



San Diego County Sheriff's Department

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William D. Gore, Sheriff

September 21, 2020

Susan N. Youngflesh, Board Chairperson
Citizens' Law Enforcement Review Board
555 West Beech Street, Suite 505
San Diego, CA 92101-3819

CLERB CASE NUMBER: 19-116

Dear Chairperson Youngflesh,

The Sheriff's Department welcomes and supports the Citizens' Law Enforcement Review Board's independent review of complaints alleging improper actions by members of this organization. We continuously strive to respond with professionalism and concern to the citizens we serve and the CLERB process provides invaluable input to that end.

After reviewing the CLERB Investigator's report and the Review Board's advisory Policy Recommendation letter dated July 17, 2020, the Sheriff's Department understands the concerns expressed by the CLERB members.

Your policy recommendation to add a Jail Information Management System (JIMS) entry regarding "medical emergencies" and "death" under "inmate incident" have been reviewed by all levels in the Department. We concur with your request and have made the necessary changes to Detention Services Bureau Policy and Procedure section M.5 *Medical Emergencies*. Please see the attached revised policy, which was implemented effective September 15, 2020.

It is our goal to provide the highest quality public safety services to everyone in San Diego County. I would like to thank you for your service to the citizens of the County of San Diego.

Sincerely,

WILLIAM D. GORE, SHERIFF

Scott Amos, Lieutenant
Office of the Sheriff
Division of Inspectional Services
WDG:SA:am

San Diego County Sheriff's Department Detention Services Bureau – Manual of Policies and Procedures

DATE:	SEPTEMBER 15, 2020
NUMBER:	M.5
SUBJECT:	MEDICAL EMERGENCIES
RELATED SECTIONS:	I.45 , M.6 , MSD M.1 , SDSD 3.16

PURPOSE

To provide guidelines for response to medical emergencies.

POLICY

All facility staff shall be responsible for taking appropriate action in recognizing, reporting or responding to an inmate's emergency medical needs. In any situation requiring medical response, emergency medical care shall be provided with efficiency and speed without compromising security.

If the inmate's condition is believed to be life threatening, sworn staff shall immediately notify on-duty health staff and provide basic life support (BLS) and/or first aid care.

An inmate may not refuse to be transported to an emergency department (ED) if deemed necessary by health and/or sworn staff. Refusal of treatment against medical advice (AMA) must take place at the ED.

Inmates identified as being a victim of sexual assault while incarcerated will receive timely access to emergency medical and crisis intervention services.

PROCEDURE

I. INMATE OCCURRENCE

- A. Proper security measures shall be taken prior to entry into a housing unit or holding area by the health staff and/or responding deputies (i.e., locking down inmates, sufficient number of sworn staff standing by, etc.).
- B. When the severity of the medical emergency requires it, and as soon as it is safe to do so (unless death is obvious, such as decapitation, obvious rigor mortis, etc.), deputies acting as first responders will provide basic life support and first aid. Upon arrival, facility health staff will assess the severity of the inmate's injury/distress, provide first-aid, and may assist or take over cardiopulmonary resuscitation (CPR) responsibilities as directed and/or needed.
- C. When possible, the deputy shall provide the inmate's name, booking number and observable conditions/symptoms when notifying health staff of a medical emergency.
- D. After responding to the scene of a medical emergency, health staff may request the inmate be transported to the dispensary if it would not breach security. Sworn staff will provide security during transport to the dispensary.

- E. Any sworn staff, medical doctor, registered nurse, or licensed vocational nurse shall have the authority to call 911 or other medical transportation for any medical condition they deem necessary.

II. TRANSPORTATION

- A. Health staff shall complete the required documentation for medical transportation of inmates to the ED, medical sick call in another facility or other locations as recommended by medical personnel (e.g., San Diego County Psychiatric Hospital, Emergency Psychiatric Unit, etc.).
- B. Inmates with minor injuries who require medical intervention at an ED may be transported via department vehicle if the inmate does not require medical observation during transport.
- C. Inmates in need of medical attention or monitoring who are housed in a detention facility that does not have 24-hour nursing services may be transported via department vehicle to a detention facility where 24-hour nursing services are available. Sworn staff must first consult with the receiving facility's health staff to obtain authorization or further direction.
- D. The emergency transport team [e.g., paramedic team (911), emergency medical technicians (EMT), etc.] shall transport inmates to a county contracted ED whenever possible. The emergency transport team will assess the inmate's condition and determine if the inmate is to be transported to the closest ED. A deputy shall accompany the inmate to the appropriate ED by either:
 - 1. Riding inside the emergency vehicle.
 - 2. Following the emergency vehicle in a facility assigned vehicle.
- E. If the inmate is to be admitted as an inpatient to the hospital, the deputy shall notify the watch commander, who shall in turn notify the health staff (refer to Detention Services Bureau Policies and Procedures section I.45 for inmate hospitalization procedures). In the event the inmate is admitted to a non-contracted hospital, medical services will facilitate transfer to the contracted hospital when the inmate's condition is rendered stable by the treating physician.
- F. If the inmate is admitted, health staff shall notify the medical administration and the medical services supervising case manager.
- G. At booking facilities, when the inmate has not returned to the facility by the end of the shift, the charge nurse shall contact the hospital to determine if the inmate was or shall be admitted and relay information to the appropriate health staff.
- H. When an inmate is admitted to a hospital for treatment of a serious illness or injury, the watch commander shall:
 - 1. Obtain the name, relation, address and phone number of the emergency contact person from the detention facility booking and property record.
 - 2. Determine, if possible, whether or not the inmate wishes the emergency contact person be notified of their illness or injury.

3. If desired by the inmate, notify the emergency contact person of the inmate's illness or injury.
4. In situations where the wishes of the inmate cannot be determined due to the severity of the illness or injury, contact shall be made.

- I. If the inmate's death is imminent or likely, the watch commander or designee shall notify the Communication Center (CC) watch commander and request that the CC notify the on-call homicide team supervisor to contact the facility. The homicide team supervisor will be given a brief on the incident and extent of injuries to the inmate. The homicide team supervisor will determine if a response is warranted or waive at that time.
- J. All inmates transported for medical evaluation to an ED must stay until a medical decision is made regarding their care and treatment, unless they refuse treatment. In these instances, ED personnel will require the inmate to sign forms noting they are refusing treatment and leaving AMA.
- K. If the inmate returns to the facility from the ED, a copy of the Discharge Summary (J-232B form) indicating treatment provided and treatment recommendations shall accompany the inmate.
- L. The transporting deputy shall notify the intake/screening nurse or charge/desk nurse when the inmate has returned to the facility. The nurse shall complete an assessment and determine the appropriate medical classification for the inmate. If there is a physician in the facility, they shall be notified.

III. DOCUMENTATION

- A. Sworn staff shall document all apparent or confirmed medical emergencies in the Jail Information Management System (JIMS) with an Area Activity Log entry. The log entry shall include the following information related to the emergency:
 1. Actual date and time.
 2. Location (e.g., intake, sobering cell, specific housing area).
 3. General description (e.g., person down, injury/illness complaint, inmate death).
 4. Applicable notes (e.g., inmate taken to medical, medical responded to scene).
- B. Sworn staff shall also document all apparent or confirmed medical emergencies in JIMS using an Incident Status Report (ISR). The following shall be included in the incident report:
 1. Inmate(s) involved.
 2. Title/Name(s) and ARJIS of sworn staff involved (i.e., Deputy Jones #1234).
 3. Title and ARJIS of health staff notified (i.e., Detentions Nurse #9876).
 4. Narrative of the incident.
 5. Timeline for the incident.

III. NON-INMATE OCCURRENCE

- A. Health staff may only provide first aid care or BLS to persons other than inmates.

- B. Upon notification, health staff shall respond to all medical emergencies occurring within the facility, to include areas accessed by the public.
- C. Sworn and professional personnel have the authority to call 911 or other medical transportation for medical situations they deem necessary.
- D. Employees experiencing an occupational injury or illness shall report it to their immediate supervisor (refer to Department Policies and Procedures section 3.16).
- E. Visitors not requiring 911 interventions shall be referred to their private physician.
- F. Health staff shall give a verbal report to the on-duty watch commander and facility supervising nurse summarizing the incident and actions rendered, followed with a notation in the end of shift report.