. Communication techniques
 2. De-escalation techniques
 3. Dealing with the mentally ill
 4. Application of restraints

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- (e) Forced cell extraction techniques
- (f) Force team techniques
- (g) General restraint training (soft and hard restraints)
- (h) Reporting procedures

510.10 USE OF FORCE ANALYSIS

At least annually, the Field Services Captain should prepare an analysis report on use of force incidents. The report should be submitted to the Sheriff. The report should not contain the names of deputies/officers, suspects, or case numbers, and should include:

- (a) The identification of any trends in the use of force by members.
- (b) Training needs recommendations.
- (c) Equipment needs recommendations.
- (d) Policy revision recommendations.

Use of Restraints

511.1 PURPOSE AND SCOPE

This policy provides guidelines for the use of handcuffs and other restraints during detentions and arrests.

511.2 POLICY

The Eau Claire County Sheriff's Office authorizes the use of restraint devices in accordance with this policy, the Use of Force Policy and office training. Restraint devices shall not be used to punish, to display authority or as a show of force.

511.3 USE OF RESTRAINTS

Only members who have successfully completed Eau Claire County Sheriff's Office-approved training on the use of restraint devices described in this policy are authorized to use these devices.

When deciding whether to use any restraint, Correctional Officers should carefully balance officer safety concerns with factors that include, but are not limited to:

- The circumstances or crime leading to the arrest.
- The demeanor and behavior of the arrested person.
- The age and health of the person.
- Whether the person is known to be pregnant.
- Whether the person has a hearing or speaking disability. In such cases, consideration should be given, safety permitting, to handcuffing to the front in order to allow the person to sign or write notes.
- Whether the person has any other apparent disability.

511.3.1 RESTRAINT OF DETAINEES

Situations may arise where it may be reasonable to restrain an individual who may, after brief investigation, be released without arrest. Unless arrested, the use of restraints on detainees should continue only for as long as is reasonably necessary to assure the safety of deputies and others. When deciding whether to remove restraints from a detainee, Correctional Officers should continuously weigh the safety interests at hand against the continuing intrusion upon the detainee.

511.3.2 RESTRAINT OF PREGNANT PERSONS

Persons who are known to be pregnant should be restrained in the least restrictive manner that is effective for officer safety. Leg irons, waist chains, or handcuffs behind the body should not be used unless the Correctional Officer has a reasonable suspicion that the person may resist, attempt escape, injure self or others, or damage property.

No person who is in labor, delivery, or recovery after delivery shall be handcuffed or restrained except in extraordinary circumstances and only when a supervisor makes an individualized

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determination that such restraints are necessary for the safety of the arrestee, officers, deputies, or others.

511.3.3 RESTRAINTS OF JUVENILES

A juvenile under 14 years of age should not be restrained unless he/she is suspected of a dangerous felony or when the Correctional Officer has a reasonable suspicion that the juvenile may resist, attempt escape, injure him/herself, injure the deputy or damage property.

511.3.4 NOTIFICATIONS

Whenever a Correctional Officer transports a person with the use of restraints other than handcuffs, the Officer shall inform the jail staff, upon arrival at the jail, that restraints were used. This notification should include information regarding any other circumstances the Officer reasonably believes would be potential safety concerns or medical risks to the subject (e.g., prolonged struggle, extreme agitation, impaired respiration) that may have occurred prior to, or during transportation to the jail.

511.4 APPLICATION OF HANDCUFFS OR PLASTIC CUFFS

Handcuffs, including temporary nylon or plastic cuffs, may be used only to restrain a person's hands to ensure officer safety.

Although recommended for most arrest situations, handcuffing is discretionary and not an absolute requirement of the Office. Officers should consider handcuffing any person they reasonably believe warrants that degree of restraint. However, Officers should not conclude that in order to avoid risk every person should be handcuffed, regardless of the circumstances.

In most situations, handcuffs should be applied with the hands behind the person's back. When feasible, handcuffs should be double-locked to prevent tightening, which may cause undue discomfort or injury to the hands or wrists.

In situations where one pair of handcuffs does not appear sufficient to restrain the individual or may cause unreasonable discomfort due to the person's size, Officers should consider alternatives, such as using an additional set of handcuffs or multiple plastic cuffs.

Handcuffs should be removed as soon as it is reasonable or after the person has been searched and is safely confined within a detention facility.

511.5 APPLICATION OF SPIT HOODS/MASKS/SOCKS

Spit hoods/masks/socks are temporary protective devices designed to prevent the wearer from biting and/or transferring or transmitting fluids (saliva and mucous) to others.

Spit hoods may be placed upon persons in custody when the Officer reasonably believes the person will bite or spit, either on a person or in an inappropriate place. They are generally used during application of a physical restraint, while the person is restrained, or during or after transport.

Officers utilizing spit hoods should ensure that the spit hood is fastened properly to allow for adequate ventilation and that the restrained person can breathe normally. Officers should provide

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assistance during the movement of restrained individuals due to the potential for impaired or distorted vision on the part of the individual. Officers should avoid commingling individuals wearing spit hoods with other detainees.

Spit hoods should not be used in situations where the restrained person is bleeding profusely from the area around the mouth or nose, or if there are indications that the person has a medical condition, such as difficulty breathing or vomiting. In such cases, prompt medical care should be obtained. If the person vomits while wearing a spit hood, the spit hood should be promptly removed and discarded. Persons who have been sprayed with oleoresin capsicum (OC) spray should be thoroughly decontaminated including hair, head and clothing prior to application of a spit hood.

Those who have been placed in a spit hood should be continually monitored and shall not be left unattended until the spit hood is removed. Spit hoods shall be discarded after each use.

511.6 APPLICATION OF AUXILIARY RESTRAINT DEVICES

Auxiliary restraint devices include transport belts, waist or belly chains, transportation chains, leg irons and other similar devices. Auxiliary restraint devices are intended for use during long-term restraint or transportation. They provide additional security and safety without impeding breathing, while permitting adequate movement, comfort and mobility.

Only office-authorized devices may be used. Any person in auxiliary restraints should be monitored as reasonably appears necessary.

511.7 APPLICATION OF LEG RESTRAINT DEVICES

Leg restraints may be used to restrain the legs of a violent or potentially violent person when it is reasonable to do so during the course of detention, arrest or transportation. Only restraint devices approved by the Office shall be used.

In determining whether to use the leg restraint, officers should consider:

- (a) Whether the officer or others could be exposed to injury due to the assaultive or resistant behavior of a suspect.
- (b) Whether it is reasonably necessary to protect the suspect from his/her own actions (e.g., hitting his/her head against the interior of the patrol unit, running away from the officer while handcuffed, kicking at objects or deputies).
- (c) Whether it is reasonably necessary to avoid damage to property (e.g., kicking at windows of the patrol unit or jail cell).

511.7.1 GUIDELINES FOR USE OF LEG RESTRAINTS

When applying leg restraints, the following guidelines should be followed:

- (a) If practicable, Officers should notify a supervisor of the intent to apply the leg restraint device. In all cases, a supervisor shall be notified as soon as practicable after the application of the leg restraint device.

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- (b) Once applied, absent a medical or other emergency, restraints should remain in place until the Officer arrives at the jail or other facility or the person no longer reasonably appears to pose a threat.
- (c) Once secured, the person should be placed in a seated or upright position, secured with a seat belt, and shall not be placed on his/her stomach for an extended period, as this could reduce the person's ability to breathe.
- (d) The restrained person should be continually monitored by a Officer while in the leg restraint. The Officer should ensure that the person does not roll onto and remain on his/her stomach.
- (e) The Officer should look for signs of labored breathing and take appropriate steps to relieve and minimize any obvious factors contributing to this condition.
- (f) When transported by ambulance/paramedic unit, the restrained person should be accompanied by an Officer when requested by medical personnel. The transporting Officer should describe to medical personnel any unusual behaviors or other circumstances the Officer reasonably believes would be potential safety or medical risks to the subject (e.g., prolonged struggle, extreme agitation, impaired respiration).

511.8 REQUIRED DOCUMENTATION

If a person is restrained, the Officer shall document the details of the detention and the need for handcuffs or other restraint use, at minimal in the inmate log.

Officers should document the following information in reports, as appropriate, when restraints other than handcuffs are used on a person:

- (a) The factors that led to the decision to use restraints.
- (b) Supervisor notification and approval of restraint use.
- (c) The types of restraint used.
- (d) The amount of time the person was restrained.
- (e) If the person was transported and the position of the person during transport.
- (f) Observations of the person's behavior and any signs of physiological problems.
- (g) Any known or suspected drug use or other medical problems.

511.9 TRAINING

Subject to available resources, the Training Sergeant should ensure that deputies receive periodic training on the proper use of handcuffs and other restraints, including:

- (a) Proper placement and fit of handcuffs and other restraint devices approved for use by the Office.
- (b) Response to complaints of pain by restrained persons.
- (c) Options for restraining those who may be pregnant without the use of leg irons, waist chains, or handcuffs behind the body.

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- (d) Options for restraining amputees or those with medical conditions or other physical conditions that may be aggravated by being restrained.

Electronic Restraint Device

512.1 PURPOSE AND SCOPE

This policy establishes guidelines for the application, supervisory oversight and restrictions on the use of an electronic restraint device on persons incarcerated in this facility, during transportation of inmates and during court appearances.

512.2 POLICY

The Eau Claire County Sheriff's Office allows the use of office-issued electronic restraints as provided in this policy.

512.3 MEMBER RESPONSIBILITIES

Officers & Deputies shall successfully complete office-approved training prior to using any electronic restraint device. Only office-issued electronic restraint devices shall be used.

Officers & Deputies should perform a function test on the device prior to placing it on an inmate. The Security Services Sergeant shall ensure that all electronic restraint devices are properly maintained and in good working order.

When an electronic restraint device is used during a court appearance, the Officer or Deputy should inform the court that an inmate with an electronic restraint device is present. The Officer or Deputy should briefly explain the operation of the device to the judge.

512.4 VERBAL WARNING

A verbal warning of the intended use of the electronic restraint device should precede its application, unless it would otherwise endanger the safety of staff or when it is not practicable due to the circumstances. The warning is intended to provide the inmate with an opportunity to comply. The fact that a verbal or other warning was given or the reasons it was not given shall be documented by the member deploying the device.

512.5 APPLICATION

Prior to applying the electronic restraint device to an inmate, the Officer or Deputy should describe its operation and caution the inmate about behaviors that may result in its activation.

Although the electronic restraint device is generally effective in controlling most inmates, Officers and Deputies should be aware that it may not achieve the intended result, and that they should be prepared with other options.

The electronic restraint device may be used in the following circumstances, when the circumstances perceived by the Officer or Deputy at the time indicate that such application is reasonably necessary to:

- (a) Prevent self-injury, suicide, escape, injury to others or property damage.
- (b) Control the behavior of a high-risk inmate who is being moved outside a cell or housing unit or transported outside the facility.

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512.5.1 MULTIPLE APPLICATIONS

Officers and Deputies should activate the electronic restraint device for only one standard cycle and then evaluate the situation before applying any subsequent cycles. Multiple applications of an electronic restraint device or for more time than is necessary to control the inmate are generally not recommended and should be avoided unless the Officer or Deputy reasonably believes that the need to control the inmate outweighs the potentially increased risk posed by multiple applications.

If the first application of the electronic restraint device appears to be ineffective in gaining control of an inmate, the member should consider certain factors before additional applications, including whether the inmate has the ability to comply and has been given a reasonable opportunity to comply.

512.5.2 SPECIAL CONSIDERATIONS

Electronic restraint devices should not be used on:

- (a) Inmates who are known to be pregnant.
- (b) Elderly or infirm inmates.
- (c) Inmates with obviously low body mass.
- (d) Inmates who have been recently sprayed with a flammable chemical agent or who are otherwise in close proximity to any known combustible vapor or flammable material, including alcohol-based oleoresin capsicum (OC) spray.
- (e) Inmates whose position or activity may result in collateral injury (e.g., falls from height, running).

Because the application of the electronic restraint device relies primarily on pain compliance, its use generally should be limited to a distraction technique to gain separation between the member and the inmate, or to disrupt an inmate's violent or unruly behavior, thereby giving members time and distance to consider other force options or actions.

The electronic restraint device shall not be used to psychologically torment, elicit statements, retaliate against or punish any inmate.

512.6 DOCUMENTATION

Officers & Deputies shall document each incident where electronic restraints are placed on an inmate or are activated. Notification shall also be made to a supervisor in compliance with the Use of Force Policy. Unintentional activations will also be documented.

512.7 MEDICAL TREATMENT

All inmates who have been subjected to the electric discharge of an electronic restraint device should have the contact site medically assessed before further incarceration.

Additionally, any inmate who falls under any of the following categories should, as soon as practicable, be examined by a qualified health care professional:

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- (a) The inmate is suspected of being under the influence of controlled substances and/or alcohol.
- (b) The inmate may be pregnant.
- (c) The inmate reasonably appears to be in need of medical attention.
- (d) The inmate requests medical treatment.

If any inmate refuses medical attention, such a refusal should be witnessed by another staff member and/or medical personnel and shall be fully documented. If an audio recording is made of the contact or an interview with the inmate, any refusal should be included, if possible.

Officers & Deputies shall inform any person providing medical care or receiving custody that the inmate has been subjected to the activation of an electronic restraint device.

512.8 SUPERVISOR RESPONSIBILITIES

Supervisor approval is necessary before an electronic restraint device is placed on an inmate. A supervisor should respond to all incidents where an electronic restraint device was activated.

A supervisor should review each incident where an inmate has been exposed to an activation of an electronic restraint device. Any onboard memory should be downloaded by a supervisor and retained with the inmate's file.

Photographs of contact sites should be taken and witnesses interviewed.

512.9 TRAINING

Training should be consistent with recommendations made by the particular device manufacturer or any state requirements.

Searches

513.1 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 Eau Claire County Sheriff's Office facility 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.

513.1.1 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.

Modified strip search - A search that requires a person to remove or rearrange some of his/her clothing that does not include a visual inspection of the breasts, buttocks or genitalia of the person but may include a thorough tactile search of an inmate's partially unclothed body. This also includes searching the inmate's clothing, once it has been removed.

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 normal type of search used by correctional officers within this facility to check an individual for weapons or contraband. It involves a thorough patting down of 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 stomach or rectal cavity of a person, and the vagina of a female person.

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

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genitalia of the person. This includes monitoring of a person showering or changing clothes where the person's underclothing, buttocks, genitalia or female breasts are visible to the monitoring employee.

513.2 POLICY

It is the policy of this office 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.

513.2.1 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 by a person trained in handling those who are physically disabled (Wis. Stat. § 968.256).

513.3 PAT-DOWN SEARCHES

Pat-down searches will be performed on all inmates/arrestees upon 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., exercise yard, medical, program, visiting) 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.

Pat-down searches should be conducted by members of the same sex as the person being searched, except when conditions require an immediate search for the safety of the inmate or the security and safety of the jail. The search report shall state what the conditions were that required the immediate search. If the need is not immediate, the search can be delayed until a member of the same sex is available to conduct the search. The inmate should be held in a holding cell or apart from the general population until the search is performed. 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).

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513.4 MODIFIED STRIP SEARCHES, 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. Strip searches should be conducted by members of the same sex as the person being searched, except when conditions require an immediate search for the safety of the inmate or the security and safety of the jail. The search report shall state what the conditions were that required the immediate search. If the need is not immediate, the search can be delayed until a member of the same sex is available to conduct the search. The inmate should be held in a holding cell or apart from the general population until the search is performed.

513.4.1 MODIFIED STRIP SEARCHES AND STRIP SEARCHES PRIOR TO PLACEMENT IN A HOUSING UNIT

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 modified strip search or 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
 - (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

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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 modified strip search or 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.).
- (c) No modified strip search or strip search of an inmate shall be conducted prior to admittance to a housing unit without prior written authorization from the Security Services Sergeant. 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 modified strip search or strip search shall:
 - 1. Document the facts that led to the decision to perform a strip search of the inmate.
 - 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 office's current evidence procedures.
 - 8. If appropriate, complete a crime report and/or disciplinary report.
- (e) The documentation shall be placed in the inmate's record. A copy of the authorization shall be provided to the inmate or other authorized representative.

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513.4.2 STRIP SEARCHES UPON ENTRY INTO A HOUSING UNIT

Strip searches will be conducted on all inmates upon admission into a housing unit. Written authorization from the Security Services Sergeant is required for inmates other than sentenced inmates. Arrestees who are eligible for release or who will be released when they are no longer intoxicated will not be placed into a housing unit or have unmonitored or unsupervised contact with previously housed inmates.

Arrestees who are arranging bail shall be permitted a reasonable period of time, not less than 12 hours, and the opportunity to make phone calls before being placed in a housing unit.

513.4.3 MODIFIED STRIP SEARCHES AND SEARCHES OF HOUSED INMATES

A strip search of an inmate assigned to a housing unit should be conducted when the inmate has entered an environment where contraband or weapons may be accessed. This includes, but is not limited to, the following:

- Upon initial admission into the housing unit
- Upon return from contact visits
- Upon leaving the kitchen, shop, farm, etc.
- Upon return to the housing unit from outside the confines of the facility (court, work release, work detail, medical visits)

Written authorization from the Security Services Sergeant is required for strip searches of inmates other than sentenced inmates.

Inmates returning from court with release orders shall not be subject to modified strip searches or strip searches unless reasonable suspicion exists based on specific and articulable facts that the person is concealing a weapon or contraband. The inmate should not be returned to the housing unit, except for retrieving his/her personal property under the direct visual supervision of staff.

Staff members may conduct modified strip searches and strip searches of inmates outside the above listed circumstances only with a supervisor's written approval (Wis. Stat. § 968.255). Staff members and supervisors must make a determination to conduct a strip search by balancing the scope of the particular search, intrusion, the manner in which it is conducted, the justification for initiating it and the place in which it is conducted. Less invasive searches should be used if they would meet the need for the search. For example, a pat-down or modified strip search may be sufficient as an initial effort to locate a larger item, such as a cell phone.

The staff member conducting a modified strip search or strip search outside the above listed circumstances shall:

- (a) Document the name and sex of the person subjected to the strip search.
- (b) Document the facts that led to the decision to perform a strip search of the inmate.
- (c) Document the reasons less intrusive methods of searching were not used or were insufficient.

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- (d) Document the supervisor's approval.
- (e) Document the time, date and location of the search.
- (f) Document that the person was physically disabled, if applicable.
- (g) Document the names, sex and roles of any staff present.
- (h) Itemize in writing all contraband and weapons discovered by the search.
- (i) Process all contraband and weapons in accordance with the office's current evidence procedures.
- (j) If appropriate, complete a crime report and/or disciplinary report.
- (k) Ensure the documentation is placed in the inmate's file. A copy of the written authorization shall be retained and made available to the inmate or other authorized representative upon request.

513.4.4 MODIFIED STRIP SEARCH AND STRIP SEARCH PROCEDURES

All modified strip searches and 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 modified strip search or strip search shall be conducted by staff members of the same sex as the person being searched (Wis. Stat. § 968.255). Any cross-gender modified strip searches and 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 modified strip 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.

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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 in either his/her street clothes or jail-supplied clothing, as appropriate.

513.4.5 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 Administrator 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 provided to non-sentenced inmates and made available, upon request, to sentenced 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 Administrator'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.

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8. Any contraband or weapons discovered by the search.
 - (f) Completed documentation should be placed in the inmate's file.
 - (g) All contraband and weapons should be processed in accordance with the office's current evidence procedures.
 - (h) If appropriate, the staff member shall complete a crime report and/or disciplinary report.

513.5 TRANSGENDER 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).

513.6 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.

513.7 HOUSING UNIT SEARCHES

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

- (a) All inmates shall vacate their living areas and be searched by staff.
- (b) Inmates should be escorted to a separate holding area, such as the recreation yard.
- (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 alcoholic beverage possessed by inmates shall be seized and the appropriate inmate disciplined and/or criminal charges filed.
- (g) Any authorized item found in excess of the limited quantity (e.g., food items, newspapers) shall be seized and discarded.

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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)).

513.8 PHYSICAL PLANT SEARCHES

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

- (a) Exercise yards shall be searched for contraband prior to and after each inmate group occupies the yard.
- (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) Inmate visiting and public areas shall be frequently inspected for contraband.
- (g) The facility perimeter shall be searched at least once each shift for contraband.

513.8.1 CANINE-ASSISTED SEARCHES

It is the policy of this facility to use canines to assist the staff in searching for contraband. Such searches shall occur only with the approval of a supervisor. 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 trained solely in crowd control or to assist in physically subduing individuals will not be used in 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).

513.9 CRIMINAL EVIDENCE SEARCHES

The Jail Administrator 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.

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513.10 TRAINING

The Training Sergeant shall provide training for staff in how to conduct pat-downs, modified strip 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).

Reporting In-Custody Deaths

514.1 PURPOSE AND SCOPE

This policy provides direction on how in-custody deaths shall be reported.

514.1.1 DEFINITIONS

Definitions related to this policy include:

In-custody death - The death of any person, for whatever reason (natural, suicide, homicide, accident), who is in the process of being booked or is incarcerated at any facility of this office.

514.2 POLICY

It is the policy of this office to follow state and local guidelines for reporting in-custody deaths.

514.3 MANDATORY REPORTING

All in-custody deaths shall be reported as required.

If the decedent is a boarder for another agency, the Jail Administrator shall notify that agency so that agency will assume responsibility for the notification of the decedent's family.

Pursuant to Article 37 of the Vienna Convention on Consular Relations 1963, in the case of the death of a foreign national, telephonic notification to the appropriate consulate post should be made without unreasonable delay and confirmatory written notification shall be made within 72 hours of the death to the appropriate consulate post. The notification shall include the inmate's name, identification number, date and time of death and the attending physician's name.

In the event that a juvenile dies while in-custody, the Jail Administrator or the authorized designee shall notify the court of jurisdiction and ensure notification to the juvenile's parent or guardian.

The Jail Administrator or the authorized designee shall notify the Wisconsin Department of Corrections regional Detention Facilities Specialist of any death within 48 hours and shall promptly furnish all requested information (Wis. Admin. Code DOC § 350.10(3)).

514.4 PROCEDURE

Correctional staff will immediately notify the communications center via radio, phone or 911 to have them dispatch the fire/EMS. Staff will advise the dispatcher of the medical emergency, giving as much pertinent information as possible.

Correctional staff should never assume the person is dead, Correctional staff will provide the appropriate medical care, including CPR, as soon as possible, and will continue, until that time at which they are relieved of that duty. If there is contracted medical staff on duty, they will be in charge until relieved of that duty by fire/EMS personnel.

Correctional staff should meet the fire/EMS in the appropriate area and escort them to the emergency. One elevator should be locked off specifically for fire/EMS use, to increase response time and efficiency.

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A correctional officer shall accompany fire/EMS and the patient to the hospital, until relieved of that duty by a supervisor. Correctional officers will preserve the scene, by limiting personal into the area, pending further investigation. If the area contains other inmates, they shall be removed from the area and kept separate from each other and other inmates.

As soon as possible, notify the following people, in the following order:

1. Jail Captain/Jail Administrator
2. Sheriff
3. Jail Lieutenant
4. Contracted medical provider (if not on scene)
5. Undersheriff
6. Corporation Counsel
7. District Attorney

The most IMPORTANT contact is the Jail administrator/Jail Captain, They can provide guidance and assist at making notifications.

A critical incident stress de-briefing will be offered utilizing our contracted EAP provider, for those directly involved or working during the incident.

The Jail Administrator will notify the jail inspector of an in custody death and provide a copy of the incident report as well as all related documents, at the completion of the investigation.

The Office shall establish policies and procedures for the investigation of any in-custody death.

The decedent's personal belongings shall be disposed of in a responsible and legal manner. All property and records shall be retained according to established records retention schedules.

The next of kin shall be notified of all pertinent information as required by law as soon as possible (Wis. Admin. Code DOC § 350.14(5); Wis. Stat. § 157.02).

During an investigation, all inquiries regarding the death shall be referred to the Sheriff or authorized designee. Unauthorized Sheriff Office Staff shall not make any public comment.

514.5 IN-CUSTODY DEATH REVIEW

The Sheriff is responsible for establishing a team of qualified staff to conduct an administrative review of every in-custody death. At a minimum, the review team should include the following:

- (a) Sheriff and/or the Jail Administrator
- (b) Corporation Counsel
- (c) District Attorney
- (d) Investigative staff

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- (e) Responsible Physician, qualified health care professionals, supervisors or other staff who are relevant to the incident

The in-custody death review should be conducted no later than 72 hours after the incident.

Staff and Inmate Contact

515.1 PURPOSE AND SCOPE

Interaction with inmates allows for continual assessment of the safety and security of the facility and the health and welfare of the inmates. However, inappropriate interaction can undermine security and order in the facility and the integrity of the supervision process.

This policy provides guidelines for appropriate and professional interaction between members and inmates, and is intended to promote high ethical standards of honesty, integrity, and impartiality as well as increase facility safety, discipline, and morale.

Violation of this policy may result in disciplinary action up to and including dismissal. Members who seek information or clarification about the interpretation of this policy are encouraged to promptly contact their supervisor.

515.2 POLICY

The Jail Administrator shall ensure that inmates have adequate ways to communicate with staff and that the staff communicates and interacts with inmates in a timely and professional manner.

515.3 GENERAL CONTACT GUIDELINES

Members are encouraged to interact with the inmates under their supervision and are expected to take prompt and appropriate action to address health and safety issues that are discovered or brought to their attention.

All members should present a professional and command presence in their contact with inmates. Members shall address inmates in a civil manner. The use of profanity, and derogatory or discriminatory comments is strictly prohibited.

Written communication (e.g., request forms, inmate communication, grievances, rules infraction forms, disciplinary reports) shall be answered in a timely manner. Such communication shall be filed with the inmate's records.

Members shall not dispense legal advice or opinions, or recommend attorneys or other professional services to inmates.

While profanity and harsh language are prohibited, the Office recognizes the necessity for staff to give inmates direction in a firm, determined, and authoritative manner in order to maintain proper supervision and control. Authoritative directions to inmates are particularly instructed when activities or events pose a threat to the safety or security of this facility.

515.4 ANTI-FRATERNIZATION

Personal or other interaction not pursuant to official duties between facility staff with current inmates, inmates who have been discharged within the previous year, their family members, or known associates have the potential to create conflicts of interest and security risks in the work environment.

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Members shall not knowingly maintain a personal or unofficial business relationship with any persons described in this section unless written permission is received from the Jail Administrator.

Prohibited interactions include but are not limited to:

- (a) Communications of a sexual or romantic nature.
- (b) Salacious exchanges.
- (c) Sexual abuse, sexual assault, sexual contact, or sexual harassment.
- (d) Exchanging letters, phone calls, or other similar communications, such as texting.
- (e) Exchanging money or other items.
- (f) Extending privileges, giving or accepting gifts, gratuities, or favors.
- (g) Bartering.
- (h) Any financial transactions.
- (i) Being present at the home of an inmate for reasons other than an official visit without reporting the visit.
- (j) Providing an inmate with the staff member's personal contact information, including social media accounts.

515.4.1 EXCEPTIONS

The Jail Administrator may grant a written exception to an otherwise prohibited relationship on a case-by-case basis based upon the totality of the circumstance. In determining whether to grant an exception, the Jail Administrator should give consideration to factors including but not limited to:

- Whether a relationship existed prior to the incarceration of the inmate.
- Whether the relationship would undermine security and order in the facility and the integrity of the supervision process.
- Whether the relationship would be detrimental to the image and efficient operation of the facility.
- Whether the relationship would interfere with the proper discharge of, or impair impartiality and independence of, judgment in the performance of duty.

515.5 REPORTING

Members shall promptly report all attempts by inmates to initiate sexual acts or any salacious conversations, and forward any correspondence from an inmate or former inmate to the Jail Administrator or the authorized designee.

Members shall report all attempts by inmates to intimidate or instill feelings of fear to their supervisor.

Members shall promptly notify their immediate supervisor in writing if:

- A family member or close associate has been incarcerated or committed to the custody of the facility.

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- The member is involved in a personal or family relationship with a current inmate or with an inmate who has been discharged within the previous year.

Transportation of Inmates Outside the Secure Facility

516.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for the transportation of inmates outside this facility and to ensure that the staff assigned to transportation duties is qualified and adequately trained.

516.2 POLICY

It is the policy of the Eau Claire County Sheriff's Office to provide safe, secure and humane transportation for all inmates and other persons as required by law.

This Eau Claire County Sheriff's Office shall transfer all inmates from the Eau Claire County Jail to the place of imprisonment pursuant to the sentence of the court as soon as practicable after the sentence, in accordance with all laws relating to the transfer of inmates and costs related to transfers to facilities and jurisdictions.

516.3 PROCEDURES

Only staff members who have completed approved training on inmate transportation should be assigned inmate transportation duties. All staff members who operate transportation vehicles shall hold a valid Wisconsin Operators License or equivalent, as well as proper endorsements, if applicable, for the type of vehicle being operated.

Any member who transports an inmate outside the secure confines of this facility is responsible for:

- (a) Obtaining all necessary paperwork for the inmate being transported (e.g., medical/dental records, commitment documents).
- (b) Ensuring that all inmates are thoroughly searched and appropriate restraints are properly applied.
 1. Inmates who are known to be pregnant will not be handcuffed behind their backs or placed in waist restraints while being transported (see Use of Restraints Policy).
- (c) Ensuring that all vehicle security devices (e.g., window bars, inside cages, door locks) are in good repair and are operational.
- (d) Thoroughly searching the transporting vehicle for contraband before any inmate is placed inside, and then again after removing the inmate from the transporting vehicle.

516.3.1 PRISONER TRANSPORT REPORT

Inmate transportation logs shall be developed by the Jail Administrator or the authorized designee and shall log all inmate transportation on the inmate transport report. The inmate transport report shall include:

- Name and identification number of the inmate.

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- Date and start/stop time of the transport.
- Location where the inmate was transported.
- Name and identification number of Correctional Officer(s) or Special Deputies involved in the transport.
- Circumstances of any unusual events associated with the transportation.

The logs shall be retained by the facility in accordance with established records retention schedules.

516.4 TRAINING

The Training Sergeant shall ensure that all employees charged with inmate transportation duties receive training appropriate for the assignment.

Documentation of all training presented shall be retained in the employee's training file in accordance with established records retention schedules.

Safety Cells

517.1 PURPOSE AND SCOPE

This policy establishes the requirement for placing inmates into and the continued placement of inmates in safety cells.

517.1.1 DEFINITIONS

Definitions related to this policy include:

Safety cell - An enhanced protective housing designed to minimize the risk of injury or destruction of property used for inmates who display behavior that reveals intent to cause physical harm to themselves or others or to destroy property or who are in need of a separate cell for any reason, until suitable housing is available.

517.2 POLICY

This facility will employ the use of safety cells to protect inmates from injury or to prevent the destruction of property by an inmate in accordance with applicable law.

A safety cell shall not be used as punishment or as a substitute for treatment. The Jail Administrator or the authorized designee shall review this policy annually with the Responsible Physician.

517.3 SAFETY CELL PROCEDURES

The following guidelines apply when placing any inmate in a safety cell:

- (a) Placement of an inmate into a safety cell requires approval of the Security Services Sergeant or the qualified medical or mental health professional.
- (b) A safety cell log shall be initiated every time an inmate is placed into the safety cell and should be maintained for the entire time the inmate is housed in the cell. Cell logs will be retained in accordance with established office retention schedules.
- (c) A safety check consisting of direct visual observation that is sufficient to assess the inmate's well-being and behavior shall occur twice every 30 minutes. Each safety check of the inmate shall be documented. Supervisors shall inspect the logs for completeness and document this action on the safety cell log.
- (d) Inmates should be permitted to remain normally clothed or should be provided a safety suit, except in cases where the inmate has demonstrated that clothing articles may pose a risk to the inmate's safety or the facility. In these cases, the reasons for not providing clothing shall be documented on the safety cell log.
- (e) Inmates in safety cells shall be given the opportunity to have fluids (water, juices) at least hourly. Correctional officers shall provide the fluids in paper cups. The inmates shall be given sufficient time to drink the fluids prior to the cup being removed. Each time an inmate is provided the opportunity to drink fluids will be documented on the safety cell log.
- (f) Inmates will be provided meals during each meal period. Meals will be served in safe containers and the inmates will be monitored while eating the meals. Inmates shall

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be given ample time to complete their meals prior to the container being removed. All meals provided to inmates in safety cells will be documented on the safety cell log.

- (g) The Security Services Sergeant shall, in conjunction with a qualified medical or mental health provider, review the appropriateness for continued retention in the safety cell at least every twelve hours. The reason for continued retention or removal from the safety cell shall be documented on the safety cell log.
- (h) A medical assessment of the inmate in the safety cell shall occur within 12 hours of placement or at the next daily sick call, whichever is earliest. Continued assessment of the inmate in the safety cell shall be conducted by a qualified health care professional and shall occur at least every 24 hours thereafter. Medical assessments shall be documented.
- (i) A mental health assessment shall be conducted within 24 hours of an inmate's placement in the safety cell. The mental health professional's recommendations shall be documented.

Biological Samples

518.1 PURPOSE AND SCOPE

This policy provides guidelines for the collection of biological samples from persons required to provide samples upon conviction or arrest for certain offenses. This policy does not apply to biological samples collected at a crime scene or taken from a person in conjunction with a criminal investigation. Nor does it apply to biological samples collected from those required to register, for example, as sex offenders.

518.2 POLICY

The Eau Claire County Sheriff's Office will assist in the expeditious collection of required biological samples from arrestees and inmates in accordance with the laws of this state and with as little reliance on force as practicable.

518.3 PERSONS SUBJECT TO BIOLOGICAL SAMPLE COLLECTION

The following arrestees and inmates must submit a biological sample (Wis. Stat. § 165.76; Wis. Stat. § 165.84):

- (a) Adults arrested or juveniles taken into custody for a violent crime as defined by Wis. Stat. § 165.84
- (b) Persons sentenced to the county jail for a qualifying offense
- (c) Persons ordered by a court to provide a biological sample for DNA analysis
- (d) Persons referred to the Office by the Wisconsin Department of Corrections staff for collection of a biological sample and fingerprints
- (e) A person being booked into jail when a review of that person's Computerized Criminal History (CCH) record reflects "DNA Sample Needed"

518.4 PROCEDURE

When an arrestee or inmate is required to provide a biological sample, a trained employee shall attempt to obtain the sample in accordance with this policy.

518.4.1 COLLECTION

The following steps should be taken to collect a sample:

- (a) Verify that the arrestee or inmate is required to provide a sample pursuant to Wis. Stat. § 165.76.
- (b) Verify that a biological sample has not been previously collected from the arrestee or inmate by querying CCH. There is no need to obtain a biological sample if one has been previously obtained.
- (c) Use the designated collection kit provided by the Wisconsin Department of Justice to perform the collection and take steps to avoid cross contamination.

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- (d) Forward the sample to the appropriate crime laboratory as soon as practicable, but in all cases within 48 hours of collection (Wis. Admin. Code § JUS 9.04).

518.5 CALCULATED USE OF FORCE TO OBTAIN SAMPLES

If an arrestee or inmate refuses to cooperate with the sample collection process, correctional officers should attempt to identify the reason for refusal and seek voluntary compliance without resorting to using force. Force will not be used in the collection of samples except with approval of legal counsel and only with the approval of the Security Services Sergeant (Wis. Stat. § 165.765). Methods to consider when seeking voluntary compliance include contacting:

- (a) The inmate's parole or probation officer when applicable.
- (b) The prosecuting attorney to seek additional charges against the inmate for failure to comply or to otherwise bring the refusal before a judge.
- (c) The judge at the inmate's next court appearance.
- (d) The inmate's attorney.
- (e) A chaplain.
- (f) A supervisor who may be able to authorize disciplinary actions to compel compliance, if any are available.

The Security Services Sergeant shall review and approve any calculated use of force. The supervisor shall be present to supervise and document the calculated use of force.

518.5.1 VIDEO RECORDING

A video recording should be made any time force is used to obtain a biological sample. The recording should document all staff participating in the process, in addition to the methods and all force used during the collection. The recording should be part of the investigation file, if any, or otherwise retained in accordance with the office's established records retention schedule.

End of Term Release

519.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain procedures governing the end of term release of inmates to ensure that inmates are not released in error.

519.2 POLICY

It will be the policy of the Eau Claire County Sheriff's Office to provide for the timely, efficient and legal release of inmates.

519.3 RELEASE PROCEDURE

Inmates who have reached the end of their sentenced term or who are ordered released by the court will be scheduled for release at staggered times on their out-date to avoid congestion in the release area. Inmates scheduled for release shall be escorted by the staff to the transfer/release area to begin the release procedure.

The Security Services Sergeant or release officer shall sign and date the release paperwork on the same day the inmate is to be released.

Inmates shall not be released or moved during inmate count, change of shift or at any time that would pose a potential safety threat or disrupt the orderly operation of the facility.

All inmates must be positively identified by the staff prior to being released from the facility. Inmate identities should be verified using intake records bearing the inmate's name, photograph and facility identification number.

Before any inmate may be released, the following conditions must be met:

- (a) The identity of the inmate has been verified.
- (b) All required paperwork for release is present. The staff shall review the active inmate file to verify the validity of the documents authorizing the release. The file should also be reviewed for other release-related or pending matters, including:
 1. Verifying calculations and release-date adjustments for good time.
 2. Any pending arrangements for follow-up, such as medications needed, appointments or referral to community or social resources.
 3. Unresolved grievances, damage claims or lost property.
- (c) Releasing staff must complete National Crime Information Center (NCIC) and local warrant checks to ensure that there are no outstanding warrants or detention orders. If any agency has outstanding charges against the inmate, the staff shall notify the agency that the inmate is available for release.
- (d) If an inmate has been diagnosed as being severely mentally ill, the inmate shall be evaluated by qualified health care professional and medically authorized for release, prior to said release. To the extent practicable, individuals who have been determined to be severely mentally ill should be released during normal business hours to facilitate their ability to receive needed services, immediately after release.

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- (e) All personal property shall be returned to the inmate during the release process. The inmate must acknowledge receiving his/her property by signed receipt. Any discrepancies shall be promptly reported to the Security Services Sergeant.
- (f) All facility property must be returned by the inmate. Any missing or damaged facility property should be documented and promptly reported to the Security Services Sergeant. The inmate shall remain in custody until the Security Services Sergeant reviews the damage and authorizes the release.
- (g) Inmates on probation or parole should be directed by the staff to report to the probation or parole office immediately upon release. The parole authorities having jurisdiction shall be notified of the inmate's release, if required.
- (h) If needed, inmates may be allowed to make a reasonable number of phone calls to arrange for transportation.

The housing sheet, release log and daily census log shall be updated accordingly after the inmate's release. The Security Services Sergeant shall ensure all release documents are complete and properly signed by the inmate and the staff where required.

519.3.1 NOTIFICATION OF RESTORED VOTING RIGHT

If an inmate is being released for completing a sentence and probation for a felony conviction, the releasing staff shall, if certain that the inmate has met all voting obligations, inform said inmate in writing that his/her voting right is restored (Wis. Stat. § 304.078).

Over-Detention and Inadvertent Releases

520.1 PURPOSE AND SCOPE

This policy is intended to provide guidance to staff and management in the event of over-detention or inadvertent release.

520.1.1 DEFINITIONS

Definitions related to this policy include:

Inadvertent release - Any instance of an inmate being mistakenly released.

Over-detention - Any instance of an inmate being mistakenly detained beyond his/her scheduled release date.

520.2 POLICY

It is the policy of this office to reasonably ensure that over-detention and inadvertent releases do not occur.

520.3 OVER-DETENTION

Any custody staff member who discovers or receives information of an over-detention, or a complaint from an inmate regarding over-detention (which could be discovered through a grievance), should immediately notify the Security Services Sergeant (see the Inmate Grievances Policy).

The Security Services Sergeant should immediately conduct an investigation to determine the correct release date of the inmate.

Inmates who are found to be over-detained shall be processed for immediate release in accordance with the End of Term Release Policy. The Security Services Sergeant shall ensure that the Jail Administrator is notified, an entry is made to the daily activity log and that a report is completed.

520.3.1 OVER-DETENTION GRIEVANCES

Any custody staff member who receives information or a complaint from an inmate regarding over-detention should assist the inmate with completing a grievance form and forward the form directly to the Security Services Sergeant as soon as practicable.

The Security Services Sergeant receiving a grievance regarding an over-detention should immediately conduct an investigation to determine the correct release date of the inmate.

If the Security Services Sergeant decides not to release the inmate, the Security Services Sergeant should complete the appropriate documentation that reflect efforts made to investigate the allegation (see the Inmate Grievances Policy).

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520.4 INADVERTENT RELEASE

Whenever an inadvertent release is discovered, the custody staff member making the discovery shall immediately notify the Security Services Sergeant. The notification shall be documented in the daily activity log.

520.4.1 INADVERTENT RELEASE INVESTIGATION

The Security Services Sergeant should conduct an investigation to determine the cause of the inadvertent release.

The Security Services Sergeant will coordinate a response based upon the seriousness of the threat the inmate may pose to the community. The threat assessment should be based upon the inmate's criminal history and the reason he/she is currently in custody, among other factors.

In the case of an inadvertent release, the Security Services Sergeant should immediately notify the Jail Administrator and ensure a report is completed. The Jail Administrator should notify the Sheriff.

An appropriate evaluation of the circumstances shall be made to determine whether the inadvertent release should be classified as an escape.

520.4.2 RETURNING THE INMATE TO CUSTODY

When the inmate is located and returned to the facility, the appropriate notifications should be made as soon as possible.

Secureview Tablets

521.1 SECUREVIEW TABLET PROGRAM

The Secureview Tablet program is a free or low cost monthly subscription service offered through Securus Technologies. The program offers incarcerated individuals in the Eau Claire County Jail the ability to make phone calls, listen to music, read books, play games, perform legal research and look for jobs. Furthermore, the tablet program provides educational and self-help opportunities that can prepare an incarcerated individual for success in the future, all through one device.

521.2 SECUREVIEW TABLET USE

Use of the Secureview Tablet is a privilege, not a right. Incarcerated individual use and eligibility is at the sole discretion of Securus Technologies and Eau Claire County Jail Correctional Staff.

521.3 ELIGIBILITY

The following provide an incarcerated individual eligibility for the Secureview Tablet Program.

- (a) Incarcerated individual is new to the facility and does not currently have an active tablet subscription.
- (b) Incarcerated individual has not been flagged as ineligible by Securus Technologies.
- (c) Incarcerated individual has not been flagged as ineligible by Eau Claire County Jail Correctional Staff.

521.4 INELIGIBILITY

The following provide an incarcerated individual ineligibility for the Secureview Tablet Program.

- (a) Incarcerated individual is currently in custody and has an active tablet subscription.
- (b) Incarcerated individual has been flagged as ineligible by Securus Technologies.
- (c) Incarcerated individual has been flagged as ineligible by Eau Claire County Jail Correctional Staff.

If Securus Technologies or Eau Claire County Jail Correctional Staff flag the incarcerated individual as ineligible, their subscription would be canceled and they would be prohibited from obtaining a new subscription until being flagged as eligible. Securus Technologies as well as Eau Claire County Jail Correctional Staff may, at their discretion, flag an incarcerated individual as ineligible due to delinquent subscription payment, signs of tampering with the issued tablet or obvious and deliberate physical damage to the tablet. Eau Claire County Correctional Staff cannot override any prohibitions added by Securus Technologies, however they may implement their own prohibitions above and beyond the restrictions placed on the incarcerated individual by Securus Technologies.

521.5 SUBSCRIPTION

Upon receipt of a Secureview Tablet, the incarcerated individuals will have two user options available to them.

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- (a) All tablets upon being issued, will have limited free content and applications, that come standard from Securus Technologies.
- (b) Incarcerated individuals may choose to purchase the "Make Mine" monthly subscription option, which offers them premium content and applications for a nominal fee, established by Securus Technologies.
- (c) Upon activation of the "Make Mine" subscription, the incarcerated individual's Securus account will be charged accordingly by Securus Technologies.
- (d) The "Make Mine" subscription fee covers the initial 24 hours of the subscription content. Everyday after the initial 24-hours of use, is free, for the incarcerated individual.
- (e) The "Make Mine" subscription is a monthly subscription. The nominal subscription fee will be withdrawn from the incarcerated individuals Securus account monthly thereafter or until the individual is released from custody or the individual chooses to cancel their "Make Mine" subscription.
- (f) Tablets that have a "Make Mine" subscription will have a blue screen and will bare the name of the incarcerated individual that purchased the subscription. Tablets that do not have subscriptions will have a green screen and will bare the numerical area for which it is assigned.
- (g) Securus will not offer refunds or prorated rates on the subscription fee, once its been activated and used for the initial 24-hours of use. Disputes or negotiation of any fees associated with the Secureview Tablet program is at the sole discretion of Securus Technologies.

521.6 ACCESSORIES

To utilize the tablets audio features, any standard 3.5mm audio headphone jack would be adequate. If the incarcerated individual wishes to utilize the Secureview Tablet's telephone features, a standard 3.5mm audio headphone with microphone is required.

Headphones without a microphone can be purchased through the incarcerated individuals commissary account and headphones with a microphones can be purchased from any Eau Claire County Jail Correctional Staff for a nominal fee.

Chapter 6 - Inmate Due Process

Inmate Discipline

600.1 PURPOSE AND SCOPE

This policy addresses the fair and equitable application of inmate rules and the application of disciplinary sanctions for those who fail to comply.

600.2 POLICY

It is the policy of this office to maintain written general categories of prohibited inmate behavior that are clear, consistent and uniformly applied. Written rules and guidelines will be made available to all inmates. They will include a structured process for resolving minor infractions and a hearing process for a more serious breach of inmate rules. Criminal acts may be referred to the appropriate criminal agency (Wis. Admin. Code DOC § 350.24). To assure fair and equitable application of rules and the application of disciplinary sanctions, it will be the practice of this office that no one staff member be involved in more than one step in the discipline process for any one incident.

600.3 DUE PROCESS

Inmates who are subject to discipline as a result of rule violations shall be afforded the procedural due process established in the policies, procedures and practices relating to inmate discipline. All inmates will be made aware of the rules of conduct related to maintaining facility safety, security and order, as well as clearly defined penalties for rule violations. Staff will not engage in arbitrary actions against inmates. All disciplinary actions will follow clearly established procedures. All disciplinary sanctions will be fairly and consistently applied.

The process for an inmate accused of a major rule violation includes:

- (a) A fair hearing in which the Jail Administrator or the authorized designee presents factual evidence supporting the rule violation and the disciplinary action.
- (b) Advance notice to the inmate of the disciplinary hearing, to allow the inmate time to prepare a defense.
- (c) An impartial hearing officer.
- (d) The limited right to call witnesses and/or present evidence on his/her behalf.
- (e) The appointment of an assistant or representative in cases where the inmate may be incapable of self-representation.
- (f) A formal written decision that shows the evidence used by the hearing officer, the reasons for any sanctions and an explanation of the appeal process.
- (g) Reasonable sanctions for violating rules that relate to the severity of the violation.
- (h) The opportunity to appeal the finding (Wis. Admin. Code DOC § 350.24(3)).

600.3.1 INMATE RULES AND SANCTIONS

The Jail Administrator or authorized designee is responsible for ensuring that inmate rules and sanctions are developed, distributed, reviewed annually and revised as needed.

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Inmates cannot be held accountable for rules of which they are unaware. However, it is impossible to define every possible prohibited act or rule violation that might be encountered in a detention facility. Therefore, a current list of recognized infractions that are generally prohibited should be available in each housing unit. Any revised inmate rules shall not go into effect until all inmate rule handbooks have been replaced or the revised rules have been made available in each housing unit. All inmates, regardless of their housing unit, shall have access to these rules. Inmate rules shall be translated into the languages that are understood by the inmates (Wis. Admin. Code DOC § 350.24(1)) (see the Inmate Handbook and Orientation Policy).

Disciplinary procedures governing inmate rule violations should address rules, minor and major violations, criminal offenses, disciplinary reports, pre-hearing detention and pre-hearing actions or investigations.

600.3.2 RULE VIOLATION REPORTS

A record of all disciplinary infractions and punishment administered will be made (Wis. Admin. Code DOC § 350.24(3)). This requirement may be satisfied by retaining copies of rule violation reports, including the disposition of each violation. Rule violation reports are required for major rule violations or any other violation that will require investigation or a formal resolution. The correctional officer who observed or detected the rule violation or who was delegated with investigating a rule violation is responsible for completing the rule violation report. The rule violation report shall include, at a minimum:

- The date, time and location of the incident.
- Specific rules violated.
- A written description of the incident.
- The identity of known participants in the incident.
- Description and disposition of any physical evidence.
- Action taken by staff, including any use of force.
- Name and signature of the reporting Correctional Officer.
- Date and time of the report.

The Correctional Officer investigating the violation shall ensure that documentation in the investigation or rule violation report includes:

- Date and time the explanation and the written copy of the complaint and appeal process were provided to the inmate.
- The inmate's response to the charges.
- Reasons for any sanctions.
- The identity of any staff or witnesses involved, as revealed by the inmate.
- The findings of the hearing officer.

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- The inmate's appeal, if any.
- The appeal findings, if applicable.

600.4 MINOR RULE VIOLATIONS

A violation of rules observed by general service employees, volunteers or contractors will be reported to a Correctional Officer for further action. Correctional Officers are authorized to recommend informal sanctions on minor violations (Wis. Admin. Code DOC § 350.24(2)).

Any staff member imposing informal discipline shall complete the reporting portion of the disciplinary report and provide the form to the supervisor for review prior to the imposition of the sanction.

Disciplinary sanctions that may be imposed for minor rule violations include:

- Counseling the inmate regarding expected conduct.
- Removal from work detail (without losing work time credits or work-release status for Huber inmates).
- Inmate workers (Porters) may lose work time credit.
- Loss of television, telephone and/or commissary privileges for a period not to exceed 24 hours for each rule violation.
- Lockdown in the inmate's assigned cell or confinement in the inmate's bunk area for a period not to exceed 24 hours for each rule violation.

An inmate may utilize the grievance process to contest the imposed sanction.

600.4.1 MULTIPLE MINOR RULE VIOLATIONS

Staff may initiate a major rule violation report if an inmate is charged with three or more minor rule violations in a consecutive 30-day period. Copies of all minor rule violations will be attached to the major rule violation report. A staff member shall conduct a hearing according to the procedures of a major rule violation.

600.5 MAJOR RULE VIOLATIONS

Major rule violations, which are defined as any violation for which major discipline may be imposed, are often a threat to the safety, security or efficiency of the facility, its staff members, inmates or visitors. Staff members witnessing or becoming aware of a major rule violation shall take immediate steps to stabilize and manage the situation, including immediate notification of a supervisor. The Security Services Sergeant shall assess the situation and initiate any emergency action, if necessary, and notify the Jail Lieutenant (Wis. Admin. Code DOC § 350.24(3)).

The staff member who learned of the rule violation shall write and submit a disciplinary report, along with all relevant evidence, to the appropriate supervisor prior to the end of the shift.

600.5.1 ADMINISTRATIVE SEGREGATION HOUSING

Inmates who are accused of a major rule violation may be moved to administrative segregation housing for pre-hearing detention, with the Security Services Sergeant's approval, if there is a

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threat to safety or security, or where the inmate's presence in general housing inhibits a pending disciplinary investigation (Wis. Admin. Code DOC § 350.25(1)). Inmates placed in pre-hearing detention are subject to the property and privilege restrictions commensurate with segregated confinement.

The Jail Administrator or the authorized designee shall, within 24 hours including weekends and holidays, and every seven days thereafter, review the status of any inmate in pre-hearing detention to determine whether continued pre-hearing segregation housing is appropriate. This review shall be documented (Wis. Admin. Code DOC § 350.25(3)).

600.5.2 INVESTIGATIONS

Investigations involving major rule violations should be initiated within 24 hours of the initial report and completed in sufficient time for the inmate to have a disciplinary hearing, which is required within 7 days of the time the inmate was informed, in writing, of the charges. If additional time is needed, the investigating hearing officer will request more time in writing from the Security Services Sergeant. The inmate will be notified in writing of the delay.

If upon completion of the investigation, the investigating Hearing Officer finds insufficient evidence to support a major rule violation, he/she may discuss alternative sanctions with the Security Services Sergeant, including handling the incident as a minor violation or recommending that charges be removed. Such alternatives shall be documented in the inmate's file.

If the investigating hearing officer determines that sufficient evidence exists to support a major rule violation, he/she will act as the hearing coordinator and will be responsible for:

- Reviewing all reports for accuracy and completeness.
- Overseeing or conducting any required additional investigation.
- Making a determination as to the final charges.
- Making preliminary decisions about the appointment of a staff member to act as an assistant to the inmate.
- Identifying any witnesses that may be called to the hearing.

600.5.3 NOTIFICATIONS

An inmate charged with a major rule violation shall be given a written description of the incident and the rules violated at least 24 hours before a disciplinary hearing.

Unless waived in writing by the inmate, hearings may not be held in less than 24 hours from the time of notification (Wis. Admin. Code DOC § 350.24(3)).

600.6 HEARINGS

The Security Services Sergeant shall appoint at least one hearing officer to preside over and conduct disciplinary hearings of major rule violations. The hearing officer should be suitably trained Correctional Officer who will have the responsibility and authority to rule on charges of inmate rule violations. The hearing officer shall also have the power to impose sanctions. The hearing officer

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shall not investigate nor preside over any inmate disciplinary hearing on cases where he/she was a witness or was directly involved in the incident that generated the complaint (Wis. Admin. Code DOC § 350.24(3)).

Inmates charged with major rule violations are entitled to be present at a hearing unless waived in writing or excluded because their behavior poses a threat to facility safety, security and order. Staff shall inform the hearing officer when any inmate is excluded or removed from a scheduled hearing and shall document the reasons for the exclusion or removal (Wis. Admin. Code DOC § 350.24(3)). A copy of the report shall be forwarded to the Security Services Sergeant.

Hearings may be postponed or continued for a reasonable period of time for good cause. Reasons for postponement or continuance shall be documented and forwarded to the Security Services Sergeant.

The hearing officer shall disclose to the accused inmate all witnesses who will be participating in the hearing. Inmates have no right to cross-examine witnesses. However, the accused inmate may be permitted to suggest questions that the hearing officer, in his/her discretion, may ask.

600.6.1 EVIDENCE

Accused inmates have the right to make a statement, present evidence and call witnesses at the hearing (Wis. Admin. Code DOC § 350.24(3)). Requests for witnesses shall be submitted in writing by the inmate no later than 12 hours before the scheduled start of the hearing. The written request must include a brief summary of what the witness is expected to say.

The hearing officer may deny the request when it is determined that allowing the witness to testify would be unduly hazardous to institutional safety or correctional goals, when the witness's information would not be relevant or would be unnecessarily duplicative, or is otherwise unnecessary (Wis. Admin. Code DOC § 350.24(3)). The reason for denying a witness to testify shall be documented in the hearing report. The reason for denial of any documents requested by the inmate shall also be documented in the hearing record.

A witness's signed written statement may be submitted by the inmate as an alternative to a live appearance. The hearing officer shall review and determine whether the statement is relevant to the charges and shall document the reason for exclusion when any written statement is not given consideration.

Absent a safety or security concern, all staff reports and evidence, including exculpatory evidence, obtained during the disciplinary investigation shall be made available to the accused inmate prior to the hearing.

600.6.2 CONFIDENTIAL INFORMANTS

If information from any confidential informant is to be presented at the hearing, information establishing the reliability and credibility of the informant shall be provided to the hearing officer prior to the hearing. The hearing officer shall review such information to determine whether the informant is reliable and credible.

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600.6.3 STAFF ASSISTANCE

A staff member shall be assigned to assist an inmate who is incapable of representing him/herself at a disciplinary hearing due to literacy, developmental disabilities, language barriers or mental status (Wis. Admin. Code DOC § 350.24(3)). The scope of the duties of the assistant shall be commensurate with the reasons for the appointment. The assistant should be allowed sufficient time to confer with the inmate to fulfill his/her obligations. In these cases, the inmate does not have a right to appoint a person to assist in his/her disciplinary hearing. The final decision regarding the appointment rests with the hearing officer.

Inmate discipline is an administrative and not a judicial process. Inmates do not have a right to an attorney in any disciplinary hearing. Additionally, disciplinary matters may be referred for criminal prosecution and jail disciplinary action concurrently as there is no double jeopardy defense for an administrative process.

600.6.4 DISCIPLINARY DECISIONS

Disciplinary decisions shall be based on the preponderance of evidence presented during the disciplinary hearing.

The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of discipline, if any, should be imposed (28 CFR 115.78(c)).

600.6.5 REPORT OF FINDINGS

A record of all disciplinary hearings shall be maintained in accordance with established records retention schedules. The hearing officer shall update the conduct report regarding the decision and detailing the evidence and the reasons for the disciplinary action (Wis. Admin. Code DOC § 350.24(3)). A copy of the report shall be provided to the inmate. The original shall be filed with the record of the proceedings. All documentation related to the disciplinary process shall be retained and a copy shall be in the inmate's Spillman booking file.

If it is determined that the inmate's charge is not sustained at the end of the disciplinary hearing, the disciplinary report shall reflect those findings.

All disciplinary hearing reports and dispositions shall be reviewed by the Security Services Sergeant soon after the final disposition.

600.7 LIMITATIONS ON DISCIPLINARY ACTIONS

The U.S. and Wisconsin Constitutions expressly prohibit all cruel or unusual punishment. Additionally, there shall be the following limitations:

- In no case shall any inmate or group of inmates be delegated the authority to punish any other inmate or group of inmates.
- In no case shall a safety cell, as specified in the Safety Cells policy, be used for disciplinary purposes.
- In no case shall any restraint device be used for disciplinary purposes.

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- Food shall not be withheld as a disciplinary measure.
- Correspondence privileges shall not be withheld except in cases where the inmate has violated correspondence regulations, in which case correspondence other than legal mail may be suspended for no longer than 72 hours without the review and approval of the Jail Administrator or authorized designee.
- In no case shall access to the courts and/or legal counsel be suspended as a disciplinary measure.
- No inmate may be deprived of the implements necessary to maintain an acceptable level of personal hygiene.
- Discipline may be imposed for sexual activity between inmates. However, such activity shall not be considered sexual abuse for purposes of discipline unless the activity was coerced (28 CFR 115.78(g)).
- No discipline may be imposed for sexual contact with staff unless there is a finding that the staff member did not consent to such contact (28 CFR 115.78(e)).
- No inmate may be disciplined for falsely reporting sexual abuse or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, if the report was made in good faith based upon a reasonable belief that the alleged conduct occurred (28 CFR 115.78(f)).
- No confinement without an opportunity for at least one hour of exercise three days each week outside of immediate living quarters may be imposed unless the Jail Administrator or authorized designee determines and documents that this opportunity will jeopardize the physical safety of the inmate or others or the security of the facility.
- No inmate may be subject to a substantial change in heating, lighting, or ventilation.
- No inmate may be subject to restrictions on clothing, bedding during night hours, the use of hygienic facilities, or reading or writing materials except for abuse of rules related to these and unless jail officials find and document that this opportunity will jeopardize the physical safety of the inmate or others or the security of the jail.
- Restrictions shall not be placed on medical and dental care as a disciplinary measure.
- Restrictions shall not be placed on an inmate's access to government officials as a disciplinary measure.
- Restrictions shall not be placed on an inmate's access to grievance proceedings as a disciplinary measure.
- Inmates shall not be deprived of more than two days loss of good time for any one offense without approval of the court (Wis. Stat. § 302.43)
- An inmate's Huber Law privileges may be suspended only for a major rule violation and not for more than five days (Wis. Stat. § 303.08(10)).

600.8 DISCIPLINARY APPEALS

Inmates shall be notified of their right to appeal the hearing officer's decision and of the following appeal process (Wis. Admin. Code DOC § 350.24(3)).

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Inmates wishing to appeal the decision of the hearing officer must do so in writing within 24-hrs of the decision. All appeals will follow the established grievance process.

Only appeals based on the following will be considered:

- (a) The disciplinary process or procedures were not followed.
- (b) There was insufficient evidence to support the hearing officer's decision.
- (c) The discipline imposed was not proportionate to the violation committed.

A final disposition shall be rendered utilizing the established grievance policy.

600.9 GUIDELINES FOR DISCIPLINARY SANCTIONS

The sanctions imposed for rule violations can range from counseling, loss of privileges, extra work, loss of good and/or work time and restitution for damaging jail property, to implementation of the Disciplinary Segregation Policy. To the extent that there is available therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for sexual abuse, the facility shall consider whether to require an inmate being disciplined for sexual abuse to participate in such interventions as a condition of access to programming or other benefits (28 CFR 115.78(d)).

Discipline shall be commensurate with the nature and circumstances of the offense committed, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories (28 CFR 115.78(b)).

Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse (28 CFR 115.78(a)).

The Sheriff or the Jail Administrator shall be responsible for developing and implementing a range of disciplinary sanctions for violations.

600.10 TRAINING

The Jail Administrator or the authorized designee is responsible for ensuring that a wide range of training and disciplinary tools are available to aid staff and that preprinted forms are available for documenting rule violations in a consistent and thorough manner.

The Training Sergeant is responsible for developing and delivering, or procuring, training for staff members who participate in the disciplinary hearing process. Training topics should include the legal significance of due process protections and the hearing officer's role in assuring that those protections are provided.

600.11 SECTION TITLE

Disciplinary Segregation

601.1 PURPOSE AND SCOPE

This policy specifically addresses disciplinary segregation and guiding principles relating to the conditions attached to that segregation. It will provide guidance to the staff on acceptable practices with regard to management of inmates in disciplinary segregation or classified as requiring special management needs. The discipline and segregation procedure will detail specific Eau Claire County Jail procedures related to the issuance of discipline and segregation.

601.1.1 DEFINITIONS

Definitions related to this policy include:

Disciplinary segregation - A status assigned to an inmate after a disciplinary hearing in which the inmate was found to be in violation of a jail rule or state or federal law. This status results in separating the inmate from the rest of the population to serve the consequence imposed.

601.2 DISCIPLINARY SEGREGATION

Inmates may be placed into disciplinary segregation only after an impartial hearing to determine the facts of the rule violation, in accordance with the office Inmate Discipline Policy. The hearing officer shall impose discipline in accordance with the discipline schedule established by the Jail Administrator. Maximum disciplinary sanctions for any one incident, regardless of the number of rules violated, shall not exceed 10 days. Inmates who are in disciplinary segregation shall be under the care and advice of the jails qualified healthcare and mental health provider. This care and advice shall be documented (Wis. Stat. § 302.40).

601.3 INMATE ACCESS TO SERVICES

The ability to discipline inmates for conduct violations is not absolute. Absent legitimate government reason, inmates continue to have a right to receive certain services. However, inmates in disciplinary segregation, in accordance with the Inmate Discipline Policy, or special management inmates who are disciplined for one or more rule violations, may be subject to loss of privileges or credit for good time and work.

Services to provide for basic human needs must continue to be made available. There are minimum service requirements that must be maintained to ensure the facility continues to operate in a constitutional manner. All custody staff will adhere to the following policy sections to guide them in the supervision of inmates held in disciplinary segregation or classified as requiring special management needs.

601.3.1 MEDICATION, CLOTHING AND PERSONAL ITEMS

Inmates placed in disciplinary segregation shall not be denied prescribed medication.

Absent unusual circumstances, disciplinary segregated inmates will continue to have the same access to personal items in their cell as general population inmates have, including the following:

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- Clean laundry/linens
- Clothing exchanges

Inmates in disciplinary segregation shall not be deprived of bedding from 2000 hrs to 0800 hrs, except in cases where the inmate destroys such or uses it to attempt suicide. The decision to continue to deprive the inmate of these articles must be made by the Jail Administrator or the authorized designee and reviewed every 24 hours.

601.3.2 SHOWERING AND PERSONAL HYGIENE

Inmates in disciplinary segregation should be allowed to shower with the same frequency as the general inmate population, if reasonably practicable. At minimum, segregation inmates shall be afforded the opportunity to shower at least every M-W-F. The opportunities for each inmate to shower and their decision to participate will be documented in the inmate's log.

Exceptions to this policy can only be made when the restriction is determined to be reasonably necessary for legitimate penological purposes. Any exceptions to this basic requirement must be reviewed and approved by the jail administrator or the authorized designee. The circumstances necessitating a restriction must be clearly documented on the shift and in the inmate logs.

601.3.3 DENIAL OF AUTHORIZED ITEMS OR ACTIVITIES

Personal items may be withheld daily from 0800 hrs-2000 hrs for disciplinary purposes or when it reasonably appears that the items will be destroyed by the inmate or if it is reasonably believed that the personal item will be used for a self-inflicted injury or to harm others.

Whenever an inmate in disciplinary segregation is denied personal care items or activities that are usually authorized to the general population inmates, except for restrictions imposed as a result of a disciplinary hearing, the correctional officer taking such action shall document the circumstances that necessitated the need to restrict personal items or activities.

For a comprehensive list of items that may be withheld, reference the discipline and segregation procedure.

601.3.4 MAIL AND CORRESPONDENCE

Inmates in disciplinary segregation shall have the same privileges to write and receive correspondence as inmates in general population, except in cases where inmates violated correspondence regulations. In such cases, mail privilege may be suspended. The Jail Administrator or the authorized designee shall approve all mail privilege suspensions that exceed 72 hours. Legal mail shall not be suspended from access or delivery to the inmate.

601.3.5 VISITATION

Inmates in disciplinary segregation shall have the same opportunities for professional visitation as general population inmates. Disciplinary sanctions that limit or curtail visitation must be clearly documented and approved by a supervisor if not a condition of the original approved discipline.

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601.3.6 READING AND LEGAL MATERIALS

Inmates in disciplinary segregation shall have the same access to reading materials and legal materials as the general population inmates, unless the restriction is directed by a court of law or there is a reasonable basis to believe the materials will be used for illegal purposes or pose a direct threat to the security and safety of the facility. In such cases the basis for the action shall be documented in the inmate's file and shift log. Although access to courts and legal counsel shall not be suspended as a disciplinary measure.

601.3.7 LIMITED TELEPHONE PRIVILEGES

Inmates in disciplinary segregation may have their telephone privilege restricted or denied considering the totality of the circumstances with the individual. Exceptions include the following:

- (a) Making telephone calls during their hour of recreation time out.
- (b) Making verified attorney telephone calls contrary to their scheduled recreation time out. These calls can be scheduled at officer discretion and as time allows. The use or denial of this exception shall be documented.
- (c) Responding to verified family emergencies when approved by a supervisor.

All telephone access based on the above exceptions shall be documented on the unit log.

601.3.8 BEDDING AND CLOTHING

Inmates in disciplinary segregation shall not be deprived of bedding or clothing from 2000 hrs to 0800 hrs, except in cases where the inmate destroys such articles or uses them to harm him/herself or others or for something other than the intended purpose. Clothing and bedding shall be returned to the inmate as soon as it is reasonable to believe the behavior that caused the action will not continue. The decision to continue to deprive the inmate of these articles must be made by the Jail Administrator or the authorized designee and reviewed at least every twenty-four hours. This review shall be documented and placed into the inmate's file.

601.4 DISCIPLINARY DETENTION DIET

Under no circumstances will a disciplinary segregated inmate be denied food as a means of punishment or have their meal service arbitrarily changed. No disciplinary segregated inmate receiving a prescribed medical diet shall be placed on any other diet, contrary to their prescribed diet, without review and written approval of the qualified healthcare provider or pursuant to a written plan approved by the Responsible Physician. Disciplinary segregated inmates shall be offered food at the same times as other inmates in the facility. Any change in meal service should be documented and the reason for the change in service articulated.

601.5 INITIAL EVALUATION OF INMATES UPON PLACEMENT

After notification from staff that an inmate is being placed in segregation, the Security Services Sergeant shall ensure that the following occurs:

- (a) Documented notification to the jails qualified healthcare and mental health provider

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- (b) The 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.
- (c) If contraindications or special accommodations are noted, the qualified health care professional shall inform the Security Services Sergeant and coordinate the appropriate plan for the inmate based on the safety needs of the facility and the medical needs of the inmate.

601.6 MENTAL HEALTH CONSIDERATIONS

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

- (a) A qualified health care professional should visit each segregated inmate on a regular basis. A medical assessment should be documented in the inmate's medical file.
- (b) Mental health staff or a qualified mental health professional should visit segregated inmates on a regular basis. A mental health assessment should be documented in the inmates file.

When an inmate is classified as a special management inmate due to the presence of a serious mental illness and that inmate is placed in a segregation setting, the mental health progress notes and Interdisciplinary care plan should reflect the changed environment. When an inmate is expected to remain in segregation for more than 30 days (based upon disciplinary decisions, protective needs or other factors) the interdisciplinary care plan should be updated to reflect this.

Where reasonably practicable, a qualified health care professional should provide screening for suicide risk following admission to the segregation unit. Additionally, a qualified health care professional should visit all inmates housed in segregation once during each week that the inmate remains in segregated confinement.

601.7 SAFETY CHECKS

A staff member shall conduct a face-to-face safety check of all disciplinary segregation inmates at least every 30 minutes, on an irregular schedule.

Inmates who are at risk of suicide shall be under 15-minute observation cycles, until seen by a qualified health care professional. Subsequent supervision routines should be in accordance with orders provided by the qualified health care professional.

Segregated inmate visits by a qualified healthcare or mental health professional or professional volunteers shall be documented on the appropriate inmate logs and retained in accordance with established records retention schedules.

601.7.1 DOCUMENTATION OF SEGREGATION CHECKS

Segregation rounds by professional staff and professional volunteers shall be documented by correctional staff and include the following:

- (a) Date and time of contact

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- (b) Identity of the qualified health care or mental health professional
- (c) Identity of the professional volunteer
- (d) The qualified healthcare or mental health professional shall note significant findings and observations, medical assessment, treatment, recommendations, notifications and actions, all of which should be documented in the inmate's health record

601.8 LOG PROCEDURES

Suicide observation logs and other handwritten logs should be completed in black 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. All other logs should be entered digitally in the inmate logs and in the housing areas pass-on log when applicable.

Electronically captured inmate 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
- Housing location
- Classification status
- Date and time placed in segregation
- Date and time of entry and exit from the cell
- Violation and length of discipline
- Scheduled date of removal from segregation
- Medical, psychological or behavioral considerations
- Counseling for behavior
- Date and time of removal from segregation
- Interdisciplinary care team notes.

Handwritten log entries should be legible. All log should be 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, enter comments as appropriate and enter the date and time of each review.

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

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documentation will be gathered and provided to the on-duty Security Services Sergeant upon its completion.

601.8.1 LOG INSPECTION AND ARCHIVAL OF LOGS

The Security Services Sergeant shall review and evaluate the logs and pass any significant incidents via the chain of command to the Jail Administrator or their authorized designee for review.

The logs will be retained by the Office in accordance with established records retention schedules.

Inmates with Disabilities

602.1 PURPOSE AND SCOPE

This policy provides guidelines for addressing the needs and rights of inmates detained by this office 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 office 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 office prohibits all forms of discrimination based on disability.

602.3 JAIL ADMINISTRATOR RESPONSIBILITIES

The Jail Administrator, in coordination with the Responsible Physician and the 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 individuals 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.

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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, including contacting the regional center for the developmentally disabled to assist with diagnosis and/or treatment within 24 hours of identification, excluding holidays and weekends.

The Jail Administrator is responsible for ensuring the Eau Claire County Sheriff's Office 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 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.

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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.

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 Administrator, 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 Administrator and the ADA Coordinator within 48 hours of the request being made. The Jail Administrator, with the assistance of the ADA Coordinator and/or legal counsel, should make a determination regarding the request within five days of the request being made.

602.6 TRAINING

The ADA Coordinator should work with the Training Sergeant 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 Access to Courts and Counsel

603.1 PURPOSE AND SCOPE

The purpose of this policy is to protect the constitutional rights of inmates to access the courts and legal counsel, while holding inmates accountable to the rules and regulations that govern conduct in this facility.

603.2 POLICY

It is the policy of this office that all inmates will have access to the courts and the ability to consult with legal counsel (Wis. Admin. Code DOC § 350.27).

603.3 INMATE ACCESS

Staff should not unreasonably interfere with inmates' attempts to seek counsel and where appropriate should assist inmates with making confidential contact with attorneys and authorized representatives.

Access to courts and legal counsel may occur through court-appointed counsel, attorney or legal assistant visits, telephone conversations or written communication. To facilitate access, this facility will minimally provide:

- Confidential attorney visiting areas that include the means by which the attorney and the inmate can share legal documents.
- Telephones that enable confidential attorney-client calls.
- Reasonable access to legal materials (Wis. Admin. Code DOC § 350.27).
- A means of providing assistance through the court process by individuals trained in the law. This assistance will be available to illiterate inmates and those who cannot speak or read English or who have disabilities that would impair their ability to access.
- Writing materials, envelopes and postage for indigent inmates for legal communications and correspondence (Wis. Admin. Code DOC § 350.28).

The Jail Administrator shall be responsible for ensuring that information regarding access to courts and legal counsel and requesting legal materials or legal assistance is included in the inmate handbook that is provided during inmate orientation.

603.4 CONFIDENTIALITY

All communication between inmates and their attorneys is confidential, including telephone conversations, written communication and video conferencing. The content of written attorney-client communication will not be reviewed or censored but the documents may be inspected for contraband.

Outgoing and incoming legal correspondence shall be routed through the staff, who have received special training in inspecting confidential documents and who are accountable for maintaining

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confidentiality. Incoming legal correspondence shall be opened and inspected for contraband in the presence of the recipient inmate.

Inmates may seek the assistance of other inmates in writing writs and other legal correspondence to the courts when needed, subject to the security and safety needs of the inmates, staff and the facility.

603.5 INMATE REQUEST FOR ASSISTANCE

Written materials addressing how an inmate can access local attorneys and key legal documents shall be available in each housing unit. Staff shall provide these materials to any inmate upon request. However, staff shall not provide legal advice or assist any inmate in the completion of any legal document.

Habeas corpus forms shall be made available to any inmate by the staff upon request.

Legal forms filled out by the inmate shall be forwarded to court administration directly or via an appointed legal assistant.

603.6 VISITATION RELATED TO LEGAL DEFENSE

Visits with inmates that are related to legal defense, including attorneys, paralegals and investigators, will be permitted only in the areas designated for legal visitation to assure confidentiality. Contact visits may be approved by the Jail Administrator for special circumstances.

- (a) Visits shall be of a reasonable length of time to discourage any allegation that the defense of the inmate was hindered due to the length of time allowed for the legally authorized visit. These visits shall be of such a length of time that they do not interfere with the security, order and discipline of this facility. The permissible time for visitation should be flexible but shall not substantially interfere with other facility schedules, such as medical examinations, meal service or other required activities.
- (b) Only materials brought to this facility by an approved legal assistant shall be allowed.
- (c) All materials shall be subject to security inspections by the staff and shall be routed through the Security Services Sergeant for logging and distribution.

603.7 MAIL

Legal mail shall be handled in accordance with the Inmate Mail Policy.

603.8 IN PROPRIA PERSONA (PRO SE) INMATES

Inmates may be granted pro se status by court order only. Any time a court order is received designating an inmate as having been granted pro se status, all relevant records systems at the facility shall be updated to reflect this information. A copy of the court order shall be maintained in the inmate's file in accordance with established records retention schedules.

The court may, but is not required to appoint to an inmate who is designated pro se a backup attorney, paralegal or other person to assist the inmate with legal research. All information related to appointed assistants should be recorded in the relevant facility records.

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Any provision of legal materials shall be in accordance with court directives and in consultation with the Corporation Counsel.

603.8.1 PRO SE STATUS MISUSE

Any inmate who is granted pro se status and is found to be misusing or abusing that status to the extent that it poses a demonstrable threat to the safety and security of the facility shall be immediately reported to the Jail Administrator. The Jail Administrator may recommend the suspension or a limitation of the inmate's pro se privileges if they adversely affect the safety and security of the jail.

Upon the concurrence with the findings and recommendation of the Jail Administrator, Sheriff or the authorized designee shall consult with the Office's legal counsel prior to notifying the court of any intent to limit the described pro se privileges.

The inmate may petition the court if he/she is dissatisfied with the action taken.

603.8.2 PRO SE STATUS - MATERIALS AND SUPPLIES

The facility may provide the following materials and supplies to a pro se inmate. These items may be retained by the inmate but must be kept in the container supplied for such purpose. The items may include the following:

- Up to one-half of a ream of 8½-inch x 11-inch plain bond typing paper
- Up to three ruled legal notepads
- Standard legal size envelopes
- One dozen (maximum) black lead golf pencils
- Two erasers
- One legal size accordion file
- 9-inch x 12-inch manila envelopes and 10-inch x 14-inch manila envelopes
- Up to a maximum of four law books at one time (paperback or hardback)

Unless otherwise ordered by the court, the Office shall have no obligation to supply materials beyond those listed above. Replacement of any of the listed items shall be accomplished through a written request to the Security Services Sergeant or the authorized designee. Supplies provided by a court legal liaison will be received and distributed by the Security Services Sergeant or the authorized designee. All supplies distributed to the inmate will be recorded in the inmate's pro se activities record. Supplies not listed in this policy are subject to approval by the Jail Administrator or the authorized designee.

Access to ballpoint pens, for signature purposes only, will be provided through a supervisor. The use of the pen will be supervised by the staff and taken from the inmate immediately after its use.

Copies of an inmate's final legal (criminal case) work product, upon the inmate's request, may be provided subject to arrangements with the court.

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Inmates may purchase their own legal books and materials. However, such materials will be subject to safety inspection and rules pertaining to items permitted to be in the inmate's possession. Personal books must be marked with the inmate's name and booking number.

Any books or materials found in the inmate's possession beyond what is authorized will be returned or placed in the inmate's property.

603.8.3 PRO SE INMATES INTERVIEWING WITNESSES

A pro se inmate may be permitted to interview prospective witnesses in the regular visitation area. Requests for visits outside of normal visiting hours will be directed to a supervisor for approval and should be accommodated when practicable.

Interviews conducted by pro se inmates are subject to the following rules and restrictions:

- (a) No interview will be permitted without notification from a judge confirming or validating the prospective witness. The pro se inmate is responsible for providing the judge with the list of prospective witnesses for validation.
- (b) No visit shall be permitted by a prospective witness who is in the custody of this office or otherwise detained by a government agency, except upon a specific court order.

603.8.4 TELEPHONE USAGE

Pro se inmates may use the telephones in their housing areas to place calls concerning their cases. Court-authorized pro se telephone calls shall not be monitored and shall be provided without charge to the inmate in accordance with the orders of the court (see the Inmate Telephone Access Policy).

Foreign Nationals and Diplomats

604.1 PURPOSE AND SCOPE

This policy addresses the privileges and immunities afforded to members of foreign diplomatic missions and consular posts.

This policy also addresses the legal requirements related to consular notifications that should occur when a foreign national is in custody.

604.2 POLICY

The Eau Claire County Sheriff's Office Jail will treat foreign diplomatic and consular personnel with due regard for the privileges and immunities to which they are entitled under international law. The Office will investigate all claims of immunity and accept custody of the person when appropriate.

The Eau Claire County Sheriff's Office Jail will also honor the laws related to foreign nationals in custody by making proper consular notifications and by assisting those who wish to contact their consular representative.

604.3 DIPLOMATIC AND CONSULAR IMMUNITY

604.3.1 AVAILABILITY OF RESOURCES

The Security Services Sergeant will ensure that current contact information for the U.S. Department of State and the U.S. Mission to the United Nations is readily available for office members who need to verify a claim of diplomatic or consular immunity. Relevant material for law enforcement published by the U.S. Department of State Bureau of Diplomatic Security should be readily available as well.

See additional resources for the [State Department here](#).

604.3.2 ADDRESSING CLAIMS OF DIPLOMATIC OR CONSULAR IMMUNITY

When an arrestee who claims diplomatic or consular immunity is brought to the Eau Claire County Sheriff's Office Jail the receiving correctional officer shall first inform the Security Services Sergeant and then generally proceed as follows:

- (a) Do not accept custody of the person from the transporting officer. The person should not be brought inside the Eau Claire County Sheriff's Office Jail unless doing so would facilitate the investigation of his/her claim of immunity.
- (b) Do not handcuff the person, or, if handcuffs have been applied, remove them unless there is an articulable threat that would justify their use.
- (c) If the person has already been accepted into custody, inform the person that he/she will be detained until his/her identity and immunity can be confirmed. Attempt to obtain a U.S. Department of State-issued identification card or other identification or documents that may relate to the claimed immunity.

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- (d) In all cases, verify the status and level of immunity by contacting the U.S. Department of State or the U.S. Mission to the United Nations, as appropriate.

It will be the responsibility of the Security Services Sergeant to communicate the claim of immunity to the on-duty supervisor of the arresting agency (if not the Eau Claire County Sheriff's Office). The Security Services Sergeant may assist another agency in determining the person's immunity status.

The Security Services Sergeant is responsible for ensuring appropriate action is taken based upon information received regarding the person's immunity status.

604.3.3 REPORTING

If the person's immunity status has been verified, the Security Services Sergeant should ensure a report is prepared describing the details and circumstances of any detention or custody. A copy of the report should be faxed or mailed as soon as possible to the U.S. Department of State in Washington, D.C. or to the U.S. Mission to the United Nations in New York in cases involving a member of the United Nations community.

604.4 CONSULAR NOTIFICATIONS

604.4.1 CONSULAR NOTIFICATION LIST AND CONTACTS

The Jail Administrator will ensure that the U.S. Department of State's list of countries and jurisdictions that require mandatory notification is readily available to office members. There should also be a published list of foreign embassy and consulate telephone and fax numbers, as well as standardized notification forms that can be faxed and then retained for the record. Prominently displayed placards informing inmates of rights related to consular notification should also be posted.

Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and officials at the U.S. Department of Homeland Security (28 CFR 115.51).

604.4.2 CONSULAR NOTIFICATION ON BOOKING

Office members assigned to book inmates shall:

- (a) Inform the foreign national, without delay, that he/she may have his/her consular officers notified of the arrest or detention and may communicate with them. Members shall ensure this notification is acknowledged and documented.
- (b) Determine whether the foreign national's country is on the U.S. Department of State's mandatory notification list.
- (c) If the foreign national's country is not on the list for mandatory notification but the foreign national requests that his/her consular officers be notified, then:
 1. Notify the nearest embassy or consulate of the foreign national's country of the person's arrest or detention by faxing the appropriate notification form. If

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- no fax confirmation is received, a telephonic notification should be made and documented.
2. Forward any communication from the foreign national to his/her consular officers without delay.
- (d) If the foreign national's country is on the list for mandatory notification, then:
1. Notify the nearest embassy or consulate of the foreign national's country, without delay, of the person's arrest or detention by faxing the appropriate notification form. If no fax confirmation is received, a telephonic notification should be made and documented.
 2. Tell the foreign national that this notification has been made and inform him/her without delay that he/she may communicate with his/her consular officers.
 3. Forward any communication from the foreign national to his/her consular officers without delay.
 4. Document all notifications to the embassy or consulate and retain the faxed notification and any fax confirmation for the inmate's file.

Members should never discuss anything with consulate personnel beyond the required notifications, such as whether the inmate is requesting asylum. Requests for asylum should be forwarded to the Security Services Sergeant.

Inmate Rights - Protection from Abuse

605.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines to ensure that inmates are afforded a safe, healthy environment free from abuse, physical punishment, harassment, intimidation and theft or other loss of property.

605.2 POLICY

It is the policy of this office to make every reasonable effort to protect inmates from abuse, physical punishment, injury, harassment, intimidation or loss or damage to personal property by other inmates or staff. Staff shall take reasonable actions to safeguard vulnerable inmates from others and shall use the classification policies and procedures to make housing decisions that will provide for inmate safety. Abuse of inmates by staff or other inmates will not be tolerated.

605.3 RESPONSIBILITY

It shall be the responsibility of all facility staff to adhere to policies, procedures and practices to protect inmates. These procedures include, but are not limited to:

- Following the classification guidelines for inmate housing.
- Closely supervising inmate activities and interceding as needed to prevent violence, harassment or abuse of inmates.
- Using force only when necessary and to the degree that is reasonable.
- Reporting all inmate injuries, investigating the cause of reported injuries and documenting these efforts in an incident report.
- Enforcing all rules and regulations in a fair and consistent manner.
- Preventing any practice of inmates conducting kangaroo courts or dispensing discipline toward any other inmate.
- Conducting required safety checks of all inmate housing areas.
- Checking all safety equipment for serviceability and making a report of any defective equipment to the appropriate supervisor or Jail Administrator.
- Referring sick or injured inmates to a qualified health care professional without unnecessary delay.
- Maintaining high standards of cleanliness throughout the jail.
- Documenting all abuse protection efforts in facility logs and incident reports as applicable.

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Inmate Rights - Protection from Abuse

605.4 TRAINING

The Training Sergeant shall be responsible for developing and delivering a training curriculum on the topic of protecting inmates from abuse to all staff. A roster of attendees shall be maintained from each class. Training completion documents shall be filed in each employee's training file.

Prison Rape Elimination Act

606.1 PURPOSE AND SCOPE

This policy provides guidance for compliance with the Prison Rape Elimination Act of 2003 (PREA) and the implementing regulation that establishes standards (PREA Rule) to prevent, detect and respond to sexual abuse and sexual harassment (28 CFR 115.11).

606.1.1 DEFINITIONS

Definitions related to this policy include:

Intersex - A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Sexual abuse - Any of the following acts, if the inmate does not consent, is coerced into such act by overt or implied threats of violence or is unable to consent or refuse:

- (a) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight
- (b) Contact between the mouth and the penis, vulva or anus
- (c) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument
- (d) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh or the buttocks of another person, excluding contact incidental to a physical altercation (28 CFR 115.6)

Sexual abuse also includes abuse by a staff member, contractor or volunteer as follows, with or without consent of the inmate, detainee or resident:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight
- Contact between the mouth and the penis, vulva or anus
- Contact between the mouth and any body part where the staff member, contractor or volunteer has the intent to abuse, arouse or gratify sexual desire
- Penetration of the anal or genital opening, however slight, by a hand, finger, object or other instrument, that is unrelated to official duties, or where the staff member, contractor or volunteer has the intent to abuse, arouse or gratify sexual desire
- Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh or the buttocks, that is unrelated to official duties, or where the staff member, contractor or volunteer has the intent to abuse, arouse or gratify sexual desire

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- Any attempt, threat or request by a staff member, contractor or volunteer to engage in the activities described above
- Any display by a staff member, contractor or volunteer of his/her uncovered genitalia, buttocks or breast in the presence of an inmate, detainee or resident
- Voyeurism by a staff member, contractor or volunteer (28 CFR 115.6)

Sexual harassment - Repeated and unwelcome sexual advances; requests for sexual favors; verbal comments, gestures or actions of a derogatory or offensive sexual nature by one inmate, detainee or resident that are directed toward another; repeated verbal comments or gestures of a sexual nature to an inmate, detainee or resident by a staff member, contractor or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures (28 CFR 115.6).

Transgender - A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

606.2 POLICY

This office has zero tolerance with regard to sexual abuse and sexual harassment in this facility. This office will take appropriate affirmative measures to protect all inmates from sexual abuse and harassment, and promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment.

606.3 PRESERVATION OF ABILITY TO PROTECT INMATES

The Office shall not enter into or renew any collective bargaining labor agreement or other agreement that limits the office's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted (28 CFR 115.66).

606.4 PREA COORDINATOR

The Jail Administrator or authorized designee shall appoint an upper-level manager with sufficient time and authority to develop, implement, and oversee office efforts to comply with PREA standards. The PREA Coordinator shall review facility policies and practices and make appropriate compliance recommendations to the Jail Administrator (28 CFR 115.11).

The PREA coordinator's responsibilities shall include:

- (a) Developing a written plan to coordinate response among staff first responders, medical and mental health practitioners, investigators, and facility management to an incident of sexual abuse. The plan must also outline the office's approach to identifying imminent sexual abuse toward inmates and preventing and detecting such incidents (28 CFR 115.11; 28 CFR 115.65; 28 CFR 115.62).
- (b) Ensuring that within 30 days of intake, inmates are provided with comprehensive education, either in person or through video, regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such

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incidents, and regarding the office's policies and procedures for responding to such incidents (28 CFR 115.33).

- (c) Developing a staffing plan to provide adequate levels of staffing and video monitoring, where applicable, in order to protect detainees from sexual abuse. This includes documenting deviations and the reasons for deviations from the staffing plan, as well as reviewing the staffing plan a minimum of once per year. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration (28 CFR 115.13).
 - 1. Generally accepted detention and correctional practices.
 - 2. Any judicial findings of inadequacy.
 - 3. Any findings of inadequacy from federal investigative agencies.
 - 4. Any findings of inadequacy from internal or external oversight bodies.
 - 5. All components of the facility's physical plant, including blind spots or areas where staff or inmates may be isolated.
 - 6. The composition of the inmate population.
 - 7. The number and placement of supervisory staff.
 - 8. Institution programs occurring on a particular shift.
 - 9. Any applicable state or local laws, regulations, or standards.
 - 10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse.
 - 11. Any other relevant factors.
- (d) Ensuring that, when designing, acquiring, expanding or modifying facilities, or when installing or updating a video-monitoring system, electronic surveillance system, or other monitoring technology, consideration is given to the office's ability to protect inmates from sexual abuse (28 CFR 115.18).
- (e) Ensuring that any contract for the confinement of Eau Claire County Sheriff's Office detainees or inmates includes the requirement to adopt and comply with the PREA standards including obtaining incident-based and aggregated data, as required in 28 CFR 115.187. Any new contract or contract renewal shall provide for office contract monitoring to ensure that the contractor is complying with the PREA standards (28 CFR 115.12).
- (f) Making reasonable efforts to enter into agreements with community service providers to provide inmates with confidential, emotional support services related to sexual abuse. The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Persons detained solely for civil immigration purposes shall be given contact information for immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The facility shall inform inmates, prior to giving

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them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws (28 CFR 115.53).

- (g) Ensuring the protocol describing the responsibilities of the Office and of another investigating agency, if another law enforcement agency will be responsible for conducting any sexual abuse or sexual harassment investigations, is published on the facility website or by other means, if no website exists (28 CFR 115.22).
- (h) Implementing a process by which inmates may report sexual abuse and sexual harassment to a public/private entity or an office that is not part of the Office and that the outside entity or office is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to the Jail Administrator, allowing the inmate anonymity (28 CFR 115.51).
- (i) Establishing a process to ensure accurate, uniform data is collected for every allegation of sexual abuse at facilities under the direct control of this office, using a standardized instrument and set of definitions. Upon request, the Office shall provide all such data from the previous calendar year to the U.S. Department of Justice (DOJ) no later than June 30 (28 CFR 115.87).
 - (a) The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. DOJ.
 - (b) The data shall be aggregated at least annually.
- (j) Establishing a process to monitor the conduct and treatment of detainees or staff who have reported sexual abuse and the conduct and treatment of detainees who were reported to have suffered sexual abuse.
- (k) Ensuring that the following are published on the office website or by other means, if no website exists:
 - 1. Office policy governing investigations of allegations of sexual abuse and sexual harassment or the referral of such investigations of sexual abuse or sexual harassment (unless the allegation does not involve potentially criminal behavior) (28 CFR 115.22)
 - 2. Information on how to report sexual abuse and sexual harassment on behalf of an inmate (28 CFR 115.54)
- (l) Ensuring audits are conducted pursuant to 28 CFR 115.401 through 28 CFR 115.405 (28 CFR 115.93).
- (m) Implementing a protocol requiring mid-level or higher-level supervisors to conduct and document unannounced inspections to identify and deter sexual abuse and sexual harassment. The protocol shall prohibit announcing when such inspections are to occur, unless it is necessary for operational considerations (28 CFR 115.13).
- (n) Ensuring agreements with outside investigating agencies include PREA requirements, including a requirement to keep the Office informed of the progress of the investigation (28 CFR 115.71).

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- (o) Ensuring the Office conducts follow-up criminal background records checks at least once every five years on members or contractors who may have contact with inmates or has in place a system for otherwise capturing such information (28 CFR 115.17).

606.5 REPORTING SEXUAL ABUSE, HARASSMENT AND RETALIATION

Any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator (28 CFR 115.61). Staff may also privately report sexual abuse and sexual harassment of inmates (e.g., report to the Jail Administrator) (28 CFR 115.51).

The facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident, of sexual abuse or sexual harassment to a staff member (28 CFR 115.54).

Inmates may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose. Staff shall accommodate all inmate requests to report allegations of sexual abuse or harassment. Staff shall accept reports made verbally, in writing, anonymously or from third parties and shall promptly document all verbal reports (28 CFR 115.51).

Threats or allegations of sexual abuse and sexual harassment, regardless of the source, shall be documented and referred for investigation. Sexual abuse and sexual harassment reports shall only be made available to those who have a legitimate need to know, and in accordance with this policy and applicable law (28 CFR 115.61).

606.5.1 REPORTING TO OTHER FACILITIES

If there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Jail Administrator or authorized designee shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The Jail Administrator or authorized designee shall ensure that the notification has been documented (28 CFR 115.63).

606.6 RETALIATION

All inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, shall be protected from retaliation.

Protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment or reassignment of the victim or alleged perpetrator to another housing area, and support services for inmates or staff who fear retaliation shall be utilized (28 CFR 115.67).

The Jail Administrator or the authorized designee shall assign a supervisor to monitor, for at least 90 days, the conduct and treatment of inmates or staff who report sexual abuse or sexual harassment, as well as inmates who were reported to have suffered sexual abuse, to determine if there is any possible retaliation. The supervisor shall act promptly to remedy any such retaliation. The assigned supervisor should consider inmate disciplinary reports, housing or program changes, negative staff performance reviews or reassignment of staff members.

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Monitoring may continue beyond 90 days if needed. Inmate monitoring shall also include periodic status checks. The Jail Administrator should take reasonable steps to limit the number of people with access to the names of individuals being monitored and should make reasonable efforts to ensure that staff members who pose a threat of retaliation are not entrusted with monitoring responsibilities.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take reasonable measures to protect that individual against retaliation (28 CFR 115.67).

606.7 FIRST RESPONDERS

If an allegation of inmate sexual abuse is made, the first correctional officer to respond shall (28 CFR 115.64):

- (a) Separate the parties.
- (b) Request medical assistance as appropriate. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals (28 CFR 115.82).
- (c) Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence.
- (d) If the time period allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating).
- (e) Consider whether a change in classification or housing assignment for the victim is needed or whether witnesses to the incident need protection, both of which may include reassignment of housing.
- (f) Determine whether the alleged perpetrator should be administratively segregated or administratively transferred during the investigation.

If the first responder is not a correctional officer, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and then immediately notify a correctional officer.

Should an investigation involve inmates who have disabilities or who have limited English proficiency, the first responder shall not rely on inmate interpreters, inmate readers or other types of inmate assistants, except in limited circumstances where an extended delay in obtaining an interpreter could compromise inmate safety, the performance of first responder duties or the investigation of sexual abuse or sexual harassment allegations (28 CFR 115.16).

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606.8 SEXUAL ABUSE VICTIMS

Inmates who are victims of sexual abuse shall be transported to the nearest appropriate location for treatment of injuries and collection of evidence, and for crisis intervention services (28 CFR 115.82). Depending on the severity of the injuries, transportation may occur by a staff member or by ambulance, in either case with appropriate security to protect the staff, the inmate, and the public, and to prevent escape.

A victim advocate from a rape crisis center should be made available to the victim. If a rape crisis center is not available, the Office shall make available a qualified member of a community-based organization, or a qualified health care or mental health professional from the Office, to provide victim advocate services. Efforts to secure services from a rape crisis center shall be documented. A rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 34 USC § 12511, to sexual assault victims of all ages. A rape crisis center that is part of a government unit may be used as long as it is not part of the criminal justice system (such as a law enforcement agency) and it offers a level of confidentiality comparable to the level at a nongovernmental entity that provides similar victim services (28 CFR 115.21).

606.9 EXAMINATION, TESTING AND TREATMENT

Examination, testing and treatment shall include the following:

- (a) Forensic medical examinations shall be performed as evidentiarily or medically appropriate, without financial cost to the victim. Where possible, these examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANE)s. If neither SAFEs nor SANEs are available, other qualified medical practitioners can perform the examination. The Office shall document its efforts to provide SAFEs or SANEs (28 CFR 115.21).
- (b) If requested by the victim, a victim advocate, a qualified office staff member or a qualified community organization staff member shall accompany the victim through the forensic medical examination process and investigatory interviews. That person will provide emotional support, crisis intervention, information and referrals (28 CFR 115.21).
- (c) Provisions shall be made for testing the victim for sexually transmitted diseases (28 CFR 115.82).
- (d) Counseling for the treatment of sexually transmitted diseases, if appropriate, shall be provided.
- (e) Victims shall be offered information about, and given access to, emergency contraception prophylaxis for sexually transmitted infections and follow-up treatment for sexually transmitted diseases (28 CFR 115.82; 28 CFR 115.83). This shall be done in a timely manner.
- (f) Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results, such victims shall receive comprehensive

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information about, and access to, all lawful pregnancy-related medical services (28 CFR 115.83). This shall be done in a timely manner.

- (g) Victims shall be provided with follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody (28 CFR 115.83).
- (h) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident (28 CFR 115.83).
- (i) The Responsible Physician or mental health staff shall obtain informed consent from inmates before reporting information to jail staff about prior sexual victimization that occurred somewhere other than an institutional setting, unless the inmate is under the age of 18 (28 CFR 115.81).
- (j) Medical and mental health practitioners shall ensure that information related to sexual victimization that occurred in an institutional setting is limited to medical and mental health practitioners and other staff unless it is necessary to inform jail staff about security or management decisions (28 CFR 115.81).

606.10 SEXUAL ABUSE AND SEXUAL HARASSMENT INVESTIGATIONS

An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.22). Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases (28 CFR 115.71).

When practicable, an investigator of the same sex as the victim should be assigned to the case. Sexual abuse and sexual harassment investigations should be conducted promptly and continuously until completed. Investigators should evaluate reports or threats of sexual abuse and sexual harassment without regard to an inmate's sexual orientation, sex or gender identity. Investigators should not assume that any sexual activity among inmates is consensual.

The departure of the alleged abuser or victim from the employment or control of the jail or Office shall not provide a basis for terminating an investigation (28 CFR 115.71).

If the investigation is referred to another agency for investigation, the Office shall request that the investigating agency follow the requirements as provided in 28 CFR 115.21 (a) through (e). The referral shall be documented. The Office shall cooperate with the outside agency investigation and shall request to be informed about the progress of the investigation (28 CFR 115.71). If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate prosecutor's office for filing of new charges (28 CFR 115.71).

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Evidence collection shall be based on a uniform evidence protocol that is developmentally appropriate for youth, if applicable, and adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011 (28 CFR 115.21).

Inmates alleging sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation (28 CFR 115.71).

If a victim is under 18 or considered a vulnerable adult under state law, the assigned investigator shall report the allegation to the designated social services agency as required (28 CFR 115.61).

606.10.1 INVESTIGATIVE FINDINGS

All completed written investigations shall be forwarded to the Jail Administrator or if the allegations may reasonably involve the Jail Administrator, to the Sheriff. The Jail Administrator or Sheriff shall review the investigation and determine whether any allegations of sexual abuse or sexual harassment have been substantiated by a preponderance of the evidence (28 CFR 115.71; 28 CFR 115.72).

The staff shall be subject to disciplinary sanctions, up to and including termination, for violating this policy. Termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the law enforcement agency that would handle any related investigation and to any relevant licensing bodies (28 CFR 115.76).

606.10.2 REPORTING TO INMATES

The Jail Administrator or the authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated or unfounded. If the Office did not conduct the investigation, the Office shall request relevant information from the investigative agency in order to inform the inmate.

If a staff member is the accused (unless the Office has determined that the allegation is unfounded), the inmate shall also be informed whenever:

- (a) The staff member is no longer assigned to the inmate's unit or employed at the facility.
- (b) The Office learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.

If another inmate is the accused, the alleged victim shall be notified whenever the Office learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

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All notifications or attempted notifications shall be documented. When notification is made while the inmate is in custody, the inmate will sign a copy of the notification letter. The letter will be added to the case file (28 CFR 115.73).

606.11 SEXUAL ABUSE AND SEXUAL HARASSMENT BETWEEN STAFF AND INMATES

Sexual abuse and sexual harassment between staff, volunteers or contract personnel and inmates is strictly prohibited. The fact that an inmate may have initiated a relationship or sexual contact is not a defense to violating this policy.

Any incident involving allegations of staff-on-inmate sexual abuse or sexual harassment shall be referred to the Jail Administrator or authorized designee for investigation.

606.11.1 SEXUAL ABUSE BY CONTRACTOR OR VOLUNTEER

Any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having any contact with inmates. He/she shall be promptly reported to the law enforcement agency that would investigate such allegations and brought to the attention of any relevant licensing bodies (28 CFR 115.77).

606.12 PROTECTIVE CUSTODY

Inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of available alternatives has been made and it has been determined that there is no reasonably available alternative means of separation. Inmates may be held in involuntary protective custody for less than 24 hours while an assessment is completed.

If an involuntary protective custody assignment is made because of a high risk for victimization, the Jail Administrator or authorized designee shall clearly document the basis for the concern for the inmate's safety and the reasons why no alternative means of separation can be arranged (28 CFR 115.43).

The facility shall assign these inmates to involuntary protective custody only until an alternative means of separation from likely abusers can be arranged, not ordinarily in excess of 30 days.

Inmates placed in temporary protective custody shall continue to have reasonable access to programs, privileges, education and work opportunities. If restrictions are put in place, the Jail Administrator or authorized designee shall document the following:

- (a) The opportunities that have been limited
- (b) The duration of the limitation
- (c) The reasons for such limitations

Every 30 days, the Jail Administrator or authorized designee shall afford each such inmate a review to determine whether there is a continuing need for protective custody (28 CFR 115.43).

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606.13 SEXUAL ABUSE INCIDENT REVIEW

An incident review shall be conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded (28 CFR 115.86). The review should occur within 30 days of the conclusion of the investigation.

The review team shall include upper-level management officials and seek input from line supervisors, investigators and qualified health care and or mental health professionals, as appropriate:

- (a) Consider whether the investigation indicates a need to change policy or practice in order to better prevent, detect or respond to sexual abuse.
- (b) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification status or perceived status; gang affiliation; or other group dynamics at the facility.
- (c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers may enable abuse.
- (d) Assess the adequacy of staffing levels in the area during different shifts.
- (e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- (f) Prepare a written report of the team's findings, including, but not limited to, determinations made pursuant to paragraphs (a)-(e) of this section, and any recommendations for improvement. The report should be submitted to the Sheriff and the PREA coordinator.

The Jail Administrator or the authorized designee shall implement the recommendations for improvement or document the reasons for not doing so.

606.14 DATA REVIEWS

This office shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices and training by:

- (a) Identifying problem areas.
- (b) Identifying corrective actions taken.
- (c) Recommending corrective actions.
- (d) Comparing current annual data and corrective actions with those from prior years.
- (e) Assessing the office's progress in addressing sexual abuse.

The reports shall be approved by the Jail Administrator and made available through the office website. Material may be redacted from the reports when publication would present a clear and

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specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated (28 CFR 115.88).

All aggregated sexual abuse data from Eau Claire County Sheriff's Office facilities and private facilities with which it contracts shall be made available to the public at least annually through the office website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (28 CFR 115.89).

606.15 RECORDS

All case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment or counseling, shall be retained in accordance with confidentiality laws.

The Office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Office, plus five years (28 CFR 115.71).

All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state or local law requires otherwise (28 CFR 115.89).

Grooming

607.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure inmate grooming standards are based upon legitimate governmental interests.

607.2 POLICY

It is the policy of this facility to allow inmates choice in personal grooming, except when a legitimate government interest justifies that grooming standards be established. The Jail administrator or the authorized designee shall establish inmate grooming standards specific to inmate classification, work status, facility safety and security, or inmate health and hygiene. Any established standards should not unreasonably interfere with religious observances. Grooming standards should be identified in the inmate handbook.

607.3 HAIRCUTS

Inmates will be provided hair-cutting tools subject to established facility rules. If hair length, style or condition presents a security or sanitation concern, haircuts may be mandatory. Inmates who significantly alter their appearance may be required to submit to additional booking photos.

Inmates shall not cut names, numbers or other designs into their hair. Inmates shall not manipulate their hair into any style, including, but not limited to, braids, ponytails, cornrows or twists, that could facilitate the concealment and movement of contraband and weapons.

607.3.1 HAIR CARE SERVICES

The Jail Administrator or the authorized designee shall establish written procedures for inmate hair care services. The procedures will include schedules for hair care services and allow rescheduling for conflicts, such as court appearances.

Staff may suspend access to hair care services if an inmate appears to be a danger to him/herself or others or to the safety and security of the facility.

607.4 NAILS

Nail clippers will be kept at the control station and will be issued at scheduled times. Inmate workers are required to keep their nails clean and trimmed. Inmates with long nails may be required to trim their nails if there is a security concern and the inmate is admitted to general population.

607.5 GROOMING EQUIPMENT

Grooming equipment is to be inventoried and inspected by the staff at the beginning of each shift and prior to being issued to inmates. The staff shall ensure that all equipment is returned and secured by the end of the shift and is not damaged or missing parts.

Grooming equipment will be disinfected before and after each use by the methods approved by the state organization that oversees the Wisconsin State Board of Cosmetology. Cleaning methods include:

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- Removing foreign matter.
- Cleaning tools with soap or detergent and water.
- Immersing non-electrical equipment in disinfectant.
- Spraying electrical equipment with disinfectant.

607.6 SHOWERING

Inmates shall be permitted to shower upon assignment to a housing unit, at least every other day thereafter and more often if practicable.

607.7 PERSONAL CARE ITEMS

Inmates are expected to maintain their hygiene using approved personal care items.

No inmate will be denied the necessary personal care items. For sanitation and security reasons, personal care items shall not be shared (Wis. Admin. Code DOC § 350.12(11)).

Inmate Nondiscrimination

608.1 PURPOSE AND SCOPE

The constitutional rights of inmates regarding discrimination are protected during incarceration. These protections extend to administrative decisions (e.g., classification, access to programs, availability of services). This policy is intended to guide the staff toward nondiscriminatory administrative decisions and to detail an inmate complaint and discrimination investigation process.

608.2 POLICY

All decisions concerning inmates housed at this facility shall be based on reasonable criteria that support the health, safety, security, and good order of the facility.

608.3 DISCRIMINATION PROHIBITED

Discriminating against an inmate based upon actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, and any other classification or status protected by law is prohibited.

Reasonable and comparable opportunities for participation in services and programs including vocational, educational, and religious programs shall be made available to inmates in a nondiscriminatory manner.

The Jail Administrator or authorized designee may periodically conduct interviews with inmates and staff members to identify and resolve potential problem areas related to discrimination before they occur.

608.4 INMATES REPORTING DISCRIMINATION

Inmates who wish to report an allegation of discrimination may communicate with facility management in any way, including:

- (a) Confidential correspondence addressed to the Jail Administrator or the Sheriff or other government official, including the courts or legal representatives.
- (b) Verbally to any supervisor or other staff member of this facility.

608.4.1 HANDLING COMPLAINTS OF DISCRIMINATION

Staff shall promptly forward all written allegations of discrimination by inmates to the Security Services Sergeant. If the allegation is presented verbally, the receiving staff member shall prepare an incident report identifying the circumstances prompting the allegation, the individuals involved, and any other pertinent information that would be useful to investigating the allegation.

Unless the complaint submitted by the inmate is clearly identified as confidential and addressed to the Jail Administrator, Sheriff, or other official, the Security Services Sergeant shall review the complaint and attempt to resolve the issue. In any case, the Security Services Sergeant shall document the circumstances of the allegation and what actions, if any, were taken to investigate

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or resolve the complaint. All reports of alleged discrimination shall be forwarded to the Jail Administrator or authorized designee for review and further investigation or administrative action as needed.

Administrative evaluations and response to allegations of discrimination shall be based upon objective criteria:

- (a) The inmate's classification
- (b) The inmate's criminal history
- (c) Current and past behavior and disciplinary history
- (d) Housing availability
- (e) The availability of programs
- (f) The ability to safely provide the requested services

608.5 DISCRIMINATION COMPLAINT AUDITS

The Jail Administrator should periodically inspect inmate discrimination complaints to evaluate whether any policy or procedure changes or training are indicated. Specific details of complaints and identifying information, such as names of the involved persons, dates, or times, are not part of this process. If the inspection identifies any recommended changes or content that may warrant a critical revision to this Custody Manual, the Jail Administrator should promptly notify the Sheriff.

Any training issues identified as a result of this audit should be forwarded to the Training Sergeant, who shall be responsible for ensuring all necessary and required training is scheduled and completed.

Inmate Grievances

609.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process by which inmates may file grievances and receive a formal review regarding the conditions of their confinement.

609.2 POLICY

It is the policy of this office that any inmate may file a grievance relating to conditions of confinement, which includes release date, housing, medical care, food services, hygiene and sanitation needs, recreation opportunities, classification actions, disciplinary actions, program participation, telephone and mail procedures, visiting procedures and allegations of sexual abuse (Wis. Admin. Code DOC § 350.26).

Grievances will not be accepted if they are challenging the rules and policies themselves, state or local laws, court decisions and probation/parole actions.

Retaliation for use of the grievance system is prohibited.

609.2.1 ACCESS TO THE GRIEVANCE SYSTEM

All inmates shall be provided with a grievance process for resolving complaints arising from facility matters, with at least one level of appeal (Wis. Admin. Code DOC § 350.26).

Inmates will receive information concerning the grievance procedure from the digital inmate handbook. Information regarding the grievance process will be provided to inmates in the language they understand.

The information will include:

- Instructions for requesting a grievance form.
- Instructions for the resolution of the grievance at the lowest appropriate staff level.
- The appeal process to the next level of review.
- Written reasons for denial of a grievance at each level of review.
- A provision of required timeframes for responses.
- A provision for resolving questions of jurisdiction within the facility.
- Consequences for abusing the grievance system.

609.3 INMATE GRIEVANCE PROCEDURES

Correctional Officers shall attempt to informally resolve all grievances at the lowest possible level. All attempts to resolve a grievance shall be documented in the inmate's Spillman booking record. If there is no resolution at this lowest possible level, the inmate may request a grievance form.

The inmate should be advised to complete the form and return it to any Correctional Officer or Security Services Staff member. A grievance should be filed by an inmate within 24-hrs of the complaint or issue that is being grieved.

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Inmates cannot file a grievance on behalf of another inmate, but an inmate may assist another inmate in the preparation of a grievance. Correctional Officers may take reasonable steps to assist the inmate in the preparation of a grievance if requested.

Upon receiving a completed inmate grievance form, the Correctional Officers shall acknowledge receipt of the grievance by signing the form, gathering all appropriate documentation and investigating the initial grievance.

609.3.1 EXCEPTION TO INITIAL GRIEVANCE FILING

Inmates may request to submit the grievance directly to a Security Services Sergeants if they reasonably believe the issues to be grieved are sensitive in nature, directly involves the receiving Correctional Officer that their safety would be in jeopardy if the contents of the grievance were to become known to other inmates in their housing area.

609.3.2 TIMELY RESOLUTION OF GRIEVANCES

Upon receiving a completed inmate grievance form, the Correctional Officer shall ensure that the grievance is investigated and resolved or denied in a timely manner, as authorized in the Inmate Handbook.

Grievances related to medical care should be initially investigated by Qualified Medical Staff. The findings of that investigation, along with any recommendations, shall be forwarded to the Correctional Officers for follow-up and documentation in Spillman. Any appeals as a result of the investigation and response should be forward to the Security Services Sergeant. Any appeal beyond the Security Service Sergeant should follow the established grievance process.

Grievances about food-related matters should be investigated by the Food Service Manager. The findings of that investigation, along with any recommendations, shall be forwarded to the Correctional Officers for follow up and documentation in Spillman. Any appeals as a result of the investigation and response should be forward to the Security Services Sergeant. Any appeal beyond the Security Service Sergeant should follow the established grievance process.

Grievances relating to jail programming services shall initially be investigated by Correctional Officers. Any appeals related to the initial investigation will be forwarded to the Security Service Sergeant for follow-up. Any appeals as a result of the investigation or response of the Security Services Sergeants shall be forwarded to the Jail Lieutenant. Any appeal beyond the Jail Lieutenant should follow the established grievance process.

609.3.3 APPEALS TO GRIEVANCE FINDINGS

As outlined in the digital inmate handbook, Inmates may appeal the finding of a grievance to the Security Services Sergeant, Lieutenant, Jail Administrator and the Sheriff. The inmate shall receive a written response for every level of appeal.

Appeals related to sexual abuse allegations shall ultimately be confirmed or denied by the Jail Administrator or authorized designee within a reasonable time period.

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609.3.4 RECORDING GRIEVANCES

All Security Services staff responsible for investigating and responding to grievances shall make a Spillman log entry noting that a grievance process has begun and what the general details of the grievance are. Periodic reviews of the log should be made by the Jail Administrator or the authorized designee, to ensure that grievances are being handled properly and in a timely manner. A copy of each grievance and written response should be filed in the inmate's official Spillman booking record in accordance with established record retention schedules.

609.3.5 FRIVOLOUS GRIEVANCES

Inmates shall use the grievance process only for legitimate problems or complaints. If there is concern that an inmate is abusing the grievance process, he/she shall be informed that continued behavior may result in disciplinary action.

609.4 GRIEVANCE AUDITS

The Jail Administrator or authorized designee should periodically inspect inmate grievances and complaints. The Jail Administrator or authorized designee should make recommendations regarding any changes to policy or procedures or any additional training that might be warranted to reduce future complaints. Specific identifying information regarding dates, times or individuals named in the complaints is not part of this process and should not be included.

The Sheriff should evaluate the recommendations and ensure appropriate action is taken.

Any training issues identified as a result of this audit should be forwarded to the Training Sergeant, who will be responsible for ensuring all necessary and required training is scheduled and completed.

609.5 ADDITIONAL PROVISIONS FOR GRIEVANCES RELATED TO SEXUAL ABUSE

The following apply to grievances that relate to sexual abuse allegations (28 CFR 115.52):

- (a) Inmates may submit a grievance regarding an allegation of sexual abuse at any time.
- (b) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing such grievances and to file such grievances on behalf of inmates if the inmate agrees to have the grievance filed on his/her behalf. Staff members who receive a grievance filed by a third party on behalf of an inmate shall inquire whether the inmate wishes to have the grievance processed and shall document the inmate's decision.
- (c) Grievances may be submitted to any Security Services staff member and need not be submitted to the member who is the subject of the complaint.
- (d) Staff receiving a grievance shall forward the grievance to a Security Services Sergeant. Grievances shall not be forwarded to any Security Services Sergeant who is the subject of the complaint. The Sergeant receiving the grievance shall refer the grievance to the Jail Lieutenant or authorized designee for investigation. Inmates and staff are not required to attempt to informally resolve grievances related to sexual abuse.

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- (e) The Lieutenant or authorized designee shall ensure that grievances related to sexual abuse are investigated and resolved within 90 days of the initial filing. The Jail Administrator or authorized designee may grant an extension of up to 70 days if reasonable to make an appropriate decision. If an extension is granted, the inmate shall be notified and provided a date by which a decision will be made.
- (f) At any level of the process, including the appeal, if the inmate does not receive a response within the allotted time, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.
- (g) Inmates may be disciplined for filing a false grievance related to alleged sexual abuse only when it is determined that the inmate filed the grievance in bad faith.

609.5.1 EMERGENCY GRIEVANCES RELATED TO SEXUAL ABUSE

Any inmate who believes he/she or any other inmate is in substantial risk of imminent sexual abuse may file an emergency grievance with any Security Service Sergeant. The Sergeant shall determine whether immediate action is reasonably necessary to protect the inmate and shall provide an initial response within 48 hours.

The supervisor shall refer the grievance to the Jail Lieutenant or authorized designee, who will investigate and issue a final decision within a reasonable time.

The initial response and final decision shall be documented and shall include a determination whether the inmate is in substantial risk of imminent sexual abuse and identify actions taken in response to the emergency grievance (28 CFR 115.52)

609.6 TRAINING

The Training Sergeant shall ensure that all custody staff members receive initial and periodic training regarding all aspects of the Inmate Grievances Policy. All training delivered should include testing to document that the employee understands the subject matter.

Inmate Voting

610.1 PURPOSE AND SCOPE

This policy establishes the requirement for providing eligible inmates the opportunity to vote during elections, pursuant to election statutes.

610.2 POLICY

Because inmates are unable to access public voting polls, the Jail Administrator or the authorized designee shall develop written procedures whereby the County Clerk allows qualified inmates to vote in local, state and federal elections, pursuant to election codes.

Chapter 7 - Medical-Mental Health

Health Care Administrative Meetings and Reports

700.1 PURPOSE AND SCOPE

The Office recognizes that the delivery of effective health care requires open and frequent communication between the Responsible Physician and the Jail Administrator. This policy provides guidelines for the continuous monitoring, planning and problem resolution in providing health care that addresses the medical needs of the inmate population and prevents potential outbreaks of communicable and contagious illness.

700.1.1 DEFINITIONS

Definitions related to this entire chapter include:

Access to care - An inmate should be seen in a timely manner by a qualified health care professional. The inmate should be given a professional clinical diagnosis and receive treatment that is ordered.

Clinical practice guidelines - A systematically developed sciencebased statement designed to assist practitioners and inmates with decisions about appropriate health care for specific clinical circumstances. Clinical practice guidelines are used to assist clinical decision-making, assess and assure the quality of care, educate individuals and groups about clinical disease, guide the allocation of health care resources and reduce the risk of legal liability for negligent care.

Clinical setting - An examination or treatment room, either on or offsite, which is appropriately supplied and equipped to address a patient's health care needs.

Daily - Seven days a week, including holidays.

Direct order - A written order issued by a qualified health care professional specifically for the treatment of an inmate's particular condition.

Health authority - The Responsible Physician, health services administrator or health agency responsible for providing all health care services or coordinating the delivery of all health care services.

Health appraisal - A comprehensive health evaluation completed within 14 days of an inmate's arrival at the facility.

Health care - The sum of all actions, preventive and therapeutic, taken for the physical and mental wellbeing of the inmate population. The term health care includes medical, both physical and psychological, dental, nutrition and other ancillary services, as well as maintaining safe and sanitary environmental conditions.

Health-trained staff - A correctional officer or other facility employee who has received training from the Responsible Physician or the authorized licensed designee in limited aspects of health care coordination.

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Health Care Administrative Meetings and Reports

HIPAA - Health Insurance Portability and Accountability Act

Mental health staff - Qualified health care professionals who have received instruction and supervision in identifying and interacting with individuals in need of mental health services.

Physical examination - An objective, hands-on evaluation of an individual. It involves the inspection, palpation, auscultation and percussion of a body to determine the presence or absence of physical signs of disease.

Responsible Physician - An individual licensed to practice medicine and provide health services to the inmate population of the facility, or the physician at an institution with final responsibility for decisions related to medical judgment.

Qualified health care professional - Physicians, physician's assistants, nurses, nurse practitioners, dentists, mental health professionals or other persons who, by virtue of their education, credentials and experience are permitted by law to evaluate and care for patients within the parameters of his/her license or certification (Wis. Admin. Code DOC 350.15(5)).

Sick call - The evaluation and treatment of an ambulatory patient, either on or offsite, by a qualified health care professional.

Special needs - Health conditions that require regular care.

Standing order - Written orders issued by a physician that specify the same course of treatment for each patient suspected of having a given condition and the specific use and amount of prescription drugs (e.g., immunizations, insulin, seizure medications).

Suicidal ideation - Having thoughts of suicide or of taking action to end one's own life. Suicidal ideation includes all thoughts of suicide when the thoughts include a plan to commit suicide and when they do not.

Treatment plan - A series of written statements specifying a patient's particular course of therapy and the roles of qualified health care professionals in delivering the care.

Triage - The sorting and classifying of health care requests to determine priority of need and the proper place for health care to be rendered.

700.2 POLICY

The Sheriff shall select the Responsible Physician in accordance with the Health Authority Policy. It is the policy of this facility that the Responsible Physician should meet with the Jail Administrator at least quarterly to discuss and evaluate the effectiveness of the health care system. The Responsible Physician should be required to submit a report addressing the effectiveness of the health care system, a description of any environmental or access issues that require improvement, and detail any progress that has been made in previously reported areas. The quarterly meeting should be documented through formal minutes, which should include the names of attendees and a list of the topics discussed. The minutes should be retained in accordance with established records retention schedules.

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Health Care Administrative Meetings and Reports

The data for the quarterly report should be gathered by the Responsible Physician via monthly meetings with all facility Security Services Sergeants and qualified health care professionals. The monthly meetings should cover the following topics:

- Health care services
- Quality improvement findings
- Infection control efforts
- Inmate grievances
- Environmental inspections report

700.2.1 STATISTICAL REPORTS

In addition to the quarterly report described above, a statistical report will be provided annually to the Jail Administrator. The statistical report will be prepared by the Responsible Physician and shall include, but not be limited to, the following:

- (a) The number of inmates receiving health services by category of care
- (b) The number of referrals to specialists
- (c) Prescriptions written and medications dispensed
- (d) Laboratory and X-ray tests completed
- (e) Infirmary admissions, if applicable
- (f) On-site and off-site hospital admissions
- (g) Serious injuries or illnesses
- (h) Deaths
- (i) Off-site transports
- (j) Infectious disease monitoring
- (k) Emergency services provided to inmates
- (l) Dental visits provided
- (m) Number of health care grievances by category (e.g., medication error, missed appointment, health staff complaint) and whether the grievance was founded or unfounded

It is the responsibility of the Jail Administrator to ensure that copies of the statistical reports and documentation of any remedies implemented are retained in accordance with established records retention schedules.

700.3 QUARTERLY MEETINGS

The quarterly meeting should be documented through formal minutes which should include the names of attendees and a list of the topics discussed.

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Health Care Administrative Meetings and Reports

700.4 QUARTERLY REPORT

The Responsible Physician should submit a quarterly report including a description of any environmental or access issues, recommendations for improvement, and detail any progress that has been made in previously reported areas.

The data for the quarterly report should be gathered by the Responsible Physician via monthly meetings with all facility Security Services Sergeants and qualified health care professionals. The monthly meetings should cover the following topics:

- Health care services
- Quality improvement findings
- Infection control effects
- Inmate grievances
- Environmental inspections report

700.5 STATISTICAL REPORTS

In addition to the quarterly report, a statistical report will be provided annually to the Jail Administrator. The statistical report will be prepared by the Responsible Physician and shall include, but not be limited to, the following information:

- (a) Inmates receiving health services by type of care
- (b) The number of referrals to specialists
- (c) Medications prescribed
- (d) Medications dispensed
- (e) Laboratory test
- (f) X-rays
- (g) Admissions to infirmary
- (h) All admissions to hospitals
- (i) Serious injuries/illnesses
- (j) Death
- (k) Transports to outside health facilities
- (l) Communicable disease monitoring
- (m) Emergency health care or medical services
- (n) Dental visits
- (o) Health care grievances including type such as error in medication, missed appointment, health care provider complaint and disposition/finding

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Health Care Administrative Meetings and Reports

It is the responsibility of the Jail Administrator to ensure that copies of the statistical reports and documentation of any remedies implemented are retained in accordance with established records retention schedules.

700.6 RECORDS

Minutes of the quarterly meetings and reports should be retained in accordance with established records retention schedules.

Access to Health Care

701.1 PURPOSE AND SCOPE

The provision of adequate health services in a custody setting is a constitutional right afforded to all inmates. The purpose of this policy is to provide custody personnel and qualified health care professionals with a process to inform newly booked inmates of the procedure to access health care services and how to use the grievance system, if necessary.

701.2 POLICY

It is the policy of this office that all inmates, regardless of custody status or housing location, will have timely access to a qualified health care professional and receive a timely professional clinical judgment and appropriate treatment.

The Eau Claire County Sheriff's Office facility will provide medical and mental health services as necessary to maintain the health and well-being of inmates to a reasonable and socially acceptable standard (Wis. Stat § 302.38; Wis. Admin. Code DOC § 350.14(1)).

701.3 ACCESS TO CARE

Inmate medical requests will be evaluated by qualified health care professionals or health-trained custody staff. Health care services will be made available to inmates from the time of admission until they are released. Information regarding how to contact the medical staff will be posted in all inmate housing areas (Wis. Admin. Code DOC § 350.14(1)).

Medications and community health resources and referrals may be provided upon request when the inmate is released.

Unreasonable barriers shall not be placed on an inmate's ability to access health services. Health care that is necessary during the period of imprisonment shall be provided regardless of an inmate's ability to pay, the size of the facility or the duration of the inmate's incarceration. Such unreasonable barriers include:

- Punishing inmates for seeking care for their health needs.
- Assessing excessive co-payments that prevent or deter inmates from seeking care for their health needs.
- Deterring inmates from seeking care for their health needs by scheduling sick call at unreasonable times.

All routine requests for medical attention shall be promptly routed to a qualified health care professional.

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

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Access to Health Care

701.4 HEALTH CARE GRIEVANCES

Custody personnel should authorize and encourage resolution of inmate complaints and requests on an informal basis whenever possible. To the extent practicable, custody personnel should provide inmates with opportunities to make suggestions to improve programs and conditions.

The grievance process is explained in the inmate handbook, which all inmates have access to in their housing units on the kiosks. Grievances will be handled in accordance with the Inmate Grievances Policy.

Custody personnel should minimize technical requirements for grievances and allow inmates to initiate the grievance process by briefly describing the nature of the complaint and the remedy sought. For simple questions and answers regarding clinical issues, inmates may meet with a qualified health care professional or may submit a written correspondence.

Inmate grievances regarding health care issues will be investigated by an uninvolved member of the medical staff. If no such person is available or does not exist, an outside peer should be sought to investigate the grievance. The inmate should be provided with a written response in accordance with the schedule set forth in the Inmate Grievances Policy. Responses to inmate grievances should be based on the community standard of health care.

If an inmate is not satisfied with the response, the inmate may appeal the grievance as outlined in the Inmate Grievances Policy.

701.5 POSTING AVAILABLE RESOURCES

A listing of telephone numbers for medical, dental, mental health and ambulance services shall be posted at the facility's medical area and in the primary staff control station, along with a schedule of availability (Wis. Admin. Code DOC § 350.15(3)).

Non-Emergency Health Care

702.1 PURPOSE AND SCOPE

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

702.2 POLICY

It is the policy of this office to provide daily access to the qualified health care professionals or health-trained custody staff in order for inmates to request medical services (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 Physician, in coordination with the Jail Administrator 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 in the inmate handbook. Inmates shall submit a medical request form to the housing unit correctional officer or the health-trained custody staff delivering medications, or a nurse, if appropriate.

Medical request forms should be available in languages representative of the population. Inmates who communicate in a language not available in printed form shall have access to interpreter services.

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

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Non-Emergency Health Care

The housing unit correctional officer shall ensure the reason for seeking medical attention is on the medical request form. If no reason is given, the correctional officer shall encourage the inmate to indicate whether the matter is urgent or confidential. The correctional officer shall forward all requests to the jail nurse.

702.4 TRIAGE OF HEALTH CARE REQUESTS

Qualified health care professionals should perform a daily triage.

Qualified health care professionals should schedule inmates in need of specialized treatment for the next available providers' clinic. The wait for the next available providers' clinic should not exceed seven days, if possible. The qualified health care professional shall document the referral in the providers' scheduling book and on the inmate's medical record.

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

702.5 GUIDELINES FOR ELECTIVE PROCEDURES OR SURGERY

The Responsible Physician and the Jail Administrator 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 Administrator or the authorized designee. The inmate shall be required to provide proof of sufficient private funds available to pay for all costs associated with transportation to the off-site facility and all costs associated with the medical services, diagnostics, treatment plans, medications or any other costs associated with off-site medical care (Wis. Admin. Code DOC § 350.15(6)).

Referrals and Coordination of Specialty Care

703.1 PURPOSE AND SCOPE

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

703.2 POLICY

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

703.3 JAIL ADMINISTRATOR RESPONSIBILITY

The Jail Administrator or the authorized designee, in coordination with the Responsible Physician 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 REFERRAL TO OFF-SITE MEDICAL CARE

A qualified health care professional shall evaluate the inmate, and if indicated, shall recommend specialty appointments in writing on the order sheet in the inmate's medical record. A referral form should be completed and any supporting documentation attached. The written referral shall be reviewed and authorized, if appropriate, by the Responsible Physician.

703.5 OFF-SITE COORDINATION

The qualified health care professional is responsible for recommending off-site medical and psychiatric care for inmates, coordinating outside appointments and notifying supervisory custody staff of off-site transportation needs. The Jail Administrator 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 correctional officer responsible for transportation to the Responsible Physician and Jail Administrator or the authorized designee so that modifications may be made.

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 exceed the licensure or certification of staff who are on-duty and to define staff training requirements.

704.2 POLICY

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

704.3 PLANS

The Jail Administrator or the authorized designee shall work cooperatively with the Responsible Physician to develop plans and procedures for responding to emergency medical incidents that occur when the level of medical or mental health services needed exceeds the licensure or certification of staff who are on-duty. The plans should include, but not are limited to:

- Emergency first aid
- Basic life support
- Crisis intervention
- Emergency evacuation of inmates
- Facility security
- On-call qualified health care professionals
- Predetermined and prearranged back-up health care services
- 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) If on site, qualified health care professionals shall respond by reporting to the area of the emergency with the necessary emergency equipment and supplies.
- (d) Emergency equipment and supplies are regularly maintained and accessible to the qualified health care professionals and health-trained custody staff.
- (e) Most inmates will be stabilized on-site and then transferred to an appropriate health care unit, if necessary.

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- (f) Notification of on-call physicians and mental health staff will be done as soon as the situation reasonably allows.
- (g) The qualified health care professionals or health-trained custody staff will determine if the inmate needs to be transported to a local emergency room for treatment.
- (h) When necessary, facility staff shall activate 9-1-1 and notify a supervisor as soon as reasonably practicable.
- (i) The Jail Administrator and the Responsible Physician 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). 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 PROCEDURES

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 provider and mental health professional should be available on-call 24 hours a day, seven days a week (this can include off-site health care services) and there should be a back-up health care services plan.
- (d) Ambulances should be accessed through the facility staff or by calling the appropriate emergency number. There should be a clear security plan in place for the transportation of inmates.
- (e) The Security Services Sergeant will be contacted and informed of any emergency as soon as practicable.
- (f) All decisions regarding medical treatment and the need for emergency transportation are to be made by the qualified health care professionals or health-trained custody staff.
- (g) Whenever reasonably possible, the on-call health care service should be notified prior to transporting the inmate to the hospital or other emergency care. However, in the event of a life- or limb-threatening emergency, the inmate shall be sent to the hospital in the most expedient way possible, which may require notifying the specific health care service after the inmate has been transported.

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704.5 FIRST-AID KITS

The Responsible Physician or the authorized designee is responsible for the monthly inspections of all first-aid kits in the facility. The Responsible Physician shall also ensure that:

- (a) The contents of each first-aid 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) Written procedures and training materials are developed for the use of medical supplies and equipment by custody staff.
- (c) Inspections and testing of supplies and equipment are documented and maintained in accordance with established records retention schedules.

704.6 TRAINING

The Jail Administrator shall ensure that all qualified health care professionals are trained in the delivery of emergency medical services in the custody environment during new employee orientation.

The Jail Administrator or the authorized designee shall ensure that all facility staff members who have contact with inmates receive first-aid and basic life support training during new employee orientation, and that annual refresher training is conducted for the facility and qualified health care professionals. Training should include, but not be limited to:

- (a) The location of all emergency medical equipment and medications.
- (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.

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All records of the training provided, testing procedures and the results, and certificates achieved shall be maintained in each qualified health care professional's training file in accordance with established records retention schedules. The Responsible Physician should be bound by similar requirements in the contractual language between the Office and the vendor.

704.7 AUTOMATED EXTERNAL DEFIBRILLATORS

The Responsible Physician 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 Administrator 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 Care for Pregnant Inmates

705.1 PURPOSE AND SCOPE

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

705.2 POLICY

It is the policy of this office that a qualified health care professional should provide comprehensive prenatal and postpartum care for all pregnant inmates during their incarceration, which includes, but is not limited to, the following (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 asked if they are pregnant. If the inmate states she is pregnant, a confirming urine test should be performed within 48 hours and documented in the medical record.
- (b) Pregnant inmates who are under the influence of or withdrawing from alcohol or other substances should be referred to a nurse, if available, or other available resource.
- (c) The Responsible Physician, in collaboration with facility staff, shall ensure the appropriate clinic visits are scheduled.
- (d) A medical record should be opened with a notation indicating pregnancy.

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- (e) The inmate should be interviewed by a qualified health care professional for the following information, which should be written in the medical record:
 - 1. Last menstrual period (LMP)
 - 2. Estimated date of conception (EDC)
 - 3. Estimated due date (40 weeks from EDC)
 - 4. Number of pregnancies (Gravidity)
 - 5. Number of live births (Parity)
 - 6. Therapeutic abortions (TAB)
 - 7. Spontaneous abortions (SAB), aka miscarriages
 - 8. Prenatal care history
 - 9. Current medications
 - 10. Any current adverse symptoms: vaginal bleeding or discharge, abdominal cramping or pain (if yes, notify on-site or on-call physician)
 - 11. High-risk factors if known: drug or alcohol use/abuse, smoking, previous pregnancy problems, other medical problems (cardiac, seizures, diabetes/DM, hypertension/HTN)
 - 12. If recent heroin or methadone use is identified, notify the on-site or on-call physician for orders.
- (f) Each pregnant inmate should have:
 - 1. A completed medical recommendation form for a low bunk assignment, in a lower tier, with no waist chains, as appropriate.
 - 2. A completed special diet form ordering a pregnant diet.
 - 3. Prenatal vitamins prescribed at one per day for the duration of the pregnancy.
 - 4. An appointment at the next available obstetric clinic if the inmate is 10 or more weeks gestation.

705.4 HOUSING

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

- (a) All pregnant inmates identified at intake or the obstetric clinic to be high-risk or who are in their last trimester of pregnancy shall be housed in the medical unit.
- (b) Housing in the medical unit shall be by order of an obstetric specialist or the Responsible Physician.

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705.5 COUNSELING AND TREATMENT

The Office 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 obstetric specialist shall be followed throughout the pregnancy and postnatal period. No non-medical staff has the unilateral authority to change or overrule an order or care recommendation made by the Responsible Physician. The Jail Administrator and Responsible Physician 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 Physician shall be consulted immediately if a patient is under 10 weeks gestation and has medical concerns.
- (c) Any pregnant inmate with medical problems that occur between scheduled obstetric appointments shall be seen by a qualified health care professional. If the qualified health care professional assesses the problem as urgent and a physician is not available on-site, the inmate shall be sent to the hospital for evaluation.
- (d) The inmate shall be advised to notify health-trained staff immediately of the following:
 1. Vaginal bleeding
 2. Acute, persistent abdominal or pelvic pain and/or severe cramping
 3. Leaking fluid
 4. Decreased or no fetal movement
 5. Headache or blurred vision
 6. Rapid weight gain with swelling (edema)
 7. Abnormal vaginal discharge
 8. Symptoms of a urinary tract infection (UTI)
 9. Fever
- (e) Postpartum examinations and additional appointments shall be scheduled by the obstetric clinic as needed.

705.6 RESTRAINTS

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

705.7 ABORTIONS

Inmates who wish to terminate their pregnancy shall be referred to outside counseling services for further information regarding available options. The Office shall not impede the woman's access

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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 Medical Fees

706.1 PURPOSE AND SCOPE

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

706.2 POLICY

It is the policy of this office that all individuals booked into and held at the facility shall be informed of the guidelines associated with inmate medical fees 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 may be charged for inmate initiated care.
- (b) Medical staff will communicate medical fee charges to the custodial administration. 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 incident report. The original incident report shall be forwarded to the Responsible Physician and a copy sent to the Jail Administrator.

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Inmate Medical Fees

706.4 FEE APPEAL PROCESS

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

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 shall select a health authority using an existing office procurement or selection process. The individual or organization selected shall be designated as the health authority for inmate health care on behalf of the facility.

Aside from any monetary or term considerations, the contract between the Office and the selected individual or organization shall minimally include (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 Physician 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).

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Health Authority

- (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 Physician.

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 Administrator shall provide the administrative support for making the health care services available to inmates. Clinical decisions are the sole province of the qualified health care professionals and should not be countermanded by non-health care professionals.

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

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

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 within 48 hours 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.

The Responsible Physician shall review all comprehensive health appraisals..

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

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

708.4 ANNUAL HEALTH EXAMINATIONS

The Responsible Physician shall develop criteria for recurrent health examinations. Inmates should be scheduled for annual health examinations. The examination should include:

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- 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.

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 no qualified health care professional is on-duty, a qualified healthcare professional shall be consulted. The health summary form shall be processed as follows:

- (a) The designated correctional officer shall complete as much of the form as possible, make a copy of the form and provide it to the transporting personnel.
- (b) The copy of the form shall be delivered to the first available qualified health care professional, who shall review the form, correct any errors and add any additional available information.
- (c) The qualified health care professional reviewing the form shall ensure its delivery, along with any related medical forms, to the intake staff of the receiving facility by the quickest available means, but within 24 hours of the inmate's transfer.

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 file or envelope 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.

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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 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.

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

710.3 ELEMENTS OF MEDICAL SCREENING

The medical screening shall be performed by a qualified health care professional or health-trained custody staff. The qualified health care professional, in cooperation with the Jail Administrator, shall establish protocols for use by health-trained correctional staff during the medical screening. All completed medical screenings should be forwarded to the Responsible Physician. A review of any positive finding shall be performed by a qualified health care professional.

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

All inmates shall complete a medical screening as part of the booking process. If an arrestee refuses to cooperate with the medical screening, the screener will complete as much of the health assessment as reasonably possible and the arrestee will be closely observed until he/she cooperates with the remainder of the screening process.

The Responsible Physician should work cooperatively with the Jail Administrator to develop the medical screening forms, which should be applicable for general health, mental health and suicide screening purposes. The forms shall be completed and reviewed no later than 72 hours after the arrival of an inmate but if possible, prior to an inmate being housed in the general population (Wis. Admin. Code DOC § 350.13(3)).

All medical screening forms shall be forwarded to the medical unit, and the qualified health care professionals shall be alerted to those that need priority attention (Wis. Admin. Code DOC § 350.13(2)).

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

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- 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))
- 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 Physician

Qualified health care professionals should assist in developing specific mental health medical screening questions and should provide training in analyzing inmate responses. The Responsible Physician 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 staff member 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 Jail Administrator and the Responsible Physician should develop a procedure through which it can be reliably determined what prescription medications the inmate is taking and the

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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)).

710.3.3 DOCUMENTATION

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

- Immediate or scheduled referral to a 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 a hospital or emergency room for a medical clearance. Medical conditions that require a medical clearance include, but are not limited to:

- Unconsciousness
- Uncontrolled bleeding
- Significant injuries from a motor vehicle accident
- Significant injuries from an altercation
- Significant injuries from handcuffs or other restraint devices
- Knife wounds, gunshot wounds, or lacerations
- Blunt force trauma during arrest
- Intoxication to a degree that the individual cannot speak coherently or stand or walk unaided
- Recent drug overdose
- Suspected or known complications of pregnancy
- Active seizures
- Suspected or know complications of diabetes
- Exhibiting behavior indicating a potential danger to themselves or others

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- Active tuberculosis or other serious contagious diseases
- Actively suicidal
- Any other medical condition, which, in the opinion of the booking personnel, should be urgently referred for evaluation by medically trained personnel.

Inmates with these medical conditions are not suitable for admission to the facility until medically cleared by a qualified health care professional. This office requires medical clearance from an outside entity when such inmates are identified.

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

The Jail Administrator 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 should be recommended. An inmate may also be cleared for housing in general population with a prompt referral to the appropriate health care services when it is in accordance with the inmate's overall classification. Upon identifying an inmate with a mental disorder, a physician's opinion will be secured within 24 hours, or next sick call, whichever is earliest.

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 office 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 Administrator shall provide to the Wisconsin Department of Corrections, by January 30 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 MENTAL HEALTH SERVICES

The Jail Administrator should collaborate with the local public and private organizations that offer mental health services, treatment and care to those inmates in need of such services.

Such services may include:

- Mental health screening, diagnosis and care.
- Outpatient services and follow-up care after release from custody.
- Crisis intervention.
- Mental illness stabilization.
- Psychotropic medication management and psychotherapy.

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Mental Health Services

- Suicide prevention.
- Segregation rounds by qualified health care professionals.
- Treatment of severe adjustment disorders.
- Transfer to dedicated mental health treatment when appropriate.
- Release planning services.

711.4 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.
- (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 or health-trained correctional officers as soon as reasonably practicable but no later than 24 hours after booking. Inmates who are developmentally disabled should be referred, where appropriate and available, for placement in non-correctional facilities or in units specifically designated for housing the developmentally disabled.
- (e) Inmates enrolled in mental health treatment, including psychiatric medication management, should be provided information regarding the risks and benefits to treatment. Informed consent documents should be signed by the inmate to establish his/her consent to treatment. The signed forms should be placed in the inmate's health record and retained in accordance with established records retention schedules.
- (f) A treatment plan should be established for all inmates enrolled in mental health services.
 1. Psychiatric and special needs treatment plans shall be reviewed every 180 days, at a minimum. Inmates taking psychotropic medication should be seen by a qualified health care professional at least every 90 days. Inmates classified as requiring mental health special needs should be seen at least monthly by a qualified health care professional.

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2. Inmates enrolled in other ongoing forms of mental health treatment should have treatment plan updates completed every six months, at a minimum.
 3. Inmates who present to the qualified health care professional as having notable difficulty adjusting to the correctional environment, but who are not diagnosed with a serious mental illness, should be evaluated for the appropriateness of mental health treatment. Consideration should be given to the qualified health care professional and the facility staff working together to address the issues that may be affecting the inmate's ability to adjust to incarceration.
- (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 and the qualified medical provider shall be the decision-maker regarding the health care needs of the inmate.
1. The qualified health care provider may consult with a psychiatrist, specialist or other health care service in determining whether the inmate should be transferred to a facility that is better equipped to handle the inmate's psychiatric needs.
 2. The qualified health care provider should notify the Jail Administrator of the request to transfer the inmate for medical treatment.
 3. The case review and disposition of the patient should be documented in the inmate's health record and retained in accordance with established records retention schedules.

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

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 mental health staff or health-trained custody staff using an instrument developed by qualified health care professionals. The initial mental health screening takes place at the time of booking, and is for the safety of the inmate and the general population. It helps the custody staff to make appropriate classification and housing decisions and to ensure that the treatment and intervention needs of the inmate are met.

712.2 POLICY

It is the policy of this office that all individuals booked into the facility shall receive an initial mental health screening by a qualified mental health professional, qualified mental health staff or health-trained custody staff. A more comprehensive medical appraisal shall be conducted within the first 14 days of incarceration to confirm the initial findings and to ensure that, if needed, an appropriate treatment plan that meets the individual needs of the inmate is in place (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.

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Mental Health Screening and Evaluation

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 health care 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.

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

When a qualified health care professional recognizes that an inmate requires accommodation due to a special need, correctional personnel should be notified in writing. Consultation between the qualified health care professional and 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 Administrator 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. Special needs communication should be sent to the classification unit, the Security Services Sergeant and the housing officer to ensure the inmate is properly housed.
 3. Current medications being taken by the inmate should be verified and continued as deemed appropriate by the Responsible Physician.
 4. A health assessment shall be completed within 14 days of incarceration and a physical examination conducted within six months of incarceration.
 5. The status of a special needs inmate should be evaluated, at minimum, every 90 days to determine the need for the continued designation.
- (b) Decisions involving a special needs inmate's assignment regarding housing, programs, discipline or transfers should include consultation between the Jail Administrator 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.
- (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) With the inmate's written consent, the health services staff should:
1. Share necessary information with outside health care services.

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Special Needs Medical Treatment

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.
 - (i) Contacts with community providers should be documented via an administrative note in the patient's health record.
 - (j) 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.
 - (k) Medications should be provided as appropriate.

Communicable Diseases

714.1 PURPOSE AND SCOPE

This policy provides general guidelines to assist in minimizing the risk of office members contracting and/or spreading communicable diseases among office members and the inmate population.

714.1.1 DEFINITIONS

Definitions related to this policy include:

Communicable disease - A human disease caused by microorganisms that are present in and transmissible through human blood, bodily fluid, tissue, or by breathing or coughing. These diseases commonly include but are not limited to hepatitis B virus (HBV), HIV, and tuberculosis.

Exposure - When an eye, the mouth, a mucous membrane, or non-intact skin comes into contact with blood or other potentially infectious materials, or when these substances are injected or infused under the skin; when an individual is exposed to a person who has a disease that can be passed through the air by talking, sneezing, or coughing (e.g., tuberculosis), or the individual is in an area that was occupied by such a person. Exposure only includes those instances that occur due to a member's position at the Eau Claire County Sheriff's Office (see the exposure control plan for further details to assist in identifying whether an exposure has occurred).

714.2 POLICY

The Eau Claire County Sheriff's Office is committed to providing a safe work environment for its members and inmates. Members should be aware that they are ultimately responsible for their own health and safety.

714.3 EXPOSURE PREVENTION AND MITIGATION FOR MEMBERS

714.3.1 GENERAL PRECAUTIONS

All members are expected to use good judgment and follow training and procedures related to mitigating the risks associated with communicable disease. This includes but is not limited to (29 CFR 1910.1030; Wis. Admin. Code § SPS 332.50):

- (a) Stocking disposable gloves, antiseptic hand cleanser, CPR masks or other specialized equipment in the work area or office vehicle, as applicable.
- (b) Wearing office-approved disposable gloves when contact with blood, other potentially infectious materials, mucous membranes and non-intact skin can be reasonably anticipated.
- (c) Washing hands immediately or as soon as feasible after removal of gloves or other PPE.
- (d) Treating all human blood and bodily fluids/tissue as if it is known to be infectious for a communicable disease.
- (e) Using an appropriate barrier device when providing CPR.

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- (f) Using a face mask or shield if it is reasonable to anticipate an exposure to an airborne transmissible disease.
- (g) Decontaminating non-disposable equipment (e.g., flashlight, control devices, clothing, portable radio) as soon as possible if the equipment is a potential source of exposure.
 - 1. Clothing that has been contaminated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible and stored/decontaminated appropriately.
- (h) Handling all sharps and items that cut or puncture (e.g., needles, broken glass, razors, knives) cautiously and using puncture-resistant containers for their storage and/or transportation.
- (i) Avoiding eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses where there is a reasonable likelihood of exposure.
- (j) Disposing of biohazardous waste appropriately or labeling biohazardous material properly when it is stored.

714.3.2 IMMUNIZATIONS

Members who could be exposed to HBV due to their positions may receive the HBV vaccine and any routine booster at no cost (29 CFR 1910.1030; Wis. Admin. Code § SPS 332.50).

714.4 POST-EXPOSURE FOR MEMBERS

714.4.1 INITIAL POST-EXPOSURE STEPS

Members who experience an exposure or suspected exposure shall:

- (a) Begin decontamination procedures immediately (e.g., wash hands and any other skin with soap and water, flush mucous membranes with water).
- (b) Obtain medical attention as appropriate.
- (c) Notify a supervisor as soon as practicable.

714.4.2 REPORTING REQUIREMENTS

The supervisor on-duty shall investigate every exposure or suspected exposure that occurs as soon as possible following the incident. The supervisor shall ensure the following information is documented (29 CFR 1910.1030; Wis. Admin. Code § SPS 332.50):

- (a) Name of the member exposed
- (b) Date and time of the incident
- (c) Location of the incident
- (d) Potentially infectious materials involved and the source of exposure (e.g., identification of the person who may have been the source)
- (e) Work being done during exposure
- (f) How the incident occurred or was caused
- (g) PPE in use at the time of the incident

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- (h) Actions taken post-event (e.g., cleanup, notifications)

The supervisor shall advise the member that disclosing the identity and/or infectious status of the source to the public or to anyone who is not involved in the follow-up process is prohibited. The supervisor should complete the incident documentation in conjunction with other reporting requirements that may apply (see the Occupational Disease and Work-Related Injury Reporting and Safety and Health Program policies).

714.4.3 MEDICAL CONSULTATION, EVALUATION, AND TREATMENT

Office members shall have the opportunity to have a confidential medical evaluation immediately after an exposure and follow-up evaluations as necessary (29 CFR 1910.1030; Wis. Admin. Code § SPS 332.50).

The ECO should request a written opinion/evaluation from the treating medical professional that contains only the following information:

- (a) Whether the member has been informed of the results of the evaluation.
- (b) Whether the member has been notified of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

No other information should be requested or accepted by the ECO.

714.4.4 COUNSELING

The Office shall provide the member, and his/her family if necessary, the opportunity for counseling and consultation regarding the exposure (29 CFR 1910.1030; Wis. Admin. Code § SPS 332.50).

714.4.5 CONFIDENTIALITY OF REPORTS

Medical information shall remain in confidential files and shall not be disclosed to anyone without written consent (except as required by law).

Test results from persons who may have been the source of an exposure are to be kept confidential as well.

714.5 EXPOSURE PREVENTION AND MITIGATION FOR INMATES

714.5.1 SUSPECTED EXPOSURE OF AN INMATE

Members who become aware that an inmate may have been exposed should, as soon as practicable:

- (a) Take steps to reduce exposure to other inmates.
- (b) Use precautions related to exposure prevention as applicable to the situation (gloves, face masks).
- (c) Contact medical personnel to care for the inmate as needed, and obtain recommendations regarding isolation or quarantine of the inmate.
- (d) Notify the appropriate supervisor and Jail Administrator.

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714.5.2 SUPERVISOR RESPONSE AND REPORTING REQUIREMENTS

The responding supervisor shall investigate every exposure or suspected exposure of an inmate as soon as possible following the incident. The supervisor shall ensure the inmate receives appropriate medical assistance and that steps are taken to protect other inmates.

All incidents involving a suspected exposure shall be thoroughly documented.

714.5.3 MEDICAL CONSULTATION, EVALUATION AND TREATMENT

Any exposed inmate shall have the opportunity to have a medical evaluation immediately after an exposure and follow-up evaluations as necessary.

714.5.4 INMATES WITH AIDS AND HIV

Certain actions are prohibited with respect to an individual who has AIDS or has tested positive for HIV. They include (Wis. Stat. § 252.14):

- (a) Refusing to treat the individual when it is within the member's scope of licensure or certification as the health care provider.
- (b) Refusing to provide equivalent services to the inmate.
- (c) Providing care to the inmate at a standard that is lower than that provided to other inmates with like medical needs.
- (d) Isolating the individual unless it is medically necessary.
- (e) Subjecting the inmate to humiliating, degrading or abusive treatment.

If an inmate declines an HIV test, a qualified health care professional may not use the fact that the person declined as a basis for denying other services or treatment to the person (Wis. Stat. § 252.14).

714.5.5 INMATE CONFIDENTIALITY

Any information regarding inmates and possible communicable diseases shall be considered confidential medical records (see the Management of Health Records Policy).

714.6 SOURCE TESTING

Testing a person for communicable diseases when that person was the source of an exposure should be sought when it is desired by the exposed member or inmate, or when it is otherwise appropriate. Source testing is the responsibility of the ECO. If the ECO is unavailable to seek timely testing of the source, it is the responsibility of the Jail Administrator and the Responsible Physician to ensure testing is sought.

Source testing may be achieved by reporting an exposure or suspected exposure to the Department of Health Services and/or requesting a court order (Wis. Stat. § 252.15 et seq.; Wis. Admin. Code DHS § 145.06 et seq.).

Since there is the potential for overlap between the different manners in which source testing may occur, the ECO is responsible for coordinating the testing to prevent unnecessary or duplicate testing.

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When no statute exists for compelling the source to undergo testing, the ECO should seek the consent of the source for testing and/or consult Corporation Counsel to discuss other options.

Aids to Impairment

715.1 PURPOSE AND SCOPE

This policy acknowledges the high priority of inmate health and recognizes that some inmates will require adaptive devices to assist them with daily living activities on a temporary or permanent basis.

The Eau Claire County Sheriff's Office has established this policy for physicians and dentists to review and evaluate the need for adaptive devices, while considering facility security concerns regarding the use of such items.

When a physician or dentist determines that the medical condition of an inmate indicates that an adaptive device is clinically appropriate, the parameters of this policy will determine if authorization for the use of such items during incarceration should be granted, and if any equipment modifications are indicated for safety or security purposes.

715.1.1 DEFINITIONS

Definitions related to this policy include:

Adaptive device - Any orthotic, prosthetic or aid to impairment that is designed to assist an inmate with the activities of daily living or that is clinically appropriate for health, as determined by the Responsible Physician or dentist.

Aids to impairment - Includes, but is not limited to, eyeglasses, hearing aids, pacemakers, canes, crutches, walkers and wheelchairs.

Orthoses - Specialized mechanical devices, such as braces, shoe inserts or hand splints that are used to support or supplement weakened or abnormal joints, limbs and/or soft tissue.

Prostheses - Artificial devices designed and used to replace missing body parts, such as limbs, teeth or eyes.

715.2 POLICY

It is the policy of the Office that, in accordance with security and safety concerns, medical and dental orthoses or prostheses and other adaptive devices will be permitted or supplied in a timely manner when the health of the inmate would otherwise be adversely affected or when such devices are necessary to reasonably accommodate a disability recognized under the Americans with Disabilities Act (ADA) (42 USC § 12101 et seq.), as determined by the Responsible Physician or dentist.

715.3 MEDICAL OR DENTAL ORTHOSES, PROSTHESES OR ADAPTIVE DEVICES

Subject to safety and security concerns, inmates should be permitted to retain an orthopedic, orthodontic or prosthetic appliance if it is prescribed by or recommended and fitted by a physician or dentist. However, if the appliance presents a risk of bodily harm to any person, is a risk to the security of the facility or if it is not used for its intended purpose, it may be removed and stored with the inmate's property.

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The appliance shall be returned to the inmate when the risk abates or the inmate is moved to another housing location. The inmate may be counseled by the qualified health care professional regarding the necessity for the appliance. The removal of the appliance shall be reported to the supervisor and documented in the inmate's medical chart and inmate log. A jail incident report may be written at the direction of the supervisor.

Qualified medical professionals will monitor, after removal of a prosthetic, orthodontic or orthopedic appliance for adverse results to the health or safety of the inmate. If it is determined that the adaptive device cannot be returned because of safety or security concerns, and as a result, the health or safety of the inmate is a concern, options include:

- (a) Reclassifying the inmate to another housing unit or administratively segregating the inmate from the general population.
- (b) With physician or dentist approval, modifying the adaptive device to meet the medical needs of the inmate and the safety and security needs of the facility.
- (c) Providing the inmate with an opportunity to petition the court for the return of the device in accordance with local, state and federal law.

Once an adaptive device has been approved for use, the qualified health care professional shall enter the authorization into the inmate's health file. If the inmate requires special housing, the qualified health care professional shall document this in writing and notify custody or classification personnel appropriately. The qualified health care professional shall document the general condition of the prosthesis and have the inmate sign in the medical record that he/she received the prosthesis.

Any prostheses that are brought to the facility by family members or others after the inmate has been incarcerated shall be subject to a security check. The facility shall accept no responsibility for loss or damage to any adaptive device.

715.4 REQUESTS FOR MEDICAL AND DENTAL PROSTHESES

All requests for new or replacement medical or dental prostheses shall be individually evaluated by the Responsible Physician or dentist and reviewed for approval by the Jail Administrator. Considerations for approval shall be based upon the following:

- Medical needs of the inmate
- Anticipated length of incarceration
- Safety and security of the facility

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 office to provide proper medical care to inmates who suffer from drug or alcohol overdose or withdrawal.

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

The Responsible Physician 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 the Security Services Sergeant, who shall ensure that a qualified health care professional is promptly notified.

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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 medical 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 or trained correctional staff.

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 Physician 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 Physician. Qualified health care professionals shall evaluate and provide care to patients utilizing written procedures and/or physician orders.

716.7 ALCOHOL WITHDRAWAL SYMPTOMS CHART

The following chart describes typical symptoms of mild, moderate and severe withdrawal. It is to be used as a guide for determining when to refer inmates to a qualified health care professional. Not all symptoms are always present.

	MILD	MODERATE	SEVERE (Delirium Tremens)
ANXIETY	Mild restlessness and anxiety	Obvious motor restlessness	Extreme restlessness and agitation with appearance of intense fear is common
APPETITE	Impaired appetite	Marked anorexia	Often rejects all food and fluid except alcohol
BLOOD PRESSURE	Normal or slightly elevated systolic	Usually elevated systolic	Elevated systolic and diastolic
CONFUSION	Oriented, no confusion	Variable confusion	Marked confusion and disorientation

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CONVULSIONS	No	May occur	Severe convulsions are common
HALLUCINATIONS	No hallucinations	Often vague, transient, visual and auditory hallucinations and delusions, often with insight, often occurring only at night	Visual and occasional auditory hallucinations, usually of fearful or threatening content. Misidentification of persons and frightening delusions relating to hallucinatory experiences
MOTOR CONTROL	Inner "shaky"	Visible tremulousness	Gross uncontrollable shaking
NAUSEA	Nausea	Nausea and vomiting	Dry heaves and vomiting
PULSE	Tachycardia	Pulse 100-120	Pulse 120-140
SLEEP	Restless sleep or insomnia	Marked insomnia and nightmares	Total wakefulness
SWEATING	None or slight	Obvious	Extreme

Administration of Psychotropic Medication

717.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines under which an inmate may be involuntarily administered psychotropic medications during a mental health emergency, to protect the safety of the inmate and others.

717.1.1 DEFINITIONS

Definitions related to this policy include:

Mental health emergency - Any emergency situation that requires an immediate response to an individual in psychiatric crisis, for the preservation of life or the prevention of serious bodily harm to the inmate, staff or others. It is not necessary for harm to take place or to become unavoidable prior to involuntary treatment being imposed.

Psychotropic medication - Any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders.

717.2 POLICY

It is the policy of this office that an inmate may be involuntarily given psychotropic medication on an emergency basis only when the inmate is found by a physician to be a danger to him/herself or others by reason of mental disorders.

717.3 INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC MEDICATION IN AN EMERGENCY

Psychotropic medication shall not be administered to an inmate absent an emergency unless the inmate has given his/her informed consent or administration has been authorized under a court order.

Involuntary emergency administration of psychotropic medication shall occur only under the following conditions:

- The inmate has been afforded interventions, beginning with the least restrictive options, as approved by the Responsible Physician or psychiatrist.
- The administration and duration are authorized by a physician.
- A physician specifies the conditions under which the medication is to be administered.

The details of each condition must be documented in the inmate's medical record.

This policy limits the number of times that involuntary psychotropic medication may be administered to one dose only during the mental health emergency, as defined by a qualified health care professional. If the emergency is not resolved, the patient shall be transferred from the jail to an appropriate facility that is designed to treat mental health emergencies.

Psychotropic medication shall not be administered for disciplinary reasons.

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Administration of Psychotropic Medication

717.3.1 PROCEDURES

When it has been determined that an inmate's behavior might lead to death or injury to the inmate or others, and that a mental health emergency is imminent, the following procedures shall be followed:

- The inmate shall be subdued by custody personnel using tactics that provide the safest resolution for the inmate and the involved staff given the circumstances.
- The qualified health care professional shall evaluate the inmate for any injuries and mental status. If there are no qualified health care professional available, the inmate shall be transported to an appropriate facility that is designed to treat mental health emergencies as soon as reasonably practicable.
- The Responsible Physician shall be contacted for direction.
- If psychotropic medication is authorized by the Responsible Physician, the qualified health care professional will first attempt to gain inmate consent.
- If consent is not obtained, EMS may be contacted for further evaluation and possible administration of the medication. the medication shall be involuntarily administered in the safest manner possible.
- If medication is administered inmate will be transported to the emergency room for further evaluation.

717.3.2 POST-ADMINISTRATION CARE

Less restrictive treatment alternatives should be developed as soon as reasonably practicable.

Clinical Performance Enhancement

718.1 PURPOSE AND SCOPE

This office recognizes the importance of ensuring that qualified health care professionals are competent in their clinical skills and that the clinical performance enhancement review addresses areas in need of improvement.

718.1.1 DEFINITIONS

Definitions related to this policy include:

Clinical performance enhancement review - The process of having a qualified health care professional's work reviewed by another professional (peer review) of at least equal training in the same general discipline (e.g., review of the facility's physicians by the Responsible Physician).

Independent review - The assessment of a qualified health care professional's compliance with discipline-specific and community standards. The review is an analysis of a practitioner's clinical practice. This review may be conducted by someone who may or may not be directly employed by the institution. However, if the review was prompted by an inmate complaint, the reviewing practitioner must not have been previously involved in the care of that inmate.

718.2 POLICY

It is recommended that all health care professionals routinely receive performance reviews including the review of clinical skills. Its purpose is to enhance competence and address areas in need of improvement.

An immediate peer review may be authorized by the Responsible Physician if serious problems of practice arise with a specific qualified health care professional.

718.3 COMPONENTS OF THE CLINICAL PERFORMANCE ENHANCEMENT

The clinical performance enhancement review process is to be conducted periodically on all qualified health care professionals. The result of these reviews shall be kept confidential. Documentation from the review shall include the following:

- Name of the individual being reviewed
- Date of the review
- Name and credentials of the reviewer
- Confirmation that the review was shared with the qualified health care professional
- Summary of findings and corrective action, if any

If a clinical performance enhancement review identifies a serious concern, a corrective improvement plan, including additional training shall be implemented.

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718.4 HEALTH CARE COMPLAINTS

The Jail Administrator shall be responsible for developing and implementing a process by which inmates may submit complaints about the health care services they have received. There shall also be a means of collecting and analyzing the observations of other qualified health care professionals, correctional staff or other non-medical staff regarding the delivery of health care services.

The jail administrator or authorized designee will work collaboratively with the health service administrator and/or regional operations manager to resolve matters of concern.

718.5 RECORDS

All clinical performance enhancement review reports and complaint investigations shall be considered confidential. The contents of such files shall not be revealed to other than the involved employee or authorized personnel, except pursuant to lawful process or as otherwise authorized or required by statute.

Clinical Decisions

719.1 PURPOSE AND SCOPE

This policy emphasizes the importance of clinical decisions being the sole responsibility of the qualified health care professional.

719.1.1 DEFINITIONS

Definitions related to this policy include:

Clinical decisions - The process of formulating a differential diagnosis with information gathered from an inmate's medical history and physical and mental examinations, developing a list of possible causes and ordering tests to help refine the list or identify a specific disease.

Differential diagnosis - A systematic method of identifying unknowns or diagnosing a specific disease using a set of symptoms and testing as a process of elimination.

719.2 POLICY

Clinical decisions and actions regarding inmate health care are the sole responsibility of qualified health care professionals and shall be adhered to by others.

719.3 MEDICAL AUTONOMY

Clinical decisions shall be made only after a thorough evaluation of the patient's complaint and physical or mental condition. The implementation of clinical decisions is to be completed in an effective and safe manner that does not violate the security regulations of the facility.

719.4 PROBLEM RESOLUTION

Any issues arising because of the clinical decision process shall be reviewed under the provisions of the Continuous Quality Improvement Policy using medical records, grievances, staff complaints and any other relevant data.

Health-Trained Custody Staff

720.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for inmates to access 24 hour health care services in the event that a qualified health care professional is not on-site.

720.2 POLICY

It is the policy of this office that health-trained custody staff member shall be responsible for coordinating the delivery of health care services in the facility any time that qualified health care professionals are not available on-site.

720.3 TRAINING

The Jail Administrator, Training Sergeant and the Responsible Physician shall be jointly responsible for developing a training curriculum for the health-trained custody staff positions and for the delivery of that training, which shall include:

- Instruction on proper action in the case of a medical emergency.
- Documentation requirements.
- Appropriate triage of health care requests and follow-up.
- Confidentiality of health information.

720.4 UNREASONABLE BARRIERS

No member of the Eau Claire County Sheriff's Office correctional facility shall create unreasonable barriers that affect an inmate's access to health care services. Examples of conduct that are likely to create unreasonable barriers and are prohibited include:

- (a) Punishing inmates for seeking care for their serious health needs.
- (b) Assessing excessive inmate medical fees that prevent or deter inmates from seeking care for their serious health needs.
- (c) Deterring inmates from seeking care for their serious health needs by scheduling sick call at unreasonable times.

Licensure, Certification and Registration Requirements

721.1 PURPOSE AND SCOPE

The purpose of this policy is to recognize that inmates are entitled to health care services that are provided by qualified health care professionals working within the scope of their respective licensure, certification, registration and training. This policy also establishes a credentials verification process.

721.2 POLICY

It is the policy of this office that all qualified health care professionals who provide health care services to inmates possess the required licensure, certification or registration appropriate to their field of expertise.

The current credentials and job descriptions for all qualified health care professionals will be on file at the facility and retained in accordance with established records retention schedules.

Only qualified health care professionals may provide health care to inmates unless care by non-professionals has been authorized in accordance with laws governing health service delivery (Wis. Admin. Code DOC § 350.14(3)).

721.2.1 NURSING CARE

Nursing care shall be provided in accordance with the practice established by the Wisconsin Board of Nursing (Wis. Admin. Code Ch. N 6; Wis. Admin. Code DOC § 350.14(2)).

721.3 CREDENTIALING AND FILE MAINTENANCE

A completed file of current licenses, certifications, registration, reference checks and applications shall be maintained by the Office Department of Human Resources and by the Responsible Physician or the authorized designee at this facility (Wis. Admin. Code DOC § 350.14(3)).

- (a) The Responsible Physician or the authorized designee should obtain confirmation of current licensure, certification and registration prior to making any offer of employment.
- (b) Inquiries into any sanctions or disciplinary actions of state boards, employers and the U.S. Department of Health and Human Services' National Practitioner Data Bank should be conducted prior to making any offer of employment.
- (c) Individuals should be required to pass a job related pre-employment background investigation. Employment references may be obtained via mail or over the phone with documentation.
- (d) Each employee should be held responsible for providing renewal verification of licenses, certificates and registration prior to the expiration date.
- (e) Any group or individual providing health care services must complete the credentialing process that is appropriate for their profession and must provide the facility a copy of

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current licensure and, when appropriate, a Drug Enforcement Administration (DEA) certificate to prescribe controlled substances.

- (f) To be eligible for hire, all qualified health care professionals must possess and maintain a current CPR certification and provide documentation to the Responsible Physician.

721.4 STUDENTS AND/OR INTERNS

If the health care mental health services provided to an inmate are performed by an intern, resident or student who is authorized to provide specific health care services as part of a formal medical training program, the individual will work under the control and supervision of a qualified health care or mental health professional. An intern, student or resident shall only be assigned tasks for which they have been trained.

There shall be a written agreement between the facility and the educational or training program that covers the services to be provided by an intern, student, or resident.

Any student, intern or resident working in the facility shall participate in a facility orientation prior to performing any health or mental healthcare services.

All interns, residents or students shall be required to agree in writing to abide by all facility policies, including those relating to hostages, facility security and the confidentiality of information.

All training provided, written agreements and/or contracts shall be maintained in the intern, resident or student's file by the Responsible Physician or the authorized designee in accordance with established records retention schedules.

Inmate Assistants

722.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines and establish parameters for the appropriate use of inmates as assistants in the provision of health care services.

722.2 POLICY

It is the policy of this office that inmates are not allowed to assist in the provisions of the health and mental health care services.

Suicide Prevention and Intervention

723.1 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 Eau Claire County Jail.

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.

723.2 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 and reviewed annually by the Jail Administrator or designee. A copy of this policy shall be maintained in each unit of the facility where it can be easily accessed by all staff members.

723.3 SUICIDE PREVENTION TEAM

The Jail Administrator or his designee, in cooperation with the contracted healthcare and mental health provider shall establish a suicide prevention review team. The team will evaluate and approve the suicide prevention and intervention program annually. The suicide prevention team should consist of qualified mental health care professionals, healthcare professionals and the Jail Administrator or the authorized designee. The yearly evaluation will include a review of all current policies to ensure they are relevant, realistic, and consistent with the mission of the program. The program and policies will be updated as needed.

The suicide prevention review team shall also ensure that the facility is evaluated annually to identify any physical plant characteristics or operational procedures that might be modified to reduce the risk of inmate suicide. This should be accomplished by conducting a review of suicides and suicide attempts, physical inspection, review of various facility inspection reports, and by participating in inmate/management team meetings. If physical modifications are recommended, the team shall ensure the Jail Administrator or designee is promptly notified.

It shall also be the responsibility of the suicide prevention review team to ensure that suicide prevention training is provided in compliance with all applicable statutes and standards. The suicide prevention review team shall identify the trained staff that may assess an inmate's level of suicide risk (Wis. Admin. Code DOC § 350.17(4)).

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723.4 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.
- Observation and suicide watch procedures.
- Monitoring inmates who attempt suicide.

Recommendations for modification to the suicide training should be directed to the Jail Administrator or designee, who shall review the recommendations and approve, if appropriate.

723.5 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, they 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).

723.6 SUICIDE WATCH

Inmates should only be housed on suicide watch with the approval of a qualified mental health care professional and the Sergeant or designee. If a qualified mental health care professional is not present in the Eau Claire County Jail, the Sergeant may make the decision to place an inmate on suicide watch but should notify a qualified mental health care professional as soon as practicable, but no less than within 12 hours (Wis. Admin. Code DOC § 350.17(5)).

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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. 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 intervals (Wis. Admin. Code DOC § 350.18(1)). 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 an 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 or 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).

723.6.1 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 themselves, 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 Physician is available.

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Suicide Prevention and Intervention

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 Physician 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)).

723.6.2 NOTIFICATION

In the event of an attempted or completed suicide, the Jail Administrator or designee should be promptly notified. The Jail Administrator or designee should notify the Sheriff (Wis. Admin. Code DOC § 350.17(9)). The Jail Administrator or 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.

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)).

723.6.3 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

723.7 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

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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.

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. An 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.

723.7.1 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 Sergeant 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 Physician (Wis. Admin. Code DOC § 350.17(12)). Involved staff members will be offered confidential critical stress debriefing services.

723.8 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 Officer should ensure that the suicide threat or other danger is communicated to personnel at the receiving facility.

Inmate Death - Clinical Care Review

724.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the actions and notifications required in the event of an in-custody death and the medical care received by the inmate. The policy requires that a review of all in-custody deaths be conducted to assess the appropriateness of the clinical care provided and the effectiveness of the facility's policies and procedures.

724.1.1 DEFINITIONS

Definitions related to this policy include:

Administrative review - An assessment of the facility's emergency response actions surrounding the death of an inmate. The purpose of the administrative review is to identify areas where operations, policies and procedures may be improved.

Clinical mortality review (CMR) - An assessment of the medical condition of the inmate prior to treatment, the clinical care provided by contractors and the circumstances of the death. The purpose of the CMR is to identify areas of patient care or system policies and procedures that may be improved.

Psychological autopsy - A written reconstruction of an inmate's life with an emphasis on factors that may have contributed to his/her death. This is sometimes referred to as a psychological reconstruction and is usually conducted by a psychologist or other qualified mental health care professional.

724.2 POLICY

It is the policy of this Office that all in-custody deaths are reviewed to determine the appropriateness of the clinical care provided, to determine whether existing policies are appropriate or if revision is necessary and to identify any other issues associated with the circumstances of the death. A post-mortem examination should be performed if:

- The cause of death is unknown.
- The death occurred under suspicious or unusual circumstances.
- The inmate was not under current medical care.

724.3 DOCUMENTATION

The qualified health care professional on-duty at the time of the in-custody death shall ensure that all witnessed facts concerning the death are documented on the inmate's health record. Written documentation should include, but is not limited to, the time of death, the preceding circumstances surrounding the death, nature of the death, treatment rendered and who was notified of the death and by whom.

The Qualified medical provider should initiate a death report and document it in accordance with the Continuous Quality Improvement Policy.

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Inmate Death - Clinical Care Review

724.4 CLOSING THE MEDICAL RECORD

The Qualified Medical Provider should review the inmate's health record to ensure appropriate entries have been made, and within 24 hours of the death have the original and a complete copy of the medical record made and delivered as follows (see the Reporting In-Custody Deaths Policy):

- (a) Seal the original in an envelope and retain in the custody of the Responsible Physician.
- (b) Send the copy to the facility for inclusion into the inmate file and retain in accordance with established records retention schedules.

724.5 DEATH BY SUICIDE

In the event of a suspected inmate suicide, the qualified health care professional shall make a report within 24 hours to the qualified medical provider containing:

- (a) The inmate's known mental health history.
- (b) The most recent known mental health treatment.
- (c) All known circumstances surrounding the suicide.

A psychological autopsy should be conducted by a qualified mental health care professional if the cause of death is determined to be a suicide.

The initial CMR should be conducted by the qualified healthcare professional and, if available, a mental health care professional. The CMR should be finalized within 30 days by the Responsible Physician. The findings should be shared with the treating staff.

724.6 DEATH REVIEW

All deaths should be reviewed within 30 days. The review shall consist of an administrative review, a CMR, and a psychological autopsy if the death was by suicide.

Treating staff shall be informed of the CMR and the administrative review findings at the quarterly continuous quality improvement meeting.

Corrective actions identified through the CMR should be implemented and monitored in accordance with the Continuous Quality Improvement Policy for systemic issues and the Staffing Policy for staff-related issues.

Nursing Assessment Protocols

725.1 PURPOSE AND SCOPE

The purpose of this policy is to establish standards for evaluating and treating inmates with medical issues that are easily and effectively treated or triaged by nursing personnel who have been properly trained in the use of nursing assessment protocols.

725.1.1 DEFINITIONS

Definitions related to this policy include:

Nursing assessment protocols - Written instructions or guidelines that specify the steps to be taken in evaluating an inmate's health status and providing medical treatment. Protocols may include first-aid procedures for the identification and care of ailments that ordinarily would be treated with over-the-counter (OTC) medication or through self-care. These protocols also may address more serious symptoms, such as chest pain, shortness of breath or intoxication. The protocols provide a sequence of steps to evaluate and stabilize an inmate until a qualified health care professional is contacted and orders for further care are received.

725.2 POLICY

It is the policy of this office that medical care performed by personnel other than a physician shall be performed pursuant to a written protocol or order of the Responsible Physician.

725.3 PROTOCOL DEVELOPMENT AND AUTHORIZATION

The facility's Responsible Physician or the authorized designee shall develop, review and authorize all nursing protocols used for the treatment of inmates, and shall develop, deliver or procure appropriate training for the nurses on their use.

The protocols developed shall be appropriate for the training and experience of the health care services staff members who will deliver the services. Each protocol shall comply with the standards of practice for the level of care the health care services staff members are authorized to provide. The protocols shall only include the use of OTC medications.

725.4 TRAINING

Nurses will be trained and approved in the nursing assessment protocols prior to their use. The training shall be documented and should include:

- (a) Evidence that new nurses have been trained.
- (b) Demonstration of knowledge and skills.
- (c) Evidence of annual review of skills.
- (d) Evidence of retraining when protocols are introduced or revised.

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Nursing Assessment Protocols

725.5 AUTHORIZED USE OF PROTOCOLS

Nursing staff may use a nursing assessment protocol only after they have been trained and authorized by the Responsible Physician or authorized designee. Nursing assessment protocols shall only be used after a nurse fully evaluates the inmate's complaint and the inmate's condition meets the appropriate criteria.

Inmates may only be treated using a nursing protocol for the same condition on two consecutive visits. If the inmate requests service for the same condition a third time, the inmate should be referred to a physician, physician's assistant or nurse practitioner.

The assessment protocols only include the use of OTC medication. When OTCs are administered per the protocol, they do not require the signature of a physician. However, the order and the administration of the medication shall be documented on the medication administration record.

Nursing assessment protocols shall not include the administration of any prescription medication, with the exception of protocols addressing an emergency or a life-threatening situation. Treatment with prescription medication may only be initiated upon a written or verbal order from a physician, psychiatrist, dentist or other person who is licensed to dispense medication in the state, either independently or under the supervision of a physician.

Infirmary Care

726.1 PURPOSE AND SCOPE

This policy recognizes that some inmates will need care for an illness or diagnosis that requires daily monitoring, daily medication and/or therapy, or assistance with daily activities at a level that requires skilled nursing intervention. Such inmates are best served in an area expressly designed and operated for providing medical care in close proximity to qualified health care professionals.

726.1.1 DEFINITIONS

Definitions related to this policy include:

Infirmary - An area specifically designed and operated for providing medical care to inmates who need skilled nursing care for a period of 24 hours or more. It is expressly intended for inmates who do not need hospitalization or placement in a licensed nursing facility, but whose care cannot be managed safely in an outpatient setting. It is not the area itself but the scope of care provided that makes the bed an infirmatory bed.

Infirmatory care - Care provided to inmates with an illness or diagnosis that requires daily monitoring, medication and/or therapy, or assistance with daily activities at a level requiring skilled nursing intervention.

Within sight or sound of a qualified health care professional - The patient can gain the professional's attention through visual or auditory signals.

726.2 POLICY

It is the policy of this office there is no designated infirmatory area within the Eau Claire County County Jail.

Medical Equipment and Supply Control

727.1 PURPOSE AND SCOPE

This policy outlines the control and inventory process to be utilized in accounting for all medical equipment and supplies. Medical equipment and supplies can pose a hazard for both the inmate population and the staff. Unauthorized possession of medical equipment and supplies constitutes possession of contraband. Unauthorized use of medical equipment and supplies violates inmate rules detailed in the inmate handbook. Since it is necessary to have a well-stocked medical space within the secure perimeter of the facility, there must be a plan to ensure that equipment and medical supplies are accounted for and tightly controlled.

727.2 POLICY

It is the policy of this office that all medical equipment (e.g., sharps, dental instruments, needles) shall be strictly controlled so they cannot be used as weapons or to facilitate the injection of drugs or other substances. Additionally, these tools and supplies must be controlled to prevent exposure to biohazards.

727.3 STAFF RESPONSIBILITIES

It is the responsibility of the Jail Administrator to ensure that the inmate handbook clearly defines the unauthorized possession and/or use of medical equipment and supplies as a rule violation that may result in discipline.

The qualified health care provider or the authorized designee shall create and maintain an inventory log for all medical equipment and supplies. This log will be utilized by medical personnel who work within the facility to track and control medical equipment and supplies. When not in use, all medical equipment and supplies shall be stored in a secure manner to prevent unauthorized access.

At the beginning of each shift, the qualified health care professional shall inventory the medical supplies and equipment within their control. Any time a disposable item is used, the log shall reflect its use and disposal. At the end of each shift, the qualified health care professional will conduct another inventory using the supply and equipment log, and reconcile any disposable supplies used during their shift.

If there is a discrepancy that indicates that medical supplies or equipment are missing, the Security Services Sergeant shall be immediately notified. The Security Services Sergeant shall initiate a search for the missing supplies and/or equipment. The Security Services Sergeant shall document the incident and any actions taken, and provide the Jail Administrator or authorized designee with a complete report (Wis. Admin. Code DOC § 350.18(10)).

Continuation of Care

728.1 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.

728.2 POLICY

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

728.3 CONTINUITY OF CARE

The Jail Administrator is responsible for coordinating with the qualified healthcare provider 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.

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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 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.

Continuous Quality Improvement

729.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a Continuous Quality Improvement (CQI) process of health care review in an effort to identify improvement needs in policies, processes or staff actions, and to develop and implement better health care strategies to improve the processes and outcomes of the health care services delivered at this facility.

729.2 POLICY

It is the policy of this office to have an internal review and CQI process for inmate health care delivery and outcomes. The process should be supervised by the Responsible Physician or authorized designee, include measurable goals and objectives, and be periodically reviewed and updated as needed.

729.3 CQI TECHNIQUES AND MONITORING

The CQI process may be applied to any aspect of health care delivery and health service outcomes, including, but not limited to, monitoring and reviewing the following:

- Quality of the medical charts.
- Investigations of complaints and grievances.
- Corrective action plans and plan outcomes.
- Deaths in custody, suicide attempts, sentinel events, and incident and management of serious communicable or environmental disease outbreaks.
- Plans for employee education and training, using investigation findings.
- Records of internal review activities.
- Maintenance and protection of medical records.
- Credentialing (assessing and confirming qualifications), privileging (authorization to provide services), and training of employees and the associated peer review processes.
- Condition and effectiveness of the care environment.
- Adequacy and quality of supplies and equipment.
- Quality of care provided to individual patients.
- Accuracy and efficiency of pharmacy services and medication administration.
- Ease of access to care.
- Risk minimization tactics.
- Data describing the types, quality and quantity of care provided.

Informed Consent and Right to Refuse Medical Care

730.1 PURPOSE AND SCOPE

This policy recognizes that inmates have a right to make informed decisions regarding their health care. It establishes the conditions under which informed consent should be obtained prior to treatment, when medical care may proceed without consent, the documentation process for the refusal of medical care and the retention of refusal forms.

730.1.1 DEFINITIONS

Definitions related to this policy include:

Informed consent - The written agreement by an inmate to a treatment, examination or procedure. Consent is sought after the inmate has received the material facts about the nature, consequences and risks of the proposed treatment, the examination or procedure, the alternatives to the treatment and the prognosis if the proposed treatment is not undertaken, in a language understood by the inmate.

730.2 POLICY

It is the policy of this office that, generally, all health care examinations, treatments and procedures shall be conducted with the informed consent of the inmate. Exceptions may include emergencies, life-threatening conditions and public health matters.

730.3 INFORMED CONSENT

The qualified health care professional initiating treatment shall inform the inmate of the nature of the treatment and its possible side effects and risks, as well as the risks associated with not having the treatment.

For invasive procedures or any treatment where there is some risk to the inmate, informed consent is documented on a written form containing the signatures of the inmate and a health services staff witness.

Appropriate arrangements shall be made to provide language translation services as needed before an inmate signs any informed consent form.

For conservatees, informed consent shall be obtained from a parent, guardian, or legal custodian. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment can be administered to an inmate.

730.4 REFUSAL OF TREATMENT

When an inmate refuses medical, mental health or dental treatment or medication, he/she shall be counseled regarding the necessity of the treatment/medication and the consequences of refusal. The inmate shall then be requested to sign a form acknowledging that he/she refused an examination and/or treatment (Wis. Stat. § 302.384; Wis. Admin. Code DOC § 350.16(8)).

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The form shall be filled out completely by the qualified health care professional and include the inmate's name, booking number, treatment/medication refused, the risks or consequences of refusal and the inmate's mental status. The form must be signed by the inmate and a witness (Wis. Stat. § 302.384).

In the event that the inmate refuses to sign, a notation to this effect shall be documented on the inmate signature line. This shall require a signed acknowledgement by two witnesses.

Documentation regarding the inmate's mental status shall be noted in the medical record, along with a brief note describing the intervention of the qualified health care professional.

The completed form is to be placed in the inmate's medical record.

It is the responsibility of the qualified health care professional to refer all refusal forms to the Responsible Physician.

If there are doubts regarding an inmate's mental capacity to make decisions, the inmate's refusal shall be referred to the mental health professional for evaluation.

All refusals of psychotropic medication shall be referred to the mental health professional or the authorized designee.

Any time an inmate refuses to take his/her medication, attend sick call or a scheduled medical appointment, a signed refusal must be obtained by the qualified health care professional.

The refusal form shall be a permanent part of the inmate's medical record.

The inmate may revoke his/her refusal at any time.

Management of Health Records

731.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a uniform manner of maintaining the active inmate health records for easy accessibility during clinical treatment, and the storage methods for inactive health records. This policy also recommends practices that will ensure the confidentiality of health record information by separating it from custody records.

731.1.1 DEFINITIONS

Definitions related to this policy include:

Protected health information - Information that relates to the inmate's past, present or future physical or mental health or condition, the provision of medical care to the inmate, or the past, present or future payment for the provision of health care to the inmate (45 CFR 160.103).

731.2 POLICY

It is the policy of this office to maintain the confidentiality of inmates' protected health information. Inmate health records will be maintained separately from custody records and under secure and confidential conditions, in compliance with Wis. Stat. § 146.81 et seq.) and all local, state and federal requirements (Wis. Admin. Code DOC § 350.14(4)).

The Responsible Physician or the authorized designee will establish standardized facility procedures for recording information in the file and for the control and access to inmate health records. Inmate workers shall not have any access to inmate health records.

731.3 INITIATING A HEALTH RECORD

Following the initial medical screening process, the qualified health care professional shall initiate a health record for each inmate. The Responsible Physician shall be responsible for developing and implementing procedures for standardized record formatting.

731.4 CONFIDENTIALITY OF INMATE HEALTH RECORDS

Information regarding an inmate's health status is confidential. Active health records shall be maintained separately from custody records (Wis. Admin. Code DOC § 350.14(4); Wis. Admin. Code DOC § 350.15(2)). Access to an inmate's health record shall be in accordance with state and federal law (Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the implementing regulations; Wis. Stat. § 51.30; Wis. Stat. § 146.82).

The inmate's protected health information may be disclosed, with the inmate's written authorization, to any person so designated. A fully completed authorization for release and/or a disclosure of protected health information form shall be required prior to disclosure based upon informed consent.

The inmate's protected health information may be disclosed by the qualified health care professional without the inmate's authorization under certain circumstances and when approved by the Responsible Physician or the authorized designee. Those circumstances include:

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- (a) To known qualified health care professionals who are members of the health care team responsible for the inmate's care.
- (b) To custody staff regarding inmates as reasonably necessary to protect the safety, security and good order of the facility. Examples may include information that the inmate may be:
 - 1. Suicidal.
 - 2. Homicidal.
 - 3. A clear custodial risk.
 - 4. A clear danger of injury to self or others.
 - 5. Gravely disabled.
 - 6. Receiving psychotropic medications.
 - 7. A communicable disease risk.
 - 8. In need of special housing.
- (c) To the local public health officer when an inmate is part of a communicable disease investigation.
- (d) Pursuant to a court order or valid subpoena duces tecum, accompanied by satisfactory assurance that the inmate has been given notice and an opportunity to file an objection or efforts have been made to secure a protective order as required under HIPAA (45 CFR 164.512).
- (e) To a law enforcement officer for purposes of a criminal investigation, to avert a serious threat to the health or safety any person or to fulfill mandatory reporting requirements.
- (f) To a law enforcement officer when the inmate has died as a result of criminal conduct.

The inmate's limited protected health information may also be disclosed to a law enforcement officer for purposes of identifying or locating a suspect or when the inmate is a victim of a crime. When reasonably possible, the approval of the Jail Administrator should be obtained prior to disclosure.

Attorneys requesting health record information regarding an inmate should be advised that an authorization for release and/or a disclosure of medical information form or an attorney release form signed by the inmate is required.

Family members may be informed of the inmate's custody status and whether the inmate is receiving medical care. Family members requesting additional information must provide a proper authorization for release and/or disclosure of medical information form.

The Jail Administrator, in consultation with the Responsible Physician, shall designate personnel who will be responsible for reviewing all requests for access to medical records and who

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will propose related policies and procedures and other activities designed to facilitate proper documentation of health care and access to records.

731.5 HEALTH RECORD CONTENTS

- (a) To standardize record keeping and to identify responsibilities, the following should apply to inmate health records (Wis. Admin. Code DOC § 350.15(10)):
 - 1. The qualified health care professional or the authorized designee should be responsible for ensuring that all required information and forms are included in the medical records. There should also be a periodic informal review as described in the Continuous Quality Improvement Policy.
 - 2. The qualified health care professional or the authorized designee should be responsible for ensuring incoming written findings and recommendations are returned with the inmate from any off-site visit and filed in the inmate's medical record.

- (b) Inmate health records shall minimally contain, but are not limited to:
 - 1. Identifying information (e.g., inmate name, identification number, date of birth, sex) on each page in the file.
 - 2. Medical/mental health screening form.
 - 3. Health appraisal.
 - 4. Complaints of illness or injury.
 - 5. A problem summary, containing medical and mental health diagnoses and treatments as well as known allergies.
 - 6. Immunization records.
 - 7. Progress notes.
 - 8. Prescriptions and orders regarding medications.
 - 9. Medical test results.
 - 10. Treatment history.
 - 11. Personalized and specific treatment plans when available or required.
 - 12. Records of consent and refusal.
 - 13. Authorization for release of information (including HIPAA forms).
 - 14. Results of specialty consultations and off-site referrals.
 - 15. Special needs treatment plans, if applicable.

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731.6 ACTIVE INMATE HEALTH RECORDS

Active inmate health records will be accessible to qualified health care professionals as necessary for the provision of medical treatment and other uses allowed by law or the Jail Administrator or the authorized designee, under exigent circumstances, to protect the safety, security and good order of the facility.

All entries in the inmate health record will have the place, date, time, signature and title of each individual providing care and should be legible.

Documentation in the inmate health record is done in the subjective, objective, assessment and plan (SOAP) format. An inmate health record is initiated at the first health encounter following the initial medical screening.

If an inmate has been previously incarcerated, the previous health record should be reactivated. If a new record has been initiated and a previous record exists, medical records personnel should merge the two records in order to compile a complete history, unless mandated statutory retention schedules have provided for the destruction of one file and there is a need to create a new file.

New information shall be entered on the health record at the completion of each encounter.

All inmate health records shall be returned to the file prior to the end of each watch.

731.7 INACTIVE MEDICAL RECORDS

When an inmate is released from custody, medical records personnel should remove the inmate's health record from the active file.

The health record should be reviewed for completeness. Any loose documents should be filed according to the established health record format.

The health record should be securely stored in the area designated for inactive inmate health records, in accordance with established records retention schedules but no less than 10 years from the date of the last clinical encounter. Adult records and juvenile records may have different jurisdictional retention requirements.

Inactive inmate medical records may be stored off-site. Health record information from inactive files may be transmitted to specific and designated physicians or medical facilities upon the written request or authorization of the inmate.

731.8 ELECTRONIC MEDICAL RECORDS

If medical records are maintained in an electronic format, the system should be structured with redundancies to ensure the records will survive any system failure.

731.9 HIPAA COMPLIANCE

The Jail Administrator, in consultation with the Responsible Physician, shall ensure that a health record protection and disclosure compliance plan conforming to the requirements of HIPAA is prepared and maintained. The plan should detail all necessary procedures for security and review of the access and disclosure of protected health information.

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At minimum, the plan will include:

- Assignment of a HIPAA compliance officer, who is trained in HIPAA compliance and will be responsible for maintaining procedures for and enforcing HIPAA requirements, including receiving and documenting complaints about breaches of privacy.
- Ongoing training on HIPAA requirements, depending on the level of access the member has to protected health information.
- Administrative, physical and technical safeguards to protect the privacy of protected health information.
- Procedures for the permitted or required use or disclosure of protected health information and the mitigation of harm caused by improper use or disclosure.
- Protocol to ensure privacy policies and procedures, any privacy practices notices, disposition of any complaints, and other actions, activities and designations required to be documented, are maintained for at least six years after the date of creation or last effective date, whichever is later.

Inmate Health Care Communication

732.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain effective communication between the treating qualified health care professionals and custody personnel. This communication is essential at all levels of the organization to ensure the health and safety of all occupants of the facility.

732.2 POLICY

It is the policy of this office that effective communication shall occur between the Jail Administrator and the treating qualified health care professionals regarding any significant health issues of an inmate. All health issues should be considered during classification and housing decisions in order to preserve the health and safety of the occupants of this facility.

When a qualified health care professional recognizes that an inmate will require accommodation due to a medical or mental health condition, custody personnel shall be promptly notified in writing.

732.3 MANAGING SPECIAL NEEDS INMATES

Upon an inmate's arrival at the facility, the qualified health care professional, in consultation with the custody staff, should determine if the inmate has any special needs.

- (a) If staff determines that an inmate has special needs, a communication form or other appropriate documentation relating to special needs should be completed and sent to classification personnel, the Security Services Sergeant and the housing officer. This is to ensure that the inmate is assigned to a housing unit that is equipped to meet his/her special needs.
- (b) The qualified health care professional should arrange for the appropriate follow-up evaluation.
- (c) The health care of special needs inmates should be continuous and ongoing. At minimum, the inmate should be seen by the qualified healthcare provider or a qualified health care professional at least once every 90 days to evaluate his/her continued designation as a special needs inmate.
- (d) Inmates who have been determined by qualified health care professionals to require a special needs classification should be seen at least once monthly by a qualified health or mental health care professional.
- (e) Prior to transfer to another facility, a medical transfer summary should be completed detailing any special requirements that should be considered while the inmate is in transit and upon his/her arrival at the destination. Discharge planning should be included, as appropriate.
- (f) A treatment plan should be developed for each inmate and should include, at a minimum:
 1. The frequency of follow-up for medical evaluation and anticipated adjustments of the treatment modality.

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2. The type and frequency of diagnostic testing and therapeutic regimens.
 3. When appropriate, instructions about diet, exercise, adaptation to the correctional environment and using prescribed medications.
- (g) When clinically indicated, the qualified health and mental healthcare professionals and the custody personnel should consult regarding the condition and capabilities of inmates with known medical and/or psychiatric illnesses or developmental disabilities prior to any of the following:
1. Housing assignment
 2. Program or job assignment
 3. Admissions to, and transfers from or between institutions
 4. Disciplinary measures for mentally ill patients
- (h) Qualified health and mental healthcare professionals and custody personnel should communicate about inmates who require special accommodation. These include, but are not limited to, inmates who are:
1. Chronically ill
 2. Undergoing dialysis
 3. In an adult facility, as an adolescent
 4. Currently in treatment for a communicable disease
 5. Physically disabled
 6. Pregnant
 7. Frail or elderly
 8. Terminally ill
 9. Mentally ill or suicidal
 10. Developmentally disabled

732.4 NOTIFICATION TO SUPERVISORS

In the event that there is no mutual agreement regarding an individual or group of inmates who require special accommodation for medical or mental health conditions, supervisors in the respective chain of command within the health care and custody staff should address these issues.

Forensic Evidence

733.1 PURPOSE AND SCOPE

The purpose of this policy is to maintain credibility between the inmates and the facility's qualified health care professionals by establishing clear guidelines restricting facility health care professionals from participating in the collection of forensic evidence for disciplinary or legal proceedings.

733.1.1 DEFINITION

Definitions related to this policy include:

Forensic evidence - Physical or psychological data collected from an inmate that may be used against the inmate in disciplinary or legal proceedings.

733.2 POLICY

Qualified health care professionals of this facility are generally prohibited from participating in the collection of forensic evidence or performing psychological evaluations for disciplinary or legal proceedings.

Qualified health care professionals of this facility should not be involved in the collection of forensic evidence except when complying with state laws requiring the collection of blood samples from inmates, provided the inmate has consented to the procedure and staff are not involved in any punitive action against the inmate.

Qualified health care professionals of this facility may collect blood or urine for testing for alcohol or drugs when it is done for medical purposes and under a physician's order. Qualified health care professionals of this facility may conduct inmate-specific, court-ordered laboratory tests and examinations or radiology procedures with the consent of the inmate.

Qualified health care professionals of this facility are prohibited from being involved in the following procedures:

- (a) Psychological evaluations for use in adversarial proceedings
- (b) Blood draws for lab studies ordered by the court, without inmate consent
- (c) Any medical procedure, except emergency lifesaving measures, that does not have the inmate's written consent

It shall be the responsibility of the Sheriff or the authorized designee to arrange for appropriately trained professionals to collect forensic evidence for disciplinary or legal proceedings.

Oral Care

734.1 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.

734.1.1 DEFINITIONS

Definitions related to this policy include:

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

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

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

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

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

734.2 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)).

734.3 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 and be further evaluated by a medical professional.

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- (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) Inmates who are furloughed or sentenced to work release or another form of community release may see their own dentist pursuant to approval of scheduling arrangements with facility medical and custody staff. The inmate will be financially responsible for any payment. The Office is under no obligation to transport the inmate to this appointment.
- (d) Records documenting all dental treatment should be maintained in the inmate's medical record file and retained in accordance with established records retention schedules. Examination results should be recorded on a uniform dental record using a numbered system.
- (e) Medications prescribed by a dentist will be evaluated by the qualified medical provider for implementation. This will be documented in the inmate's medical record.
- (f) Necessary dental services identified by a medical provider that are not available on-site should be provided by referral to community resources.

734.4 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.

Pharmaceutical Operations

735.1 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.

735.1.1 DEFINITIONS

Definitions related to this policy include:

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

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

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

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

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

Dispensing does not include the acts of distributing, delivery or administration of the drug. The function of dispensing is limited to pharmacists and qualified health care professionals.

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

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

Drug - An article recognized in the United States Pharmacopoeia and National Formulary (USP-NF), the Homeopathic Pharmacopoeia of the United States or any supplement that is intended for

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use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans. A substance, other than food, intended to affect the structure or any function of the human body.

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

735.2 POLICY

It is the policy of this office 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).

735.3 PHARMACEUTICAL OPERATIONS

- (a) The Responsible Physician, in conjunction with the pharmacist, shall establish a list of all prescription and nonprescription medications available for inmate use.
 1. Drugs approved for use in the facility should promote safe, optimum and cost-efficient drug therapy.
 2. The list should be periodically updated.
- (b) The Responsible Physician, in conjunction with the pharmacist, shall ensure appropriate medication storage, handling and inventory control.
- (c) The Responsible Physician, in conjunction with the Jail Administrator, 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)).
- (d) The Responsible Physician shall inspect the pharmaceutical operation quarterly and regularly review charts on medication utilization.
- (e) The Responsible Physician shall be responsible for establishing and maintaining a system for storing and accounting for controlled substances. A count of syringes, needles and controlled substances shall be taken and verified as correct, and documented at the change of each shift by two qualified health care professionals or a qualified health care professional and another staff member if a second qualified health care professional is not on-site. An incorrect count shall be reported immediately to the Security Services Sergeant. 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)).
 1. Medication shall be accessible only to legally authorized persons.
 2. Medication and device cabinets (stationary or mobile) shall be closed and locked when not in use.

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3. Controlled substances shall be stored and handled in accordance with DEA regulations.
 4. Medication requiring refrigeration shall be stored separately, either in a refrigerator that is locked or in a refrigerator that is in a locked room and is used exclusively for medication and medication adjuncts. The inside temperature of this refrigerator shall be maintained between 36 and 46 degrees. The inside temperature shall be monitored and recorded daily on a refrigerator temperature log.
 5. Antiseptics and other medications for external use shall be stored separately from internal and injectable medications.
- (f) Medication shall be kept in pharmacist-packaged or the original manufacturer's labeled containers. Medication shall only be removed from these containers to prepare a dose for administration. Drugs dispensed to inmates who are off grounds or are being discharged from the facility shall be packaged in accordance with the provisions of the federal packaging laws (15 USC § 1471 et seq.) and any other applicable state and federal law.
- (g) Medication shall be properly labeled with the label firmly affixed to the prescription package. Each label shall indicate the name, address and telephone number of the dispensing pharmacy, in addition to:
1. The medication name, strength, quantity, manufacturer, manufacturer's lot number or internal control number and expiration date.
 2. Directions for use, dispensing date and drug order expiration date. Accessory or cautionary labels shall be applied as appropriate.
 3. In cases where a multiple dose package is too small to accommodate the prescription label, the label may be placed on an outer container into which the multiple dose packages are placed.
- (h) Medication that is outdated, visibly deteriorated, unlabeled, inadequately labeled, discontinued or obsolete shall be stored in a separate secure storage area and disposed of in accordance with the following requirements (Wis. Admin. Code DOC § 350.16(10)):
1. Controlled substances shall be disposed of in accordance with the state and federal regulations.
 2. Unused, outdated or discontinued doses or excess inventories of non-controlled drugs that have not been in the possession of the inmate shall be returned to the pharmacy for disposition.
 3. Returned, non-controlled substances that have been in the possession of the inmate, unclaimed personal medication collected at intake or individual doses of

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medication removed from the original pharmacy packaging shall be destroyed at the facility by health services staff and placed in the medical waste disposal system.

4. Pharmaceutical waste shall be separated from other types of medical waste for handling and disposal purposes, and will be discarded in designated containers distinctly identified for medical waste.
 - (i) 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.
 - (j) Current drug reference information, such as a Physician's Desk Reference (PDR) or an approved website, shall be available to staff.
 - (k) 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 Administrator.

735.4 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) Any medication prescribed by a qualified health care professional shall specify the drug name, strength, dose, route, frequency, discontinuation date and indication for use if the medication is intended to be used as needed. Medication shall not be prescribed for an indefinite period. The qualified health care professional shall review medication regimens at specified time intervals. An order to continue or discontinue any medication shall be documented in the medical record, which will supersede any earlier orders for that medication. A physician's signature shall be required on all verbal orders within 72 hours of the order.
- (b) Any medication prescription that is not complete or is questionable shall not be prepared until clarification is received from the qualified health care professional. Staff shall make an effort to obtain prescription clarification in a timely manner.
- (c) Medication shall only be ordered upon approval of the Responsible Physician (Wis. Admin. Code DOC § 350.16(1)). Medication shall be prescribed and ordered from the facility list of approved medications unless the Responsible Physician approves otherwise.
- (d) Some inmates may be permitted to possess and self-administer some medications when monitored and controlled, in accordance with this policy.
- (e) Apparent adverse drug reactions shall be recorded in the inmate's health record by the qualified health care professional.

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- (f) The qualified health care professional shall notify the Security Services Sergeant of all known medication errors in a timely manner. Medication error reports shall be completed on all known medication errors.
- (g) 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).

735.5 PER DOSE MEDICATION ADMINISTRATION

Psychotropic medication, controlled substances, tuberculosis (TB) medication, seizure medication and those listed as directly observed therapy (DOT) shall be administered to inmates on a per dose basis. Health-trained custody staff members may administer medication on the order of the Responsible Physician or a qualified health care professional (Wis. Admin. Code DOC § 350.16(6)).

- (a) Each medication ordered on a per dose basis for individual inmates shall be kept in the medication room of the facility.
- (b) Medication dispensing envelopes bearing the inmate's name, booking number, housing location and the medication and its dosing schedule shall be generated for each inmate receiving per dose medication. These shall be administered from the individually packaged supply and delivered to the patient at each scheduled medication time.
- (c) The qualified health care professional or health-trained custody staff member will confirm the inmate's identity 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 or health-trained custody staff member should observe the inmate taking the medication to prevent "cheeking" or "palming".
 - 3. The qualified health care professional or health-trained custody staff member should inspect the inmate's mouth after the inmate swallows the medication to ensure it was completely ingested. If the inmate appears to be "cheeking" the medication, a chart entry will be made and a notation entered on the medication envelope, as well as the back of the Medication Administration Record (MAR). 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 or health-trained custody staff member shall record each medication administered by initialing the appropriate date and time.

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The qualified health care professional or health-trained custody staff member shall authenticate the initials by placing his/her initials, signature or name stamp in the designated area on the lower portion of the MAR. Pre-charting is not allowed (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 or health-trained custody staff member 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 or health-trained custody staff member shall advise custody staff, who should attempt to resolve the situation through voluntary compliance by reminding the inmate that a refusal to sign may lead to disciplinary action. The qualified health care professional or health-trained custody staff member shall also:
1. Note the refusal on the medication log including the date and time.
 2. Review the medication logs for prior refusals.
 3. 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.

735.6 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 Administrator and the Responsible Physician and reviewed annually.

The Jail Administrator 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.

735.7 TRAINING

All health-trained custody staff members authorized to deliver, administer and provide medication assistance shall be trained prior to engaging in any tasks related to delivery or administration of medication. Refresher training shall occur annually thereafter (Wis. Admin. Code DOC § 350.16(2)).

Release Planning

736.1 PURPOSE AND SCOPE

This office recognizes that inmates may require information and assistance with health care follow-up upon release from custody. The purpose of this policy is to establish guidelines to assist staff with providing resources for the continuity of an inmate's health care after he/she is released from custody.

736.1.1 DEFINITION

Definitions related to this policy include:

Release planning - The process of providing sufficient resources for the continuity of health care to an inmate before his/her release to the community.

736.2 POLICY

The qualified health and mental healthcare professional should work with correctional staff to ensure that inmates who have been in custody for 30 or more days and have pending release dates, as well as serious health, dental or mental health needs, are provided with medication and mental health care resources sufficient for the inmate to seek mental health health care services once released.

736.3 RELEASE PLANNING RECORDS

All records of community referrals, transfer forms, logs, documentation of release planning, lists of medication provided, records release authorization forms and any other relevant documents shall be maintained in the inmate's health file and retained in accordance with established records retention schedules.

Privacy of Care

737.1 PURPOSE AND SCOPE

This policy recognizes that inmates have a right to privacy and confidentiality regarding their health-related issues. It also recognizes inmates' right to health care services that are provided in such a manner as to ensure that privacy and confidentiality, and encourage inmates use and trust of the facility's health care system.

737.1.1 DEFINITION

Definitions related to this policy include:

Clinical encounters - Interactions between inmates and health care professionals involving a treatment and/or an exchange of confidential health information.

737.2 POLICY

It is the policy of this office that, in order to instill confidence in the health care system by the inmate population, all discussions of health-related issues and clinical encounters, absent an emergency situation shall respect the inmate's privacy and encourage the inmate's continued use of health care services.

737.3 CLINICAL EVALUATIONS

Inmates shall have a same-sex escort for encounters with an opposite-sex qualified health care professional or health-trained custody staff member, as appropriate.

Custody personnel should only be present to provide security if the inmate poses a risk to the safety of the qualified health care professional or others.

737.4 REPORTING INAPPROPRIATE ACCESS OF MEDICAL INFORMATION

The Jail Administrator and the qualified healthcare provider shall establish a process for staff, inmates or any other persons to report the improper access or use of medical information.

737.5 TRAINING

All corrections personnel, interpreters and qualified health care professionals who are assigned to a position that enables them to observe or hear qualified health care professional/inmate encounters shall receive appropriate training on the importance of maintaining confidentiality when dealing with inmate health care.

Chapter 8 - Environmental Health

Sanitation Inspections

800.1 PURPOSE AND SCOPE

The Eau Claire County Sheriff's Office has established a plan to promote and comply with the environmental safety and sanitation requirements established by applicable laws, ordinances and regulations. This policy establishes a plan of housekeeping tasks and inspections required to identify and correct unsanitary or unsafe conditions or work practices in this facility.

800.2 POLICY

It is the policy of the Office to maintain a safe and sanitary facility. To accomplish this goal, Eau Claire County will maintain a written plan that contains schedules and procedures for conducting weekly and monthly sanitation inspections of the facility (Wis. Admin. Code DOC § 350.12(13)).

800.3 RESPONSIBILITIES

The Jail Administrator or authorized designee will ensure that the safety and sanitation plan addresses, at a minimum, the following:

- (a) Schedules of functions (e.g., daily, weekly, monthly or seasonal cleaning, maintenance, pest control, safety surveys).
- (b) Self-inspection checklists to identify problems and to ensure cleanliness of the facility.
- (c) Procedures, schedules and responsibilities for coordinating annual inspections by the county health department, including how deficiencies on the inspection report are to be corrected in a timely manner.
- (d) A list of approved equipment, cleaning compounds, chemicals and related materials used in the facility, and instructions on how to operate, dilute or apply the material in a safe manner.
- (e) Record-keeping of self-inspection procedures, forms and actions taken to correct deficiencies.
- (f) Training requirements for custody staff and inmate workers on accident prevention and avoidance of hazards with regard to facility maintenance.

Consideration should be given to general job descriptions and/or limitations relating to personnel or inmates assigned to carrying out any part of the plan. Specialized tasks, such as changing air filters and cleaning ducts or facility pest control, are more appropriately handled by Eau Claire County Maintenance staff or by contract with private vendors.

Inmates engaged in sanitation duties shall do so only under the direct supervision of qualified correctional staff. When inmate workers are used, additional controls should be implemented to account for all equipment and cleaning materials.

Correctional staff shall immediately report any unsanitary or unsafe conditions to their immediate supervisor. Correctional staff shall report any repairs needed to the physical plant and to any equipment, by submitting a work order/maintenance ticket to maintenance for repair. Security

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Services Sergeants will conduct cleaning inspections on a regular basis. The Jail Administrator or the authorized designee will conduct periodic safety and sanitation inspections of the facility.

800.4 WORK ORDERS/MAINTENANCE TICKETS

All reports of unsafe or unsanitary conditions, as well as repairs needed to the physical plant and any equipment, shall be documented in a work order/maintenance ticket. The work order/maintenance ticket application and maintenance supervisor will designate maintenance staff to receive these tickets and take appropriate action to ensure the repairs are made or action is taken. All work and action taken will also be documented. Requests for budget resources above and beyond already budgeted maintenance items shall be reported to the Jail Administrator or authorized designee.

800.5 SAFETY DATA SHEETS

Materials and substances used in the operation and maintenance of the facility may qualify as hazardous material. Hazardous material is required to have a companion Safety Data Sheet (SDS) that is provided by the manufacturer or distributor of the material. The SDS provides vital information on individual hazardous material and substances, including instructions on safe handling, storage, disposal, prohibited interactions and other details relative to the specific material.

The Jail Administrator or authorized designee shall be responsible for ensuring that a written hazard communication plan is developed, implemented and maintained at the workplace. Each area of the facility in which any hazardous material is stored or used shall maintain an SDS file in an identified location that includes (29 CFR 1910.1200(e)(1)):

- (a) A list of all areas where hazardous materials are stored.
- (b) A physical plant diagram and legend identifying the storage areas of the hazardous materials.
- (c) A log for identification of new or revised SDS materials.
- (d) A log for documentation of training by users of the hazardous materials.

800.5.1 SDS USE, SAFETY AND TRAINING

All supervisors and users of SDS information must review the latest issuance from the manufacturers of the relevant substances. Staff and inmates shall have ready and continuous access to the SDS for the substance they are using while working. In addition, the following shall be completed (29 CFR 1910.1200(e)):

- (a) Supervisors shall conduct training for all staff and inmates on using the SDS for the safe use, handling and disposal of hazardous material in areas they supervise.
- (b) Staff and inmates using the SDS shall review the information as necessary to be aware of any updates and to remain familiar with the safe use, handling and disposal of any hazardous material.

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800.5.2 SDS DOCUMENTATION MAINTENANCE

Changes in SDS information occur often and without general notice. Any person accepting a delivery, addition or replacement of any hazardous material shall review the accompanying SDS. If additions or changes have occurred, the revised SDS shall be incorporated into the electronic file and a notation shall be made in the SDS revision log.

Maintenance staff or an authorized designee shall review SDS information semiannually to determine if the information is current and that appropriate training has been completed. Upon review, a copy of the SDS file and all logs shall be forwarded to the Maintenance Supervisor or the authorized designee.

800.5.3 SDS RECORDS MASTER INDEX

Eau Claire County has contracted with a private vendor who compiles a master index of all hazardous materials in the facility, including locations, along with a master file of SDS information. The vendor maintains an electronic file of this information with a copy to the local fire department. Documentation of the semiannual reviews will be maintained in the SDS master file. The master index should also include a comprehensive, current list of emergency phone numbers (e.g., fire department, poison control center) (29 CFR 1910.1200(g)(8)).

Hazardous Waste and Sewage Disposal

801.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a system for disposing of hazardous waste. The Office recognizes that the effectiveness of a disposal system depends not only on the written policies, procedures and precautions, but on adequate supervision and the responsible behavior of the staff and inmates. It is the responsibility of everyone in the facility to follow hazardous waste disposal instructions, utilizing prescribed precautions and using safety equipment properly.

801.1.1 DEFINITION

Definitions related to this policy include:

Hazardous waste - Material that poses a threat or risk to public health or safety or is harmful to the environment (e.g., batteries, paints, solvents, engine oils and fluids, cleaning products).

801.2 POLICY

It is the policy of this office that any sewage and hazardous waste generated at the facility shall be handled, stored and disposed of safely and in accordance with all applicable federal and state regulations and in consultation with the local public health entity (Wis. Admin. Code DOC § 350.12(17)). The Maintenance Supervisor or the authorized designee shall be responsible for:

- Contracting with a hazardous waste disposal service.
- Developing and implementing a storage and disposal plan that has been reviewed and approved by a regulatory agency.
- Including hazardous waste issues on internal health and sanitation inspection checklists.
- Including hazardous waste issues in the inmate handbook and ensuring that inmates receive instruction on proper handling and disposal during inmate orientation.
- Developing and implementing procedures for the safe handling and storage of hazardous materials until such time as the contractor removes the items from the facility.
- Ensuring the maintenance staff is trained in the proper identification of hazardous waste and the appropriate handling, storage and disposal of such items.

801.3 SAFETY EQUIPMENT

The Maintenance Supervisor or authorized designee shall ensure that appropriate safety equipment is available. All maintenance staff shall be knowledgeable in how to access the safety equipment at all times. The county may coordinate with local fire departments or contracted vendors to obtain the necessary safety equipment.

801.4 TRAINING

The Maintenance Supervisor shall be responsible for ensuring that all facility personnel receive appropriate training in the use of appropriate safety equipment and the identification, handling and

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disposal of hazardous waste. Training records shall be maintained, including the course roster, curriculum, instructor name and credentials, and testing instruments.

801.5 SUPERVISOR RESPONSIBILITY

Maintenance supervisors are responsible for monitoring any hazardous waste containment issue, ensuring that employees have the appropriate safety equipment, that any exposed persons receive immediate medical treatment, and that the appropriate measures are taken to lessen the exposure of others. Supervisors shall ensure that incident reports are completed and forwarded to Human Resources and Risk Management in the event of an exposure to staff, inmates or visitors.

Housekeeping and Maintenance

802.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines to ensure that the facility is kept clean and in good repair in accordance with accepted federal, state and county standards.

802.2 POLICY

The Jail Administrator or authorized designee shall establish a plan for housekeeping and maintenance of the facility. The plan should include, but is not limited to (Wis. Admin. Code DOC § 350.12(1)):

- Schedules that determine the frequency of cleaning activities on a daily, weekly or monthly timetable, by area of the facility.
- Supervision of the staff and inmates to ensure proper implementation of the procedures and to ensure that no inmate supervises or assigns work to another inmate.
- Development and implementation of an overall sanitation plan (e.g., cleaning, maintenance, inspection, staff training, inmate supervision).
- Development of inspection documentation.
- Any inmate responsibilities, which should be included in the inmate handbook.
- A process to ensure that deficiencies identified during inspections are satisfactorily corrected and documented.
- Detailed processes for the procurement, storage and inventory of cleaning supplies and equipment.
- A process for the preventive maintenance of equipment and systems throughout the facility.
- Staff supervision of the provision and use of cleaning tools and supplies.

To the extent possible, cleaning and janitorial supplies shall be nontoxic to humans. Any poisonous, caustic or otherwise harmful substances used for cleaning shall be clearly labeled and kept in a locked storage area when not in use.

802.2.1 ISSUANCE OF CLEANING

Inmates shall be issued cleaning supplies daily (Wis. Admin. Code DOC § 350.12(12)).

802.3 SANITATION SCHEDULE

A daily, weekly and monthly cleaning schedule will be established by the Security Services Sergeant. The facility staff should implement a site specific plan for cleaning and maintenance of each area of the jail (e.g., housing, food preparation, laundry, loading dock/trash storage, barber shop, warehouse, common areas). The following recommendations include, but are not limited to, specific areas and items:

- (a) Daily cleaning:

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1. Sweep and then wet mop the entire jail floor
 2. Clean all cell block areas
 3. Empty all trash receptacles (Wis. Admin. Code DOC § 350.12(16))
 4. Clean all toilets and sinks
 5. Clean all showers
 6. Clean all tables used for common use and meals (Wis. Admin. Code DOC § 350.12(12))
 7. Clean pass-through hatches used for passing meals and objects (Wis. Admin. Code DOC § 350.12(12))
- (b) Weekly cleaning:
1. Dust bars and window ledges
 2. Clean air conditioning/heating grates
 3. Clean mattresses (mattresses are also to be cleaned prior to being issued to a new inmate)
 4. Pour water down floor drains to test for flow
- (c) Monthly cleaning:
1. Walls
 2. Ceilings
 3. Bunk pans

802.3.1 INMATE PROPERTY STORAGE CONTAINERS

Inmate property storage containers shall be sanitized before reissue (Wis. Admin. Code DOC § 350.12(15)).

802.4 TRAINING

All custodial staff and inmate workers assigned cleaning duties shall receive instruction commensurate with their tasks, including proper cleaning techniques, the safe use of cleaning chemicals and areas of responsibility.

802.5 INSPECTION CHECKLIST

The Jail Administrator or the authorized designee should develop an inspection checklist that includes the cleaning and maintenance items that will be checked by sergeants on a daily, weekly and monthly basis throughout the facility.

The inspection checklist will closely correspond to the established cleaning and maintenance schedule.

Inspection checklists shall be forwarded to the Jail Administrator or the authorized designee for annual review, filing and retention as required by the established records retention schedule (Wis. Admin. Code DOC § 350.12(13)).

Physical Plant Compliance with Codes

803.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the timeline, process and responsibilities for facility maintenance, inspections and equipment testing in compliance with all applicable federal, state and local building codes.

803.2 POLICY

It is the policy of this office that all construction of the physical plant be reviewed and inspected in compliance with all applicable federal, state and local building codes. All equipment and mechanical systems will be routinely inspected, tested and maintained in accordance with applicable laws and regulations (Wis. Admin. Code DOC § 350.12(1)).

803.3 COMPLIANCE WITH CODES AND STATUTES

Plumbing, sewage disposal, solid waste disposal and plant maintenance conditions will comply with rules and regulations imposed by state regulatory entities governing such practices.

803.4 RESPONSIBILITIES

The Jail Administrator or authorized designee shall ultimately be responsible for monitoring the facility maintenance needs, the maintenance inspection of the facility and ensuring that any deficiencies discovered are corrected in a timely manner.

Copies of the local jurisdiction's applicable health and sanitation codes shall be kept in the facility by the Jail Administrator or the authorized designee. The Jail Administrator or the authorized designee is responsible for developing internal health and sanitation inspection checklists, for maintaining valid licensing and sanitation certificates and inspection reports and for proof of corrective actions.

803.5 PROCEDURE

All safety equipment (e.g., emergency lighting, generators) and/or an uninterruptible power source (UPS) shall be tested, inspected and documented (see the Emergency Power and Communications Policy).

Any remodeling or new construction shall have prior approval of the local fire, building and health authorities. Any required plans and permits will be procured prior to the commencement of any changes to the facility.

The following areas of the facility shall be inspected and evaluated for functionality, wear, and rodent or pest infestation. The list is not meant to be all inclusive:

- Admissions
- Food services
- Inmate housing
- Laundry

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- Loading dock/trash storage
- Storage
- Water systems and plumbing
- Emergency generators
- Fire safety equipment
- The entire physical structure of the facility, including, roof, walls, exterior doors, mechanical systems and lighting

803.6 PLUMBING - FLOOR DRAINS

Floor drain grids and grates must be present.

Water Supply

804.1 PURPOSE AND SCOPE

The Eau Claire County Sheriff's Office recognizes the importance of providing the facility with safe potable water. The purpose of this policy is to establish guidelines for testing the facility's water to ensure that the water is safe to consume.

804.2 POLICY

In compliance with federal regulations regarding safety of public water systems this facility will ensure the continued supply of safe potable water for use by inmates, staff and visitors through rigorous annual testing of water supplies (42 USC § 300f et seq.).

804.3 PROCEDURE

The Jail Administrator or authorized designee shall ensure that the facility's potable water source is tested by an independent public or private testing service at least once each year. Water quality will be certified to be in compliance with all federal, state and local regulations. Corrective measures shall be promptly taken if the test results fall below acceptable regulatory standards.

In the event that water testing reveals any significant hazards to the inmates or staff at the facility, the Sheriff, Jail Administrator or authorized designee shall take immediate action to mitigate the problem.

The testing results, valid certificates of the sampling entity and the testing laboratory shall be kept in accordance with established records retention schedules.

Where the facility's water supply is obtained from a private source, the source shall be properly located, constructed and operated to protect it from contamination and pollution and the water shall meet all current standards set by the applicable state and/or local authority regarding bacteriological, chemical and physical tests for purity.

For facilities not served by a public or regulated private water supply, the water should be tested daily by the local authority within the facility's jurisdiction.

804.4 EMERGENCY PLAN

The Jail Administrator or authorized designee shall develop a plan for the supply of potable water for drinking and cooking in the event that a man-made or natural disaster interrupts the regular water supply. The plan shall address methods for providing clean potable water for a minimum of three days, and should have contingency plans for emergencies lasting longer than three days. The plan should also include contingencies for the use of non-potable water to flush toilets and remove effluent from the facility.

Pest Control

805.1 PURPOSE AND SCOPE

The purpose of this policy is to establish inspection, identification and eradication processes designed to keep pests controlled in accordance with the requirements established by all applicable laws, ordinances and regulations of the local public health entity.

805.2 POLICY

It is the policy of this office that pests be controlled within the facility (Wis. Admin. Code DOC § 350.12(10)). The Jail Administrator or the authorized designee shall be responsible for developing and implementing this policy, in cooperation with the Responsible Physician or qualified medical provider and the local public health entity, for the sanitation and control of pests, and to establish medical protocols for treating inmate clothing, personal effects and living areas, with specific guidelines for treating an infested inmate.

805.3 PEST CONTROL SERVICES

The Jail Administrator or the authorized designee shall be responsible for procuring the services of a licensed pest control professional to perform inspections of the facility at least monthly and to treat areas as required to ensure that pests are controlled.

805.4 PREVENTION AND CONTROL

Many infestations and infections are the result of a recently admitted inmate who is pest infested or whose property is pest infested. Most infestations are spread by direct contact with an infected person or with infested clothing and bedding. Inmates with lice or mites should be treated with approved pediculicides as soon as the infestation is identified to avoid spreading it. To reduce the chance of further transmission, separate quarters for inmates undergoing treatment for lice should be used as described in the Communicable Diseases Policy.

Because the use of the treatment chemicals can cause allergic reactions and other negative effects, treatment should be done only when an infestation is identified and not as a matter of routine.

Clothing, bedding and other property that is suspected of being infested shall either be removed from the facility or cleaned and treated by the following methods, as appropriate or as directed by the pest control provider or the Responsible Physician:

- Washing in water at 140 degrees for 20 minutes
- Tumbling in a clothes dryer at 140 degrees for 20 minutes
- Dry cleaning
- Storing in sealed plastic bags for 30 days
- Treating with an insecticide specifically labeled for this purpose

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Head lice and their eggs are generally found on the head hairs. There may be some uncertainty about the effectiveness of some available pediculosis to kill the eggs of head lice. Therefore some products recommend a second treatment seven to 10 days after the first. During the interim, before the second application, eggs of head lice could hatch and there is a possibility that lice could be transmitted to others.

Pubic lice and their eggs are generally found on the hairs of the pubic area and adjacent hairy parts of the body, although they can occur on almost any hairy part of the body, including the hair under the arm and on the eyelashes.

Pubic lice and their eggs are generally successfully treated by the available pediculosis. However, when the eyelashes are infested with pubic lice and their eggs, a physician or qualified medical provider should perform the treatment.

Successful treatment depends on careful inspection of the inmate and proper application of the appropriate product. The area used to delouse inmates needs to be separate from the rest of the facility. All of the surfaces in the treatment area must be sanitized. There must be a shower as part of the delousing area.

The qualified medical provider or physician shall document the date of treatment, the area treated, the pest treated and the treatment used.

805.5 LABELING AND SECURE STORAGE OF COMPOUNDS

Containers of pest exterminating compounds shall be conspicuously labeled for identification of contents. The containers shall be securely stored separately from food and kitchenware, and shall not be accessible by inmates (Wis. Admin. Code DOC § 350.12(10)).

Inmate Safety

806.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a safety program to reduce inmate injuries by analyzing causes of injuries and identifying and implementing corrective measures.

806.2 POLICY

The Eau Claire County Sheriff's Office will provide a safe environment for individuals confined at this facility, in accordance with all applicable laws, by establishing an effective safety program, investigating inmate injuries and taking corrective actions as necessary to reduce accidents and injury.

The Security Services Sergeants will be responsible for the development, implementation and oversight of general inmate safety. This oversight will include, but not be limited to:

- A system to identify and evaluate hazards, including scheduled inspections to identify unsafe conditions.
- Analysis of inmate injury reports to identify causes and to recommend corrective actions.
- Establishment of methods and procedures to correct unsafe and/or unhealthful conditions and work practices in a timely manner.

806.3 INVESTIGATION OF REPORTED INMATE INJURY

Whenever there is a report of an injury to an inmate that is the result of accidental or intentional acts, other than an authorized use of force by custody staff, the Sheriff or the authorized designee will initiate an investigation to determine the cause of the injury and develop a plan of action whenever a deficiency is identified. Injuries resulting from use of force incidents will be investigated and reported in accordance with the Use of Force Policy.

806.4 INVESTIGATION REPORTS

The Security Services Sergeant shall ensure that reports relating to an inmate's injury are completed and should include the following:

- Incident reports
- Investigative reports
- Health record entries
- Any other relevant documents

806.5 ANNUAL REVIEWS

The Sheriff or the authorized designee shall conduct an annual review of all injuries involving inmates for the purpose of identifying problem areas and documenting a plan of action to abate circumstances relating to inmate injuries.

The plan of action should include, but not be limited to:

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- The area where the deficiencies have been identified.
- Strategies to abate the deficiency.
- Resources needed to correct a deficiency.
- The person or persons responsible for taking corrective action and the target completion date.

The Sheriff shall consult with the Office risk manager to coordinate corrective action or to seek managerial/administrative guidance for implementing corrective action.

Inmate Hygiene

807.1 PURPOSE AND SCOPE

This policy outlines the procedures that will be taken to ensure the personal hygiene of every inmate in the Eau Claire County Sheriff's Office jail is maintained. The Eau Claire County Sheriff's Office recognizes the importance of each inmate maintaining acceptable personal hygiene practices by providing adequate bathing facilities, hair care services and the issuance and exchange of clothing, bedding, linens, towels and other necessary personal hygiene items.

807.2 POLICY

It is the policy of the Eau Claire County Sheriff's Office to maintain a high standard of hygiene in compliance with the requirements established by all state laws, ordinances, and regulations (Wis. Admin. Code DOC § 350.12). Compliance with laws and regulations relating to good inmate hygiene practice is closely linked with good sanitation practices. Therefore, the need to maintain a high level of hygiene is not only for the protection of all inmates, but for the safety of the correctional staff, volunteers, contractors, and visitors.

807.3 RESPONSIBILITIES

The Jail Administrator shall ensure the basic necessities related to personal care are provided to each inmate upon entry into the general population. Appropriate additional personal care items may be available for purchase from the inmate commissary.

807.4 STORAGE SPACE

There should be adequate and appropriate storage space for inmates' bedding, linen, or clothing. The inventory of clothing, bedding, linen, and towels should exceed the maximum inmate population so that a reserve is always available (Wis. Admin. Code DOC § 350.12(5)).

The facility should have clothing, bedding, personal hygiene items, cleaning supplies, and any other items required for the daily operation of the facility, including the exchange or disposal of soiled or depleted items. The assigned staff shall ensure that the storage areas are properly maintained and stocked. The Jail Administrator should be notified if additional storage space is needed.

807.4.1 BEDDING ISSUE

Upon entering a living area of the Eau Claire County Sheriff's Office jail, every inmate who is expected to remain in the facility for more than eight hours shall be issued bedding and linens including but not limited to:

- (a) Sufficient freshly laundered blankets to provide comfort under existing temperature conditions. Blankets shall be exchanged and laundered monthly and before reissue, in accordance with facility operational laundry rules (Wis. Admin. Code DOC § 350.12(2)).
- (b) One clean, firm, nontoxic, fire-retardant mattress and pillow (16 CFR 1633.1 et seq.; Wis. Admin. Code DOC § 350.12(5)).

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- (c) Mattresses will be serviceable and enclosed in an easily cleanable, nonabsorbent material and conform to the size of the bunk (Wis. Admin. Code DOC § 350.12(7)). The Jail Administrator shall retain documentation from the mattress supplier that the mattresses meet the required specifications (Wis. Admin. Code DOC § 350.12(6)). Mattresses will be cleaned and disinfected when an inmate is released or upon reissue.
- (d) Two sheets or one sheet and a clean mattress cover and a pillowcase.
 - 1. These linens shall be washed and exchanged at least weekly and before reissue (Wis. Admin. Code DOC § 350.12(3)).
- (e) One bath towel.
 - 1. Towels shall be issued to inmates twice a week (Wis. Admin. Code DOC § 350.12(4)).

The Jail Administrator or the authorized designee shall conduct both scheduled and unannounced inspections of the facility to ensure that bedding issuance policies and procedures are carried out in accordance with the applicable laws and regulations.

807.4.2 CLOTHING ISSUE

An inmate admitted to a facility for 72 hours or more and assigned to a living unit shall be issued a set of facility clothing. The issue of clothing appropriate to the climate for inmates shall include but is not limited to the following:

- Suitable outerwear and a bra
- Footwear

Whenever an inmate's clothing is confiscated, the inmate shall be issued appropriate facility clothing, including footwear (Wis. Admin. Code DOC § 350.12(8)).

Clothing shall be laundered and exchanged twice each week, at a minimum (Wis. Admin. Code DOC § 350.12(9)).

Additional clothing may be issued as necessary for changing weather conditions or as seasonally appropriate. An inmate's personal undergarments and footwear may be substituted for the institutional undergarments and footwear, provided there is a legitimate medical necessity for the items and they are approved by the medical staff.

Each inmate assigned to a special work area, such as food services, or other specified work, shall be clothed in accordance with the requirements of the job, including any appropriate protective clothing and equipment, which shall be exchanged as frequently as the work assignment requires.

Footwear shall be cleaned and sanitized before reissue (Wis. Admin. Code DOC § 350.12(8)).

The Jail Administrator or the authorized designee shall ensure that the facility maintains a sufficient inventory of extra clothing to ensure each inmate shall have neat and clean clothing appropriate to the season.

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An inmate's excess personal clothing shall be mailed, picked up by, or transported to a designated family member or stored in containers designed for such purpose. All inmate personal property shall be properly identified, inventoried, and secured. Inmates shall sign and receive a copy of the inventory record.

807.5 LAUNDRY SERVICES

Laundry services shall be managed so that daily clothing, linen and bedding needs are met (Wis. Admin. Code DOC § 350.12(9)).

807.6 INMATE ACCOUNTABILITY

To ensure inmate accountability, inmates are required to exchange item for item when clean clothing, bedding and linen exchange occurs.

807.7 PERSONAL HYGIENE OF INMATES

Personal hygiene items, hair care services and facilities for showers will be provided in accordance with applicable laws and regulations. This is to maintain a standard of hygiene among inmates in compliance with the requirements established by state laws as part of a healthy living environment.

Each inmate held more than 24 hours shall be issued, at a minimum, the following items (Wis. Admin. Code DOC § 350.12(11)):

- One bar of bath soap or equivalent
- One unbreakable comb or brush
- Toothpaste or powder
- Toothbrush
- Toilet paper
- Materials as appropriate to the special hygiene needs of women

The Jail Administrator or the authorized designee may modify this list to accommodate the use of liquid soap and shampoo dispensers. Personal hygiene items should be appropriate for the inmate's sex. Additional hygiene items shall be provided to inmates upon request, as needed.

Inmates shall not be required to share personal care items (Wis. Admin. Code DOC § 350.12(11)). Other barbering equipment capable of breaking the skin must be disinfected between individual uses, as prescribed by the state governing body overseeing such practices.

807.7.1 PROVIDING FEMALE HYGIENE ITEMS AND TOILET PAPER

Basic female hygiene items and toilet paper shall be provided upon the inmate's request (Wis. Admin. Code DOC § 350.12(11)).

807.8 BARBER AND COSMETOLOGY SERVICES

The Jail Administrator or the authorized designee shall be responsible for developing and maintaining a schedule for hair care provided to the inmate population and will have written policies

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and procedures for accessing these services (see the Grooming Policy). The Jail Administrator shall ensure that the rules are included in the inmate handbook.

807.9 AVAILABILITY OF PLUMBING FIXTURES

Inmates confined to cells or sleeping areas shall have access to toilets and washbasins with hot and cold running water that is temperature controlled. Access shall be available at all hours of the day and night without staff assistance.

The minimum number of plumbing fixtures provided for inmates in housing units is:

- One sink/washbasin for every 12 inmates.
- One toilet to every 12 male inmates (urinals may be provided for up to half the toilets).
- One toilet to every eight female inmates.

807.10 INMATE SHOWERS

Inmates will be allowed to shower upon assignment to a housing unit and every other day thereafter or more often if possible. There should be one shower for every 12 inmates unless federal, state, or local building or health codes differ. Showering facilities for inmates housed at this facility shall be clean and properly maintained. Water temperature shall be periodically measured to ensure a range of 100 to 120 degrees for the safety of inmates and staff, and shall be recorded and maintained.

Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates (28 CFR 115.42).

807.11 ADDITIONAL PRIVACY REQUIREMENTS

Inmates shall be permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite sex shall announce their presence when entering an inmate housing unit (28 CFR 115.15).

807.12 DELOUSING MATERIALS

Delousing materials and procedures shall be approved through consultation with the Responsible Physician or qualified health care professionals.

Chapter 9 - Food Services

Food Services

900.1 PURPOSE AND SCOPE

The Office recognizes the importance of providing nutritious food and services to inmates to promote good health, to reduce tension in the jail and ultimately support the safety and security of the jail. This policy provides guidelines on the preparation of food services items and dietary considerations for inmates housed in the facility.

900.2 POLICY

It is the policy of this office that food services shall provide inmates with a nutritionally balanced diet in accordance with federal, state and local laws, and with regulations for daily nutritional requirements (Wis. Admin. Code DOC § 350.11(1)).

The food services operation shall be sanitary and shall meet the acceptable standards of food procurement, planning, preparation, service, storage and sanitation in compliance with Food and Drug Administration (FDA) and United States Department of Agriculture (USDA) requirements and standards set forth in (Wis. Admin. Code DOC § 350.11(5)).

900.3 FOOD SERVICES MANAGER

The food services manager shall be responsible for oversight of the day-to-day management and operation of the food services area, including:

- Developing, implementing and managing a budget for food services.
- Ensuring sufficient staff is assigned and scheduled to efficiently and safely carry out all functions of food services operations.
- Establishing, developing and coordinating appropriate training for staff and inmate workers.
- Developing a menu plan that meets all nutrition and portion requirements and can be produced within the available budget.
- Other duties and activities as determined by the Jail Administrator.
 - Inmate worker supervision

900.4 MENU PLANNING

All menus shall be planned, dated and available for review at least one month in advance of their use. Records of menus and of foods purchased shall be kept on file for one month (Wis. Admin. Code DOC § 350.11(2)). Menus shall provide a variety of foods and should consider appearance, dietary allowances, flavor, nutrition, palatability, temperature and texture. Menus shall be approved by a registered dietitian or nutritionist before being served.

Any changes to the meal schedule, menu or practices should be carefully evaluated by the food services manager in consultation with the Jail Administrator, dietician, medical staff and other professionals, and shall be recorded. All substitutions will be of equal or better nutritional value. If

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any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production sheet.

Menus as planned, including changes, shall be evaluated by a registered dietitian at least annually (Wis. Admin. Code DOC § 350.11(2)). Facility menus shall be evaluated at least quarterly by the food services supervisory staff to ensure adherence to established daily servings.

Copies of menus, foods purchased, annual reviews and quarterly evaluations should be maintained by the food services manager in accordance with established records retention schedules.

900.5 FOOD SAFETY

Temperatures in all food storage areas should be checked and recorded at the beginning of each shift (Wis. Admin. Code DOC § 350.11(17)). Holding temperatures for cold and hot foods shall be checked and recorded every two hours. Hot food shall be reheated to 165 degrees if it falls below 135 degrees at any time (Wis. Admin. Code DOC § 350.11(7)).

All reach-in or walk-in refrigerators and cold storage must maintain food temperature as outlined in the Food Storage Policy.

One sample for each meal served shall be dated and maintained under refrigeration for testing in the event of a food-borne illness outbreak. Sample meals shall be discarded at the end of three days if no food-borne illness is reported.

Food production shall be stopped immediately if there is any sewage backup in the preparation area or if there is no warm water available for washing hands. Food production shall not resume until these conditions have been corrected.

Garbage containers in the food service areas shall be covered, emptied daily and kept clean (Wis. Admin. Code DOC § 350.11(18)).

Cleaning agents shall be stored separately from food service items (Wis. Admin. Code DOC § 350.11(19)).

900.6 THERAPEUTIC DIETS

The food services manager shall be responsible for ensuring that all inmates who have been prescribed therapeutic diets by qualified health care professionals are provided with compliant meals. A diet manual, which includes samples of medical diets, shall be maintained food services areas.

More complete information may be found in the Prescribed Therapeutic Diets Policy.

900.7 RELIGIOUS DIETS

The food service manager, to the extent reasonably practicable, will provide special diets for inmates in compliance with the parameters of the Religious Programs Policy and the Religious Land Use and Institutionalized Persons Act (RLUIPA) (Wis. Admin. Code DOC § 350.11(10)).

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When religious diets are provided, they shall conform to the nutritional and caloric requirements for non-religious diets.

900.8 FOOD SERVICES REQUIREMENTS

All reasonable efforts shall be made to protect inmates from food-borne illness. Food services staff shall adhere to sanitation and food storage practices and there shall be proper medical screening and clearance of all food handlers in accordance with the Food Services Workers' Health, Safety and Supervision Policy (Wis. Admin. Code DOC § 350.11(12)).

Food production and services will be under staff supervision. Food production, storage and food-handling practices will follow the appropriate federal, state or local sanitation laws (Wis. Admin. Code DOC § 350.11(5)).

900.9 MEAL SERVICE PROCEDURE

Inmate meals that are served in a dining room or dayroom should be provided in space that allows groups of inmates to dine together, with a minimum of 15 square feet of space per inmate. A dining area shall not contain toilets or showers in the same room without appropriate visual barriers.

Meals shall be served at least three times during each 24-hour period. At least two meals must include hot food (Wis. Admin. Code DOC § 350.11(6)). Any deviation from this requirement shall be subject to the review and approval of a registered dietitian to ensure that inmates receive meals that meet nutritional guidelines.

Inmates must be provided a minimum of 15 minutes dining time for each meal. There must be no more than 14 hours between a substantial evening meal and breakfast. A substantial evening meal is classified as a serving of three or more menu items at one time, including a high-quality protein, such as meat, fish, eggs or cheese. The meal shall represent no less than 20 percent of the day's total nutrition requirements. If more than 14 hours pass between meals, approved snacks will be provided. If a nourishing snack is provided at bedtime, up to 16 hours may elapse between the substantial evening meal and breakfast. A nourishing snack is classified as a combination of two or more food items from two of the four food groups, such as cheese and crackers or fresh fruit and cottage cheese.

Inmates who miss, or may miss, a regularly scheduled meal must be provided with a beverage and a sandwich or substitute meal. Approved snacks should be served to inmates on medical diets in less than the 14-hour period if prescribed by the Responsible Physician or registered dietitian. Inmates on medical or therapeutic meals who miss their regularly scheduled meal will be provided with their prescribed meal.

As the mealtime approaches, facility staff should direct the inmates to get dressed and be ready for meals. Inmates should be assembled and a head count taken, to verify all inmates in the housing location are present. Staff should be alert to signs of injury or indications of altercations, and should investigate any such signs accordingly. Staff should remain alert to the potential for altercation during inmate movement and meals. Meals shall be served under the direct supervision of staff.

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Staff should direct an orderly filing of inmates to the dining room or assigned seating in the dayroom. Staff should identify inmates who have prescribed therapeutic or authorized religious diets so those inmates receive their meals accordingly.

It shall be the responsibility of the correctional officers to maintain order and enforce rules prohibiting excessive noise and intimidation of other inmates to relinquish food during mealtime.

The dining room shall have an area designated for inmates who have been prescribed a longer time to eat by a qualified health care professional, a dietitian or as deemed appropriate by a supervisor.

To the extent reasonably practical, an adequate number of food services staff and correctional personnel should supervise feeding in central dining areas. If reasonably possible, the supervisor should be present.

The Security Services Sergeant should make every attempt to be present during meal services in central dining areas to assess the meal service process, the quality of food and any health or security issues.

In the interest of security, sanitation and vermin control, inmates shall not be allowed to take food from the dining area to their housing areas.

900.10 EMERGENCY MEAL SERVICE PLAN

The food services manager shall establish and maintain an emergency meal service plan for the facility.

Such a plan should ensure that there is at least a seven-day supply of food maintained in storage for inmates. In the event of an emergency that precludes the preparation of at least one hot meal per day, the Jail Administrator may declare an "Emergency Suspension of Standards" for the period of time the emergency exists.

During an emergency suspension, the food services manager shall assign a registered dietician to ensure that minimum nutritional and caloric requirements are met.

In the event that the inmate food supply drops below that which is needed to provide meals for two days, the Jail Administrator or the authorized designee shall purchase food from wholesale or retail outlets to maintain at least a four-day supply during the emergency.

Depending on the severity and length of the emergency, the Sheriff should consider requesting assistance from allied agencies through mutual aid or the National Guard.

Food Services Training

901.1 PURPOSE AND SCOPE

The purpose of this policy is to reduce the risk of potential injury in the food services areas by developing and implementing a comprehensive training program for staff, contractors and inmate workers.

901.2 POLICY

The Eau Claire County Sheriff's Office ensures a safe and sanitary environment is maintained for the storage and preparation of meals through the appropriate training of food services staff and inmate workers (Wis. Admin. Code DOC § 350.11(14)).

901.3 TRAINING

The food services manager, under the direction of the Jail Administrator, is responsible for ensuring that a training curriculum is developed and implemented in the use of equipment and safety procedures for all food services personnel, including staff, contractors and inmate workers.

The training shall include, at minimum:

- (a) Work safety practices and use of safety equipment.
- (b) Sanitation in the facility's food services areas.
- (c) Reducing risks associated with operating machinery.
- (d) Proper use of chemicals in food services areas.
- (e) Employing safe practices.
- (f) Facility emergency procedures.

A statement describing the duties and proper time schedule should be developed for each job function in the facility's kitchen and food services operation. The food services manager, at the direction of the Jail Administrator, should establish an employee/kitchen worker training course, and all staff or inmate workers shall be trained on how to assemble, operate, clean and sanitize kitchen equipment.

Information about the operation, cleaning and care of equipment, including manufacturer's literature, that is suitable for use as reference material shall be kept in the food services operation area. The reference material should be used in developing training on the use of the equipment and the maintenance and cleaning procedures.

Safety and sanitation shall be the primary consideration in equipment purchase and replacement. Placement and installation of equipment must be carefully planned to facilitate cleaning, sanitizing, service and repairs. The equipment must also meet any applicable government codes.

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901.4 TESTING

A test should be developed to determine and document that the food services worker understands the proper procedures demonstrated during training. Food services workers are required to pass the test in order to work in the food services area. Upon achievement of a passing score, the food services worker shall acknowledge receipt of the training in writing. The signed document shall be forwarded to the Training Sergeant and retained in the worker's training file. Contracted service providers should be required to provide documentation and certification of their employees. Only trained personnel are authorized to use food services equipment.

901.5 BRIEFING TRAINING

The food services manager should consider daily briefing training as a method of staff development. Regular and repetitive trainings of short duration (8 to 10 minutes) at the beginning of each shift are an effective and cost efficient way to maintain the competency of staff. A lesson plan and record of attendance should be incorporated into the briefing training. Records of all training, including training for contract workers, should be forwarded to the Training Sergeant and maintained in the worker's training files in accordance with established records retention schedules.

Dietary Guidelines

902.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that the nutritional needs of the inmates are met and that overall health is promoted through the use of balanced nutritious diets.

902.2 POLICY

It is the policy of this office that diets provided by this facility will meet or exceed the guidelines established in the current publication of the U.S. Department of Agriculture's Dietary Guidelines for Americans (DGA).

902.3 REVIEW OF DIETARY ALLOWANCES

The food services manager is responsible for developing the facility's menus and shall ensure that all menus served by food services comply with the DGA guidelines (Wis. Admin. Code DOC § 350.11(1)). Any deviation from the DGA guidelines shall be reviewed by the Sheriff and/or Jail Administrator and the Responsible Physician.

The food services manager or the authorized designee shall ensure that the facility's menus and dietary allowances are evaluated annually by a registered dietician, and that any changes meet the DGA guidelines. A registered dietitian must approve menus before they are used.

Menus should be evaluated at least quarterly by the food services manager or the authorized designee.

902.4 MENU CYCLE PLANNING

The food services manager or the authorized designee should plan the menus one month in advance of their use.

Any changes to the menu must be recorded and kept until the next annual inspection). Any menu substitutions must use better or similar items.

Menus should include the following minimum food group allowance):

- (a) Dairy Group: Three servings of fatfree or lowfat milk or food providing at least 250 mg. of calcium and equivalent to 8 ounces of fluid milk. Four servings for juveniles 15-17 years of age or women who are pregnant or lactating.
- (b) Vegetable-Fruit Group: Five servings of fruits and vegetables. At least one serving shall be from each of the following three categories:
 1. One serving of a fresh fruit or vegetable.
 2. One serving of a Vitamin A source, fruit or vegetable, containing at least 200 micrograms retinol equivalents or more.
 3. One serving of a Vitamin C source containing at least 30 mg. or more.

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- (c) Grain Group: A minimum of six servings of grains, three of which must be made with some whole grains.
- (d) Protein Group: Three servings of lean meat, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter or textured vegetable protein, equivalent to 14 grams or more of protein. In addition, a fourth serving from the legumes category shall be served three days a week.
- (e) Total dietary fat should not exceed 30 percent of the total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable.

Providing only the minimum servings outlined in the requirements above is not sufficient to meet the caloric requirements of an inmate. Additional servings of dairy, vegetable-fruit and grain groups must be provided in amounts to meet caloric requirements.

Food Services Workers' Health, Safety and Supervision

903.1 PURPOSE AND SCOPE

The purpose of this policy is to establish basic personal health, hygiene, sanitation and safety requirements to be followed by all food services workers and to ensure the proper supervision of food services staff and inmate workers.

903.2 POLICY

The Eau Claire County Sheriff's Office will ensure that meals are nutritionally balanced, safe and prepared and served in accordance with applicable health and safety laws. All inmate food services workers will be properly supervised by custody staff to ensure safety and security at all times (Wis. Admin. Code DOC § 350.11(15)).

903.3 FOOD SERVICES MANAGER RESPONSIBILITIES

The food services manager is responsible for developing and implementing procedures to ensure that all meals are prepared, delivered and served only under direct supervision by staff.

Work assignments shall be developed to ensure that sufficient food services staff is available to supervise inmate food services workers. The food services manager should coordinate with the corrections supervisor to ensure that sufficient correctional staff is available to supervise inmate meal service.

The food preparation area must remain clean and sanitary at all times (Wis. Admin. Code DOC § 350.11(5)). The food services manager or the authorized designee shall post daily, weekly and monthly cleaning schedules for the equipment and food preparation area.

All persons who work in food service areas shall wear clean garments and clean caps or hairnets and shall keep their hands clean at all times when engaged in the handling of food, drink, utensils or equipment. Particular attention shall be given to the cleaning of fingernails (Wis. Admin. Code DOC § 350.11(11); Wis. Admin. Code DOC § 350.11(13)).

Staff shall ensure inmate food service workers shall shower daily and are provided with clean work clothes (Wis. Admin. Code DOC § 350.11(11)).

903.4 MEDICAL SCREENING

The food services manager shall work cooperatively with the Responsible Physician to develop procedures to minimize the potential for spreading contagious disease and food-borne illness. In an effort to prevent the spread of illness, the following shall be strictly observed:

- (a) All food services workers shall have a medical examination prior to performing food service activities to screen for transmissible illnesses or diseases. The examination shall be conducted in accordance with local regulations and repeated at scheduled intervals.

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- (b) Food services workers shall have education and ongoing monitoring in accordance with the standards set forth in the applicable government health and safety codes.
- (c) A supervisor shall inspect and monitor the health and cleanliness of food service workers, and remove anyone exhibiting any signs of food-transmissible disease from any food services area.
- (d) Any person working in any food services area who is diagnosed by a qualified health care professional with a contagious illness should be excluded from the food services areas until medically cleared to return to work (Wis. Admin. Code DOC § 350.11(12).
- (e) Food handlers shall wash their hands with anti-bacterial soap and water immediately prior to performing food service activities and after using toilet facilities.
- (f) Aprons shall be removed and secured in a clean storage area before entering the toilet facility.
- (g) Food services workers shall wear disposable plastic gloves and a protective hair covering, such as a hat or hairnet, when handling or serving food. Gloves shall be changed after each task is completed.
- (h) Vendor must submit evidence of compliance with state and local food safety regulations.
- (i) Smoking at any time is prohibited in any food services area.
- (j) Documentation of compliance with all of the above and with any other risk-minimizing efforts implemented to reduce food transmissible disease shall be maintained in accordance with established records retention schedules.
- (k) All food services workers shall report to a supervisor any information about their health and activities in accordance with health and safety codes as they relate to diseases that are transmittable through food (e.g., open sores, runny nose, sore throat, cough, vomiting, diarrhea, fever, recent exposure to contagious diseases such as Hepatitis A or tuberculosis).

Any food services worker is prohibited from handling food or working in any food services area if he/she reports symptoms such as vomiting, diarrhea, jaundice, sore throat with fever or has a lesion containing pus, such as a boil or infected wound that is open or draining. Food service workers shall only return to work in food service areas when cleared by a qualified health care professional.

903.5 TRAINING REQUIREMENTS FOR FOOD SERVICES WORKERS

The food services manager is responsible for developing and implementing a training program for inmate food services that includes food safety, proper food-handling techniques and personal hygiene. Each inmate food services worker shall satisfactorily complete the initial training prior to being assigned to prepare, deliver or serve food. Food services workers should receive periodic

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supplemental training as determined by the food services manager (Wis. Admin. Code DOC § 350.11(14)).

The training curriculum for inmate food services workers should include, at minimum, the following topics:

- Proper hand-washing techniques and personal hygiene as it applies to food services work
- Proper application and rotation of gloves when handling food
- Proper use of protective hair coverings, such as hats or hairnets
- Wearing clean aprons and removing aprons prior to entering toilet facilities
- Maintaining proper cooking and holding temperatures for food
- Proper portioning and serving of food
- Covering coughs and sneezes to reduce the risk of food-borne illness transmission
- Reporting illness, cuts or sores to the custody staff in charge

903.6 SUPERVISION OF INMATE WORKERS

Only personnel authorized to work in the food preparation area will be allowed inside. Inmate food handlers working in the kitchen must be under the supervision of a staff member (Wis. Admin. Code DOC § 350.11(15)). The Jail Administrator will appoint at least one qualified staff member, who will be responsible for the oversight of daily activities and ensuring food safety. The appointed staff member must be certified by passing the American National Standards Institute food safety manager certification examination.

Sufficient custody staff shall be assigned to supervise and closely monitor inmate food services workers. Staff shall ensure that inmate food services workers do not misuse or misappropriate tools or utensils, and that all workers adhere to the following:

- Correct ingredients are used in the proper proportions.
- Food is maintained at proper temperatures.
- Food is washed and handled properly.
- Food is served using the right utensils and in the proper portion sizes.
- Utensils such as knives, cutting boards, pots, pans, trays and food carts used in the preparation, serving or consumption of food are properly washed and sanitized after use. Disposable utensils and dishes will not be reused.
- All utensils are securely stored under sanitary conditions when finished.

903.7 SUPERVISION OF THE FOOD SUPPLY

The risk of conflict and protest is reduced when the inmate population has confidence in the safety and quality of their food. Custody staff should supervise the transport and delivery of food to the

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respective serving areas. Custody staff should ensure the food is protected and covered during transportation, delivered to the right location efficiently and under the right temperatures (Wis. Admin. Code DOC § 350.11(16)).

Food services staff should report any suspected breach in the safety or security of the food supply. Staff should be alert to inmate behavior when serving food, and cognizant of any comments concerning perceived contamination or portioning issues. Staff should report any suspicion of inmate unrest to a supervisor.

Any change to the published menu or the standard portioning should be documented and reported to the food services manager as soon as practicable.

Food Preparation Area

904.1 PURPOSE AND SCOPE

This policy is intended to ensure the proper design and maintenance of the food preparation area.

904.2 POLICY

It is the policy of this office to comply with all federal, state and local laws and regulations concerning the institutional preparation of food.

904.3 COMPLIANCE WITH CODES

The Jail Administrator is responsible for ensuring that food preparation and service areas are in compliance with all applicable laws and regulations and that food preparation areas are sanitary, well lit, ventilated and have adequate temperature-controlled storage for food supplies.

Any physical changes in the food preparation area, such as changing equipment or making major menu changes (from cold production to hot food), must be approved by the local public health entity to ensure adequate food protection.

Living or sleeping quarters are prohibited in the food preparation and food services areas.

The food preparation area must avoid cross contamination and remain free from pest infestation.

904.4 CONSTRUCTION REQUIREMENTS

All remodeling and new construction of food preparation areas shall comply with federal, state and local building codes, comply with food and agricultural laws and standards and include any required approvals from any local regulatory authority.

The size of the food preparation area shall be adequate for the facility's population.

Floors, floor coverings, walls, wall coverings and ceilings should be designed, constructed and installed so they are smooth, non-absorbent and attached so that they are easily cleanable.

Except in the area used only for dry storage, porous concrete blocks or bricks used for interior walls shall be finished and sealed for a smooth, non-absorbent, easily cleanable surface.

Food storage areas shall be appropriately clean, sized, typed and temperature-controlled for the food being stored.

Lighting throughout the kitchen and storage areas shall be sufficient for staff and inmates to perform necessary tasks.

Mechanical ventilation of sufficient capacity to keep rooms free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke and fumes shall be provided, if necessary.

All equipment used in the food preparation area shall be commercial grade and certified by the American National Standards Institute or approved by a registered environmental health professional/sanitarian.

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Dishwashing machines will operate in accordance with the manufacturer recommendations and hot water temperatures will comply with federal, state and local health requirements.

Equipment must be smooth, easy to clean, and easy to disassemble for frequent cleaning. Equipment should be corrosion resistant and free of pits, crevices or sharp corners.

Dry food storage must have sufficient space to store a minimum of 15 days of supplies. All food must be stored in sealed containers and a minimum of 6 inches off the floor.

904.5 TOILETS AND WASHBASINS

A sufficient number of toilets and washbasins shall be located near the food preparation area for convenient sanitation and proper hygiene. Toilet facilities shall be completely enclosed and shall have tight-fitting, self-closing, solid doors, which shall be closed except during cleaning and maintenance.

Signs shall be conspicuously posted throughout the food preparation area and in each restroom informing all food services staff and inmate workers to wash their hands after using the restroom. Signs shall be printed in English and in other languages as may be dictated by the demographic of the inmate population.

To reduce the potential for contaminants being brought into the food preparation area, toilet facilities in the vicinity of the food preparation area should be limited to use by the food services staff and inmate workers only. Anyone working in the food services area must store their aprons in a designated clean area before entering the toilet facilities.

The food services manager shall be responsible for procedures to ensure:

- (a) All fixtures in the toilet facilities are clean and in good operating condition.
- (b) A supply of toilet tissue is maintained at each toilet at all times. Toilet facilities used by women shall have at least one covered waste receptacle.
- (c) The hand-washing station located adjacent to the toilet facility has warm water available and is kept clean and in good operating condition. Single-dispensing soap and a method for drying hands shall be provided at all times.

If the toilet facility is outside of the kitchen area, food services workers must wash their hands after using the toilet facility and again upon returning to the kitchen area before preparing or serving food.

Food Budgeting and Accounting

905.1 PURPOSE AND SCOPE

The purpose of this policy is to establish processes that will enable the facility's food services to operate within its allocated budget, and for the development of specifications for purchasing food, equipment and supplies for the delivery of food services.

905.2 POLICY

The Eau Claire County Sheriff's Office food services facilities shall serve nutritious meals in an efficient and cost-effective manner in accordance with applicable laws and standards.

905.3 FOOD SERVICES MANAGER RESPONSIBILITIES

The food services manager is responsible for establishing a per meal, per inmate budget for food, equipment and supplies that are needed for the effective operation of the facility food services. This includes monitoring purchases according to the budgeted weekly and monthly spending plans.

The volume for purchasing should be based upon the food services needs and storage availability. The food services manager is responsible for establishing and maintaining detailed records and proper accounting procedures, and should be prepared to justify all expenditures and establish future budget requirements.

905.4 PROCEDURE

The food services manager is responsible for ensuring that food services are delivered in an efficient and cost-effective manner by employing the following procedures, including, but not limited to:

- (a) Developing an annual budget that is realistically calculated according to previous spending data and available revenue, and lists all anticipated costs for the food services operation for the coming year.
- (b) Establishing a per meal, per inmate cost using an inventory of existing supplies and planned purchases, minus the anticipated ending inventory.
- (c) Ensuring that accurate meal record data is collected and maintained. Meal records should include, but not be limited to, the date and time of service and the number of:
 1. Meals prepared and served for each meal period.
 2. Meals served per location.
 3. Prescribed therapeutic diet meals served.
 4. Authorized religious diet meals served.
 5. Authorized disciplinary detention diet meals served.
- (d) Ensuring that food is purchased from an approved wholesale/institutional vendor to ensure food safety.

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- (e) Bulk-purchasing nonperishable items to maximize the budget dollars.
- (f) Continuous monitoring and improvement to minimize poor food management and/or accounting, including, but not limited to:
 - 1. Following planned menus.
 - 2. Inspection of food deliveries to ensure the right quantity is delivered and the condition of the food is acceptable.
 - 3. Purchasing food that is in season.
 - 4. Purchasing the grade of product best suited to the recipe.
 - 5. Following standard recipes.
 - 6. Producing and portioning only what is needed.
 - 7. Minimizing food production waste and establishing appropriate food storage and rotation practices, including proper refrigeration.
 - 8. When reasonably practicable, responding to the inmate's food preferences.
 - 9. Establishing minimum staffing requirements based on the layout and security requirements of the facility.
 - 10. Budgeting adequately for equipment repair and replacement, factoring in any labor cost savings, the need for heavy-duty equipment with corrections packages for safety and inmate abuse.
- (g) Establishing purchasing specifications, which are statements of minimum quality standards and other factors, such as quantity and packaging. A basic specification should contain:
 - 1. The common name of the product.
 - 2. The amount to be purchased.
 - 3. The trade, federal or other grade or brand required.
 - 4. The container size and either an exact, or a range of the number of pieces in a shipping container.
 - 5. The unit on which prices are to be quoted (e.g., 6/#10 cans, 10/gallons).
- (h) Establishing accounting procedures for financial statements and inventory control.
- (i) Maintaining records of invoices, purchase orders, meal count sheets, food production records, therapeutic and religious diet records, inventory of food, supplies and equipment for the required period of time, as mandated by the governing body of the facility.

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905.5 MONTHLY REPORTING

The food services manager is responsible for ensuring that accurate meal record data is collected and maintained. Meal records should include, but not be limited to, the number of):

- (a) Meals prepared and served for each meal period.

A monthly report summarizing all data should be provided to the Jail Administrator.

All meal records shall be retained in accordance with office retention schedules and state statutory regulations.

Inspection of Food Products

906.1 PURPOSE AND SCOPE

The purpose of this policy is to establish methods by which the Food and Drug Administration (FDA) and/or the United States Department of Agriculture (USDA) inspections and/or approvals are conducted on any jail produced food.

906.2 POLICY

The Eau Claire County Sheriff's Office will ensure the safety and quality of all food produced at this facility through routine inspections and approvals, as required by law.

906.2.1 FOOD INSPECTION PROCEDURES

The food services manager is responsible for developing procedures for ensuring that all food used in the food services operation has been inspected and/or approved to standards established by statute and that the delivery of all food products to the food preparation areas and to the inmates occurs promptly to reduce the risk of any food-borne illness or contamination.

The food services manager shall establish inspection procedures in accordance with established standards and statutes. Such procedures shall include, but are not limited to:

- (a) The FDA or USDA inspection and/or approval of all food products produced by this facility prior to distribution.
- (b) A system of periodic audits and inspections of the facility and of all raw material suppliers, either by custody staff or by a third-party vendor.
- (c) A system of thorough documentation of all inspection and approval processes, training activities, raw material handling procedures, activities, cleaning and sanitation activities, cleanliness testing, correction efforts, record-keeping practices and the proper use of sign-off logs shall be developed and implemented.
- (d) Processes of evaluating the effectiveness of training, and validating cleanliness through testing (e.g., swabs, bioluminescence and visual, taste and odor evaluations) shall be created and implemented. Records of all such activities shall be documented.
- (e) Documentation of any recommendations for continuous quality improvement and their implementation, with the intent of eliminating deficiencies. Documentation should include a post-deployment verification of the correction.
- (f) The food services manager is responsible for ensuring adherence to the following practices, including, but not limited to:
 1. The scope of food products being grown or processed internally is well-defined.
 2. All critical processes are validated to ensure consistency and compliance with specifications.
 3. Any changes to the process are evaluated for effectiveness.
 4. There are clearly written instructions and procedures for the staff and inmates to follow.

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5. The staff and inmates are trained to perform all established tasks and document all necessary procedures.
6. Physical barriers for separating raw and cooked food-processing areas are established and maintained.
7. The traffic flow of workers is designed to minimize the risk of any cross-contamination.
8. All drains are used and cleaned properly, within industry standards.
9. Proper equipment and/or tools are provided and designated for specific use.
10. All persons working in the food services areas are wearing proper clothing and protective devices at all times.
11. All persons working in the food services areas wash their hands properly and frequently.
12. Only authorized personnel are allowed in the food processing areas.
13. Only potable water is used for washing produce.
14. The distribution of all prepared food is done in a manner that reduces the risk of food-borne illness or contamination.

Food Services Facilities Inspection

907.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for inspecting food services areas and facilities to ensure a safe and sanitary environment for staff and inmates.

907.2 POLICY

It is the policy of the Eau Claire County Sheriff's Office that the food services area be maintained in a safe, sanitary condition by conducting regularly scheduled documented inspections, both by facility staff and by an independent third party as required by law (Wis. Admin. Code DOC § 350.11).

907.3 CLEANING AND INSPECTIONS BY STAFF

The food services manager shall ensure that all equipment, appliances and utensils in the food preparation areas and dining areas are inspected monthly (Wis. Admin. Code DOC § 350.11(4)). Adequate hot and cold water should be available in the kitchen. The water temperature of all fixtures should be checked and recorded weekly to ensure compliance with the required temperature range. Deficiencies noted by inspections shall be promptly addressed.

A documented cleaning schedule for each food services area shall be developed and posted for easy reference by staff, and shall include areas such as floors, walls, windows and vent hoods (Wis. Admin. Code DOC § 350.11(5)). Equipment, such as chairs, tables, fryers and ovens, should be grouped by frequency of cleaning as follows:

- After each use
- Each shift
- Daily
- Weekly
- Monthly
- Semi-annually
- Annually

The food services manager is responsible for establishing and maintaining a record-keeping system to document the periodic testing of sanitary conditions and safety measures, in accordance with established records retention schedules. At the direction of the Jail Administrator or the authorized designee, the food services manager shall take prompt action to correct any identified problems.

907.3.1 SAFETY INSPECTION CHECKLIST

The following items should be part of the monthly documented inspection (Wis. Admin. Code DOC § 350.11(4)):

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- Lighting is adequate and functioning properly.
- Ample working space is available.
- Equipment is securely anchored.
- There are suitable storage facilities, minimizing the risk of falling objects.
- Floors are clean, dry, even and uncluttered.
- Machines have proper enclosures and guards.
- A clear fire safety passageway is established and maintained.
- Fire extinguishers and sprinkler systems are available, not expired and are tested regularly.
- The food preparation area has good ventilation.
- Furniture and fixtures are free from sharp corners, exposed metal and splintered wood.
- All electrical equipment is in compliance with codes and regulations.
- All workers wear safe clothing, hair coverings, gloves and protective devices while working.
- All workers are in good health, with no symptoms of illness or injury that would pose a risk to food safety.
- All ranges, ovens and hot holding equipment are clean and in good operating condition.
- Mixers and attachments are clean and in good operating condition.
- Dishwashing machines are clean and in good operating condition, and proper chemicals are in use.
- Water temperatures for hand sinks, ware washing sinks and dishwashing machines meet minimum acceptable temperatures (Wis. Admin. Code DOC § 350.11(17)).
- Appropriate hand-washing stations are provided.
- Toilet facilities are in good repair and have a sufficient supply of toilet paper.
- All temperature charts and testing documents are current, accurate and periodically reviewed and verified by the food services manager.
- Only authorized personnel are allowed in the kitchen area.
- Foods are labeled and stored properly using the first-in first-out system.
- The refrigerators and freezers are in good operating condition and maintain proper temperature.

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- There is no evidence of cross-connection or cross-contamination of the potable water system.

907.4 CONTRACTING FOR INSPECTION

The food services manager is responsible for ensuring that the food services operation works in accordance with all state and local laws and regulations.

The Jail Administrator shall contract with an independent, outside source for a documented annual inspection of the food services facilities and equipment, to ensure that established state and local health and safety codes have been met (Wis. Admin. Code DOC § 350.11(3)).

Documentation of the inspections, findings, deficiencies, recommended corrective actions and verification that the corrective standards were implemented will be maintained by the facility in accordance with established records retention schedules.

A contract for services from an independent and qualified inspector should include, but is not limited to, the following components:

- (a) The inspector should conduct a pre-inspection briefing with the Jail Administrator and other appropriate personnel, including the food services manager, to identify the applicable government health and safety codes and the areas to be inspected. The inspector should provide the necessary equipment to conduct the inspection.
- (b) The inspector should audit the policies and procedures of the food services operation.
- (c) During the course of the inspection, the inspector should study and report on whether the following meet acceptable standards:
 1. Walls, ceilings and floors are in good condition, smooth and easily cleanable.
 2. The kitchen layout is properly designed to avoid cross-contamination.
 3. The kitchen is properly lighted and ventilated.
 4. The temperature controlled storage areas are in good operating condition and proper temperatures are being maintained.
 5. Dry foods are properly stored off the floor, away from the walls and ceilings.
 6. There is no sign of pest infestation.
 7. All equipment is properly maintained, in a sanitary condition and is certified by one of the American National Standards Institute certification agencies (e.g., Underwriters Laboratories, Extract, Transform and Load, or the National Science Foundation product certification mark).
 8. The dishwashing equipment is clean, in good operating condition and maintains proper washing and rinsing temperatures.
 9. There is no evidence of cross-contamination between the potable and contaminated water systems.

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10. The ware washing area is clean and supplied with proper chemicals and Material Safety Data Sheets.
11. The food is properly stored, labeled and rotated according to first-in first-out procedures.
12. The food services staff and inmate workers are wearing clean uniforms and practice proper personal hygiene.
13. All food services workers are trained for proper food handling and there is a person in charge who is responsible for the food safety of the facility.
14. Appropriate hand-washing stations are provided.

Any deficiencies should be noted by the inspector in his/her inspection report and recommendations made for corrective action.

At the exit interview the inspector should cite any violations according to the government health and safety codes.

The inspector should conduct a follow-up inspection to verify the deficiencies have been corrected as recommended.

The food services manager should provide the Jail Administrator with a plan to implement the recommended corrections in a timely manner and schedule a post-correction inspection with the original independent inspector.

Food Storage

908.1 PURPOSE AND SCOPE

The purpose of this policy is to establish food storage methods that are designed to meet manufacturer's recommendations, health and safety codes, state laws and local ordinances, and to safely preserve food, extend storage life and reduce food waste.

908.2 POLICY

Food and food supplies will be stored in sanitary and temperature-controlled areas in compliance with state and local health laws and standards (Wis. Admin. Code DOC § 350.11(8)).

908.3 PROCEDURES

The food services manager shall be responsible for establishing procedures to ensure the safe preservation and storage of food in the most cost-effective manner, beginning with the receipt of the raw materials through the delivery of prepared meals.

When receiving food deliveries, food services staff shall inspect the order for quality and freshness and shall ensure that the order is correct by checking the order received against the order form. All delivery vehicles shall be inspected by food services staff to make certain that the vehicles are clean, free from pest infestations and are maintained at the appropriate temperature for the type of food being carried.

If food quality and freshness do not meet commonly accepted standards or if it is determined that proper storage temperatures have not been maintained, the employee checking the order in will refuse the item and note the refusal on the invoice.

Any food destined for return to the vendor should be stored separately from any food destined for consumption. The food services manager will contact the vendor and arrange for replacement of the unacceptable food items.

Storage temperatures in all food storage areas should be checked and logged on a daily basis. Records of the temperature readings should be maintained in accordance with established records retention schedules.

An evaluation system should be established for food stored in any area with temperature readings outside the normal range and should include contingency plans for menu changes, food storage relocation or food destruction, as indicated. All actions taken to ensure the safety of the food served should be documented and retained in accordance with established records retention schedules.

908.4 DRY FOOD STORAGE

Canned items and dry food that does not need refrigeration should be stored in a clean, dry, secure storage area where temperatures are maintained between 45 and 80 degrees. Temperatures shall be monitored and recorded once each day on a checklist.

All dry items shall be stored at least 6 inches off the floor and at least 6 inches away from any wall. Only full unopened cans and containers shall be stored in the storerooms. Open containers

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and packages shall be appropriately stored in airtight containers in the working or holding areas (Wis. Admin. Code DOC § 350.11(8)).

All storage areas will be kept locked when they are not in actual use. New food shipments shall be placed behind existing like items and rotated using a first-in first-out rotation method.

Personal clothing and personal items shall not be stored in food storage areas.

908.4.1 MAINTENANCE OF DRY FOOD STORAGE AREAS

Inmate workers or staff should clean the storage areas at least once each day by sweeping and mopping all floors and wiping down shelves and walls. Any damaged items should be inspected for spoilage and repackaged or discarded as appropriate. Food services staff should inspect the storage areas to ensure they are clean and orderly. Staff will document the inspection and record the daily temperature on the storage area checklist (Wis. Admin. Code DOC § 350.11).

908.5 REFRIGERATED AND FROZEN STORAGE

Unless health codes dictate otherwise refrigerators must be kept between 32 and 41 degrees. Deep chill refrigerators will be set between 28 and 32 degrees for cook-chill products, dairy and meat items, to extend shelf life. Freezers shall be maintained at 32 degrees or below.

All freezer and refrigerator storage areas should have at least two thermometers to monitor temperatures. One thermometer should have a display visible to the outside. The second thermometer shall be placed in the warmest place inside the storage area. Daily temperature readings shall be recorded on the storage area checklist. Any variance outside of acceptable temperature range shall be immediately addressed.

All food must be covered and dated when stored. Cooked items shall not be stored beneath raw meats. Cleaned vegetables shall be stored separately from unwashed vegetables. Storage practices shall use a first-in first-out rotation method (Wis. Admin. Code DOC § 350.11(8)).

908.5.1 MAINTENANCE OF REFRIGERATED AND FREEZER AREAS

Refrigeration storage units should be cleaned daily, including mopping floors and wiping down walls. A more thorough cleaning should occur weekly to include dismantling and cleaning shelves. Food services staff should inspect the contents of freezers and storage units daily to ensure all items are properly sealed and labeled (Wis. Admin. Code DOC § 350.11(5)).

908.5.2 STORAGE OF CLEANING SUPPLIES AND MATERIALS

The storage of soaps, detergents, waxes, cleaning compounds, insect spray and any other toxic or poisonous materials are kept in a separate, locked storage area to prevent cross contamination with food and other kitchen supplies.

908.6 WASTE MANAGEMENT

The food services manager shall develop and maintain a waste management plan that ensures the garbage is removed daily. This plan also should include methods to minimize the waste of edible food and to dispose of non-edible or waste food material without utilizing a landfill.

Prescribed Therapeutic Diets

909.1 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.

909.2 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 Administrator shall comply with any therapeutic diet prescribed for an inmate.
- (d) The Jail Administrator 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)).

909.3 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.

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909.4 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) Housing location or dining location where the meals will be delivered
- (c) 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. Inmates who receive a therapeutic meal should sign for receipt of the meal. Therapeutic meal receipts should be retained in the inmate's medical record for an amount of time necessary to resolve any dispute about the receipt or composition of a prescribed meal.

Unless a therapeutic diet was prescribed with a specific end date, only the 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.

909.5 THERAPEUTIC AND RELIGIOUS MEAL RECORDS

Inmates receiving prescribed therapeutic diet meals and/or authorized religious diet meals must sign a document indicating:

- (a) Inmate's name
- (b) Dates and times of service
- (c) Housing location or dining location where the meals will be delivered
- (d) Inmate's therapeutic diet type

All information regarding a therapeutic diet is part of an inmate's medical record and is therefore subject to state and federal privacy laws concerning medical records.

All meal records shall be retained in accordance with established retention schedules and applicable statutory regulations.

Disciplinary Detention Diet

910.1 PURPOSE AND SCOPE

This policy establishes the requirement for providing inmates disciplinary detention diets when they are ordered for disciplinary reasons. The disciplinary detention diet will only be utilized after all of the provisions of the Disciplinary Segregation section of the Disciplinary Segregation Policy are implemented.

910.2 POLICY

The food services manager shall prepare the disciplinary detention diet after receiving directions from the Jail Administrator or authorized designee. Records of providing this diet shall be maintained by the food services manager.

The disciplinary detention diet shall be served twice during each 24-hour period and shall consist of one-half of a vegetable/meatloaf (see recipe below) per meal (or a minimum of 19 oz. of cooked loaf). The loaf shall be accompanied by two slices of whole wheat bread and at least one quart of water if the inmate does not have access to a water supply. The use of the disciplinary detention diet is an exception to the "three meals per day" policy described in the Disciplinary Segregation Policy.

910.3 PROCEDURES

The disciplinary detention diet shall consist of the following :

- (a) 2 ½ oz. nonfat dry milk
- (b) 4 ½ oz. raw grated potato
- (c) 3 oz. raw carrots, chopped or grated fine
- (d) 1 ½ oz. tomato juice or puree
- (e) 4 ½ oz. raw cabbage, chopped fine
- (f) 7 oz. lean ground beef, turkey or rehydrated, canned or frozen Textured Vegetable Protein (TVP)
- (g) 2 ½ fl. oz. oil
- (h) 1 ½ oz. whole wheat flour
- (i) ¼ tsp. salt
- (j) 4 tsp. raw onion, chopped
- (k) 1 egg
- (l) 6 oz. dry red beans, pre-cooked before baking (or 16 oz. canned or cooked red kidney beans)
- (m) 4 tsp. chili powder

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These ingredients should be shaped into a loaf and baked at 350-375 degrees for 50-70 minutes.

Chapter 10 - Inmate Programs

Inmate Programs and Services

1000.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the programs and services that are available to inmates. The programs and services exist to motivate offenders toward positive behavior while they are in custody. The policy identifies the role and responsibilities of the Jail Program Coordinator, who manages a range of programs and services.

1000.2 POLICY

The Eau Claire County Sheriff's Office will make available to inmates a variety of programs and services subject to resources and security concerns. Programs and services offered for the benefit of inmates may include faith-based services, recreational activities, library access, educational/vocational training and alcohol and drug abuse recovery programs (Wis. Admin. Code DOC § 350.31).

1000.3 JAIL PROGRAM COORDINATOR RESPONSIBILITIES

The Jail Program Coordinator is selected by the Jail Administrator and is responsible for managing the inmate programs and services, including the following:

- (a) Research, plan, budget, schedule and coordinate security requirements for all inmate programs and services.
- (b) Develop or procure programs and services as authorized by the Jail Administrator.
- (c) Act as a liaison with other service providers in the community that may offer social or educational programs, (e.g., school districts, department of social services, health educators and substance abuse counselors).
- (d) Develop, maintain and make available to inmates the schedule of programs and services.
- (e) Develop policies and procedures and establish rules for the participation of inmates in the programs and services, including notification of availability, eligibility and schedules (Wis. Admin. Code DOC § 350.31(2)).
- (f) Develop and maintain records on the number and type of programs and services offered, as well as inmate attendance at each offering.
- (g) Establish controls to verify that the content and delivery of programs and services are appropriate for the circumstances.
- (h) Accumulate data and prepare monthly and annual reports as directed by the Jail Administrator.
- (i) Develop policies and procedures for conducting criminal background checks on all volunteers, community resources and contract providers (see the Volunteers Policy) (Wis. Admin. Code DOC § 350.31(3)).

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- (j) Ensure inmates are not denied access to educational and vocational programs based solely on their indigent status.

1000.4 SECURITY

All programs and services offered to benefit inmates shall adhere to the security and classification requirements of this facility. To the extent practicable, the Jail Program Coordinator will develop individualized programs and services for inmates who are housed in high-security or administrative segregation.

1000.5 DISCLAIMER

Inmate programs are provided at the sole discretion of the Eau Claire County Sheriff's Office in keeping with security interests, available resources and best practices.

Nothing in this policy is intended to confer a legal right for inmates to participate in any program offered other than what is required by law or that which is medically required.

Inmate Commissary Fund

1001.1 PURPOSE AND SCOPE

The Office is authorized to maintain a fund derived from proceeds from the commissary, vending machines, telephones and other inmate-related commerce activities, to be used primarily to provide welfare and education programs for the benefit of the inmate population. This policy establishes guidelines for maintaining and administering the Inmate Commissary Fund.

1001.2 INMATE COMMISSARY FUND

The Jail Program Coordinator in cooperation with the Finance Department will establish and maintain an Inmate Commissary Fund where proceeds derived from inmate telephones, commissary profits, vending machines and other income intended for the support of inmate programs, is deposited.

The Inmate Commissary Fund is allocated to support a variety of programs, services and activities benefiting the general inmate population and enhancing inmate activities and programs. This includes capital construction and improvement projects in support of such programs, services and activities.

1001.3 INMATE COMMISSARY FUNDING SOURCES

Revenues and funding from the following sources shall be deposited into the Inmate Commissary Fund account:

- (a) All proceeds from commissary operations
- (b) Proceeds from vending machines made available for inmate use
- (c) Proceeds from the operation of inmate telephones
- (d) Donations

1001.4 EXPENDITURE OF INMATE COMMISSARY FUNDS

The Inmate Commissary Fund shall be used solely for the welfare and benefit of the inmate population or as otherwise permitted by law.

Expenditures permitted from the Inmate Welfare Fund include, but are not limited to, the following:

- (a) Education programs
- (b) Recreational goods and services, such as:
 - 1. Recreational equipment, games and sporting goods
 - 2. Televisions and cable/satellite subscriptions, video players and content media
 - 3. Library books
 - 4. Vending machines
- (c) Commissary packages for indigent inmates
- (d) Alcohol and drug treatment programs

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- (e) Office facility canteens, including vending machines available for inmate use
- (f) Inmate trust accounting system
- (g) Envelopes, postage and personal hygiene items for indigent inmates
- (h) Approved non-prescription, over-the-counter health aids for inmate use
- (i) Libraries designated for inmate use
- (j) Visiting room equipment, supplies and services
- (k) Inmate activity programs, including:
 - 1. Equipment for television viewing
 - 2. Visiting music/entertainment groups
 - 3. Music equipment and supplies
 - 4. Activities equipment, supplies and services
 - 5. Repair of equipment purchased from the Inmate Commissary Fund
 - 6. Food or supplies for special occasions
 - 7. Inmate tournaments and holiday events
 - 8. Inmate club activities
 - 9. Entertainment equipment, cable or satellite subscription services and other related supplies
 - 10. Materials for faith-based programs

1001.4.1 PROHIBITED EXPENDITURES OF INMATE COMMISSARY FUND

Except as permitted by law, the Inmate Welfare Fund shall not be used to fund activities associated with any of the following:

- (a) Security-related functions, including staff, safety equipment, radios, weapons or control devices that are specifically designated for use by the custody staff in maintaining the security, safety and order in the facility
- (b) Food service, staff costs, equipment and supplies
- (c) Medical/dental services, staff costs, equipment and supplies
- (d) Maintenance and upkeep of office facilities not otherwise permitted by law
- (e) Janitorial services and supplies
- (f) Transportation to court, medical appointments or other reasons not related to inmate programs
- (g) Any other normal operating expenses incurred by the day-to-day operation of the Office

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1001.5 FINANCIAL ACCOUNTING OF INMATE COMMISSARY FUNDS

The Jail Administrator or authorized designee in cooperation with the Finance Department shall maintain an accounting system to be used for purchasing goods, supplies and services that support inmate programs.

An audit of the Inmate Commissary Fund shall be completed annually by a certified auditor recognized by the Office as an authorized financial auditor.

Inmate Accounts

1002.1 PURPOSE AND SCOPE

This policy establishes guidelines and procedures for managing, handling and accounting of all money belonging to inmates that is held for their personal use while they are incarcerated in this facility.

1002.2 INMATE ACCOUNTS

The Office will establish an inmate account for the purpose of receiving funds from authorized sources for inmate use. A separate account will be established for each inmate when he/she is booked into this facility.

When an inmate is admitted to the jail, a written, itemized inventory of the money in the inmate's possession shall be completed. Any subsequent deposits to the inmate's fund shall be inventoried and documented. An inmate shall be issued a receipt for all money held until his/her release.

An inmate may use money in his/her inmate account to purchase items from the inmate commissary or to bail out of jail. Inmates may receive and release money while in custody. Funds will be made available to inmates for their use in accordance with the rules and regulations established by the Jail Administrator.

1002.3 FUNDING SOURCES

The inmate account will only accept funds for deposit from approved sources. Funds deposited into an inmate's account will first be used to settle the inmate's negative balance, should one exist.

1002.3.1 DEPOSITS DURING BOOKING

With the exception of legally prescribed fees (e.g., booking fees, pay to stay), all money received during the booking process shall be deposited to the inmate's account after the inmate signs an acknowledgement agreeing to the amount.

1002.3.2 DEPOSITS THROUGH THE MAIL

All funds received by mail to be deposited to an inmate's account.

Only cash, money orders and checks issued by federal, state, county or city government agencies that are received through the mail are acceptable for deposit into inmate accounts. Although cash may be accepted for deposit, it is not recommended that cash be sent through the mail. All unapproved monies will be forwarded to the personal property storage area and placed in the inmate's property bag.

1002.4 RELEASE OF FUNDS TO OTHER PERSONS

Inmates wishing to release all or part of their personal funds to a person who is not in custody must sign a cash withdrawal transaction document. A cash withdrawal transaction document for the amount to be withdrawn will indicate to whom the money is to be released.

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1002.5 RELEASE FROM CUSTODY

Staff members who are responsible for the release of inmates will notify central control of all impending releases, including those not on the scheduled release roster.

Central control will release the money to the inmate.

1002.6 FRONT OFFICE LIAISON

All monies shall be counted, verified against the transactions, bundled and placed in a designated secure safe or transferred to the Finance Department with appropriate transmittal documentation, in accordance with Office finance rules.

Any unresolved discrepancies found during the balancing procedures shall be promptly reported. The Liaison reporting the discrepancies shall prepare a report showing the amount of the discrepancy.

The report shall include the following:

- (a) Date and time each cash discrepancy was discovered
- (b) Amount of overage or shortage
- (c) Explanation of the cause of the overage/shortage
- (d) Documentation used to identify the error
- (e) Recovery attempts
- (f) Name of person reporting the discrepancy
- (g) Name of person approving the report and the date approved

The supervisor shall review the report prior to submission to the Finance Department for final review.

1002.7 SECURE BANKING OF INMATE FUNDS

All monies collected by custody personnel shall be secured daily in an officially designated and secure place.

1002.8 AUTOMATED KIOSKS

The use of automated kiosks for the deposit of monies into the inmate trust fund or to transfer inmate monies for the purchase of commissary or other authorized items will meet the financial accounting requirements of this policy and other standard financial practices.

Counseling Services

1003.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for providing counseling and crisis intervention services to inmates.

1003.2 POLICY

This office will provide counseling and crisis intervention services to any inmate who either requests services or is determined by a health provider to be in need of counseling or crisis intervention services. These services may be provided by:

- (a) Medical/mental health staff assigned to the facility.
- (b) Faith-based counseling by the chaplain or religious volunteers (see the Religious Programs Policy).
- (c) Correctional officers assigned to the facility who have specific training and expertise in this area.

The Jail Administrator shall coordinate with the Responsible Physician to develop and confidentially maintain records of counseling and crisis intervention services provided to inmates and to ensure that those records are retained in accordance with established records retention schedules.

The Jail Administrator shall ensure that request forms are available and provided to inmates who request counseling services. If an inmate displays behavior indicating a need for counseling or crisis intervention services, the facility employee shall notify the Security Services Sergeant. The Security Services Sergeant shall assess the need and area of counseling and make a reasonable effort to provide the inmate with the requested counseling as soon as practicable with consideration given to facility security, scheduling and available resources. Inmates who are victims of a sexual abuse or harassment incident will be informed of the availability and continuity of counseling (28 CFR 115.82; 28 CFR 115.83)

1003.3 NON-CRISIS COUNSELING

The Office shall, when reasonably practicable, make counseling services available to assist inmates who are being released into the community.

Inmate Exercise and Recreation

1004.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines and procedures ensuring that the Eau Claire County Sheriff's Office facility will have sufficiently scheduled exercise and recreation periods and sufficient space for these activities, as required by law.

1004.1.1 DEFINITIONS

Definitions related to this policy include:

Exercise - The physical exertion of large muscle groups.

Recreation - Activities that may include table games, watching television or socializing with other individuals.

1004.2 POLICY

It is the policy of this office to provide inmates with access to exercise opportunities, exercise equipment and recreation activities in accordance with state laws or requirements. The Jail Administrator or the authorized designee shall be responsible for ensuring there is sufficient secure space allocated for physical exercise and recreation, and that a schedule is developed to ensure accessibility for all inmates (Wis. Admin. Code DOC § 350.33).

1004.3 ACCESS TO EXERCISE

Inmates shall have an opportunity to exercise and to use exercise equipment. At least one hour of exercise activity each day shall be outside the cell. When weather allows and where available, the inmates' exercise outside the cell shall be outdoors (Wis. Admin. Code DOC § 350.33).

Correctional Officers shall use the approved inmate and area electronic log to document when inmates of like classification status are scheduled to exercise each day and shall record the exercise of an inmate, or that the inmate has declined outside exercise.

Electronic logs shall be maintained in accordance with established records retention schedules.

1004.4 ACCESS TO RECREATION

Inmates shall have access to recreation activities outside their cells at least once a day. The length of time will be determined by the inmate's classification status, security concerns and operational schedules that preclude recreation during a period of time (e.g., meal times, searches, lockdown or court). The staff should ensure that the maximum time possible is provided to the inmates for this purpose.

Televisions, newspapers, table games and other items may also be made available to enhance recreation time (Wis. Admin. Code DOC § 350.34(1)). Consideration will be given to the passive or active recreational needs of older inmates and inmates with disabilities (Wis. Admin. Code DOC § 350.33).

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1004.4.1 USE OF THE INMATE WELFARE FUND

Monies derived from the Inmate Welfare Fund may be used to purchase and maintain recreational equipment and supplies.

1004.5 SECURITY AND SUPERVISION

The Correctional staff supervising the inmates during exercise and recreation time shall document when each inmate has the opportunity to exercise or recreate, and when each inmate actually participates.

Staff shall be responsible for inspecting exercise and recreational equipment to ensure it appears safe for use. Broken equipment or equipment that is in an unsafe condition shall not be used. Inmates will not be permitted to use equipment without supervision. All equipment shall be accounted for before inmates are returned to their housing unit.

Correctional Staff may terminate the exercise or recreation period and escort back to the housing unit any inmate who continues to act in an aggressive or disorderly manner after being ordered to stop by the staff. Whenever an exercise or recreation period is involuntarily terminated, the staff will thoroughly document the incident and rationale for terminating the exercise period on the available electronic logs. The Security Services Sergeant will ultimately determine whether disciplinary action is warranted against the inmate.

1004.6 EXERCISE SPACE

Exercise areas, as specified by federal, state and/or local laws or requirements, should be sufficient to allow each inmate a minimum of one hour of exercise every day. Use of outdoor exercise is preferred but weather conditions may require the use of covered/enclosed space. Day room space is not considered exercise space (Wis. Admin. Code DOC § 350.33).

1004.7 INABILITY TO MEET REQUIREMENTS

In the event that the inmate population exceeds the ability of the facility to meet the exercise and recreation requirements, the facility should notify the governing body about the deficiency in space for exercise, that it may violate the law and/or the requirements, and request funds to remedy the situation. The facility should document all action taken to try to remedy the situation, including funding requests, population reduction requests and all responses to those requests.

Inmate Education, Vocation and Rehabilitation

1005.1 PURPOSE AND SCOPE

This office provides educational and vocational programs that are designed to help inmates improve personal skills, assist in their social development and improve inmate employability after release. The ability of the office to offer educational programs is dictated by available funding, inmate classification and other required inmate programs and routines.

1005.2 POLICY

The educational and vocational programs offered by the Office are available to all eligible inmates and are subject to schedule, space, personnel and other resource constraints.

Designated space for inmate education and vocational programs will, whenever practicable, be designed with input from educational/vocational service providers.

Adequate funding is required. If the funding source reduces or eliminates funding in these areas, educational and/or vocational programs may be reduced or eliminated.

While the housing classification of an inmate has the potential to pose security issues, every effort, to the extent reasonably practicable, will be made to provide individualized educational opportunities.

1005.3 JAIL PROGRAM COORDINATOR

The Jail Administrator or authorized designee shall appoint an Jail Program Coordinator, who shall be responsible for managing all aspects of the inmate educational and vocational program. Those duties include, but are not limited to:

- (a) Conducting an annual needs assessment to determine the type of programs needed to serve the inmate population.
- (b) Developing the program plans.
- (c) Developing or directing the curricula for each educational, vocational and testing component.
- (d) Developing and implementing individualized programs for high-risk or administrative inmates, as needed.
- (e) Coordinating with corrections staff regarding the security issues associated with these programs.
- (f) Developing and maintaining records of all needs assessments, all training offered, all inmate attendees, testing records and class evaluations.
- (g) Forecasting the annual cost of the program and coordinating with the budget office to secure funding.

1005.4 COURSE OFFERINGS

Course offerings will be subject to need, available resources, security concerns, available space and inmate classification, and may include the following:

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- (a) Basic education, General Educational Development (GED) preparation
- (b) English as a second language (ESL)
- (c) Basic literacy
- (d) Substance abuse and healthy lifestyles education
- (e) Parenting courses
- (f) Basic computer instruction
- (g) Basic life skills
- (h) Vocational skills such as:
 - 1. Cooking and food services
 - 2. Landscaping, horticulture
 - 3. Basic woodworking
 - 4. Auto body and painting
 - 5. Basic auto repair
 - 6. Basic office skills
- (i) Other courses as deemed appropriate by the Jail Program Coordinator

1005.5 OUTREACH

Information about educational opportunities should be included in the general inmate orientation. At a minimum, inmates should receive instruction on how to request participation in the inmate education programs, along with eligibility requirements and rules for participation.

1005.6 ELIGIBILITY REQUIREMENTS

Educational/vocational programming (other than televised courses) may be offered to sentenced and pretrial inmates. The Sheriff shall ensure that there is equal opportunity for participation for male and female inmates.

1005.7 INMATE REQUESTS

Inmates should electronically or in writing request participation in the inmate education programs. Inmate requests will be forwarded to the Jail Program Coordinator, who will have the facility classification staff screen and approve the request.

The Jail Program Coordinator will notify the inmate whether he/she has been approved for an education program. If approved, the Jail Program Coordinator will provide instruction to the inmate on how to access the program services and will notify the affected facility staff about the inmate's scheduled attendance.

Inmates may also contact the Jail Program Coordinator at any time request information regarding educational opportunities.

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Inmates have the right to refuse to participate in programs other than work assignments or programs that are required by statute or court order.

1005.8 SELF-STUDY PROGRAM

Whenever reasonably feasible the basic educational program may be presented by self-study tutoring and videotape programming.

Inmates admitted into the GED program are issued the necessary books and supplies. Studying is done throughout the day at scheduled periods when videotape programming is presented on closed-circuit television.

Upon completion of a GED self-study program, the inmate may be given the opportunity to take the GED test.

1005.9 HIGH-SECURITY/ADMINISTRATIVE SEGREGATION INMATES

To the extent reasonably practicable, high-security inmates and those held in administrative segregation may receive individual instruction in the form of a correspondence course or by alternative means.

1005.10 REHABILITATION PROGRAM

The Office provides opportunities for rehabilitation programs that are based upon victim and community input and are fashioned in a way that gives the inmate an opportunity to make amends for the harm done.

The Sheriff and Jail Administrator should work with other justice system partners to create such programs and opportunities. Examples include the following:

- Programs designed to deter domestic violence and substance abuse
- Community service, such as supervised public works projects
- Making restitution to victims
- Paying court fines

1005.11 DISCLAIMER

Nothing in this policy is meant to confer a legal right for inmates to participate in any educational offering. Educational programming is provided at the sole discretion of the Sheriff and Jail Administrator.

1005.12 CLASSROOM USE AND DESIGN

The demographics of the inmate population should always be considered when developing educational and other programs. Inmate classification and segregation requirements also need to be considered.

The Jail Administrator should encourage and include educators in the set up and design of classrooms that have been identified for inmate education programs. To the extent reasonably possible, in consideration of the space design and the ability to provide adequate security,

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teachers, education managers and administrators should be consulted to ensure that their needs are met.

In addition to the traditional classroom approach to educational programming, there are several other delivery methods. These include independent study and computer education programs.

1005.13 NEW CONSTRUCTION OR RENOVATION

Whenever construction of new facilities is considered, the Jail Administrator may include education specialists during the design phase to ensure that the needs of education providers are met with regard to security, sound levels and educational equipment.

The Jail Administrator may seek technical assistance from consultants to school districts that provide education programs in correctional settings. There are also networks of educators who can provide valuable consulting services in order to keep pace with rapidly evolving program and legislative issues that are related to education.

Commissary Services

1006.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a commissary program that will give inmates the opportunity to purchase specific items not provided to them while in custody.

1006.2 POLICY

It is the policy of this office to provide commissary services so that inmates who are not on disciplinary restriction and who have funds posted to their inmate accounts may purchase items approved by the Jail Administrator (Wis. Admin. Code DOC § 350.35).

1006.2.1 RESTRICTED PRIVILEGES

Privileges may be restricted based upon inmate classification or status (Wis. Admin. Code DOC § 350.35).

1006.3 COMMISSARY ACCOUNTING

The Security Services Sergeant shall be responsible for ensuring that all inmates who have commissary privileges have the opportunity to order and receive commissary items in a timely manner.

All inmates shall be afforded the opportunity to review an accounting of their money held in their account, to include deposits, debits and commissary goods purchased and received. Any discrepancy of the inmate's funds shall be immediately reported to the Security Services Sergeant. If the Security Services Sergeant and the involved inmate cannot settle the discrepancy, the Jail Administrator or authorized designee shall be notified.

1006.4 INMATE INDIGENT PACKS

The Jail Administrator or the authorized designee shall monitor the provision of indigent packs to indigent inmates. Packs shall include, but not be limited to:

- (a) Two postage-paid envelopes and paper letters each week to permit correspondence with family members and friends.
- (b) Personal hygiene items, including toothbrush, toothpaste, soap and other supplies deemed to be appropriate for indigent inmates.

The Sheriff may expend money from the Inmate Commissary Fund to provide indigent inmates with essential clothing and limited transportation expenses upon release.

1006.5 ANNUAL AUDIT OF THE COMMISSARY

The Jail Administrator or authorized designee should ensure that an annual audit of the commissary operation is conducted by a certified auditor. The written report prepared by the auditor should be reviewed for accuracy and provided to the Jail Administrator.

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All surplus funds from the commissary operation should be deposited into the Inmate Commissary Fund or used in a manner from which the inmates will benefit. They also may be deposited and used in accordance with expenditures authorized by the board of supervisors.

Library Services

1007.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for funding of library services and for providing inmates access to leisure, and educational reading materials (Wis. Admin. Code DOC § 350.34).

1007.2 RESPONSIBILITIES

The Jail Administrator or the authorized designee is responsible for the administration of the library services and should appoint a capable member to serve as librarian to run the daily library operations. The library services shall include access to educational, and recreational reading material.

The librarian shall ensure that reading materials are provided to the general housing units and that any member assigned to assist with the delivery of library services has received the appropriate training in facility safety and security practices associated with reading material.

1007.3 LIBRARY FUNDING AND MAINTENANCE

The Jail Administrator should ensure that a funding source is available to operate the library. The Jail Administrator may use monies from the established Inmate Fund to offset the cost of services, and supplies. The librarian may enlist the assistance of the local public library system, community organizations and retailers to maintain and update the library. Donated books and materials should be screened by the librarian for permissible content and safety prior to being distributed to inmates.

The Office may reject library materials that could compromise the safety, security, and orderly operation of this facility (see the Inmate Mail Policy for examples of materials that may be rejected).

The library shall be operated within the physical, budgetary, and security limits of the existing facility.

Books and other reading material should be provided in languages that reflect the population of the facility.

1007.4 LEISURE LIBRARY MATERIALS

Each inmate is allowed to have no more than two books at any given time. Existing selections must be returned before new books may be selected by an inmate. Inmates who destroy or misuse books and library materials will be subject to disciplinary action and may be site charged to cover damaged materials.

1007.5 MEANS OF ACCESS TO LEGAL RESOURCES

Nothing in this policy shall confer a right to access a law library. Unless it is specified by court order, the Sheriff may provide access to legal resources by a variety of means that may include public or private legal research services (e.g., web-based legal resources).

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1007.6 ACCESS TO LIBRARY

Access to the inmate library materials shall be based on inmate classification, housing location, and other factors that legitimately relate to maintaining the safety and security of the facility.

Inmates in disciplinary segregation shall have the same access to reading materials and legal materials as the general population, unless a restriction is directed by the court or their possession of such materials poses a safety or security risk to the facility.

1007.7 POLICY

It is the policy of this facility to operate a library service that provides leisure and educational reading materials to inmates.

Inmate Mail

1008.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines for the receipt, rejection, inspection and sending of inmate mail.

1008.2 POLICY

This office will provide ample opportunity for inmates to send and receive mail, subject to restriction only when there is a legitimate government interest.

1008.3 MAIL GENERALLY

Inmates may, at their own expense, send and receive mail without restrictions on quantity, provided it does not jeopardize the safety of staff, visitors or other inmates, or pose an unreasonable disruption to the orderly operation of the facility.

However, inmates are only allowed to store a limited number of letters as determined by the Jail Administrator in their cell. Mail in excess of the authorized possession limit will be stored with the inmate's personal property and returned at his/her release.

Upon request, indigent inmates will be permitted to mail up to two letters per week with postage to be paid by this office.

1008.4 CONFIDENTIAL CORRESPONDENCE

Inmates may correspond confidentially with courts, legal counsel, officials of this office, elected officials, jail inspectors, government officials or officers of the court (Wis. Admin. Code DOC § 350.29).

This facility will also accept and deliver a fax or inter-office mail from these entities.

Facility staff may inspect outgoing confidential correspondence for contraband before it is sealed, provided the inspection is completed in the presence of the inmate. In the event that confidential correspondence is inspected, staff shall limit the inspection to a search for physical items that may be included in addition to the correspondence and shall not read the content of the correspondence itself.

1008.5 SUSPENSION/RESTRICTION OF MAIL PRIVILEGES

Mail privileges may be suspended or restricted upon approval of the Jail Administrator whenever staff becomes aware of mail sent by an inmate that involves:

- (a) Threats of violence against any member of the government, judiciary, legal representatives, victims or witnesses.
- (b) Incoming or outgoing mail representing a threat to the security of the facility, staff or the public.

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The District Attorney or Corporation Counsel should be consulted in cases where criminal charges are considered against an inmate or there is an apparent liability risk to the Office that relates to suspension or restriction of mail privileges.

1008.6 PROCESSING AND INSPECTION OF MAIL BY STAFF

Staff should process incoming and outgoing mail as expeditiously as reasonably possible. Incoming and outgoing mail should be processed within 24 hours and packages within 48 hours. Mail processing may be suspended on weekends, holidays or during an emergency situation (Wis. Admin. Code DOC § 350.29).

Assigned correctional officers should open and inspect all incoming general mail of current inmates. The correspondence may be read as frequently as deemed necessary to maintain security or monitor a particular problem. Mail for inmates no longer in custody should not be opened (Wis. Admin. Code DOC § 350.29).

Except for confidential correspondence, outgoing mail may not be sealed by the inmate and may be read and inspected by staff when (Wis. Admin. Code DOC § 350.29):

- (a) There is reason to believe the mail would:
 - 1. Interfere with the orderly operation of the facility.
 - 2. Be threatening to the recipient.
 - 3. Facilitate criminal activity.
- (b) The inmate is on a restricted mail list.
- (c) The mail is between inmates.
- (d) The envelope has an incomplete return address.

When mail is found to be inappropriate in accordance with the provisions of this policy or when an inmate is sent material that is not prohibited by law but is considered contraband by the facility, the material may be returned to the sender or held in the inmate's property to be given to the inmate upon release (Wis. Admin. Code DOC § 350.29).

Inmates are allowed to correspond with other inmates, at other jails or correctional institutions, as long as they pay for the mailing and the mailing is sent and received through the U.S. Postal Service.

Inmates shall be notified in writing whenever their mail is held or returned to the sender. Mail logs and records, justification of censoring or rejection of mail, and copies of hold or return notices shall be maintained in the inmate's file in accordance with established records retention schedules (Wis. Admin. Code DOC § 350.29).

Cash, government checks and money orders contained in incoming inmate mail shall be removed and credited to the inmate's account. Personal checks may be returned to the sender or held in the inmate's property to be given to the inmate upon release.

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1008.6.1 DESIGNATION OF STAFF AUTHORIZED TO READ MAIL

Correctional staff should receive training on legitimate government interests for reading and censoring mail and related legal requirements.

1008.6.2 CENSORSHIP OF INCOMING AND OUTGOING NON-CONFIDENTIAL CORRESPONDENCE

In making the determination of whether to censor incoming non-confidential correspondence, consideration shall be given to whether rejecting the material is rationally related to a legitimate government interest, and whether alternate means of communicating with others is available. The impact the correspondence may have on other inmates and jail staff is also a factor. Reasonable alternatives should be considered and an exaggerated response should be avoided; for example, discontinuing delivery of a magazine because of one article.

Outgoing non-confidential correspondence shall only be censored to further a substantial government interest, and only when it is necessary or essential to the address the particular government interest. Government interests that would justify confiscation of outgoing mail include:

- (a) Maintaining facility security.
- (b) Preventing dangerous conduct, such as an escape plan.
- (c) Preventing ongoing criminal activity, such as threats of blackmail or extortion, or other similar conduct.
- (d) Preventing harassment of those who have requested that no mail be sent to them by the inmate.

Correspondence and material identified for censorship shall be delivered to the Security Services Sergeant, who shall make the decision if such mail will be censored.

Notices should be sent to the sender of censored correspondence or publications, even when the sender is the editor or publisher. A single notification may be sent if the publication is received by multiple inmates.

1008.7 BOOKS, MAGAZINES, NEWSPAPERS AND PERIODICALS

Unless otherwise in conflict with this policy and prohibited by the Jail Administrator, inmates are permitted to purchase, receive and read any book, newspaper, periodical or writing accepted for distribution by the U.S. Postal Service.

Publications, magazines or newspapers shall be accepted only if they are mailed directly from the publisher to a named inmate. A local daily newspaper in general circulation, including a non-English publication, shall be made available to interested inmates (Wis. Admin. Code DOC § 350.34).

1008.8 REJECTION OF MAGAZINES AND PERIODICALS

The Office may reject magazines, periodicals and other materials that may inhibit the reasonable safety, security and discipline in the daily operation of this facility. Generally, books, newspapers

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and magazines are accepted only if they are sent directly by the publisher. Materials that may be rejected include, but are not limited to:

- Materials that advocate violence or a security breach.
- Literature that could incite racial unrest.
- Sexually explicit material, including pornographic magazines, nude pictures, pictures or descriptions of sexually explicit activities.
- Obscene publications or writings and mail containing information concerning where or how such matter may be obtained; any material that would have a tendency to incite murder, arson, riot, violent racism or any other form of violence; any material that would have a tendency to incite crimes against children; any material concerning unlawful gambling or an unlawful lottery; the manufacture or use of weapons, narcotics or explosives or any other unlawful activity.
- Material that could lead to sexual aggression or an offensive environment for inmates.
- Material that could create a hostile or offensive work environment.
- Any material with content that could reasonably demonstrate a legitimate government interest in rejecting the material.

Staff shall notify the Security Services Sergeant whenever a decision is made to reject books, magazines or periodicals. The Jail Administrator or the authorized designee will be responsible for making the final decision as to the specific magazines, periodicals and other materials that will be prohibited within this facility.

Religious texts not supplied by facility-authorized entities may be accepted by the chaplain or other religious volunteer who has received training on facility rules involving contraband, and who has been approved by a supervisor to review such documents for distribution.

1008.9 FORWARDING OF MAIL

Any mail received for a former inmate should be returned to the sender with a notation that the inmate is not in custody.

1008.10 INDIGENT INMATE REQUESTS FOR WRITING MATERIALS

Indigent inmates shall receive writing materials on a weekly basis, as provided by an approved schedule established by the Jail Administrator. Writing materials should include the following (Wis. Admin. Code DOC § 350.29):

- At least two pre-stamped envelopes for correspondence with family and friends
- Six sheets of paper
- One pencil

Indigent inmates shall receive an amount of pre-stamped envelopes and writing paper sufficient to maintain communication with an elected official, officials of the Department of Corrections,

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attorneys and other officers of the court. Requests shall be screened and granted by the inmate programs coordinator, and should be based on need. Inmates should not be permitted to maintain an excess supply of writing materials without the approval of a supervisor.

Inmate Telephone Access

1009.1 PURPOSE AND SCOPE

This policy establishes guidelines for permitting inmates to access and use telephones.

1009.2 POLICY

The Jail will provide access to telephones for use by inmates consistent with federal and state law. The Jail Administrator or the authorized designee shall develop written procedures establishing the guidelines for access and usage. All inmates will be provided a copy of the telephone usage.

1009.3 PROCEDURE

Inmates housed in general population will be permitted reasonable access to public telephones at scheduled times in the dayrooms for collect calls unless such access may cause an unsafe situation for the facility, staff or other inmates. All calls, with the exception of calls to a verified attorney, are monitored and recorded.

Inmates are not permitted to receive telephone calls. Messages will only be delivered in the event of a verified emergency.

In the event of a facility emergency, or as directed by the supervisor or Jail Administrator, all telephones will be turned off.

For security reasons, inmates who are awaiting transport to another facility or release to another agency are not permitted to use the telephones.

TTY/TDD or equally effective telecommunications devices will be made available to inmates who are deaf, hard of hearing or have speech impairments to allow these inmates to have equivalent telephone access as those inmates without these disabilities.

The minimum time allowed per call should be 10 minutes, except where there are substantial reasons to justify such limitations. Reasons for denial of telephone access shall be documented and a copy placed into the inmate's file. The rules governing the use of the telephone will, in addition to being provided to inmates during orientation, be posted near the telephones.

The staff should monitor the use of public telephones to ensure inmates have reasonable and equitable access and that the rules of use are observed. Any inmate refusing to cooperate with the telephone rules may have his/her call terminated, telephone privileges suspended and/or incur disciplinary action.

Requirements relating to the use of telephones during booking and reception are contained in the Inmate Reception Policy.

1009.4 USE OF TELEPHONES IN HIGH-SECURITY OR ADMINISTRATIVE SEGREGATION HOUSING

Inmates who are housed in high-security or administrative segregation may use the public telephones in the dayroom during the time allocated for that classification of inmate to utilize that

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space. If portable telephones are available in the facility, inmates who are housed in high-security or administrative segregation units may have reasonable access to the portable telephones.

1009.5 COURT-ORDERED TELEPHONE CALLS

If a court order specifying free telephone calls is received by the facility, or a supervisor determines there is a legitimate need for a free telephone call for a specific inmate, the supervisor may direct that an inmate use a facility telephone at no charge. Calls placed from a facility telephone should be dialed by a staff member. The staff shall be responsible for ensuring that the inmate is not calling a number that has been restricted by a court order or by request of the recipient. Such a call shall be recorded to the same extent authorized for calls that are not court-ordered.

1009.6 ATTORNEY-CLIENT TELEPHONE CONSULTATION

At all times through the period of custody, whether the inmate has been charged, tried, convicted or sentenced, reasonable and non-recorded telephone access to an attorney shall be provided to the inmate at no charge to either the attorney or to the inmate, in accordance with the Inmate Access to Courts and Counsel Policy.

1009.7 TELEPHONE CONTRACTS AND CHARGES

The Jail Administrator or the authorized designee is responsible for ensuring that rates charged to inmates are similar to those charged in the general public and that inmates are afforded a range of feasible calling options.

Inmate Visitation

1010.1 PURPOSE AND SCOPE

The purpose of this policy is to establish rules for visitation and to provide a process for inmate visits and visitors. Visitation is a privilege and is based on space availability, schedules and on-duty staffing.

1010.2 POLICY

The Jail Administrator shall develop written procedures for inmate visiting, which shall provide for as many visits and visitors as facility schedules, space and number of staff will reasonably allow (Wis. Admin. Code DOC § 350.30). These procedures are subject to safety and security requirements.

Court orders granting a special inmate visitation are subject to county legal review and interpretation.

1010.3 PROCEDURES

The Office shall provide adequate facilities for visiting that includes appropriate space for the screening and searching inmates and visitors and storage of visitors' personal belongings that are not allowed in the visiting area.

Limitations on the number of visitors and allotted visiting time is determined by:

- The facility's schedule.
- The space available to accommodate visitors.
- Whether an emergency or other conditions justify a limitation in visiting privileges.

The Jail Administrator or the authorized designee is responsible for defining, in writing, the conditions under which visits may be denied.

The visiting area shall accommodate inmates and visitors with disabilities. Visitors with disabilities who request special accommodations shall be referred to a supervisor. Reasonable accommodations will be granted to inmates and disabled visitors to facilitate a visitation period.

Visitor logs and records shall be developed and maintained in accordance with established records retention schedules.

1010.3.1 VISITOR REGISTRATION AND IDENTIFICATION

All visitors must register and produce a valid state, military, tribal or other government identification. All visits shall be documented through a log or register (Wis. Admin. Code DOC § 350.30(3)).

- (a) The registration form must include the visitor's name, address and the relationship to the inmate.
- (b) A valid identification shall have the following:

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1. A photograph of the person
 2. A physical description of the person
 3. Identification will be considered valid for 90 days after expiration, provided the visitor has renewed the ID and has proof of the renewal.
- (c) Additionally, an official visitor shall present proof of professional capacity. For example, attorney license/Supreme Court card, police identification or a business card/letterhead of business with the visitor's name.

Failure or refusal to provide a valid identification is reason to deny a visit.

1010.3.2 POSTING OF VISITING INFORMATION

Visiting policies, procedures and schedules shall be clearly posted and in all inmate housing areas, as well as in the inmate handbook (Wis. Admin. Code DOC § 350.30(5)).

1010.4 AUTHORIZATION TO SEARCH VISITORS

Individuals who enter the secure perimeter of this facility are subject to search if there is reasonable cause to believe the visitor has violated the law, is wanted by a law enforcement agency, or there is reasonable cause to believe the visitor is attempting to bring contraband onto the facility property or into the facility. All searches shall be made in accordance with current legal statutes and case law (Wis. Admin. Code DOC § 350.30(4)).

1010.5 VISITING SCHEDULE

The Jail Administrator shall designate a person to develop a schedule for inmate visitation that includes daytime, evening, and weekend hours. Each inmate shall receive a copy of the visitation schedule in the inmate handbook at orientation. The visiting hours will also be posted in the public area of the facility (Wis. Admin. Code DOC § 350.30(1)).

1010.6 DENIAL OR TERMINATION OF VISITING PRIVILEGES

Visitation may be denied or terminated by a supervisor if the visitor poses a danger to the security of the facility or there is other good cause, including, but not limited to, the following:

- (a) The visitor appears to be under the influence of drugs and/or alcoholic beverages.
- (b) The visitor refuses to submit to being searched.
- (c) The visitor or inmate violates facility rules or posted visiting rules.
- (d) The visitor fails to supervise and maintain control of any minors accompanying him/her into the facility.
- (e) Visitors attempting to enter this facility with contraband will be denied a visit and may face criminal charges.

Any visitation that is denied or terminated early, on the reasonable grounds that the visit may endanger the security of the facility, shall have the actions and reasons documented. A copy of

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the documentation will be placed into the inmate's file and another copy will be forwarded to the Jail Administrator.

1010.7 GENERAL VISITATION RULES

All visitors and inmates will be required to observe the following general rules during visitation.

- (a) A maximum of two adults and two children will be permitted to visit an inmate at any one time. Children visiting inmates must be deemed age appropriate by the parent or guardian accompanying the child. Where a dispute over children visiting occurs between the inmate and the parent or legal guardian, the inmate will be advised to use the court for resolution. Adults must control minors while they are waiting to visit and during the visit.
- (b) An inmate may refuse to visit with a particular individual.
- (c) Those inmates who are named as the restrained person in any restraining or other valid court order shall not be allowed visits from persons who are protected by the order.
- (d) Visitors must be appropriately attired prior to entry into the visitor's area of the facility.
- (e) Inappropriate clothing, such as transparent clothing, halter tops, excessively tight or revealing clothing, hats and bandannas or any other clothes associated with a criminal gang or otherwise deemed by the staff to be unacceptable will not be permitted.
- (f) All visitors must have footwear.
- (g) Visitors will leave all personal items, with the exception of car keys and identification, outside of the secure area. Visitors who enter the facility with handbags, packages or other personal items will be instructed to lock the items in a vehicle or locker or return at another time without the items. The facility is not responsible for lost or stolen items.
- (h) Food or drink is not permitted in the visitor's area.
- (i) Inmates will be permitted to sign legal documents, vehicle release forms or any other items authorized by the Security Services Sergeant. Transactions of this nature will not constitute a regular visit.

1010.8 SPECIAL VISITS

The Security Services Sergeant may authorize special visitation privileges (Wis. Admin. Code DOC § 350.30(2)). The Security Services Sergeant, who authorizes the special visit, will take into consideration the following factors:

- The purpose of the visit
- The relationship of the visitor to the inmate
- The circumstances of the visit
- Distance traveled by the visitor

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Whenever a special visit is denied, an entry into the inmate log will be made. The entry will include the requesting visitor's name and the reason why the visit was denied.

1010.9 ATTORNEY VISITS

Inmates shall have access to any attorney retained by or on behalf of the inmate, or to an attorney the inmate desires to consult, in a private interview room. Staff shall not interfere with, suspend or cancel official visits except in circumstances where the safety, security or good order of the facility is compromised (see the Inmate Access to Courts and Counsel Policy) (Wis. Admin. Code DOC § 350.30(1)).

1010.10 SEARCHING INMATES

Inmates shall be searched before and after each visit (Wis. Admin. Code DOC § 350.30(6)).

Resources for Released Inmates

1011.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the process of providing community resource information to any inmate who is due for release after serving at least 30 days, in order to assist with the transition back into the community.

1011.2 POLICY

It is the policy of this office that all inmates who have served at least 30 days shall be provided with an information packet, if requested, containing community resources prior to their release. The packet should contain, at a minimum, the contact information for the following organizations and resources:

- Community health centers
- Employment centers
- Registry office to obtain an identification card
- Substance abuse and mental health providers
- Housing agencies
- Education agencies

Subject to the approval of the Sheriff or the Jail Administrator, the staff or community providers may offer classes within the facility that are related to these community services.

Temporary Release of Inmates

1012.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines and requirements for the temporary release of inmates.

1012.2 POLICY

It is the policy of this office to release inmates from custody only when it is legal and when it is done in a manner that protects the security of the facility.

1012.3 HUBER LAW

Any inmate who has met the eligibility requirements and received court approval may be granted permission to leave the facility for purposes that include (Wis. Stat. § 303.08):

- (a) Seeking employment, engaging in job training, or working.
- (b) Performing community service work.
- (c) Conducting any self-employed occupation, including housekeeping and attending to the needs of the person's family.
- (d) Attending court proceedings to which the inmate is a party or for which the inmate has been subpoenaed.
- (e) Attending classes at an educational institution.
- (f) Obtaining medical treatment.
- (g) Obtaining counseling or therapy from an approved public or private treatment facility, or from a psychiatrist, psychologist, licensed clinical social worker, professional counselor, or a certified independent or advanced practice social worker who is authorized to practice psychotherapy.
- (h) Attending an assessment to determine the person's need for counseling or therapy.
- (i) Attending a parenting education program.
- (j) Meeting with the inmate's probation, extended supervision, or parole officer.

1012.3.1 ELIGIBILITY

In order to be granted the privilege of leaving the jail during necessary and reasonable hours, the following requirements must be met (Wis. Stat. § 303.08):

- The privilege has been expressly granted by the court.
- The inmate has been sentenced to a county jail for a crime, nonpayment of a fine or forfeiture, or contempt of court.
- The inmate is subject to a confinement sanction.
- The inmate is a probationer detained in county or tribal jail for a probation violation under Wis. Stat. § 302.335(2j).

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The Sheriff may refuse to allow the inmate to leave the jail as provided for a period of time, not to exceed five days, for any breach of discipline or other violation of jail regulations (Wis. Stat. § 303.08(10)).

1012.3.2 STAFF RESPONSIBILITY

The Jail Administrator or authorized designee shall ensure that attempts are made to secure employment or employment training for unemployed inmates (Wis. Stat. § 303.08(3)).

The Jail Administrator or authorized designee shall ensure the activities of inmates who are participating in the temporary release program are properly monitored.

1012.3.3 HOUSING

The Sheriff shall determine whether inmates will be housed in a Huber facility, work camp, or in the jail and may transfer inmates between facilities (Wis. Stat. § 973.09(4)(a)).

Inmates who are participating in the temporary release program and are housed in the jail should be housed in an area other than general population to reduce the possibility of contraband entering the facility. Factors to consider when determining appropriate housing for program participants include the following:

- Rated bed capacity of the facility
- Current occupancy
- Housing options and security capabilities outside the secure perimeter of the facility
- Number of inmates participating in the temporary release program

1012.3.4 DAILY ITINERARIES

Inmates must have an approved daily itinerary prior to leaving the facility. The itinerary should include the following:

- Scheduled start and stop times for activities
- Anticipated amount of travel time between the facility and the activity site
- Mode of transportation each way (e.g., bus, car, walk)
- Location of the activity
- Contact name, address, and telephone number at the site
- Contact name, telephone number, and driver's information of the transport person if the inmate does not have a valid license
- Contact name and telephone number of a designated facility staff member

Any change to the itinerary must be approved in advance by the Jail Administrator or the authorized designee.

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1012.3.5 FINANCIAL MANAGEMENT

If the authorized activity is employment, the Jail Administrator shall ensure that all inmate wages, salaries, and benefits are collected and deposited in a trust checking account for the inmate.

Funds shall be disbursed in the following order (Wis. Stat. § 303.08(5)):

- (a) Necessary travel expense to and from work
- (b) Court-ordered support of the inmate's dependents, if any
- (c) The board of the inmate
- (d) Other incidental expenses of the inmate
- (e) Payment of the inmate's obligations acknowledged by the inmate in writing or that have been reduced to judgment
- (f) The balance, if any, to the inmate upon his/her discharge

1012.3.6 ACTIVITY VERIFICATION

Staff shall make scheduled telephone calls and random site visits to the location of the inmate's activity to ensure compliance with the rules of the program.

1012.3.7 PROGRAM CONFLICTS

Temporary release program staff shall make every attempt to ensure that the inmate's activities and work schedule do not conflict with his/her required participation in any facility treatment programs.

1012.3.8 DRUG TESTING

Random and scheduled drug testing shall be conducted on all inmates participating in the temporary release program. Any positive results may cause the inmate's disqualification from the program, as well as disciplinary sanctions or criminal charges, if warranted.

1012.4 RECORDS

The following records shall be maintained by the Jail Administrator or the authorized designee on all inmates participating in the temporary release program:

- (a) All payments and accounting associated with the program
- (b) All contacts between the staff and employers prior to releasing inmates to work and the document confirming all employment information
- (c) All daily logs of time worked and payments received

Inmate Work Program/Porters

1013.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the guidelines and requirements for the Inmate Work Program. The Inmate Work Program allows inmates to improve and/or develop useful job skills, work habits and experiences that will facilitate a successful transition back to the community.

1013.2 POLICY

The Eau Claire County Sheriff's Office shall operate an Inmate Work Program within the secure perimeter of the facility, in accordance with all applicable federal, state or local work safety laws, rules and regulations, and to the extent that the operation of inmate work programs do not pose a risk to the safety of the staff, other inmates or the public. This policy establishes the requirements, selection process, supervision and training of inmates prior to and after entering the facility's Inmate Work Program.

1013.3 WORK CRITERIA

1013.3.1 SENTENCED INMATE WORK REQUIREMENTS

All sentenced inmates who are physically and mentally able should work. Inmates shall not be required to perform work which exceeds their physical limitations. Inmates may be excused from work in order to maintain their participation in an educational, vocational, drug abuse treatment or other program. The Office will abide by all laws, ordinances and regulations when using inmates to work in the facility (Wis. Stat. § 302.37(4)).

1013.3.2 PRETRIAL AND UNSENTENCED INMATE WORK REQUIREMENTS

Pretrial and unsentenced inmates may volunteer to participate in the Inmate Work Program but shall not be required to participate in work beyond maintaining the immediate living area (Wis. Stat. § 302.37(4)).

1013.4 INMATE WORKER SELECTION

The Inmate Work Program/Porter coordinator shall be responsible for the selection and assignment of inmates to the various work assignments. The Coordinator should solicit input from other custody staff in assisting with inmate selection and assignment. Staff shall take into consideration the following eligibility criteria:

- (a) Inmates who have posed a threat in the past or have been charged with escape should be carefully screened for inmate work projects.
- (b) The inmate's charges and classification are such that the inmate will not pose a security risk to other inmates, staff or the public.
- (c) The inmate's capacity to perform physical tasks will match the job requirements.
- (d) The inmate is able to learn the necessary work routines.
- (e) The special interests, abilities, craft or trade of the inmate will benefit the work assignment.

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Inmates must be able to pass a health-screening test in accordance with the policies contained in this manual, and must meet all statutory and regulatory requirements. Health-screening shall be done for inmates who work in the kitchen, around food products or who serve meals to the inmate population.

1013.5 WORK ON PUBLIC PROJECTS

Sentenced inmates may be assigned to public works projects with state, municipal and local government agencies, or to community service projects, with the approval of the Sheriff and in accordance with all applicable laws and regulations.

1013.6 PROHIBITION OF NON-PUBLIC WORK PROJECTS

Work projects on behalf of any private individual or to an individual's private property are strictly prohibited and may constitute a violation of the law.

1013.7 SUPERVISION OF INMATE WORKERS

Facility staff in charge of work programs or who provide supervision of inmates assigned to work crews should adhere to the following:

- (a) Inmate workers should be provided with safety equipment, clothing and footwear commensurate with the work performed. Safety equipment may include, but is not limited to, eye protection, gloves, hardhat or headwear and sunscreen for protection from sun exposure.
- (b) Work periods shall not exceed 10 hours per day.
- (c) Inmate workers should be provided with work breaks to allow them to take care of personal needs.
- (d) Inmate workers shall have access to nutritious meals and a reasonable amount of time to consume those meals during their work period.
- (e) Inmates who work shifts during the early morning or late-night hours should be provided with a quiet space to allow for sleep during daytime hours.

Inmate workers shall be under the direct supervision of the facility staff at all times when they are on assignment through the Inmate Work Program.

Persons who are responsible for the supervision of inmates on work crews should receive training in basic areas of safety, security and reporting procedures.

Disciplinary action for inmate worker misconduct shall adhere to the Inmate Discipline Policy.

1013.8 INMATE WORKER TRAINING

Inmates who are assigned to work in any area that may require the handling of any chemicals or the use of any equipment shall receive training from the respective Office supervisor prior to using the chemicals or equipment. Work-crew supervisors shall also train inmate workers on safety practices. Inmates should never be assigned to handle dangerous chemicals or equipment that normally require a level of expertise and competency beyond their demonstrated ability.

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1013.9 INMATE WORKER INCENTIVES

The Jail Administrator is responsible for establishing an incentive program for inmates assigned to the Inmate Work Program. Incentives for inmates may include:

- (a) Granting "Good Time and Work" credits to apply to their sentence as allowed by state or local law.
- (b) Granting distinctive housing assignments, extra privileges, recreation and special rewards, as allowed by law, regulation and policy. Inmate welfare funds may be used to offset the cost of a reward program.
- (c) Awarding certificates of achievement for successful completion of vocational, educational and/or work programs.
- (d) When allowed by law, ordinance and in consideration with local labor relations, giving monetary compensation for work on government projects.

Religious Programs

1014.1 PURPOSE AND SCOPE

This policy provides guidance regarding the right of inmates to exercise their religion and for evaluating accommodation requests for faith-based religious practices of inmates.

1014.1.1 DEFINITIONS

Definitions related to this policy include:

Compelling government interest - A method for determining the constitutionality of a policy that restricts the practice of a fundamental right. In order for such a policy to be valid, there must be a compelling government interest, which is necessary or crucial to the mission of the Office, as opposed to something merely preferred, that can be furthered only by the policy under review.

Least restrictive means - A standard imposed by the courts when considering the validity of policies that touch upon constitutional interests. If the Office adopts a policy that restricts a fundamental religious liberty, it must employ the least restrictive measures possible to achieve its goal.

Religious exercise - Any exercise of religion, whether or not it is compelled by, or central to, a system of religious belief. The key is not what a faith requires but whether the practice is included in the inmate's sincerely held religious beliefs.

Substantial burden - For the purposes of this policy, substantial burden means either of the following:

- There is a restriction or requirement imposed by the Office that places an inmate in a position of having to choose between following the precepts of his/her religion and forfeiting benefits otherwise generally available to other inmates, or having to abandon one of the precepts of his/her religion in order to receive a benefit.
- The Office puts considerable pressure on an inmate to substantially modify his/her behavior in violation of his/her beliefs.

1014.2 POLICY

It is the policy of this office to permit inmates to engage in the lawful practices and observances of their sincerely held religious beliefs consistent with the legitimate government objectives of the facility (Wis. Admin. Code DOC § 350.32).

1014.3 STAFF RESPONSIBILITIES

Members shall not show favoritism or preference to any religion and will not discriminate or retaliate against any inmate for participating or not participating in any religion or religious practice. Inmates are not required to participate in religious programs or activities.

Facility staff will not allow their personal religious beliefs to influence them in the daily management of the inmate population, particularly as it relates to religious practices.

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1014.3.1 CONDUCTING RELIGIOUS SERVICES

The facility should allow clergy members of each faith to conduct services at least once each week (Wis. Stat. § 301.33; Wis. Stat. § 302.39).

1014.3.2 RELIGIOUS REQUESTS

Each inmate, upon request, shall receive religious ministrations and sacraments according to his/her faith, and use of a Bible (Wis. Stat. § 301.33; Wis. Stat. § 302.39).

1014.4 CHAPLAIN

The Sheriff shall appoint an individual to serve as the chaplain for the facility. The chaplain shall be responsible for assisting the Jail Administrator with supervising, planning, directing, and coordinating religious programs (Wis. Admin. Code DOC § 350.32(1)). The chaplain may be responsible for duties including but not limited to:

- (a) Coordinating religious services.
- (b) Maintaining a list of accepted religious practices that have been approved by the Jail Administrator and ensuring the current list is available to the staff.
- (c) Notifying inmates of the availability and schedule of religious services (Wis. Admin. Code DOC § 350.32(2)).
- (d) Reviewing requests for religious accommodations.
- (e) Providing or arranging for grief counseling for inmates.
- (f) Distributing a variety of religious texts.
- (g) Developing and maintaining a liaison with a variety of religious faiths in the community.
- (h) Making reasonable efforts to enlist religious leaders from outside the community as necessary.
- (i) Seeking donations for religious programs from the community, when appropriate.
- (j) Working with inmate families when requested.
- (k) Periodically surveying the facility population to determine whether current resources are appropriate for the inmate population.
- (l) Providing guidance to the Sheriff and the Jail Administrator on issues related to religious observance.

1014.5 RELIGIOUS BELIEFS AND ACCOMMODATION REQUESTS

Inmates are not required to identify or express a religious belief. An inmate may designate any belief, or no belief, during the intake process and may change a designation at any time by declaring his/her religious belief in writing to the chaplain. Inmates seeking to engage in religious practices shall submit a request through the established process. Requests to engage in practices that are on the facility's list of accepted practices should be granted. Requests to engage in religious practices that are not on the approved list shall be processed as provided in this policy.

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All requests for accommodation of religious practices shall be treated equally, regardless of the religion that is involved. Equal and consistent treatment of all religions and religious beliefs shall not always require that all inmates of the same religion receive the same accommodations. Requests for accommodation of religious practices shall be submitted to a supervisor. In determining whether to grant or deny a request for accommodation of a religious practice, the Jail Administrator or authorized designee will work with the chaplain to determine the sincerity of the religious claim of an inmate. Requests should be denied only if the denial or reason for denial would further a compelling interest of the facility and is the least restrictive means of furthering that compelling interest.

A Jail Administrator or authorized designee who does not grant an accommodation, either in part or in full, should respond with the basis for the denial within 14 days of the inmate's original request being made.

Staff shall be informed of all approved accommodations. The chaplain should make any necessary notifications to staff as necessary to meet an approved accommodation.

All inmate requests for religious accommodations and related determinations shall be fully documented in the inmate's record.

1014.5.1 SUSPENSION OR REVOCATION OF ACCOMMODATIONS

In an emergency or extended disruption of normal facility operations, the Jail Administrator may suspend any religious accommodation. The Jail Administrator may also revoke or modify an approved religious accommodation if the accommodated inmate violates the terms or conditions under which the accommodation was granted.

1014.5.2 APPEALS OF SUSPENSION OR REVOCATION OF ACCOMMODATIONS

Inmates may appeal the Jail Administrator's denial, suspension or revocation of an accommodation through the inmate appeal process.

1014.6 DIETS AND MEAL SERVICE

The Jail Administrator should provide inmates requesting a religious diet, including fasting and/or hour of dining, a reasonable and equitable opportunity to observe their religious dietary practice. This should be done within budgetary constraints and be consistent with the security and orderly management of the facility. The chaplain shall provide a list of inmates authorized to receive religious diets to the food services manager. The food services manager shall establish a process for managing religious meal accommodations.

1014.7 HAIR STYLES AND GROOMING

Unless it is necessary for the health and sanitation of the facility, inmates who wear head and facial hair in the observance of their religion will generally not be required to shave or cut their hair. To the extent reasonably practicable, alternative housing may be considered to accommodate the need for religious hair and grooming, while meeting the health and sanitation needs of the facility.

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Any inmate whose appearance is substantially altered due to changes in facial hair or hair length may be required to submit to additional identification photographs.

1014.8 RELIGIOUS TEXTS

Religious texts should be provided to the requesting inmate, if the texts available do not pose a threat to the safety, security and orderly management of the facility (Wis. Admin. Code DOC § 350.32(3)).

1014.9 UNAUTHORIZED PRACTICES OR MATERIAL

The following list, which is not intended to be exhaustive, includes materials or practices that shall not be authorized:

- (a) Animal sacrifice
- (b) Language or behaviors that could reasonably be construed as presenting a threat to facility safety or security
- (c) Self-mutilation
- (d) Use, display or possession of weapons
- (e) Self-defense or military training
- (f) Disparagement of other religions
- (g) Nudity or sexual acts
- (h) Profanity
- (i) Use of illegal substances or controlled substances without a prescription

1014.10 GROUP RELIGIOUS SERVICES

Group religious services may be allowed after due consideration of the inmate's classification or other concerns that may adversely affect the order, safety and security of the facility.

Alternatives to attendance of group religious services may include, but are not limited to:

- The provision of religious books and reading materials.
- Access to religious counselors.
- Recorded religious media (e.g., DVDs, CDs, videotapes).

1014.11 RELIGIOUS SYMBOLS AND IMPLEMENTS

Religious symbols and implements used in the exercise of religion should generally be allowed unless the symbol or implement poses a threat to the safety and security of the facility. Alternatives to the provision of religious symbols and implements may be considered when security, safety or efficient operations may be jeopardized (e.g., substitution of a towel in lieu of a prayer rug) (Wis. Admin. Code DOC § 350.32(3)).

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1014.12 RELIGIOUS GARMENTS AND CLOTHING

Inmates who practice a religion that requires particular modes of dress, garments, headgear, or other than standard-issue clothing, should generally be accommodated subject to the need to identify inmates and maintain security (Wis. Admin. Code DOC § 350.32(3)).

Head coverings shall be searched before being worn in the housing areas of the facility and shall be subject to random searches for contraband. Personal head coverings should be exchanged in favor of office-supplied head coverings when available and appropriate.

Inmates wearing headscarves or other approved coverings shall not be required to remove them while in the presence of or while visible to the opposite sex, if they so desire. Religious garments that substantially cover the inmate's head and face shall be temporarily removed during the taking of booking and identification photographs.

To the extent reasonably practicable, alternative housing may be considered to accommodate an inmate's need for religious attire, while meeting the security needs of the facility.

1014.13 FAITH- AND MORALS-BASED COUNSELING

The Jail Administrator shall be responsible for establishing a plan for inmates to receive faith- and morals-based counseling from the chaplain or religious volunteers. Inmates should be reasonably accommodated, including reasonable access to clergy members and spiritual advisers, volunteer religious organizations, faith- and morals-based programs and other secular volunteer programs.

No inmate shall be required to participate in any such program.

1014.14 SPACE AND EQUIPMENT FOR RELIGIOUS OBSERVANCES

The Jail Administrator shall ensure that there are sufficient facilities and resources for the chaplain to serve the inmate population, including providing access to areas of the facility. Space for group worship will be dictated by the availability of secure areas and the classification status of the inmates to be served. All recognized religious groups should have equal access to the space, equipment and services which the facility normally provides for religious purposes.

1014.15 COMMUNITY RESOURCES

The chaplain may minister his/her particular faith and any other similar faiths to inmates but should also establish contacts with clergy of other faiths, who can provide services to inmates of other religious denominations (Wis. Admin. Code DOC § 350.32(1)).

Whenever the chaplain is unable to represent or provide faith-based services to an inmate, a religious leader or other volunteer from the community, credentialed by the particular faith, should be sought to help provide services. All individuals providing faith-based services should be supervised by the chaplain. All efforts to contact faith-based representatives should be documented and retained in accordance with established records retention schedules.

Volunteers are another valuable resource that could be utilized extensively in the delivery of the religious program (see the Volunteers Policy). A volunteer could ensure that religious personnel

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who provide programming in the facility possess the required credentials and have the security clearance to enter the facility.

The chaplain, in cooperation with the Jail Administrator or the authorized designee, shall develop and maintain communication with faith communities. The chaplain shall review and coordinate with the Jail Administrator regarding offers to donate equipment or materials for use in the religious programs. All communication efforts and donations should be documented and retained in accordance with established records retention schedules.

1014.16 TRAINING

The Office shall provide training to facility staff on the requirements of this policy.

The Office shall also provide training in safety and security to the chaplain.

The chaplain shall approve and train clergy and religious volunteers (see the Volunteers Policy) (Wis. Admin. Code DOC § 350.32(5)). This includes the preparation of a training curriculum, as well as the development and maintenance of training records.

Chapter 11 - Facility Design

Space and Environmental Requirements

1100.1 PURPOSE AND SCOPE

This policy describes the desired space and environmental requirements for the physical plant.

1100.2 POLICY

It is the policy of this office to comply with federal and state laws, codes and correctional standards in matters relating to the jail space and environmental requirements. Any designs for renovations, modifications, additions or new construction within the facility should be in compliance with federal and state laws, codes and jail standards.

Planned designs for renovations, modifications, additions or new construction within the facility should facilitate personal communication with inmates and direct visual observation of all cells, dayrooms and recreation areas. Electronic surveillance may be used to augment the observation of inmates but shall not be used as a substitute for personal communication.

All parts of the facility that are accessible to the public should be accessible to and usable by disabled persons.

1100.3 DETENTION HARDWARE

All locks, detention hardware, fixtures, furnishings and equipment should have the proper security value for the areas in which they are used. The use of padlocks in place of security locks on cell or inmate housing unit doors is generally prohibited, as unauthorized locking mechanisms may pose a significant threat to the safety and security of the facility in the event of an emergency.

1100.4 ENVIRONMENTAL REQUIREMENTS

1100.4.1 LIGHTING LEVELS

Lighting levels shall be adequate for staff and inmates to perform daily activities. Night lighting levels should permit adequate illumination for supervision but should not unnecessarily interfere with the ability of inmates to sleep.

1100.4.2 NATURAL LIGHT

All inmate living areas should provide inmate exposure to natural light, unless prohibited by security concerns.

1100.4.3 NOISE LEVEL

Noise levels at night should be sufficiently low to allow inmates to sleep. Nothing in this policy is intended to limit or impair in any way staff's ability to monitor the jail in a manner that is consistent with safety and security and good correctional practices. Noise measurements shall be documented in each housing unit at least annually by an independent expert.

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1100.4.4 VENTILATION

Ventilation systems, including those in toilet rooms and cells with toilets, should be sized and calibrated to supply fresh or circulated air in accordance with federal and state laws, codes and jail standards.

Other than an emergency situation, inmates or jail staff shall not adjust or restrict the ventilation systems without the express permission of the supervisor. Any adjustments made to the ventilation system shall only be allowed for the duration of the emergency or until qualified maintenance personnel can adjust or repair the ventilation system.

Air quantities shall be documented at least annually by an independent expert, and a report provided to the Jail Administrator.

1100.4.5 TEMPERATURE LEVELS

Temperature and humidity levels should be maintained at a level established by facility maintenance personnel and deemed reasonably comfortable and cost efficient.

Staff shall immediately contact facility maintenance in the event that temperatures or humidity levels become reasonably uncomfortable.

1100.5 CELL FURNISHINGS

Each inmate housed in this facility shall be provided with the following items:

- A sleeping surface and mattress in accordance with federal and state laws, codes and jail standards
- A storage area for clothing and personal belongings

1100.6 DAYROOMS

Dayrooms should be equipped with at least one shower for every 15 inmates or fraction thereof, and tables and sufficient seating for all inmates at capacity. Where inmates do not have continuous access to their cells, dayrooms should also be equipped with one toilet, an immediate source of fresh potable water and lavatory with hot and cold water for every 12 inmates or fraction thereof.

1100.7 JANITOR CLOSETS

Janitor closets should be located near or inside each housing unit. Each janitor closet should contain a sink and the necessary cleaning implements. Access to the janitor closets shall be controlled and supervised by the staff. Only inmates with a minimum security classification status shall be allowed access to the janitor closets, and then only under the supervision of staff.

1100.8 EMERGENCY POWER

The facility shall be equipped with a sufficient emergency power source to operate communications, security and alarm systems in control centers, and emergency lighting in corridors, stairwells, all inmate housing areas, security control points and audio-visual monitoring systems.

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1100.9 DOUBLE CELLING

Double celling may occur with the approval of the Department of Corrections. The county board and sheriff shall determine jointly the adequate staffing needs, including support staff and services that are required to ensure the health, safety and security of the jail staff and inmates when using cells for double occupancy. The joint determinations shall be in writing and signed by the representatives of the county board and the sheriff and shall be filed with the Department of Corrections. The written joint determination shall remain in effect until rescinded or amended by mutual written agreement of the county board and sheriff. Unless there is adequate staff as agreed upon by the county board and sheriff, double celling may not occur (Wis. Admin. Code DOC § 350.20).

The Jail Administrator shall develop policies and procedures for double celling. Inmates housed in the same cell shall be of the same classification status.

For male and female housing areas, at least one cell or 15% of the jail's total number of cells, whichever is greater, shall be maintained for single occupancy. Receiving cells may not be used for double occupancy (Wis. Admin. Code DOC § 350.20).

1100.10 FACILITY STRUCTURE AND REQUIREMENTS

Facility structures constructed before March 1, 1990 shall comply with the requirements of Wis. Admin. Code DOC § 350.07.

1100.11 NEW CONSTRUCTION AND REMODELING

New construction and remodeling plans shall comply with the requirements of Wis. Admin. Code DOC § 350.04; Wis. Admin. Code DOC § 350.05; Wis. Admin. Code DOC § 350.06.

Smoking and Tobacco Use

1101.1 PURPOSE AND SCOPE

This policy establishes limitations on the use of tobacco products by employees and others while on-duty or while in Eau Claire County Sheriff's Office facilities or vehicles.

1101.2 POLICY

The Eau Claire County Sheriff's Office recognizes that tobacco use is a health risk and can be offensive to other employees and to the public. It is the policy of the Eau Claire County Sheriff's Office to prohibit the use of tobacco by employees while on-duty or at any time the employee is acting in an official capacity for the Office.

1101.3 EMPLOYEE USE

Tobacco use by employees is prohibited any time employees are in public view representing the Office.

Smoking and the use of other tobacco products is not permitted inside any county facility, office or vehicle.

It shall be the responsibility of each employee to ensure that no person under his/her supervision smokes or uses any tobacco product inside county facilities and vehicles.

1101.4 ADDITIONAL PROHIBITIONS

No person may smoke in a correctional facility (Wis. Stat. § 101.123(2)).

Control Center

1102.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for a control center for monitoring and coordinating facility security, safety, and communications. This policy addresses staffing, training, communications and monitoring capabilities.

1102.2 POLICY

It is the policy of this office to maintain a control center, designed as Central Control, which shall be secure and staffed 24 hours each day to monitor and coordinate security, safety and communications.

1102.3 COMMUNICATIONS AND MONITORING CAPABILITIES

Central Control shall have multiple means of direct communication capabilities with all staff control stations in inmate housing areas, including telephone, intercom and radio.

The Central Control staff shall be responsible for monitoring fire, smoke and life safety alarms and shall have the means to summon assistance in the event of an emergency.

1102.4 POST ORDERS

Comprehensive post orders for every correctional officer position shall be developed. Copies of the orders should be maintained at each post. Correctional officers shall be familiar with the post orders before working the position.

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

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

1102.5 TRAINING

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

Crowding

1103.1 PURPOSE AND SCOPE

One of the determining factors in maintaining a safe and secure jail is to limit the inmate population to the number of beds constructed in each inmate classification level. Occasionally, emergencies occur that will require the jail to exceed its approved bed capacity. This policy establishes the approved bed capacity of the facility, addresses temporary population excess and provides a plan for gathering statistics and projecting long-term space needs via a jail needs assessment.

1103.2 POLICY

It is the policy of the Eau Claire County Sheriff's Office to manage the inmate population to the extent as is reasonably possible to avoid exceeding the facility's approved bed capacity.

The Sheriff is responsible for ensuring that the facility has a sufficient number of housing units in an appropriate configuration so that inmates can be separated according to the facility's classification plan.

In the event of an emergency that causes the facility to be populated beyond the approved bed capacity, every reasonable effort should be made to reduce the inmate population to the approved bed capacity as soon as reasonably practicable. The Office will take affirmative action to address excess population. In the event that the inmate population remains over capacity or continues to increase, a crowding committee should be formed to examine any and all methods to ensure that the facility population is reduced and remains within the approved bed capacity.

1103.3 CROWDING COMMITTEE

The Sheriff or the authorized designee is responsible for forming the crowding committee and for facilitating its meetings. When the number of inmates exceeds the approved bed capacity of the facility, the Sheriff should schedule a meeting with the committee for the purpose of identifying potential solutions to reduce the population to, or below, the approved bed capacity.

A complete report describing facility population, conditions and mitigation recommendations should be provided to all members of the committee, as well as being released to the public.

The committee membership should include, but not be limited to, the following:

- (a) The Sheriff of the Office
- (b) The Jail Administrator
- (c) A member of the local judiciary
- (d) A representative of the District or Prosecuting Attorney's Office
- (e) A representative of the Public Defender's Office
- (f) A representative from the City Manager's/County Administrator's Office
- (g) A representative from the Office legislative body (counsel, supervisor, commissioner)
- (h) One or more members of the public

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- (i) A representative from Probation & Parole.

1103.4 FACILITY NEEDS ASSESSMENT

In the event that the jail maintains an average 80 percent occupancy rate consistently for one year, the Office should initiate a jail needs assessment. The assessment initiates a systematic process that is designed to identify a variety of operational issues and program needs, and may indicate when expansion or replacement of the facility is warranted.

1103.5 DAILY INMATE POPULATION REPORT

The Jail Administrator or the authorized designee is responsible for ensuring that detailed daily logs of the facility's inmate population are completed and maintained by the staff. These logs shall reflect daily population of inmates by categories of male, female as of midnight of each day. The number of inmates occupying holding cells shall also be counted at midnight each day. A daily inmate population report summarizing this information shall be distributed to the Sheriff and the Jail Administrator (see the Population Management Policy).

Locker Rooms

1104.1 PURPOSE & SCOPE

Maintaining secure and private locker rooms is an important obligation for the Office to ensure each members rights and privacy are maintained (Wis. Stat 175.22)

1104.2 POLICY

The purpose of this policy is to establish guidelines for maintaining the privacy of members while inside a office locker room.

1104.3 SECURITY

Members should not enter a locker room designated for a person of the opposite sex unless:

- (a) The locker room is empty of members of the opposite sex
- (b) Members in the locker room have given you consent
- (c) The entering member reasonably believes there is a medical emergency involving a person that is unable to consent.

Members who seek to speak with, interrogate or interview anyone inside the locker room should generally wait until after the member has taken care of their personal affairs and has exited.

Situations requiring an immediate conversation regarding the safety or security of another member, person or citizen, will require the member to exit the locker room as soon as possible.

In critical or emergency situations where time is of the essence, a member of the same sex should enter the locker room to obtain information from the member.

1104.4 PRIVACY

At no time will video recording devices be used. Audio recording devices may be used only with the written permission of the Sheriff or his authorized designee. Situations allowing the audio recording of conversations in the locker room are generally limited to internal investigations of a members misconduct.

At no time will a member capture, record or transfer video or audio recordings, either openly or in secret, of another member, by any means, including, but not limited to, the use of cameras, computers, Personal Digital Assistants (PDA's), tape or digital recorders, video cameras or cellular telephones.

Members who violate this policy are subject to discipline up to and including termination.