

<b>PHOENIX REGIONAL STANDARD OPERATING PROCEDURES</b>	
Policy Name: <b>FIRE DEPARTMENT RESPONSE TO MCSO/CORRECTIONAL JAIL FACILITIES</b>	Policy Number: <b>M.P. 205.05</b>
This policy is for internal use only and does not expand an employee’s legal duty or civil liability in any way. This policy should not be construed as creating a duty to act or a higher duty of care, with respect to third party civil claims against employees or the Phoenix Fire Department (PFD). Remedies for violations of this policy, if proven, are limited to administrative disciplinary action against PFD employees.	
Related Policies: ATG 3-3A, M.P. 201.01C, M.P. 205.01, M.P. 206.01	
Other Reference:	
Date Implemented: 02/2024-R	Review Date: 02/2029

**PURPOSE**

The purpose of this document is to provide the basis for a standard operating procedure that will enhance firefighter safety and maximize service delivery. It is also important that the Phoenix Fire Department (PFD), the Maricopa County Sheriff’s Office (MCSO) and Correctional Health Services (CHS) work in a cooperative and collaborative manner to achieve these goals.

**DEFINITIONS**

**Prisoner** – An individual deprived of their liberty and kept under involuntary restraint, confinement, or custody prior to being accepted into an MCSO jail facility. The individuals remain in the custody of the arresting agency until accepted for confinement in an MCSO jail facility.

**Inmate** – A prisoner [person] who has been accepted for confinement in an MCSO jail facility. Once accepted, the individual is now in the custody of MCSO.

**CHS** – Correctional Health Services, the Maricopa County Department providing medical services for inmates of MCSO. Personnel include Nurses and Providers.

**Nurse** – Healthcare personnel employed by Correctional Health Services. The level of care a CHS nurse can provide is governed by their Medical Director and does not mean they are allowed to provide equivalent care to that of an ER nurse. NOTE: In many cases, CHS Nurses are not even permitted to provide the same level of care that a PFD Paramedic is allowed to provide. For instance, CHS Nurses are not trained or permitted to provide ACLS interventions (e.g., administer Epinephrine, Intubate, obtain IO access, etc.).

**Provider** – A term used by CHS personnel to denote an advanced healthcare medical professional (Dr., NPs, etc.) who has given direction to a CHS Nurse concerning the healthcare of an Inmate. Providers do not have the ability to dictate the healthcare of a Prisoner or other individual not in

the custody of MCSO. Providers are on-site 24hrs at the MCSO ITR Jail and at various times in other jails but may also give direction over a telephone.

**Medical Unit or Medical** – An area designated within every jail where an Inmate (typically those who are housed in the same jail) can receive medical care. The care provided ranges from basic healthcare such as medication administration to more advanced types of care. In the Lower Buckeye Jail, the term “Medical Unit” or “Medical” encompasses specific care provided in certain areas of the building, yet still considered part of the Medical Unit. This term is somewhat of an umbrella term that has caused confusion between PFD and MCSO personnel in the past. SEE Infirmary, Clinic, Psychological Services.

**Intake, Transfer, Release (ITR)** – Handles all the intake and booking processes of new arrests as well as self-surrender detainees that are complying with a court order to surrender themselves to serve a jail sentence. ITR has a transportation hub for the coordinated transport of prisoners and inmates into and out of custody. All inmates being released from custody will be transported from their housing unit to the ITR for release processing. (Refer to location illustrations at end of policy below)

**Clinic** – A large medical unit, akin to an Urgent Care, within the Lower Buckeye Jail (LBJ) that provides more advanced medical care to Inmates. Inmates from other MCSO jails are sometimes transported to the Clinic to receive care. Within the Lower Buckeye Jail, this is where we most frequently encounter Inmates needing assistance. The Clinic in LBJ is considered to be in the “Medium-Risk area.” (Refer to location illustrations at end of policy below)

**Infirmary** – A large medical unit, akin to a nursing home or skilled nursing facility, within the LBJ that provides long term medical care to inmates. Inmates from other MCSO jails are sometimes transported to the Infirmary to receive care. The Infirmary in LBJ is considered to be in the “Medium-Risk area.” (Refer to location illustrations at end of policy below)

**Sally Port** – A secure, controlled entry way to an enclosure, prison, or jail. The Sally Port to Arizona State Hospital and Department of Corrections’ facilities are considered to be in the “Medium-Risk area”. (Refer to location illustrations at end of policy below)

**Psychological Services or “Psych Unit”** - A large medical unit, akin to an in-patient Behavioral Health facility, within the LBJ that provides long term behavioral care to inmates. The Psych Unit in LBJ is considered to be in the **High-Risk area**. (Refer to location illustrations at end of policy below)

## **POLICY**

The MCSO operates several jail facilities within the City of Phoenix. These facilities can pose unique risks and challenges to Fire Companies when responding to, and while operating within, these facilities.

Some of the risk factors which should be considered when operating in and around MCSO Jail Facilities include:

- Unpredictable radio communication
- Inability to secure inmate population
- Unfamiliar site layout
- Operations behind locked doors/gates
- Patient details difficult to obtain or change prior to patient contact
- Crew proximity to equipment, additional resources, and egress
- Unforeseen variables including inmate volatility, site staffing levels and training, conflicts in operational terminology, etc.

## **PROCEDURE**

### **BEFORE THE INCIDENT**

- The Fire Department, MCSO and Correctional Health Services shall work collaboratively to provide training for their personnel to ensure safe and effective operations.
- Communication systems shall be in place to ensure all agencies have the capability to communicate within jail facilities as well as with resources outside of the jail including Fire Alarm Headquarters (FAHQ) during emergency response incidents.

### **INCIDENT COMMUNICATIONS**

- Effective radio communication capability is a requirement for the safety of fire personnel and for the coordination of resources. Fire Department units must always maintain the ability to communicate with FAHQ as well as with any resources on scene or responding.
- When communications are lost, the Company Officer must re-evaluate the incident utilizing the PFD risk management plan and adjust accordingly. If the crew is unable to receive accurate and timely information regarding the hazard area or the safety of the work environment, a change of strategy and the removal of fire personnel from the hazard/work area may be required.
- A Command Officer shall be dispatched to assist with safety concerns, special circumstances or as may be determined by FAHQ or the Company Officer on scene.

### **DISPATCH AND ENROUTE**

FAHQ will gather information from the caller that will assist in properly identifying the situation, provide direction to the caller to address patient care as necessary (e.g., move the patient to the CHS medical area, directions for CPR, etc.), and help to ensure that the appropriate resources are enroute. The information provided should include:

- Access point
- Patient condition and location
- If patient has been moved to a safe/secure area (Medium-Risk area)
- Are inmates secured/confined
- If information on patient location consistently indicates patient is located in the High-Risk area, incident will be upgraded to a **Jail Assignment**. A Jail Assignment is an ALS fire company, Rescue, and a Battalion Chief.

#### MCSO / CHS Actions

- Patient will be moved to the CHS medical area.
- The goal is to reduce time required for patient contact and expedite treatment and transportation.

If a patient cannot be moved, inmates must be secured/controlled so as not to present a safety hazard to fire personnel.

- An MCSO supervisor (Lieutenant, Sergeant, etc.), and the CHS supervisor shall be notified.
- Adequate force protection will be provided for Fire Crews
- Reliable communications must be established

#### **ARRIVAL AND ON-SCENE**

- Fire Department units will operate within an appropriate risk management plan, perform a thorough scene size-up and maintain a high level of situational awareness.
- Company Officers shall utilize adequate force protection from MCSO when operating inside a High-Risk area.
- Fire Department units will be escorted by a MCSO Detention Officer with the capability to provide redundant communications via MCSO radio and shall remain with the fire department unit until they exit the interior of the jail facility.
- Fire Department units shall verify with MCSO/CHS that the patient is in a secure area and determine the appropriate area that they will be working in as defined below:

**Low-Risk Area** – an area that is free of known threats to fire personnel, outside secured areas of the jail and with reliable communication capability.

#### **Low-Risk Area Operations:**

- Operating in the Low-Risk area should be considered similar to other incidents our crews encounter throughout the city and should be managed utilizing situational awareness and the Strategic Decision-Making Model.

**Medium-Risk Area** – The area inside any secured area, up to and including predetermined medical evaluation areas at the facility (See MCT information/maps), which are agreed upon by both MCSO and Fire Department staff. This area will take into consideration our identified risk factors as well as the most efficient position to extract and transport patients to a definitive care facility.

### **Medium-Risk Area Operations:**

- When operating in the Medium-Risk area, the initial company officer should maintain radio communication with FAHQ, and all other Fire Crews operating on the scene and remain situationally aware. The expectation is that Jail staff will extricate patients to this location for rapid assessment, treatment, and transportation when necessary.

**High-Risk Area** – Any area beyond the Medium-Risk area or beyond the predetermined medical evaluation areas (See MCT information/maps) or areas in which communications are compromised.

### **High-Risk Area Operations:**

All efforts must be made by law enforcement/correctional facility security to extricate the patient from the High-Risk area to the pre-determined Medium-Risk area /Low-Risk area. Fire department crews must be advised if this extrication is not possible. This information must be included in the PFD Risk Management Plan and Incident Action Plan if Incident Command elects to operate within the High-Risk area.

- When operating in a High-Risk area, the assignment will be upgraded to a ***Jail Assignment***. The Incident Commander must order additional resources as necessary to address our mission and compliance with this SOP.

First arriving company officer responsibilities in High-Risk area Operations:

- Perform a size-up based on initial information collected, give an on-scene report and assume command.
- The on-scene Command Officer shall assume command of the incident and is responsible for approving the Incident Action Plan.
- Based on size-up and risk management assessment, consider waiting for the arrival of the balance of the Jail Assignment before proceeding beyond the Medium-Risk area.
- Prior to entering the High-Risk area, develop and communicate an Incident Action Plan that includes:
  - Updated information about the patient, incident, and environment
  - Necessary equipment/crew members
  - Path to patient
  - Plan for extrication of victim
  - Force protection resources with fire crews and plan communicated to FAHQ and/or IC if established
  - Plan in case of retreat
- Announce benchmarks:
  - Entering High-Risk area (upon moving from the Medium-Risk area to the High-Risk area)
  - Patient contact (when physical contact of patient has been made)

- Patient extricated (when patient and crews have moved from the High-Risk area to the Medium-Risk area)
- PAR on crews (ensure all crews are intact and out of the High-Risk area)

Rescue responsibilities in High-Risk area Operations:

- Stage vehicle in area most conducive to rapid transportation of patient
- Maintain communication with Incident Commander to respond to any pertinent changes in the Incident Action Plan

Command officer responsibilities in High-Risk area Operations:

- Assume command of the incident and approve the Incident Action Plan
- Monitor radio traffic ensuring communication is reliable
- Address any needs or concerns (preferably prior to crews entering High-Risk area)
- Support with additional resources as necessary

## **PATIENT TREATMENT AND TRANSPORTATION**

Fire Department Responsibilities

- Emergency services shall be provided as governed by Phoenix Regional SOP's, Emergency Medical Services Directives, and Treatment Guidelines. Patients shall be transported to the closest, most appropriate facility by the safest most appropriate means as determined by the Company Officer / IC and Online Medical Control (OLMD), when necessary.

MCSO / CHS Responsibilities

- MCSO is responsible for all jail activities related to inmate management. Correctional Health Services (CHS) is responsible for the administration and management of inmate medical care and services within their scope of practice. If the patient is not in the Medium-Risk area or medical area, every effort should be made to have them moved to this area by MCSO and/or CHS. Fire Department units should only enter the High-Risk area in accordance with High-Risk area Operations as listed above.

Patient Transfer from MCSO / CHS to Fire crews

- Fire crews should receive a patient with appropriate medical care prior to transfer. A status report will be given and should include patient condition, HPI/MOI, and any treatment and medications given. All patient records should also be included when available.

Stable / Unstable Patient Transportation

- As the medical services provider for MCSO jail facilities, CHS should use their established protocol of using a private ambulance service for stable/non-acute patients when possible.

- If Fire Department units respond to the CHS Medical area and find a patient in stable condition under the care of a medical professional, efforts will be made to contact a private provider for transportation instead of using a Fire Department Rescue.
- An unstable patient necessitating emergency pre-hospital care will be transported by Fire Department Rescue to the closest, most appropriate hospital facility.
- In most cases, Valleywise Health Medical Center (County Hospital/CH) should get first consideration when transporting a patient who is in the custody of the MCSO/or other Law Enforcement Agency.
- When an inmate is being transported by Fire Department rescue, MCSO will accompany and retain custody of inmates.

### **CUSTODY AT INTAKE, TRANSFER, AND RELEASE FACILITIES**

Intake, Transfer and Release facilities have unique characteristics related to custody as the names imply. It is important to familiarize oneself with the terminology related to inmate custody shown at the beginning of this document.

- Intake
  - An intake jail or intake area of a jail is a place where prisoners are brought by an arresting agency (e.g., Phoenix PD, Mesa PD, DPS, etc.) for processing to determine if a prisoner will be admitted into a jail facility. Until that processing occurs, and there is a handoff of the custody of the prisoner to MCSO officers, custody remains with the arresting agency. NOTE: Not all prisoners are admitted into MCSO jails and the arresting agency will sometimes release a prisoner who was not admitted.
- Medical Care for individuals in the Custody of Arresting Agency
  - If the prisoner requires medical attention prior to the handoff to jail personnel, custody remains solely with the arresting agency.
  - It should be noted that there are instances where the arresting agency may choose NOT to accompany a prisoner who requires transportation to a hospital, and in effect, releases the prisoner from their custody. This allows the person to make decisions for themselves in an ordinary manner, including the ability to refuse medical care or transportation.
  - In situations where fire department medical personnel feel that transporting a recently released individual poses a safety threat, medical personnel should explain this to the arresting agency and request, as a professional courtesy, for the arresting officer to accompany them in the ambulance to the hospital. If the arresting agency is unwilling to do this, medical personnel should request the appropriate law enforcement in a manner consistent with other policies and procedures related to transporting individuals who pose a safety threat.
- Inmates being Transferred

- Inmates are occasionally transferred from one jail to another. These inmates are already in the custody of MCSO officers and remain in their custody in situations where medical care and or transportation is required during the transfer process. This includes an MCSO officer accompanying an inmate (in the ambulance) who requires transportation.
- Inmate Release
  - An inmate who is released by MCSO officers and allowed to exit the jail facilities is no longer in the custody of MCSO personnel. These individuals retain the same level of autonomy that any other individual possesses that we may encounter who is not in the custody of law enforcement.
  - The process of releasing an inmate is lengthy and occasionally individuals can have medical situations during processing. Fire Department company officers should do their best to understand the current custody status of the individual and request assistance accordingly. Fire Department personnel should request the appropriate law enforcement assistance in a manner consistent with other policies and procedures related to transporting individuals who pose a safety threat.

#### **AFTER THE INCIDENT**

- At the completion of an incident where the Fire Department responds to a MCSO jail facility and a matter of concern arises, an Issue Tracker form shall be completed by the responding crew. This form will be utilized for quality review purposes by the Problem Resolution Team.



## Location Illustrations:

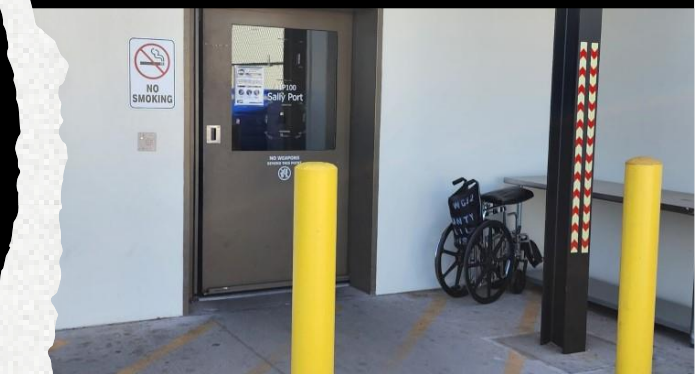


### Lower Buckeye Jail

- The Entrance to LBJ
- Sally Port of LBJ
- Medical Unit Entrance in LBJ

## ITR Location

- ITR Main Entrance
- ITR Door Entrance

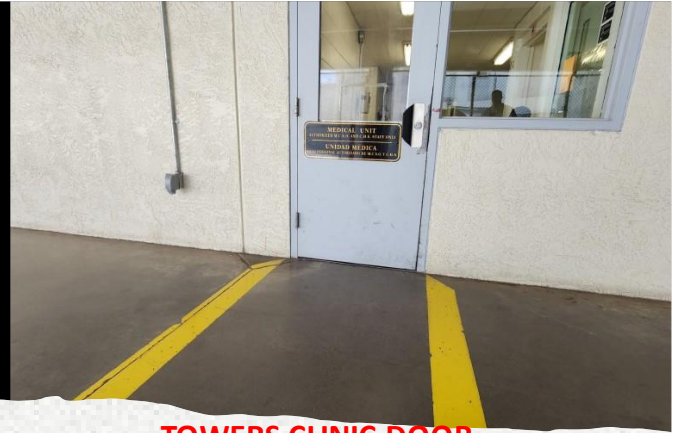


## MCSO Watkins Jail

- Gate to Watkins
- Ambo and Fire Entrance
- Door to Clinic



**TOWERS SECURE GATE**



**TOWERS CLINIC DOOR**

# Towers Jail

## MCSO ESTRELLA JAIL

- Sign from Durango
- Estrella Sally Port
- Estrella Main Door
- Estrella Clinic Door





## MCSO 4th Avenue Jail

- 4th Avenue Sally Port
- Inside of 4th Avenue Jail