A sobering cell will only be used for those inmates who, due to their state of intoxication, are a threat to their safety or the safety of others.

Any inmate housed at a facility not equipped with a sobering cell, who, due to their state of intoxication, are a threat to their safety or the safety of others, will be transported to a facility for placement in an approved sobering cell. The Shift Supervisors of the involved facilities will coordinate the moves. All provisions of this policy related to the use of the sobering cell under this circumstance shall be adhered to.

The Shift Supervisor will approve the placement of any inmate into a sobering cell. Additionally, the Shift Supervisor will review the need for the inmate to remain in the sobering cell every four hours. The Shift Supervisor's approval and subsequent reviews will be documented on the Inmate Observation Log. Medical Staff will conduct an assessment of the inmate prior to placement in the sobering cell.

Any inmate displaying any sign of severe or acute intoxication (see Definitions below) will be seen by Medical Staff immediately. If Medical Staff is unavailable, the inmate will be transferred immediately to Kern Medical Center by ambulance. If a Staff Member is uncertain about the level of an inmate's intoxication, the inmate will be referred to Medical Staff.
DEFINITION(S):

Levels of Intoxication

- **Moderate**: The inmate can be aroused, responds to simple commands, has no difficulty breathing, and does not appear to be acutely ill. The inmate may be staggering, have slurred speech, and is in a condition that they are unable to exercise proper care for themselves.

- **Severe**: The inmate is unable to stand alone, can hardly talk, has difficulty breathing, is acutely ill, is unable to follow commands, or is passed out. The inmate needs to be referred to the Medical Staff.

- **Acute**: The inmate is at a level of intoxication that puts the inmate’s life in danger. Immediate medical attention is required. This inmate may have one or more of the following:
  - Abnormally high blood pressure
  - Relatively rapid heart rate
  - Tremors
  - Shock
  - Difficulty breathing
  - Vomiting or seizures

PROCEDURE A:

Direct visual observations of an inmate confined in a sobering cell shall be made at random intervals, at least once every thirty (30) minutes. These observations shall be documented on an Inmate Observation Log maintained in accordance with Detention Bureau Section C-350.

Each observation shall include:

- Observation of the inmate’s breathing to determine that breathing is regular. Breathing should not be erratic nor indicate that the person is having difficulty breathing. A loud, heavy snoring sound in respiration is an indication of difficulty in breathing.

- Observation of the inmate to ensure that there has been no vomiting while sleeping. Ensuring that intoxicated persons remain on their side rather than on their back can prevent aspiration of stomach contents.

- An arousal attempt to ensure that the person will respond to verbal or pressure stimulation. This is the most important monitoring procedure for jail staff in non-medical
settings. If unable to obtain verbal response to stimulation, the deputy must go in and attempt to arouse the person to assess consciousness.

Inmates will be removed from the sobering cell when their state of intoxication diminishes to the point that they are no longer a threat to their safety or the safety of others. Medical Staff will conduct an assessment on any inmate being removed from the sobering cell to ensure that the inmate's health is no longer at risk.

Medical Staff will evaluate any intoxicated inmate detained in a sobering cell for longer than six hours. The removal of an inmate from the sobering cell will be indicated on the Inmate Observation Log as detailed in section C-350 of the Detentions Bureau manual.

A CJIS Incident will be completed whenever any inmate is placed in a sobering cell, regardless of the reason. Use CJIS incident Code 4047. If the inmate remains in sobering cell beyond six hours, an additional CJIS Incident needs to be completed. Use CJIS Code 4034 for sobering situations that extend beyond 6 hours. In that situation, reference the initial CJIS Incident generated when the inmate was placed in the sobering cell.

Title 24 describes A-2-3, A-2-4 and C-008 as sobering cells. Title 15 states a sobering cell may not be used for any other purpose than for holding an inmate who is a danger to themselves or others due to their level of intoxication. This precludes the use of sobering cells for such purposes as housing uncooperative inmates.

Title 24 section 1231.2.4 requires 20 square feet of space per each sobering inmate. A maximum number of eight inmates can be placed in each of the sobering cells at the Central Receiving Facility. Caution should be used to minimize the risk of placing incompatible inmates in the same sobering cell.

Uncooperative inmates can be housed in A-2-2, A-1-1, A-1-2 or any of the holding cells located on A-Deck, B-Deck or C-Deck. The Safety Cell may be used to hold any inmate who displays behavior that could result in the destruction of county property or reveals intent to cause physical harm to themselves or others. Refer to Detentions Bureau Policy C-100 for information on the use of the Safety Cell.
STATE PAROLE, CALIFORNIA YOUTH AUTHORITY PAROLE AND SHERIFF’S PAROLE HEARINGS

Upon receiving notification that a hearing will be conducted, the CRF Shift Supervisor will:

- Assign a Search & Escort Officer to escort the inmates scheduled for hearings from their assigned deck to A-Deck.
- Shackle the inmate and prepare them for transportation to Lerdo on the next available court or transfer bus.