EMILY’S PROTOCOLS

Accreditation:

1. Denver Jails shall continue to maintain National Commission on Correctional Health Care (“NCCHC”) accreditation as it has for many years. The most recent accreditation was March 11, 2008.

2. Denver has completed a self audit of American Correctional Association (“ACA”) Standards and has 100% compliance with the mandatory standards, and just over 91% compliance with the non-mandatory standards. Denver will apply for ACA accreditation in November of 2008. Denver shall continue to strive to meet the ACA Standards.

Medical:

3. The Denver Sheriff Department (“DSD”) shall require that Denver Health Medical Center (“DHMC”) protocols in Denver jails require the taking of vital signs for any person coming to the jail from the hospital, including Emergency Department (“ED”), clinics and Correctional Care Medical Facility (“CCMF”).

4. The DSD shall require that DHMC protocols in Denver jails require that each inmate coming to the jail from the hospital, including ED, clinics and CCMF has received a copy of his or her discharge/after-care instructions.

5. Deputy Sheriffs and medical staff shall continue to ask core questions during intake screening.

6. The implementation of a new Jail Management System (“JMS”) in June 2009 will develop features called “alerts” which will place individuals in a queue that can be monitored by medical and correctional supervisors throughout the department. Under this system, the following notices shall be sent:
   a. When an inmate is discharged from a hospital or clinic to the custody of the Denver Sheriff’s Department, an alert will be sent to the supervisor and medical staff on site at the Denver correctional facility where the inmate is to be sent that such inmate will be arriving.
   b. For any inmate who has been received from a hospital or clinic, “precautions” noted in the Electronic Medical Records (“EMR”) shall integrate with the JMS information that deputy sheriffs are required to review at the beginning of each shift.
   c. When deputies house any inmate in an “observation” cell, an alert shall be sent to the supervisor on duty.
d. The JMS shall generate an alert to medical staff and DSD supervisors any time an inmate has not been presented to medical staff within 30 minutes after pre-book.

e. The DSD will develop a “shift log” or similar record through the JMS to record significant events occurring on shift. These shall include referrals to medical and a specific notation of whether medical has seen the inmate. The supervisor shall review the “shift log” or similar record at shift end and take appropriate follow up action on any pending medical requests.

f. DSD will maximize the “alert” features offered through the JMS and EMR to maximize proper medical response to inmate needs. This shall include, but not be limited to, four hour alerts for any inmate who has been received from any hospital or clinic and identified as needing precautionary monitoring (i.e. motor vehicle accident, blunt abdominal trauma).

7. Inmates with serious medical needs shall be presented to medical staff immediately; at the infirmary if possible or on-site as needed.

8. The DSD will review recent depositions by RN Costin, the Affidavit of Jessica Jaquez, and the depositions of Jessica Jaquez and other corrections staff as they pertain to Costin and will consult with DSD’s independent medical consultant (non-associated with DHMC) to evaluate his assignment in Denver Jails.

9. DSD negotiated its contract with DHMC to include employing a Correctional Health Care Management consultant to improve inmate medical care. Denver has reviewed the consultant recommendations and shall continue to require DHMC to institute them as appropriate.

10. Denver’s Pre-Arraignment Detention Facility (“PADF”) has incorporated a medical “kite” (written form) system for inmates, and shall continue to utilize this system. Inmates who have submitted a “kite” shall be seen on or before the next nursing line.

Sheriff Non-Medical Protocols:

11. The PADF shall continue to have an assigned position responsible for moving people from pre-book to the medical staff.

12. The Sheriff Department has incorporated advocacy training for all new hires, promotions and select supervisory staff meetings. A portion of the advocacy efforts of the DSD shall place an emphasis on the need for a deputy to assert a lay person’s perspective to situations where doubt may occur on any given situation, and to notify a supervisor immediately. The advocacy training for supervisors shall include the expectation that they are to take reasonable steps to resolve conflicts.
with medical concerns to include direct calls to the on-call physician and/or authority to utilize 911 services to transport persons to area hospitals.

13. All corrections staff shall receive pre-service and annual medical awareness training.

14. The DSD’s regular “vignette” trainings during roll call periods prior to each shift shall annually include a discussion of the factual issues of the events in the Emily Rice case.

15. Inmate advocacy shall continue to be incorporated into recruit orientation, new supervisor orientation and highlighted to supervisors in staff meetings. Progress reports from the Director shall continue to incorporate this theme frequently and recognize employees who have demonstrated acts of advocacy with commendations and awards. Training themes shall continue to incorporate this philosophy.

16. The determination to transport any individual to an area hospital from the jails without specific instructions by medical staff is reserved to Sergeants and higher ranks. Accordingly, department orders shall provide that all corrections staff be trained that they must alert a supervisor if they believe from a lay person’s perspective that an inmate requires additional medical attention from the jail medical staff. If supervisors believe that an inmate requires additional medical attention, they are to take reasonable steps to resolve conflicts with medical concerns, including making direct calls to the on-call physician and/or utilizing 911 services to transport persons to area hospitals. If supervisory staff continue to believe that an inmate requires additional medical attention for a serious medical need, supervisory staff must alert a Division Chief.

17. DSD has instituted a “rounds” tracking system throughout the Sheriff Department by the use of wand which records key points throughout the jails and shall continue to utilize this system. Deputies shall register the wand at key points at regular intervals, including 2 rounds per hour at irregular times rounds for normal cells, and 15 minute rounds for observation cells. Failure to conduct such rounds shall lead to discipline up to and including termination.

18. Disciplinary action shall be taken where appropriate and in accordance with departmental orders, Career Service Rules and the Mayor’s Executive Orders. Denver shall not tolerate conduct that places inmates at risk or fails to accord inmates their legal rights.

19. DSD has incorporated video cameras in all PADF observation cells, and these shall continue to be monitored by staff. DSD shall have continuous dedicated, direct monitoring by staff of the observation cells in the Justice Center.

20. The administrative head of the PADF has been passed to new leadership.
21. DSD has replaced the Digitron system with an enterprise system. This has increased camera recording capability, including in the north female cluster, which shall be continuously recorded. At the new Denver Jail facility, video surveillance shall be recorded in all areas where inmates are housed. Such video shall be retained for not less than 30 days or as required by law for normal operations, but this shall not absolve DSD from retaining video of critical incidents for longer periods of time as required by law. Specifically, in the event of a death at the jail, DSD shall retain the video for no less than 90 days.

22. Beginning in 2009, the Manager of Safety shall begin development of a disciplinary matrix system for the sheriff’s department with the expectation that this system will be in use on or before June 2010. The Manager shall make every effort to have the matrix system in place prior to June 2010.

23. The City shall provide a detailed report to the Rice family regarding the status its implementation of each of “Emily Protocols” within six months, and then annually for each of the next three years.