



El Segundo Police Department

Training Section

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TRAINING BULLETIN

November 18, 2019

Introduction

The purpose of this Training Bulletin is to ensure consistency throughout the El Segundo Police Department regarding the proper completion of the El Segundo Police Department Medical Screening / Pre-Booking Questionnaire. The attached form is required to be completed on all arrestees at the time of the intake into the jail. This form is in addition to the Los Angeles County Unified Arrestee Medical Screening Form, SH-R-422, personnel received training for on November 4, 2019

This form is another 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 El Segundo Police Department Medical Screening / Pre-Booking Questionnaire 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.

Personnel completing an El Segundo Police Department Medical Screening / Pre-Booking Questionnaire shall also ensure that each box in all sections of the form is clearly and individually marked.

Conclusion

Once the jailer has a completed form in hand, they will take this form to the Watch Commander or Field Sergeant and have them review the form, sign it, and then date and time it. The Watch Commander or Field Sergeant who approves the booking shall check the appropriate box indicating his orders for the continuation of the booking and housing of said arrestee.

EL SEGUNDO POLICE DEPARTMENT
MEDICAL SCREENING / PRE-BOOKING QUESTIONNAIRE
TO BE COMPLETED ON EVERY PERSON BROUGHT INTO THE JAIL

NAME: _____ DOB: _____ DR# _____

DATE/TIME OF ARREST: _____ LOCATION OF ARREST: _____ BKG#: _____

CHARGE(S): _____ VEH. LIC#: _____ DISPO: _____

OFFICER(S): _____ TRANSP: _____ SEARCHING _____

INMATE QUESTIONNAIRE	YES	NO
Are you taking medication? If so, what type?		
Special medical problems: diabetes; heart trouble, epilepsy, etc.		
Have you ever attempted suicide or are you thinking about it now?		
FEMALES: Are you pregnant? Yes ___ No ___ Taking Birth Control Pills?		
Have you had a baby within the past year? **		
Are you homosexual? (K11)		
Are you the custodial parent of a minor requiring child care? (If yes, provide 2 extra phone calls)		
Do you have any medical problems/conditions which may affect you while in custody?		
marks: (**If "yes", check criminal history for charges of 187PC or attempt 187 of the infant.)		
Does the inmate appear to be under the influence of alcohol? (uncoordinated, odor of alcohol, speech disturbance, altered respiration, unsteadiness, sleepy, reddened eyes.)		
Does the inmate appear to be under the influence of any other drug? (Anxiety, reduced activity, uncoordinated, sleepy, hyperactive.)		
Is the inmate's conscious level impaired? (Difficult to arouse, disorganized, or confused.)		
Does the inmate have obvious symptoms suggesting the need for emergency care? (Bleeding, difficulty breathing, cold, clammy perspiration, muscular twitching, violent shaking, nausea, vomiting,		
Does the inmate's behavior suggest the risk of suicide? (Severe depression, sadness, withdrawal/silence, delirium, mood variations, lethargy, history of previous suicide attempts, etc.)		
Do you suspect the inmate of being developmentally disabled/retarded?		
Does the inmate display aggressive or violent behavior?		

WATCH COMMANDER/FIELD SERGEANT'S ORDERS (Check Appropriate Box)

COMPLETE BOOKING: (FORM, PRINTS, PHOTO, ETC)	HOLD IN CELL: P/U BY OTHER AGENCY
RELEASE PER 849(B) PC	CITE OUT AFTER BOOKING
5150 HOLD W/O BKG FOR P.E.T. TEAM	5150 TRANSPORT TO TREATMENT CENTER
SUBJECT ACUTELY INTOXICATED	CITE OUT W/O BOOKING
SUBJECT NEEDS MEDICAL TREATMENT	PRE-EXISTING MEDICAL CONDITIONS YES ___ NO ___

PLACE ARRESTEE IN THE FOLLOWING TYPE OF CELL: REGULAR _____ CAMERA _____ SAFETY _____ SOBERING _____

REASONS, REASON FOR PLACEMENT IN SOBERING OR SAFETY CELL: _____

Watch Commander/Field Sgt. Signature: _____

Date: _____

Time _____

QUICK REFERENCE TO DEVELOPMENTAL DISABILITIES

NAME: _____ DR# _____

DATE: _____ BK# _____

OFFICERS: Please have the inmate answer the following questions. Indicate inmate's response in the appropriate box.	YES	NO
1. I have a reading problem.		
2. When I was in school, I was in classes for slow learners.		
3. I have been told that I am mentally retarded.		
4. I get seizures (epilepsy).		
5. Do you have a disability?		
6. How many months are there in one year?		
7. Count the money (use real coins for this).		
8. What time is it? (Use clock on the wall).		

The following symptoms when present may indicate that an individual may have a developmental disability. The person:

1. Is slow in answering questions.
2. Has difficulty following more than one direction at a time.
3. Has difficulty recalling his/her full name, address, and phone number.
4. Is unable to read a sign on the wall, the clock, or sign his/her name.
5. Is unable to identify or count various coins correctly.
6. States that he/she is a slow learner, was placed in special classes in school, and attends a Workshop or a job training site for the handicapped.
7. Has in his/her possession a reduced fare bus pass or business card from a regional center.
8. States he/she resides in a group home or facility.
9. Speech may be unclear.
0. Motor coordination is poor.
1. Has seizures and is under medication for seizure control.

PARTIAL LIST OF SEIZURE MEDICATION

Dilantin
Phenobarbital
Tegretol
Mysoline

PARTIAL LIST OF PSYCHOTROPIC MEDICATION

Mellaril	Proloxine
Stelazine	Vallum
Haldol	Thorazine
Navane	