SAN DIEGO COUNTY SHERIFF'S OFFICE

Kelly A. Martinez, Sheriff

Rich Williams, Undersheriff

June 4, 2026

MaryAnne Pintar, Board Chairperson
Citizens' Law Enforcement Review Board
1600 Pacific Highway, Suite 251
San Diego, CA 92101

CLERB POLICY RECOMMENDATION: Case 23-117

Dear Chairperson Pintar,

The San Diego County Sheriff's Office welcomes and supports the Citizens' Law Enforcement Review Board's (CLERB) independent review of complaints alleging improper actions by members of the Sheriff's Office. The San Diego County Sheriff's Office (SDSO) continuously strives to respond with professionalism and concern to the citizens we serve, and the CLERB process provides invaluable feedback that supports this commitment.

CLERB sent the SDSO the following recommendations, reference CLERB Case #23-117:

1. It is recommended that the San Diego Sheriff's Office (SDSO) clarify and align Detentions policy with MSD R.5 to ensure compliance and prevent deputies from being the sole decision-maker for medication refusal.

2. It is recommended SDSO institute the use of technology to monitor the health and safety of people in custody at San Diego detention facilities.

3. It is recommended SDSO designate incarcerated persons with Type-1 diabetes with a medical alert status that is clearly communicated to relevant sworn staff. Further, it is recommended that the SDSO implement refresher training regarding the identification of signs and symptoms of diabetic emergencies.

Thank you for your recommendations regarding this issue. Below is the response to your policy recommendations:

Regarding the first recommendation, a deputy would not be the sole decision maker for medication refusal. Refusals require the completion of a refusal form (J223/J223S) or EHR electronic refusal. MSD.G.05.02 requires that this form include the incarcerated person's name, booking number, date, description of the service or name of each medication (except OTC), the reason for the refusal, and written evidence of counseling on potential adverse health concerns (up to and including death) by a Qualified Health Care Professional (QHCP) with the signature

of the incarcerated person and a QHCP. When the incarcerated person refuses to sign, both the QHCP and witness must sign as a witness on the form and include the incarcerated person's name, booking number, and date. This practice aligns with the National Commission on Correctional Health Care Standard J-6-05.

Regarding the second recommendation, we now use an insulin pump flag in Techcare. All providers and nurses were made aware that insulin pumps are allowed in custody, and a training bulletin outlining this guidance was distributed to all medical personnel (see attached). We have also incorporated Continuous Glucose Monitors (CGM) for eligible Type 1 diabetics. This is done in partnership with Dexcom. A separate training bulletin on the use and monitoring of CGM's was distributed to all medical personnel (see attached). In addition, a pilot program for Dexcom wireless monitors was implemented at the George Bailey Detention Facility in September of 2025. The goal of this pilot is to provide closer monitoring of diabetic patients while reducing the need to resort to the frequent glucose finger stick testing.

Regarding the third recommendation, we do have processes to identify patients with diabetes. We do have the "ADA Medical flag" that we place a comment in stating patient is DM1/insulin dependent, or that they have a medical device for diabetes (insulin pump or Dexcom). Sworn staff can see these flags on their reports and face sheets.

In closing, we appreciate the time and effort of the Citizens' Law Enforcement Review Board. Thank you for your service to the citizens of San Diego County and for the recommendations. Our goal is to provide the highest quality public safety service to everyone in San Diego County.

Sincerely,

KELLY A. MARTINEZ, SHERIFF

Joseph Jarjura, Lieutenant
Division of Inspectional Services

KAM: JJ

TRAINING BULLETIN

Identification of Continuous Glucose Monitoring (CGM) Devices

WHEN: Effective immediately

WHAT'S NEW: The purpose of this training bulletin is to assist and educate staff in recognizing the various types of continuous glucose monitoring (CGM) devices that an incarcerated person may have on their person, upon arrest/intake/incarceration.

WHAT DOES THIS MEAN: There are instances where an incarcerated person may come into custody with a CGM device or have one placed/inserted by health staff. This device may resemble a small disc, about the size of a quarter affixed to the body via a small adhesive patch.

WHAT DOES THE CGM DEVICE LOOK LIKE?

Refer to the attached images for examples of various types of CGM devices. See DSB P&P M.39 Incarcerated Persons with Disabilities for the bureau's policy and procedure on assistive devices. The device consists of four main components:

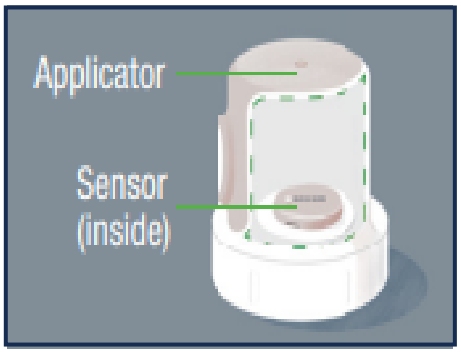
- The applicator → is preloaded with a sensor and is designed for one-touch, automatic insertion. Incarcerated persons **will not** carry the applicator on their person. Health staff will use an applicator to insert the sensor into the I/P's upper arm.
- The sensor → is a small, plastic, oval-shaped patch (approx. 1.5 – 2 inches wide) inserted under the skin (usually back of upper arm). The transmitter is built inside the sensor and sends glucose readings wirelessly to the receiver.
- The receiver → can resemble a small phone or pager device. The receiver will always be with and monitored by health staff. Incarcerated persons **will not** carry or access the receiver.
- The sensor overpatch → is used to secure the device to the skin.

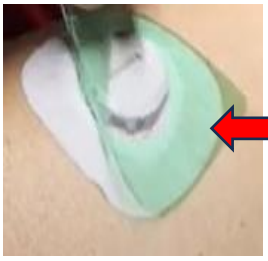
CGM STARTER KIT

Receiver

Sensor

Applicator





Sensor Overpatch

Health staff will use an applicator to insert the sensor

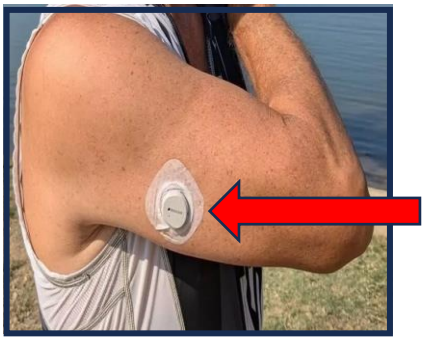


Image of sensor with overpatch

Image of the sensor showing the tiny, flexible wire after the sensor has been removed from the body

DIFFERENT TYPES OF CGM SENSORS

Dexcom G7

Stelo Glucose Biosensor

Dexcom G6

EXAMPLES OF WHAT TO LOOK FOR:

- The device (sensor) is waterproof and stays on unless removed by health staff.
- If the Dexcom CGM device appears to be damaged or tampered with, notify **health staff** immediately.
- If the incarcerated person reports, or sworn observe, any loose edges on the sensor overpatch, notify health staff.
- Communicate with health staff if an incarcerated person utilizing a CGM device reports for any medical symptoms.

References: Dexcom G7 CGM Sensor for Easier Diabetes Management | Dexcom

Image source: https://res.cloudinary.com/usmed-com/images/f_auto,fl_lossy,q_auto:eco,g_auto:subject/f_auto,q_auto:eco/v1675898774/Dexcom_G7_-_Sensor_Applicator_and_Receiver_x0juef/Dexcom_G7_-_Sensor_Applicator_and_Receiver_x0juef.png?_i=AA

TRAINING BULLETIN

Identifying Insulin Pump Devices

WHEN: Effective immediately.

WHAT'S NEW: This training bulletin is intended to assist staff in recognizing the various types of insulin pump devices that an incarcerated person may have on their person, upon arrest/intake.

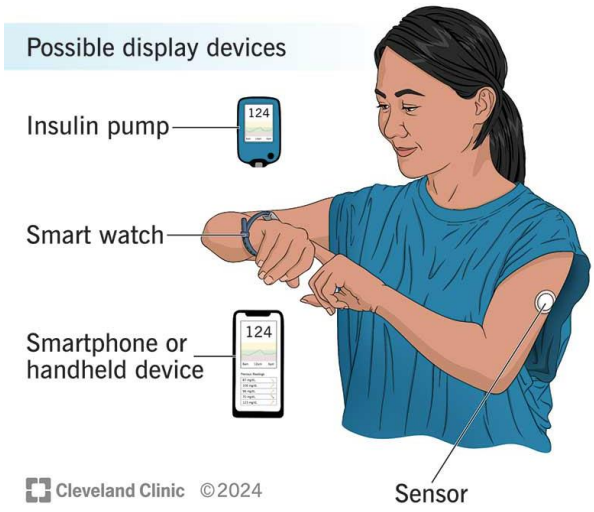
WHAT DOES THIS MEAN: There may be instances where an incarcerated person may have an insulin pump paired with a handheld device. While these devices may resemble a small mobile device, they do not function as such. These devices may emit alerts, alarms, and/or other sounds while in use or when requiring attention.

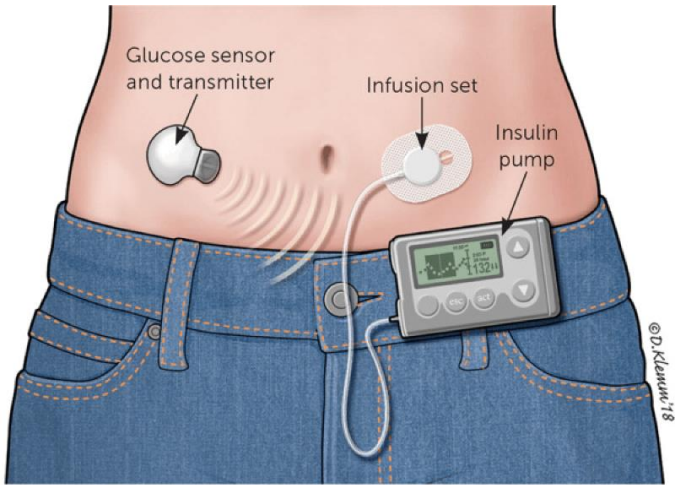
WHAT DO YOU NEED TO DO? When an incarcerated person is found to have an insulin pump device, confirm that the incarcerated person has reported it to the medical staff and verify that medical staff is aware. If the device emits alerts, alarms, and/or other sounds, notify medical staff immediately and escort the incarcerated person to medical.

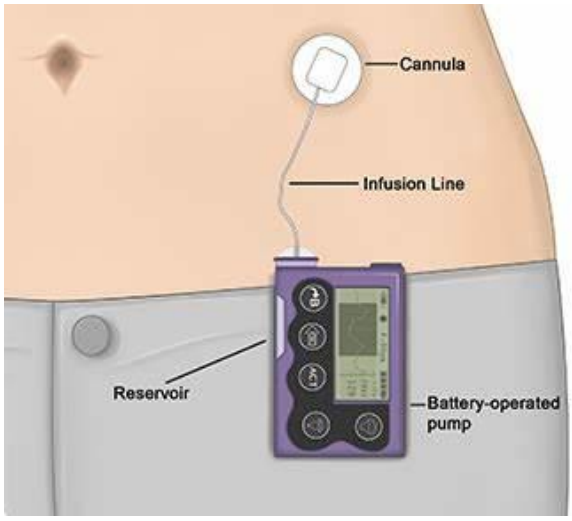
Refer to the attached images for examples of various types of insulin pumps devices. See DSB M.39 Incarcerated Persons with Disabilities for the bureau's policy and procedure on medical devices.

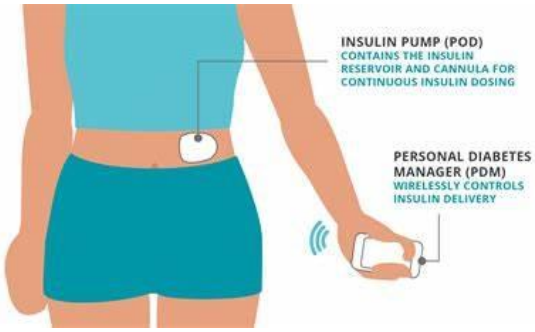
This Training Bulletin was prepared by Medical Services Division Training Unit. Published March 2025

Examples of different types of insulin pump systems including those with continuous glucose monitor and handheld devices:






Cannula
Infusion Line
Reservoir
Battery-operated pump


INSULIN PUMP (POD)
CONTAINS THE INSULIN RESERVOIR AND CANNULA FOR CONTINUOUS INSULIN DOSING
PERSONAL DIABETES MANAGER (PDM)
WIRELESSLY CONTROLS INSULIN DELIVERY

POLICY

Incarcerated persons (IPs) may refuse medical, medication, mental health, and/or dental services, except when specified in court orders or when being transported to an emergency department for evaluation.

PROCEDURE

I. Whenever an IP refuses medical, medication, mental health, and/or dental services, the Qualified Health Care Professional (QHCP) will obtain visual and/or auditory confirmation of refusal from the IP.

II. All refusals require a written paper (J223/J223S) or EHR electronic refusal form, except for over counter (OTC) medications.

   A. The refusal form must include:

      i. the incarcerated person's name

      ii. booking number

      iii. date and time

      iv. description of the appointment, treatment or service or name of each medication being refused

      v. the reason for the refusal

      vi. the signature and printed name of the IP and the QHCP.

      vii. If the IP refuses to sign, both the QHCP and the witness to the refusal must sign and print their names on the form, along with the date and time.

   B. Written evidence of counseling on potential adverse health concerns (up to and including death) will be documented by the QHCP in the IP's health record.

   C. All paper refusal forms must be scanned into the health record.

III. Refusal of emergency send out:

   A. IPs may not refuse to be transported to the emergency department for evaluation if deemed necessary by medical and/or sworn staff.

B. IPs can refuse treatment at the emergency department, but this will require an AMA form be obtained from the treating hospital.

IV. Refusals for offsite specialty, onsite clinics, and laboratory testing appointments:

A. A counseling on potential adverse health concerns (up to and including death) is completed as soon as possible (but not more than 24 hours) following notification of an IP's refusal.

B. The IP may be advised that if they wish to re-schedule, they will need to submit a non-emergency health care request form (J212) for a provider re-evaluation and determination. Health staff will notify case management of the refusal.

V. Medication refusals will be monitored by providers to determine if the medication will be discontinued pursuant to MSD.D.2.1.

VI. An incarcerated person who refuses a medication or treatment which exposes the IP to a substantial risk of harm or death (e.g., insulin for a Type I diabetic or dialysis) will be immediately counseled and educated by health care staff. An in-person or on-call provider will be notified of the refusal within 4 hours of the end of medication pass (for medications) or the refusal of the treatment. If the reviewing provider determines that additional counseling is appropriate, the IP shall be scheduled for counseling with a provider, and this referral shall be documented in the IP's health record.

Implemented:	03/01/11
Revised:	01/06/22, 08/13/2024,12/12/2025, 05/28/26
Reviewed:	2/14/12, 2/27/13, 9/6/19 12/31/14, 7/14/16, 11/4/22