



El Segundo Police Department

Training Section

348 Main Street, El Segundo, CA 90245

Phone (310) 524-2253

TRAINING BULLETIN

November 05, 2020

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 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 completing this form is also a requirement per BSCC and Title 15 and this training bulletin and email will serve and suffice as the appropriate training.

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 our department personnel or any outside agency bringing arrestees into our jail for booking purposes. Make sure that you are always competing the current version of the form upon intake. The most current form to be used is titled:

[LA County Unified Arrestee Medical Screening Form, SH-R-422 Revised 04/2020](#)

Updated/Additional Sections

Section 1: Do you feel suicidal or feel like hurting yourself?

In addition to a BOMHR (Behavioral Observation and Mental Health Referral (SH-J-407) there is a requirement to contact the MET Triage Desk at (626)258-3000 if **YES** is checked.

LOS ANGELES COUNTY UNIFIED
ARRESTEE MEDICAL SCREENING FORM

| ARRESTING AGENCY | ARRESTEE NAME | BOOKING NUMBER | DATE |
|-------------------------------|---------------|----------------|------|
| | | | |
| *MET Case No., if applicable: | | | |

| 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 (SH-J-407), Inmate Special Handling Request (SH-J-181 or Intranet), place an "S" (Suicidal) code on the inmate's wristband, and notify the MET Triage Desk at (626) 258-3000*. | | | |

Section 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? If **Yes**, Notify MET Triage Desk at (626)258-3000.

| | | | | |
|---|--|--|--|--|
| 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? If yes, notify the MET Triage Desk at (626) 258-3000*. | | | |
|---|--|--|--|--|

If in section 1 and or section 9, a MET Case number is assigned to the arrestee, enter that number in the "MET Case No. If applicable" section, below the Booking Number and Date on the first page.

Section 11: Are you a veteran of the US Armed Forces? If they answer YES, enter their Veteran ID# if known.

| | | | | | |
|----|---|-------------------------|--|--|--|
| 11 | Are you a veteran of the US Armed Forces? | If known, Veteran ID #: | | | |
|----|---|-------------------------|--|--|--|

Form Completion Procedures

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

Please make sure that the form is being filled out by placing an "X" in the column that pertains to the question being asked and answered. Please see below for the Correct and Incorrect way to fill out the form.

CORRECT

LOS ANGELES COUNTY UNIFIED
ARRESTEE MEDICAL SCREENING FORM

| ARRESTING AGENCY | ARRESTEE NAME | BOOKING NUMBER | DATE | | | |
|------------------------|---|----------------------|--|----|--------|--|
| LASD | DOE, JOHN | 7654321 | 08/20/15 | | | |
| 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. | | | | X | |
| 2 | Do any of the following apply to you: (If yes, circle all that apply) | | | | X | |
| | Attempted suicide | Mental health issues | Under the care of a mental health professional | | | |
| 3 | Do you require any medical attention? If yes, why: | | | | X | |
| 4 | Do you have any injuries? If yes, what: | | | | X | |

INCORRECT

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: | | | | | | | |

Arrestee Signature Refusal

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 deputy/officer or booking officer shall write "Refused" in the indicated area and include their name, employee number, date, and time.

| ARRESTEE SIGNATURE | | DATE | |
|---------------------------|--------------------|-----------------|-------------|
| REFUSED | | | |
| DEPUTY/OFFICER WITNESSING | EMPLOYEE/ID NUMBER | DATE | TIME |
| DEP. SMITH | 123456 | 08/20/15 | 1430 |

This form has been reviewed and approved by the Chief Physician of Medical Services Bureau and the Director of Jail Mental Health Services for the Los Angeles County Sheriff's Department. Original signatures are on file with the Medical Services Administration.

Arrestee Questionnaire

This area is to be completed by the jail staff upon arriving at the jail facility. Please make sure that all **12** sections are completed. There is also an arrestee signature section which further validates the questions that were just asked and answered.

Arresting Deputy/Officer Observation Section

This area is to be completed by the arresting officer. This section details the officer's interactions with the arrestee in the field and upon entrance to the jail facility. Please make sure all **9** sections are completed, write your name, ID number, date and time upon completion. Please note the mention of MET in these sections.

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. Please note the mention of MET in these sections.

Once the jailer has a completed form in hand then he/she will sign the form, write in his/her ID number, date, and time it. After doing so the jailer will then take this form to the Jail Supervisor, Sergeant, Watch Commander and or his/her designee and have the entire form reviewed, signed, dated, and timed.

If you have any questions that pertain to this process, please do not hesitate to contact Sgt. Brandon Browning for clarification and or further assistance.