

ALLEGHENY COUNTY
BUREAU OF CORRECTIONS

APPLICABILITY: All Authorized Personnel

POLICY NUMBER: #308

EFFECTIVE: 2/12/15 REVISED: 7/25/17

TITLE: Management of Pregnant Females

AUTHORIZED BY: ORLANDO L. HARPER

SIGNATURE: Orlando L. Hapa

POLICY

It is the policy of the Allegheny County Bureau of Corrections ("BOC") to provide a safe, secure and healthy environment for pregnant inmates and their unborn children, while they are incarcerated at the Allegheny County Jail ("ACJ"), and to limit the use of restrictive housing as a punishment for pregnant inmates except where it is necessary to protect the safety of BOC employees, the mother and unborn child, or other inmates at ACJ, and, even in that case, to provide special protections against harm to the pregnant inmate and her unborn child.

PURPOSE

To ensure the safe housing and care of all pregnant inmates and their unborn children with comprehensive care, including ongoing prenatal and postpartum follow-up medical services and linkages, to be provided in a confidential matter.

DEFINITIONS

<u>Pregnant Inmates</u>: Unless the context clearly provides otherwise, the term "pregnant inmates" shall include pregnant inmates, post-partum inmates, lactating inmates, and inmates who within the past 30 days are known to have miscarried or had their pregnancy terminated.

Qualified Healthcare Professional:

A "qualified healthcare professional' is a physician or other individual who is qualified by education, training, licensure/regulation (when applicable) and facility privileging (when applicable) who performs a professional service within his/her scope of practice and

independently reports that professional service. A qualified healthcare professional will provide services consistent with then-current standards in the medical community.

QHPs — depending on authorized Pennsylvania scope of practice, licensing includes, in addition to physicians:

Nurse practitioner (NP)

Certified nurse specialist (CNS)

Physician assistant (PA)

Registered Nurses (RN)

Certified nurse mid-wife (CNM)

Certified registered nurse anesthetist (CRNA)

Clinical social worker (CSW)

Physical therapist (PT)

Dietician-Nutritionist (LDN)

Licensed Practical Nurse (LPN)

Medical Assistant (MA)

PROCEDURES

Detection, Confirmation, and Notification of Staff

- All female inmates, age 50 and under, shall be offered a pregnancy test during the intake medical assessment process. Refusals shall be documented by staff.
- All female inmates, age 50 and under, who decline a pregnancy test shall be assessed by a qualified healthcare professional for pregnancy if and when they appear to be pregnant.
- When an inmate is determined to be pregnant by a qualified healthcare professional, the facility Administration shall be notified.
- A list of all pregnant inmates must be presented to the Warden or designee weekly. This list is to include the trimester of the pregnancy and housing status.

Medical: Prenatal Care (Pregnancy Plan of Action)

a. All pregnant inmates shall be offered a complete health assessment by a qualified healthcare professional within 14 days of confirmation of pregnancy unless a sooner assessment is warranted under the circumstances. Refusal to submit to the health assessment by an inmate shall be documented in writing and signed by the inmate or her refusal noted by the inmate in writing or witnessed by staff.

- b. After confirmation of pregnancy, the BOC shall provide examinations, prenatal vitamins, lab tests, and any medications as prescribed by a physician. A therapeutic/pregnancy diet and snack shall be issued for each pregnant inmate.
- c. Pregnant inmates shall be initially given professional counseling concerning such matters as proper nutrition, activity, hygiene and safety precautions; routine pregnancy and postpartum medical care; unusual health symptoms warranting emergency care; future family planning; breast-feeding and breast-pumping options; and visits/communication with family members on a schedule to be determined by qualified healthcare professionals.
- d. Qualified healthcare professionals shall provide prenatal care. High-risk pregnancies and chemically dependent pregnant inmates shall be identified by qualified healthcare professionals and referrals made, where appropriate, to outside specialists within a medically reasonable time.
- e. The medical department shall be responsible for providing services for the obstetrical care of the inmates. This shall include prenatal, delivery, routine postpartum care and continuing care for lactating inmates. In addition, lactating inmates shall be allowed to use a breast pump.
- f. Pregnant inmates shall be seen at a frequency as determined by a qualified healthcare professional. At a minimum, they shall be seen by a qualified healthcare professional once a month.
- g. The BOC will provide tests, including off-site tests, ordered by qualified healthcare professionals, within the time frame specified in the order.
- h. Medical care will be provided regardless of an inmate's disciplinary status.
- i. A pregnant inmate, who is released from the facility, shall be provided with a copy of her prenatal chart upon written demand, which will include an authorization to release the chart to the inmate or her designee.
- j. A pregnant inmate shall be placed in the Medical Housing Unit for observation when ordered by a qualified healthcare professional.

Adequate Nutrition and Supplements

Pregnant and post-partum inmates shall receive adequate pregnancy/nursing diet as ordered by qualified healthcare professionals on a case by case basis.

Pregnant and lactating inmates shall receive their pregnancy/nursing diet regardless of where they are housed at ACJ.

Pregnant and lactating inmates shall receive prenatal vitamins and supplements as prescribed by their qualified healthcare professionals on a daily basis without any exceptions. Pregnant and lactating inmates will be advised that a dietary supplement will be made available to them upon their request and recommendation by their treating qualified healthcare professional.

ACJ Staff will track the disbursement of the pregnancy/nursing diet and prenatal supplements by the inmate signing for the meal and supplement or her refusal to sign noted by staff. The form shall me scanned and retained electronically by the BOC.

All complaints and grievances about pregnant and lactating inmates not receiving the appropriate diet and supplements shall be handled in accordance with Policy 505, except the investigation of this type of complaint shall be completed and returned to the Complaint Officer within five (5) days.

Housing Considerations

In accord with BOC policies stated above, the goal is to eliminate conditions of restrictive housing for pregnant inmates except in rare cases and to house pregnant inmates in general population according to their classification level.

Pregnant inmates shall be given sufficient out-of-cell time to meet their exercise needs as determined by the treating qualified healthcare professional. Pregnant inmates shall have daily access to recreation areas on their assigned Pod outside their cell for at least two hours of exercise per day between the hours of 6 a.m. and 10 p.m. The specific time when the exercise is allowed shall be determined by the qualified healthcare professionals with consultation with a Major or higher official of the jail.

Adequate Hygiene

Pregnant inmates will at all times be provided with hygiene supplies and granted access to showers as described by Policy 317.

Discipline and Solitary Confinement

Pregnant inmates who violate the rules and regulations of the ACJ shall be issued an informal resolution and or misconduct.

Except as outlined below, pregnant inmates are not permitted to be placed in any form of restrictive housing, including being secured in their cells on Pre-Segregation, DHU Status, Informal Resolutions, Investigative Status, Administrative Custody or in the Medical Holding Unit.

Forms of discipline of pregnant inmates will be limited, to the extent possible, as follows:

- The inmate may be sanctioned by restricting telephone, visiting privileges, and/or commissary privileges, but not by restricting out of cell time. If a pregnant inmate's commissary is restricted, supervisory staff shall ensure the inmate has enough hygiene items and is notified of their ability to request nutritional supplements.
- Pregnant inmates' access to visits or phone calls with family members may be restricted. This restriction will be reviewed every seven (7) days. ACJ will make an exception during the disciplinary period for the limited purpose of the inmate planning for the delivery, care and custody of the child and legal calls related to the child's care and custody.
- A pregnant inmate may be placed in restrictive housing only as a temporary response to behavior that poses a serious and immediate risk of physical harm. This decision to place the pregnant woman in restrictive housing must be approved Officer and the rationale documented the by the Duty Administrative/Disciplinary/Protective Housing Placement Assessment Form. The form will then be submitted to the Deputy Warden's office for review. An example of this form is attached as an exhibit to this Policy. Periods of restrictive housing in excess of 7 days will require the approval of a major or higher and shall be reviewed not less than once per week.
- An informal hearing, with a meaningful opportunity for the inmate to be heard and conducted by a person selected by the Warden or by his designee, shall be held within twenty-four hours if a pregnant inmate's privileges are restricted. The person conducting the informal hearing shall not have been involved in the incident that is the subject of the hearing. This sub-paragraph shall not apply to

Informal Resolutions under Policy #176 nor shall it serve to waive any right of the inmate to a formal hearing.

All pregnant and postpartum inmates will be cleared by a qualified healthcare professional (a registered nurse, physician or certified nurse mid-wife) prior to placement in restricted housing. Medical clearance for placement in restricted housing will be documented in the medical file and the inmate's disciplinary file. An example of this form is attached as an exhibit to this Policy. Any placement of a pregnant inmate in restricted housing should be re-evaluated every seven days by the Program Review Committee and daily by medical personnel. The PRC review shall be noted in the Review Committee Action form. An example of this form is attached as an exhibit to this Policy.

Delivery and Transfer of Infant in Custody

Once a qualified healthcare professional has established true labor, the inmate shall be transported to the hospital.

Elective Termination of Pregnancy

Elective termination of pregnancy procedures will be provided at the inmate's request. Inmates shall not be denied services if indigent. The inmate shall be responsible for all costs related to the diagnostic work-up, assessment, treatment, surgical intervention, medical complications, Correctional officers, and transportation cost associated with the elective termination of pregnancy procedures. A hold for the total cost shall be placed on the inmate's account and shall be restored if incarcerated until payment is paid in full.

An elective termination procedure shall be performed by a physician, in compliance with all applicable laws, including the Abortion Control Act, 18Pa. C.S.A. 3201-3220, Chapter 2, Page 10, and Subsection II.E.3

These procedures shall not be performed in Department facilities. They shall be performed in a licensed offsite facility.

Inmate Notification:

Elective termination of pregnancy procedures will be provided at the inmate's request.

Inmates shall not be denied services if indigent. The inmate shall be responsible for all costs related to the diagnostic work-up, assessment, treatment, surgical intervention, medical complications, Correctional officers, and transportation cost associated with the elective termination of pregnancy procedures. A hold for the total cost shall be placed on the inmates account and shall be restored if incarcerated until payment is paid in full. Inmate shall receive a copy of the itemized invoice upon request.

An elective termination procedure shall be performed by a physician, in compliance with all applicable laws, including the Abortion Control Act, 18Pa. C.S.A. 3201-3220, Chapter 2, Page 10, and Subsection II.E.3

These procedures shall not be performed in Department facilities. They shall be performed in a licensed offsite facility.

Signature is notification of understanding th	e above	
Inmate	Date	
Deputy Warden of Administration	 Date	

ALLEGHENY COUNTY BUREAU OF CORRECTIONS INCIDENT PACKAGE CHECKLIST

Sergeant Name:	Captain Name:	Incident Date:	Location(s):
nmate Name:	DOC#	Inmate Name:	DOC#
nmate Name:	DOC#	Inmate Name:	#20C#
nmate Name:	DOC#	Inmate Name:	#DOC#
Inmate Name:	DOC#	Inmate Name:	#DOC#
Inmate Name:	DOC#	Inmate Name:	#DOC#
Inmate Name:	#20C#	Inmate Name:	#DOC#

CONTENTS OF PACKAGE	SERGEANT'S INITIALS CAPTAIN'S INITIALS	
Signed Officer's Report		
Misconduct Report		
Medical Report		
Labeled Video Disc		
Label Front of Photos		
E-mail Sent		7
Internal Affairs Informed		
Chaplain Informed		
Duty Officer Informed		
Sergeant's Review		

SHIFT	Caustic materials	Culinary equipment	Employee injury	Officer assaulted Time of incident	Other:		
DEN	Contraband - Sub.	Attempted escape	Escape	Bad release	Property damage	Keys	Tools
I YPE OF INCIDENT	Suicide gown	Refusal to lock-in	PREA incident	Medical emergency	Contraband:	Contraband - weapon	Contraband - medication
	Inmate fight	Inmate injury	Inmate work injury	Inmate assault	Inmate death	Inmate suicide	Inmate suicide attempt

Allegheny County Bureau of Corrections Use of Force Review

		Type of Incid	ent			
Planned:	If planned, which	handheld camera was used	17		Unplan	nned:
		Personnel Sec	tion			
Name of Office	er reporting a use of force	to Shift Commander:		10130	Title:	Captain
Date of incider	nt:	Time of	incident:	13.5		
Location of inc	ident:	Type of	incident:			
CCTV camera n	number(s):		Incident repor	t number:		
	Inmate/New Arr	est Involved		DOC	# (if applica	ble)
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		0.5				
Fa	cility Staff Review	ing the Videotape	and Docum	nentation	Secti	on
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Major:	Santa	Si	gnature:			
Major:		Si	gnature:			
Deputy Warde	n:	Si	gnature:			
Warden:	PLANT.	Si	gnature:			
	Shift Commar	nder Summation o	f Review Se	ction		Yes/No
Staff actions ar	e in accordance with ACJ	policies and procedures?	f no, explain bel	ow. (Type direc	ctly below 1	this box)
		2 The Indication of the Assessment of the Assess				
Follow up petie		red? If yes, explain below.		/Tune dire/	ctly below t	his hov)
rollow-up actio	on recommended or requi	rea: if yes, explain below.		(Type direc	try below t	illis boxy
		Service discharge the service	- Constitution		W-1,	
Other commen	ts: (Type directly below this bo	x)				
	NI)		-			
Printed name of	of Captain filing the Use of	Force Review:				
Signature of Ca	ptain filing the Use of For	ce Review:		Date	et	

Allegheny County Bureau of Corrections Use of Force Occurrence Report

Planned:	If planned, wh	ich hand-held video car	nera was used?	Unplanned:
		Principal Personal		
To:		Title:	Signature:	
From:		Title:	Signature:	
Date of Incident	t:		Time of Incident:	
Location(s) of Ir	ncident:	-M-	Method of Force:	
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	,			
				TION AREAS
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The state of the s	ridge(s) deployed		= $[,]$	HUIVIT
Type of cartridg	e(s) deployed			M, M

TASER used?

TASER serial number

Number of TASER cycles used

Serial number of cartridge(s) deployed

Duration of cartridge(s) deployed

Type of cartridge(s) deployed

Drive-stun(s) used?

Duration of drive-stun(s) used

Did probes make contact with the skin?

Were probes removed by medical?

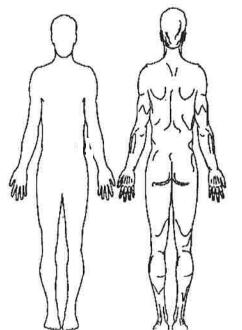
E.B.I.D. shield used?

Oleoresin Capsicum used?

Type of Oleoresin Capsicum used?

Number of Oleoresin Capsicum bursts administered?

Duration of Oleoresin Capsicum bursts



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Restraint Chair used?	
Detailed description of the Use of Force Occurrence: (2) yes due at	Person in dieg box
Description of any weapon(s) used by the inmates(s)/new arrest(s) or found:	n the area (file
any, artach a photograph of the weapon(s).	relovitils arey box
Detailed description of any injunes sustained by Staff and/or inmate(s)/new	
and medial attention provides.	

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ALLEGHENY COUNTY BUREAU OF CORRECTIONS ADMINISTRATIVE/DISCIPLINARY/PROTECTIVE HOUSING PLACEMENT/ASSESMENT FORM

Inmate/New Arrest Name:		DOC#:	
Previous Housing Unit:		New Housing Unit:	
The state of the s	ansar yayaban she	REGATION	
Protective Custody (PC)		Administrative Cust	tody (AC)
Investigative Status			ective Custody (ACPC)
Pre-hearing Status (DHU)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SERGEDANT'S SIGNATURE + PRIN	ITED LAST NAME		DATE
SHIFT COMMANDER'S SIGNATU	RE + PRINTED LAST NAME		DATE
	/ SUATIUS/CI	ANGE	
From:	To:	Date:	Time:
Inmate's conduct poses serious inmate's response(s) during in the To prevent imminent injury to the To contain, prevent, or questing in the Inmate is an escape risk in the Inmate is pending investigated in the Inmate in th	Booking Observation Question o inmate(s) or personnel ll a riot as high risk tion for a criminal act commit on for possible placement in A	n Interview warrants segre	
Brief explanation for placement: Special Instructions:			
mate Signature:		Date:	
Captain/Desi 79 hour neview an	Riner's G-Separtine	PIME DATE	NEECON MENDAGED IN
		The state of the s	☐ APPROVED
			☐ DISAPPROVED

Placement/ Assessment Form: 1.19.17

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		ALLEGHENY COUNTY BUREAU OF CORRECTIO Jai! Healthcare Service	NS .	
Name: Allergies:	palingmas, and the second second	PENTAL HEALTH SEGREGATION CLEARANCE DOB:	ate/Time:	FORM DOC:
2000		ary injuries? Yes No (If Yes, expla	in):	COMPANY OF THE PARTY.
		any medical restrictions? YesNo do not list the diagnosis)		
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Medical: Inmat		Segregation: (Signature/Print Name/Date/Time	ed for segregat	ion)
		MENTAL HEALTH SECTION or self-injurious at this time? Yes No		
		strating psychotic behavior at this time? Yes		
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Mental Health Pr	ofessional: (Signa	ture/Print Name/Date/Time)	i.	Prioris

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If this block is checked and you are found guilty of the above misconduct, the hearing committee may suspend or revoke your work-release status.	You may be repre You may request and security will b	sented by another inmate witnesses who will be per se determined by the chain	business-days (not li ainst you both at the li y hold your silence ag n silent, you will be as of general population mitted to testify at the man of the hearing o	ncluding v hearing ar gainst you sked no fu n status o hearing ommittee	TO INMATE weekends or hold in a court of i, but they must urther questions r a member of t provided that the	lidays) from the aw if this matte have some oth the institutional ey are willing, r	date of the pris referred er evidence is staff at your elevant and	hearing. do not crea	. You may remain si prosecution. If you ir silence in order to te a security hazard
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COUNTY BUREAU OF CORRECTIONS ADMINISTRATIVE/DISCIPLINARY/PROTECTIVE HOUSING PLACEMENT/ASSESMENT FORM

	0001111					
			DOC#:			
	est Name:		New Housing	Unit:		and the same
	g Unit:	ew?	GATION TO		Oliver enforcement	, 1
		Thomas Shares and	Administrat	ve Custody	(AC)	
Protective	Custody (PC)		Administrat	ve Protecti	ve Custody (ACPC)	
	tive Status					
Pre-hearl	ng Status (DHU)					
t. Jesse Andr	ascik					
					DATE	
EDGE A SKALL	IGNATURE + PRINTED L	AST NAME			DATE	
EKGEANY	NUME TO THE TENTED					
					DATE	
HIFT COMM	ANDER'S SIGNATURE +	PRINTED LAST MANNE				2000000
	12.25	STATION OF THE	ANGE (SA)		9 No. 25 7 No. 35 7 19 7	
	10 10 10 10 10 10 10 10 10 10 10 10 10 1	To:	Dat	e:	Time:	
rom:						
Inmate's To preve To contai Inmate is Inmate h Inmate is	response(s) during Bool nt imminent injury to in- in, prevent, or quell a ric an escape risk as been designated as h is pending investigation	ot	on interview warra	cility		
Brief explana	ition for placement:	######################################				
special instru	retioner			24 2		
	ictions:	*		100		
ımate Signat	uctions:		Date: _	700		
mate Signat			Date:_	DATE	. Precedition 1	
imate Signat		eg Tenarane	Date:_	DATE	RECOMMENDAT	ion Y
nmate Signat		eg's	Date:_	DATE (RECOMMENDAT APPROVED DISAPPROVED	

Placement/ Assessment Form: 1.19.17



Who is involved?

ALLEGHENY

When did it happen?			
Where did it happen?			
What happened?			
Witnesses:			
Reported by:	Date:		



Incident Report

Who was involved?

When did the Incident Occur?

Where did it Happen?

REPORT

Officer

Date & Time

ALLEGHENY COUNTY PRISON INCIDENT REPORT PITTSBURGH, PA 15219

Rev. 7/2009

WHO IS INVOLVED?		
WHEN DID THE INCIDENT OCCUR? DATE:		
WHERE DID IT HAPPEN?		
WHAT HAPPENED?		
		Š
WITNESSES:		
REPORTING OFFICER	DATE & TIME:	

ONLY THE ESSENTIAL FACTS SHOULD BE WRITTEN IN THE REPORT. THAT WHICH HAS NO DIRECT BEARING ON THE INCIDENT SHOULD BE OMITTED.



ALLEGHENY COUNTY BUREAU OF CORRECTIONS

		. Jai	il Healthcare S	Services			
	MEDICAL AND A	AFAITA ALTH SEGR	REGATION CLE	APANCEO	Accident		
Name: Allergies:			DOB:			DRIVI DC:	
District Contract Con	ADMINISTRAÇÃO	S DE TOTO		The second second	ate/Time		
Medical: D	oes the inmate have any	MEDICALH	EALTH SECTIO			· Service Corps	politection
	and those any	mjories? Yes N	o (If Ye	s, explain):			148
Medical: Do	oes the inmate have any	medical restrictions?	Yes N	0			
(If Yes, men	ntion the restrictions, do	not list the diagnosis)		0			

Medical: Is	the inmate on detox pro	tocols? Yes No	[If ye	s, inmate	nnot be clea	red for spare	ontinal.
		**************************************				- Jogn	Barion
Medical: Is	inmate pregnant? Yes	No(If ye	s, she cannot	be cleared	for segregation	or ·	
Medical: Inr	mate IS CLEARED for Seg	regation: (Signature/P	rint Name/Da	ite/Time)		_	
							_
0d 3.24 3.		MENTAL HE	ALTH SECTION	d			
Mental Hea	lth: 's inmate suicidal or	se f-injurious at this t	ime? Yes	No_	-		
Mental Heal	lth: Is inmate demonstra	eting psychotic behavi	or at this time	? Yes	No_		
Mental Heal	th: Does inmate need a	dmission to acute mer	ntal health uni	it at this ti	ie? Yes	No_	
					t this is-		
If all answer Admitted to	s are "No," then housing acute mental health un	placement to be det	ermined by cu	istody. Any	"Yes" answe	ers, inmate v	ill be:
Mentol Heal	th Professional should do	ocument details on seg	ent. Parate progres	is note for	hort includio		7.77
		=		Z. I	indi Ciricioonig	recommen	lotions
Mental Heal	th Professional: (Signatu	re/Print Name/Date/	Time)				
3 112-11-1			VANCES III				4
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ALLEGHENY

COUNTY EXECUTIVE

Allegheny County Jail Pregnant Inmate Receipt for Meal

Print Inmate Name:	Date:	Time:		
Inmate Signature:	DOC#			
This memorandum shall serve as a County Jail on the following dates		received your pregnancy d	iet meal at the Allegheny	
	Breakfast 1	Meal		
Officer Name Print:	Date:	Time:		
Officer Signature:				
Captain Print Name:	Date:	Time:		
Captain Signature:				
	Lunch M	eal		
Officer Name Print:	Date:	Time:		
Officer Signature:				
Captain Print Name:	Date:	Time:		
Captain Signature:				
	Dinner M	eal		
Officer Name Print:	Date:	Time:		
Officer Signature:				
Captain Print Name:	Date:	Time:		
Captain Signature:				
* The officer shall sign his/her nam offered and refused by the inmate.	e and write "Refuse to	Sign" on this document, w	hen the diet meal is	

ORLANDO L. HARPER, WARDEN
ALLEGHENY COUNTY JAIL

ORM ACI-141 D PART III 11/09 ALLEGHENY COUNTY JAIL							
PROGRAM REVIEW COMMITTEE ACTION 950 SECOND AVENUE							
Misconduct	Periodic Review	Other		JRGH, PA 15219	ct Time 24 Hr. Base	Misconduct Date	No. from Part 1
BC Number	NAM	E	Institution	IVIISCONDU	ÇL THIIC 24 MI. DASC	William Date	
INMATE	Not Applicat	ole	Guilty				Date of Review
PLEA	No Plea		Not Guilty				
PROGRAM REVIEW CO	MMITTEE'S DECISI	ION AND ITS RAT	TONALE				
							1
							1
							1
		DECISIO	N RELATIVE TO H	EARING COMMITTE	E'S VERDICT		
Not Applicable	Sustain	Sustain-A		Refer Back Fo	r Further Study	Exonerate Inma	te
Names of Program Revie	w Committee Memb	pers		Hearing Commit	tee and Program Revie	w Committee action was c	ompleted.
-				1	-	All III	churues -
}				Date		SUPERINTENDENT'S SI	GNATURE
		Copy -	File; Staff Member K	eporting Misconduct; I	Inmate Cited		