

# CULVER CITY POLICE

## TRAINING INFORMATION

DATE: December 09, 2020

NO: 2020-14

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### **Proper Completion of the Los Angeles County Unified Arrestee Medical Screening Form SH-R-422 (REV 04/2020)**

#### **INTRODUCTION**

The purpose of this training bulletin is to ensure consistency throughout the Culver City 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 completing 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 "5" (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*.			
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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 #:		
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**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	Taking psychiatric medications			
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			
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 your immediate supervisor for clarification and or further assistance.

A handwritten signature in black ink, appearing to read 'J. Sims', with a stylized flourish extending to the right.

JASON SIMS

Assistant Chief of Police