

KERN COUNTY SHERIFF'S OFFICE
SUBSTATION HOLDING FACILITY
POLICIES AND PROCEDURES

TITLE: MEDICAL SCREENING/COMMUNICABLE DISEASES NO: C-100

EFFECTIVE DATE: 06/16/2004

REVISED: 01/15/2021

APPROVED BY: Commander Cindy Cisneros

REVIEWED: 01/15/2021

REFERENCE: Title 15, Section 1200, 1207, 1051

POLICY:

To determine if an inmate has a medical, mental health, developmental disability, or a suspected communicable disease, staff shall inquire of the inmate whether or not he/she has had or has any medical, mental health, developmental disability, or a communicable disease or has observable symptoms of communicable diseases. These include but are not limited to, tuberculosis, hepatitis, chickenpox, sexually transmitted disease, AIDS, or other special medical problem.

A Kern County Sheriff's Office Court Holding Facility is not required to have a health authority or a responsible physician in the facility. When an inmate is in need of "immediate" medical attention by a physician, an ambulance will be called, and the inmate will be transferred to Kern Medical, or any other appropriate medical facility for medical assessment.

Inmates with a suspected communicable disease shall not be placed into a Substation Holding Facility. The inmate will be transferred immediately to Kern Medical, or any other appropriate medical facility for medical assessment.

DIRECTIVE 1

Staff having reason to suspect that an inmate may have a communicable disease shall keep the inmate from having further contact with other inmates. If there is any question about whether an inmate has a communicable disease or not, the inmate should be treated as if he or she has the disease.

Where a transfer occurs, the transporting officer must notify the Central Receiving Facility of the health concerns.

PROCEDURE A

When a subject is taken into custody by a Kern County Sheriff's Deputy at the Substation or is remanded into custody from the court, the officer completing the arrest data form will also complete a Medical Screening Questionnaire. This form is to accompany the Field Data of Arrest at the time of transfer of the prisoner to the Central Receiving Facility (see attached).



Kern County SHERIFF

Temporary / Court Holding Medical Hazard Screening

This form is to be completed for all:

- Prisoners remanded and received at Court Holding Units
- Arrestees placed in a Temporary Holding Unit
- Persons (Adult or Juvenile) detained at any Substation

The form is to be provided to the Deck Officer, along with the Field Arrest Data form. The original will be retained at the substation/holding facility. If the subject is transferred, a copy will be forwarded to destination facility (e.g. CRF, Juvenile Hall) with the prisoner's property at the time of transfer.

INMATE NAME				DATE OF BIRTH						
ARRESTING OFFICER / ID				DATE		TIME				
BOOKING MEDICAL QUESTIONS										
Circle all responses and/or fill in, as required. If the subject is under arrest, shaded responses require immediate transport to CRF.										
1. Are you under the care of a Doctor for medical or psychiatric reasons? If so, Doctor's name: _____ Type of problem: _____							YES	NO		
2. Are you taking any medication / birth control pills? If so, what? _____							YES	NO		
3. Do you have:	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	AIDS	<input type="checkbox"/>	Tuberculosis
	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	Venereal Disease
4. Other medical conditions? What? _____							YES	NO		
5. Do you have any rashes, lice, crabs, cuts, sores, boils, or abrasions?							YES	NO		
6. Do you have night sweats, cough, unexplained weight loss?							YES	NO		
7. Do you regularly use drugs? What? _____							YES	NO		
8a. Have you ever attempted suicide? Last time? _____							YES	NO		
8b. Are you suicidal now? (Refer to C-200, DBPPM)							YES	NO		
9. Do you think you are facing a three-strike case?							YES	NO		
10. Have you been told that you are developmentally disabled or retarded? (Refer to C-250, DBPPM)							YES	NO		
11. Have you been involved in a fight or traffic accident in the last 24 hours?							YES	NO		
12. Have you been hospitalized in the last three months?							YES	NO		
13a. If female, are you pregnant now? How many months pregnant are you?							YES	NO		
13b. If not now, have you been pregnant in the last 6 weeks? (Refer to H-100, DBPPM)							YES	NO		
BOOKING MEDICAL OBSERVATIONS										
Circle all responses and/or fill in, as required. Shaded responses require immediate transport to CRF.										
1. Are there signs of visible trauma, wounds, or illness? If so, what? _____							YES	NO		
2. Does the prisoner's behavior appear bizarre, suicidal, or assaultive?							YES	NO		
3a. Does the prisoner appear to be under the influence of drugs or alcohol to the point they need immediate medical attention?							YES	NO		
4. Is the prisoner awake, alert, and responsive to questions?							YES	NO		
5. Does the prisoner's skin have bruises, open lesions, needle marks, rash, yellow color, or vermin?							YES	NO		
6. Nurse called? Time: _____							YES	NO		
7. Was carotid hold placed on prisoner?							YES	NO		

Arrestee Signature: _____

D-700 & D-800 (CSDPPM) R. 05/08



Kern County **SHERIFF**

Temporary / Court Holding Classification Hazard Screening

This form is to be completed for all:

- Prisoners remanded and received at Court Holding Units
- Arrestees placed in a Temporary Holding Unit

The form is to be provided to the Deck Officer, along with the Field Arrest Data form. The original will be retained at the substation/holding facility. If the subject is transferred, a copy will be forwarded to destination facility (e.g. CRF, Juvenile Hall) with the prisoner's property at the time of transfer.

INMATE NAME		DATE OF BIRTH	
ARRESTING OFFICER / ID		DATE	TIME
Question			YES / NO
1.	Is the inmate known or suspected to be an escape risk?		
2.	Is the inmate currently, or has the inmate previously been a criminal justice employee?		
3.	Does the inmate belong to or associate with any gang in or out of jail? If yes, which group? _____ Sub set? _____		
4.	Is there any person or group the inmate should be kept away from? If yes, who? _____		
5.	Is there any reason the inmate should not be housed with general population inmates? If yes, why? _____		
6.	Does the inmate require general population medical housing due to need for a wheelchair, crutches, prosthesis, or other reason? If yes, explain: _____		
7.	Is the inmate a citizen of a country other than the U.S.A.? If yes, which Country? _____ Place of birth City _____ Country _____		
8.	Is the inmate a Federal Contract inmate from another facility?		

Arrestee Signature: _____