



El Segundo Police Department

Training Section

348 Main Street, El Segundo, CA 90245

Phone (310) 524-2253

TRAINING BULLETIN

November 4, 2019

Introduction

The purpose of this Training Bulletin is to ensure consistency throughout the El Segundo Police Department regarding the proper completion of the Los Angeles County Unified Arrestee Medical Screening Form. The attached Los Angeles County Unified Arrestee Medical Screening Form is required to be completed on all arrestees at the time of the intake into the jail.

This form is a requirement per California Code of Regulations, Title 15, under the Board of State and Community "BSCC" Form 358 Requirements, Section 1207. The training component of appropriately reviewing and completing this form is also a requirement per BSCC, Title 15. By reviewing this Training Bulletin, personnel will be considered trained in this matter.

Procedures

The Arrestee Medical Screening Form shall be initiated by the arresting officer or jailer. This form shall be completed for every person who is arrested by department personnel or any outside agency bringing arrestees into our jail for booking purposes. Make sure that you are always completing the current version of this form upon intake. The most current form to be used is titled: **Los Angeles County Unified Arrestee Medical Screening Form, SH-R-422, Revised 07/2018**, see attached copy.

Personnel completing an Arrestee Medical Screening Form shall also ensure that each box in all sections of the form is clearly and individually marked.

Arrestee Questionnaire Section of the Form

This area is to be completed by the jail staff upon arriving at the jail facility. Please make sure that all **11** sections are completed. There is also an arrestee signature section which further validates the questions that were just asked and answered.

If the arrestee refuses to answer the questions in the “Arrestee Questionnaire” section, the arresting officer or jailer shall mark the “refuse” box for each question not answered. In addition, if the arrestee refuses to sign the form, the arresting officer or jailer shall write “Refused” in the indicated areas and include their name, employee number, date, and time.

Arresting Deputy/Officer Observation Section

This area is to be completed by the arresting officer. (This is a new procedure for ESPD going forward.) This section details the officer’s interactions with the arrestee in the field and upon the entrance to the jail facility. Please make sure all 9 sections are completed, write your name, ID number, date and time upon completion.

Jailer Observations

This area is to be completed by the jailer. This section details observations made by the jailer. Please make sure all 8 sections are completed.

Conclusion

Once the jailer has a completed form in hand, they will sign the form, write in their name and serial number (in the Deputy/Officer Witnessing box), and then date and time it. After doing so, the jailer will take this form to the Watch Commander and have them review the form, sign it, and then date and time it.

LOS ANGELES COUNTY UNIFIED
ARRESTEE MEDICAL SCREENING FORM

ARRESTING AGENCY	ARRESTEE NAME	BOOKING NUMBER	DATE		
ARRESTEE QUESTIONNAIRE					
			YES	NO	REFUSE
1	Do you feel suicidal or feel like hurting yourself? If yes, complete a Behavioral Observation and Mental Health Referral (Form SH-J-407), Inmate Special Handling Request (Form SH-J-181 or Intranet), and place an "S" (Suicidal) code on the inmate's wristband.				
2	Do any of the following apply to you: (If yes, circle all that apply)				
	Attempted suicide	Mental health issues	Under the care of a mental health professional	Taking psychiatric medications	Hearing things that are not there
3	Do you require any medical attention? If yes, why:				
4	Do you have any injuries? If yes, what:				
5	Are you currently taking any medications? If yes, complete the below:				
	1) Name:	Dosage:	How Often:		
	2) Name:	Dosage:	How Often:		
	3) Name:	Dosage:	How Often:		
6	Do you have any medical conditions such as: (circle all that apply)				
	HIV/AIDS	Tuberculosis	High Blood Pressure	Diabetes	
	Epilepsy	Dialysis	Open Wound/Abscess/Boil (MRSA)	Other:	
	If yes to "open wound/abscess/boil," describe:				
7	Have you been prescribed and/or fitted by a physician to use any of the following: (If yes, circle all that apply and provide name and contact information of the prescribing physician/provider)				
	Orthopedic or prosthetic appliance	Hearing aid or cochlear implant	Tapping cane (blind or visually impaired assistive device)	Wheelchair	Walking cane
	Facility/provider:		Phone number:		
	Did you have your prescribed medical appliance with you at the time of your arrest? If not, where is the prescribed medical appliance now?				
8	Do you regularly use any alcohol or drugs? If so:				
	1) Name:	Last Use:			
	How Often:	How Much:			
	2) Name:	Last Use:			
	How Often:	How Much:			
	3) Name:	Last Use:			
	How Often:	How Much:			
9	Have you ever been in a "special education" class for slow learners or for emotional problems, considered developmentally disabled or a client of a regional center?				
10	Are you receiving ongoing medical treatment from any medical facility and/or assisted living, board and care, rehabilitation center? If yes, name and contact information of the facility/provider.				
	Facility/Provider:		Phone Number:		
11	Females only – Do you have any of the following conditions? (If yes, circle all that apply)				
	Birth Control Medication	Pregnant – if yes, do you have: Vaginal bleeding and/or Abdominal pain			
	Lactating/Breastfeeding	Other:			
ARRESTEE SIGNATURE			DATE		
DEPUTY/OFFICER WITNESSING			EMPLOYEE/ID NUMBER	DATE	TIME

This form has been reviewed and approved by the Chief Medical Officer and Mental Health Director of Correctional Health Services.
Original signatures are on file with the Correctional Health Services Administration.

SH-R-422 (REV 07/2018)

ARRESTING DEPUTY/OFFICER OBSERVATION (REQUIRED FOR ALL LASD AND OUTSIDE AGENCY BOOKINGS AT IRC OR SHERIFF STATION JAILS)				YES	NO
1	Does the arrestee appear to have any injuries or medical problems? If yes, describe: <i>ARRESTEES WHO HAVE, OR ARE SUSPECTED TO HAVE, AN ACTIVE COMMUNICABLE DISEASE ARE TO BE SEGREGATED AND TRANSFERRED TO AN APPROPRIATE MEDICAL FACILITY AS SOON AS POSSIBLE. (TITLE 15, ARTICLE 5, SECTION 1051)</i>				
2	Did the arrestee physically resist arrest and/or require the use of force during the arrest? If so, enter Report #: a) If so, did the arrestee receive medical treatment?				
3	Did the arrestee threaten suicide or attempt "suicide by cop" during their arrest? <i>If yes, initiate a Behavioral Observation and Mental Health Referral form (SH-J-407), Inmate Special Handling Request (SH-J-181 or Intranet), and place an "S" (Suicidal) code on the inmate's wristband.</i>				
4	Was the arrestee medically treated and cleared? (OK to Book: attach diagnosis/treatment/recommendations paperwork)				
	Name of clearing medical facility:				
	Provider:		Phone:		
5	Does the arrestee appear to be under the influence of alcohol and/or drugs? <i>If yes, have jailer begin "Intoxication Observation Sheet."</i>				
6	Does the arrestee have any prescribed medications in their property? If yes, list:				
7	Did the arrestee require assistance walking at the time of their arrest? (circle all that apply)				
	Cane	Crutches	Walker	Wheelchair	Observed Walking
8	a) Are you aware if the arrestee is currently under the care of a mental health professional, or has a history of mental illness? If yes, list reason[s], if known.				
	b) Did the arrestee recently exhibit any suicidal, bizarre, or unusual behavioral or is there any other reason to believe the arrestee suffered from a mental illness at the time of the offense? <i>If yes, initiate a Behavioral Observation and Mental Health Referral form (SH-J-407).</i>				
9	Is the arrestee suspected of murdering or attempting to murder a family member?				
DEPUTY/OFFICER NAME		EMPLOYEE/ID NUMBER	DATE	TIME	

JAILER OBSERVATIONS				YES	NO
1	Is the arrestee's consciousness level impaired? Examples: difficult to arouse, difficulty breathing, increased lethargy, unaware of their location, name, and date. <i>IF YES, SUMMON PARAMEDICS</i>				
2	Does the arrestee have obvious symptoms suggesting the need for emergency care? Examples: bleeding, difficulty breathing, cold clammy perspiration, violent shaking, convulsions. <i>IF YES, SUMMON PARAMEDICS</i>				
3	Does the arrestee appear to have visible signs of alcohol/drug withdrawal? (Examples: profuse sweating, profuse vomiting, anxiety, visual hallucinations. <i>IF YES, SUMMON PARAMEDICS</i>				
4	Does the arrestee require more than minimal assistance when walking? <i>If yes, obtain medical evaluation.</i>				
5	Does the arrestee require the use of a medical appliance (see Arrestee Questionnaire, question #7)? <i>If yes, complete and submit the Arrestee Medical Appliance Clearance Record (SH-R-423) form (LASD staff, refer to CDM 5-03/080.00, 5-03/080.10, and 5-03/080.15)</i>				
6	Does the arrestee's behavior or statements suggest a risk of suicide? Examples: severe depression, crying, withdrawal, silence, history of previous suicide attempt such as self-inflicted injuries? <i>If yes, place under close supervision/suicide watch, complete a Behavioral Observation and Mental Health Referral form and transport to the appropriate Reception Center.</i>				
7	Does the arrestee display any of the following behaviors? Examples: responding to something that is not there, withdrawn, bizarre beliefs, rambling nonsensically, overly suspicious, combative without apparent provocation. <i>If yes, complete a Behavioral Observation and Mental Health Referral form (SH-J-407) and segregate and/or transport to the appropriate Reception Center.</i>				
8	Does the arrestee appear to be developmentally disabled? If needed, refer to the "Quick Reference Guide for Developmentally Disabled," provided in Station Jail Manual. <i>NOTIFY THE APPROPRIATE REGIONAL CENTER (BY ARRESTEE'S ZIP CODE OF RESIDENCE) IF ARRESTEE IS TO BE HELD MORE THAN 24 HOURS. (TITLE 15, ARTICLE 5, SECTION 1057)</i>				

If the arrestee appears to be under the influence of alcohol and/or drugs, the Intoxication Observation Sheet shall be completed.
****ANY AFFIRMATIVE ANSWER TO THIS QUESTIONNAIRE SHALL BE BROUGHT TO THE ATTENTION OF THE JAIL SUPERVISOR.****

JAILER SIGNATURE	EMPLOYEE/ID NUMBER	DATE	TIME
JAIL SUPERVISOR SIGNATURE	EMPLOYEE/ID NUMBER	DATE	TIME

SH-R-422 (REV 07/2018)