EMERGENCY PROCEDURES

I. Drugs Found in Inmate Mail
II. Inmate Injury
III. Inmate Death at Hospital
IV. Inmate Death/Suicide
V. ACDF Communicable Disease
VI. Mass Arrest/Quarantine
VII. PREA
VIII. SNOW EMERGENCY CHECKLIST

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DRUGS FOUND IN INMATE MAIL
Contraband Found Checklist
(Refer to Policies 9-610, 15-108)

<table>
<thead>
<tr>
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<tr>
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<tr>
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<td></td>
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<tr>
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<td></td>
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Drug found in Inmate Mail Checklist:
- [ ] Respond to Lobby and conducts an initial investigation regarding the contents
- [ ] Put on gloves / Ensure staff have on gloves
- [ ] Notify if recipient is an inmate who is currently in the ACDF
- [ ] Compare the sender's name (if one is provided) on the envelope/package with the visiting records of the inmate
- [ ] Ensure contraband incident is documented in the Lobby post log book
- [ ] Take custody of the contraband and maintains custody
- [ ] Ensure the chain of custody documentation any time items is transferred to another person
- [ ] Obtain a drug kit from Booking, Court Security, or PD to test for cocaine, heroin, marijuana, etc to test substance
- [ ] Contact canine unit to respond to the ACDF to test contraband for drugs
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Page 1 of 2
Drugs Found in Inmate Mail Checklist (Continued):

- Obtain responding officer's name and report number for incident.
- Ensure property evidence report form is filled out and heat seal drugs in a clear property bag; deputy to write name, date, time and type of evidence on bag.
- Staff and responding officer goes to the PD evidence locker to secure evidence.
- Supervisor obtains a copy of the evidence report form and locker number.
- Shift Commander arranges for 5-8 random cell searches of inmate's housing unit who letter was addressed to.
- Arrange for drug dog to search entire housing unit of inmate.
- Arrange for additional deputies to assist with pat down of inmates prior to drug dog search and placement of inmates in rec yard, PC, or MPR.
- Ensure inmate's prior phone calls are listened to, to determine if incident was a planned event.
- Arrange for the listening of subsequent phone calls to determine any knowledge of incident.
- Request thru AD Corrections that a Special Directive allowing recording of inmate's visits to determine if incident was planned.
- Arrange for inmate to be seen by PD for questioning.
- Instruct Sergeant to follow up with responding PD to determine if there will be a future court date - if not, arrangements for proper disposal of evidence with PD.
- Ensure documentation in Post Log Book.
- Ensure notation is made in inmate's jail screen in Tiburon.
- Ensure the Lobby Aide and any other involved parties write an incident report.
- Review incident report for accuracy, grammar, and punctuation errors.
- Sign incident report and submits to Sheriff via chain of command.
- Review policies to procedures to ensure followed regarding incident.
- Command Lobby Aide/Deputy via letter to Sheriff for Letter of Commendation and cash merit award.
- Ensure surrounding jails are notified, via Director of Corrections of attempt of drugs into facility.
- Notify on-coming Shift Commander.
- Document incident in SCDR and on Roll Call Hot Sheet.
- Conduct roll call training on procedures regarding contraband, drugs through mail.

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**Contraband Found Checklist**

*(Refer to Policies 9-610, 15-108)*

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- Ensure the Lobby Aide and any other involved parties write an incident report
- Review incident report for accuracy, grammar, and punctuation errors
- Sign incident report and submits to Sheriff via chain of command
- Review policies to procedures to ensure followed regarding incident
- Command Lobby Aid/Deputy via letter to sherriff for Letter of Commendation and cash merit award
- Ensure surrounding jails are notified, via Director of Corrections of attempt of drugs into facility
- Notify oncoming Shift Commander
- Document incident in SCDR and on Roll Call Hot Sheet
- Conduct roll call training on procedures regarding contraband, drugs through mail
INMATE INJURY
Medical Emergency Checklist
(Refer to Policy 13-202)

Inmate's Name & P#: Date: ________________
Location of Incident: Time: ________________
Primary Staff: ____________________________
Shift: ____________________________
Assisting Staff: ____________________________

Medical Emergency: ____________________________

Completed Inmate Injury Checklist:
☐ Obtain brief description of condition, location, and emergency
☐ Determine if inmate is conscious
☐ Ensure Medical is responding
☐ Respond to incident
☐ Ensure uninjured inmates are locked down
☐ Make sure scene is safe
☐ Ensure staff don personal protective equipment
☐ Ensure first-aid is administered as appropriate

If 911 is needed, ensure the following:
☐ Contact 911 via Medical
☐ Contact Central Control to advise EMS is in route
☐ Ensure elevator #4 is sent to ground level for EMS
☐ Ensure escort standing by elevator #4 ground level to escort EMS to affected area
☐ For emergency transport by ambulance to hospital, contact lead escort for two deputies and have a cruiser available for emergency transport (one armed deputy in chase vehicle and one unarmed deputy in ambulance)
Inmate Injury Checklist (Continued):

- Ensure deputy transporting inmate takes Sheriff’s bag from Central Control during transport in case inmate is admitted to hospital
- Find out inmate’s charges / have Processing run a criminal history/JHAZ
- If inmate is high risk-security/special directive – notify Director of Corrections, PD, have a chase vehicle, determine need for alternate hospital; ensure SERT conducts transport
- Ensure appropriate restraints are on inmate
- Armed deputy to follow ambulance in Sheriff’s cruiser
- Unarmed deputy to ride in ambulance with inmate
- Ensure Upper Zone 1 Supervisor contacts hospital
- Ensure inmate’s cell is secured
- Secure any evidence
- Have transporting deputy call to give update on inmate’s condition
- Find out if inmate will be admitted to hospital
- If inmate is admitted, generate hospital duty roster
- Zone Supervisor to conduct investigation to determine if incident was accidental or deliberate

  - If accidental, Zone Supervisor submits a written report to the Shift Commander, A-D Corrections, and Director of Corrections, outlining the cause and extent of injury and how similar accidents might be prevented

  - If deliberate, Zone Supervisor expands investigation to determine who was responsible for the injury, and what action should be taken (e.g. DAR or criminal warrant) and submit Supervisor’s Incident Report

- Determine if injured inmate wants to press charges
- Determine if employee recognition is appropriate
- Determine if policy and procedures were followed
- Document EMF
- Inform on-coming Shift Commander of incident
- Document on SCDR
- Document on Roll Call Hot Sheet
- Conduct debriefing
- Prepare After Action Report

Inmate Injury Checklist (Continued):

- Ensure deputy transporting inmate takes Sheriff’s bag from Central Control during transport in case inmate is admitted to hospital
- Find out inmate’s charges / have Processing run a criminal history/JHAZ
- If inmate is high risk-security/special directive – notify Director of Corrections, PD, have a chase vehicle, determine need for alternate hospital; ensure SERT conducts transport
- Ensure appropriate restraints are on inmate
- Armed deputy to follow ambulance in Sheriff’s cruiser
- Unarmed deputy to ride in ambulance with inmate
- Ensure Upper Zone 1 Supervisor contacts hospital
- Ensure inmate’s cell is secured
- Secure any evidence
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- Determine if injured inmate wants to press charges
- Determine if employee recognition is appropriate
- Determine if policy and procedures were followed
- Document EMF
- Inform on-coming Shift Commander of incident
- Document on SCDR
- Document on Roll Call Hot Sheet
- Conduct debriefing
- Prepare After Action Report
INMATE INJURY
Medical Emergency Checklist
(Refer to Policy 13-202)

Inmate's Name & P#:
Location of Incident:
Primary Staff:
Assisting Staff:

Date:
Time:
Shift:

Medical Emergency:

Completed Inmate Injury Checklist:

☐ Obtain brief description of condition, location, and emergency
☐ Determine if inmate is conscious
☐ Ensure Medical is responding
☐ Respond to incident
☐ Ensure uninjured inmates are locked down
☐ Make sure scene is safe
☐ Ensure staff don personal protective equipment
☐ Ensure first-aid is administered as appropriate

If 911 is needed, ensure the following:

☐ Contact 911 via Medical
☐ Contact Central Control to advise EMS is in route
☐ Ensure elevator #4 is sent to ground level for EMS
☐ Ensure escort standing by elevator #4 ground level to escort EMS to affected area
☐ For emergency transport by ambulance to hospital, contact lead escort for two deputies and have a cruiser available for emergency transport (one armed deputy in chase vehicle and one unarmed deputy in ambulance)

Page 1 of 2

INMATE INJURY
Medical Emergency Checklist
(Refer to Policy 13-202)

Inmate's Name & P#:
Location of Incident:
Primary Staff:
Assisting Staff:

Date:
Time:
Shift:

Medical Emergency:

Completed Inmate Injury Checklist:

☐ Obtain brief description of condition, location, and emergency
☐ Determine if inmate is conscious
☐ Ensure Medical is responding
☐ Respond to incident
☐ Ensure uninjured inmates are locked down
☐ Make sure scene is safe
☐ Ensure staff don personal protective equipment
☐ Ensure first-aid is administered as appropriate

If 911 is needed, ensure the following:

☐ Contact 911 via Medical
☐ Contact Central Control to advise EMS is in route
☐ Ensure elevator #4 is sent to ground level for EMS
☐ Ensure escort standing by elevator #4 ground level to escort EMS to affected area
☐ For emergency transport by ambulance to hospital, contact lead escort for two deputies and have a cruiser available for emergency transport (one armed deputy in chase vehicle and one unarmed deputy in ambulance)

Page 1 of 2
Inmate Injury Checklist (Continued):

- Ensure deputy transporting inmate takes Sheriff’s bag from Central Control during transport in case inmate is admitted to hospital.
- Find out inmates charges / have Processing run a criminal history/JHAZ.
  
  **If inmate is high risk-security/special directive – notify Director of Corrections, PO, have a chase vehicle, determine need for alternate hospital; ensure SERT conducts transport.**
- Ensure appropriate restraints are on inmate.
- Armed deputy to follow ambulance in Sheriff’s cruiser.
- Unarmed deputy to ride in ambulance with inmate.
- Ensure Upper Zone 1 Supervisor contacts hospital.
- Ensure inmate’s cell is secured.
- Secure any evidence.
- Have transporting deputy call to give update on inmate’s condition.
- Find out if inmate will be admitted to hospital.
- If inmate is admitted, generate hospital duty roster.
- Zone Supervisor to conduct investigation to determine if incident was accidental or deliberate.
  
  **If accidental, Zone Supervisor submits a written report to the Shift Commander, A-D Corrections, and Director of Corrections, outlining the cause and extent of injury and how similar accidents might be prevented.**
- **If deliberate, Zone Supervisor expands investigation to determine who was responsible for the injury, and what action should be taken (e.g. DAR or criminal warrant) and submit Supervisor’s Incident Report.**
- Determine if injured inmate wants to press charges.
- Determine if employee recognition is appropriate.
- Determine if policy and procedures were followed.
- Document EMF.
- Inform on-coming Shift Commander of incident.
- Document on SCDR.
- Document on Roll Call Hot Sheet.
- Conduct debriefing.
- Prepare After Action Report.

Inmate Injury Checklist (Continued):

- Ensure deputy transporting inmate takes Sheriff’s bag from Central Control during transport in case inmate is admitted to hospital.
- Find out inmates charges / have Processing run a criminal history/JHAZ.
  
  **If inmate is high risk-security/special directive – notify Director of Corrections, PO, have a chase vehicle, determine need for alternate hospital; ensure SERT conducts transport.**
- Ensure appropriate restraints are on inmate.
- Armed deputy to follow ambulance in Sheriff’s cruiser.
- Unarmed deputy to ride in ambulance with inmate.
- Ensure Upper Zone 1 Supervisor contacts hospital.
- Ensure inmate’s cell is secured.
- Secure any evidence.
- Have transporting deputy call to give update on inmate’s condition.
- Find out if inmate will be admitted to hospital.
- If inmate is admitted, generate hospital duty roster.
- Zone Supervisor to conduct investigation to determine if incident was accidental or deliberate.
  
  **If accidental, Zone Supervisor submits a written report to the Shift Commander, A-D Corrections, and Director of Corrections, outlining the cause and extent of injury and how similar accidents might be prevented.**
- **If deliberate, Zone Supervisor expands investigation to determine who was responsible for the injury, and what action should be taken (e.g. DAR or criminal warrant) and submit Supervisor’s Incident Report.**
- Determine if injured inmate wants to press charges.
- Determine if employee recognition is appropriate.
- Determine if policy and procedures were followed.
- Document EMF.
- Inform on-coming Shift Commander of incident.
- Document on SCDR.
- Document on Roll Call Hot Sheet.
- Conduct debriefing.
- Prepare After Action Report.
INMATE INJURY
Medical Emergency Checklist
(Refer to Policy 13-202)

Inmate's Name & P#:

Location of Incident:  Date: __________

Primary Staff:  Time: __________

Assisting Staff:  Shift: __________

Medical Emergency:

Completed Inmate Injury Checklist:

☐ Obtain brief description of condition, location, and emergency
☐ Determine if inmate is conscious
☐ Ensure Medical is responding
☐ Respond to incident
☐ Ensure uninjured inmates are locked down
☐ Make sure scene is safe
☐ Ensure staff don personal protective equipment
☐ Ensure first-aid is administered as appropriate

IF 911 is needed, ensure the following:

☐ Contact 911 via Medical
☐ Contact Central Control to advise EMS is in route
☐ Ensure elevator #4 is sent to ground level for EMS
☐ Ensure escort standing by elevator #4 ground level to escort EMS to affected area
☐ For emergency transport by ambulance to hospital, contact lead escort for two deputies and have a cruiser available for emergency transport (one armed deputy in chase vehicle and one unarmed deputy in ambulance)
Completely Inmate Injury Checklist (Continued):
- Ensure deputy transporting inmate takes Sheriff's bag from Central Control during transport in case inmate is admitted to hospital
- Find out inmates charges / have Processing run a criminal history/JHAZ
  If inmate is high risk security/special directive – notify Director of Corrections, PD, have a chase vehicle, determine need for alternate hospital; ensure SERT conducts transport
  Ensure appropriate restraints are on inmate
  Armed deputy to follow ambulance in Sheriff's cruiser
  Unarmed deputy to ride in ambulance with inmate
- Ensure Upper Zone 1 Supervisor contacts hospital
  Ensure inmate's cell is secured
  Secure any evidence
  Have transporting deputy call to give update on inmate's condition
  Find out if inmate will be admitted to hospital
  If inmate is admitted, generate hospital duty roster
- Zone Supervisor to conduct investigation to determine if incident was accidental or deliberate
  If accidental, Zone Supervisor submits a written report to the Shift Commander, A-D Corrections, and Director of Corrections, outlining the cause and extent of injury and how similar accidents might be prevented
  If deliberate, Zone Supervisor expands investigation to determine who was responsible for the injury, and what action should be taken (e.g. DAR or criminal warrant) and submit Supervisor's Incident Report
  Determine if injured inmate wants to press charges
  Determine if employee recognition is appropriate
  Determine if policy and procedures were followed
  Document EMF
  Inform on-coming Shift Commander of incident
  Document on SCDR
  Document on Roll Call Hot Sheet
  Conduct debriefing
  Prepare After Action Report

Completed Inmate Injury Checklist (Continued):
- Ensure deputy transporting inmate takes Sheriff's bag from Central Control during transport in case inmate is admitted to hospital
- Find out inmates charges / have Processing run a criminal history/JHAZ
  If inmate is high risk security/special directive – notify Director of Corrections, PD, have a chase vehicle, determine need for alternate hospital; ensure SERT conducts transport
  Ensure appropriate restraints are on inmate
  Armed deputy to follow ambulance in Sheriff's cruiser
  Unarmed deputy to ride in ambulance with inmate
- Ensure Upper Zone 1 Supervisor contacts hospital
  Ensure inmate's cell is secured
  Secure any evidence
  Have transporting deputy call to give update on inmate's condition
  Find out if inmate will be admitted to hospital
  If inmate is admitted, generate hospital duty roster
- Zone Supervisor to conduct investigation to determine if incident was accidental or deliberate
  If accidental, Zone Supervisor submits a written report to the Shift Commander, A-D Corrections, and Director of Corrections, outlining the cause and extent of injury and how similar accidents might be prevented
  If deliberate, Zone Supervisor expands investigation to determine who was responsible for the injury, and what action should be taken (e.g. DAR or criminal warrant) and submit Supervisor's Incident Report
  Determine if injured inmate wants to press charges
  Determine if employee recognition is appropriate
  Determine if policy and procedures were followed
  Document EMF
  Inform on-coming Shift Commander of incident
  Document on SCDR
  Document on Roll Call Hot Sheet
  Conduct debriefing
  Prepare After Action Report
INMATE INJURY
Medical Emergency Checklist
(Refer to Policy 13-202)

Inmate's Name & #:
Location of Incident:
Primary Staff:
Assisting Staff:
Date:  
Time:  
Shift:  

Medical Emergency:  

Completed Inmate Injury Checklist:
☐ Obtain brief description of condition, location, and emergency
☐ Determine if inmate is conscious
☐ Ensure Medical is responding
☐ Respond to incident
☐ Ensure uninjured inmates are locked down
☐ Make sure scene is safe
☐ Ensure staff don personal protective equipment
☐ Ensure first-aid is administered as appropriate

If 911 is needed, ensure the following:
☐ Contact 911 via Medical
☐ Contact Central Control to advise EMS is in route
☐ Ensure elevator #4 is sent to ground level for EMS
☐ Ensure escort standing by elevator #4 ground level to escort EMS to affected area
☐ For emergency transport by ambulance to hospital, contact lead escort for two deputies and have a cruiser available for emergency transport (one armed deputy in chase vehicle and one unarmed deputy in ambulance)

Page 1 of 2
Completed Inmate Injury Checklist (Continued):

☐ Ensure deputy transporting inmate takes Sheriff’s bag from Central Control during transport in case inmate is admitted to hospital

☐ Find out inmate's charges / have Processing run a criminal history/JHAZ

☐ If inmate is high risk-security/special directive – notify Director of Corrections, PD, have a chase vehicle, determine need for alternate hospital; ensure SERT conducts transport

☐ Ensure appropriate restraints are on inmate

☐ Armed deputy to follow ambulance in Sheriff’s cruiser

☐ Unarmed deputy to ride in ambulance with inmate

☐ Ensure Upper Zone 1 Supervisor contacts hospital

☐ Ensure inmate’s cell is secured

☐ Secure any evidence

☐ Have transporting deputy call to give update on inmate’s condition

☐ Find out if inmate will be admitted to hospital

☐ If inmate is admitted, generate hospital duty roster

☐ Zone Supervisor to conduct investigation to determine if incident was accidental or deliberate

☐ If accidental, Zone Supervisor submits a written report to the Shift Commander, A-D Corrections, and Director of Corrections, outlining the cause and extent of injury and how similar accidents might be prevented

☐ If deliberate, Zone Supervisor expands investigation to determine who was responsible for the injury, and what action should be taken (e.g. DAR or criminal warrant) and submit Supervisor’s Incident Report

☐ Determine if injured inmate wants to press charges

☐ Determine if employee recognition is appropriate

☐ Determine if policy and procedures were followed

☐ Document EMF

☐ Inform on-coming Shift Commander of incident

☐ Document on SCDR

☐ Document on Roll Call Hot Sheet

☐ Conduct debriefing

☐ Prepare After Action Report

Completed Inmate Injury Checklist (Continued):

☐ Ensure deputy transporting inmate takes Sheriff’s bag from Central Control during transport in case inmate is admitted to hospital

☐ Find out inmate's charges / have Processing run a criminal history/JHAZ

☐ If inmate is high risk-security/special directive – notify Director of Corrections, PD, have a chase vehicle, determine need for alternate hospital; ensure SERT conducts transport

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☐ Determine if policy and procedures were followed

☐ Document EMF

☐ Inform on-coming Shift Commander of incident

☐ Document on SCDR

☐ Document on Roll Call Hot Sheet

☐ Conduct debriefing

☐ Prepare After Action Report
INMATE INJURY
Medical Emergency Checklist
(Refer to Policy 13-202)

Inmate's Name & P#:
Location of Incident:
Primary Staff:
Assisting Staff:
Date:
Time:
Shift:

Medical Emergency:

Completed Inmate Injury Checklist:
☐ Obtain brief description of condition, location, and emergency
☐ Determine if inmate is conscious
☐ Ensure Medical is responding
☐ Respond to incident
☐ Ensure uninjured inmates are locked down
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If 911 is needed, ensure the following:
☐ Contact 911 via Medical
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Page 1 of 2
Inmate Injury Checklist (Continued):

- Ensure deputy transporting inmate takes Sheriff's bag from Central Control during transport in case inmate is admitted to hospital
- Find out inmates charge / have Processing run a criminal history/JHAZ
  - If inmate is high-risk security/special directive – notify Director of Corrections, PD, have a chase vehicle, determine need for alternate hospital; ensure SERT conducts transport
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  - Armed deputy to follow ambulance in Sheriff's cruiser
  - Unarmed deputy to ride in ambulance with inmate
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  - Ensure inmate's cell is secured
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- Prepare After Action Report

Inmate Injury Checklist (Continued):

- Ensure deputy transporting inmate takes Sheriff's bag from Central Control during transport in case inmate is admitted to hospital
- Find out inmates charge / have Processing run a criminal history/JHAZ
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- Determine if employee recognition is appropriate
- Determine if policy and procedures were followed
- Document EMF
- Inform on-coming Shift Commander of incident
- Document on SCDR
- Document on Roll Call Hot Sheet
- Conduct debriefing
- Prepare After Action Report
Inmate Death at Hospital Checklist (Continued):
- Contact Property to conduct an inventory of all property and list each property
- Inform Accounting
- Ensure via Director that if inmate is a state inmate - Department of Corrections is notified
- Ensure via Director that the Courts are aware in the event of upcoming court appearances
- Ensure incident report is written by Deputy at hospital
- Ensure Sergeant writes supplement report
- Review report for accuracy, grammar, punctuation, and appropriate policies followed
- Add supplement, sign report, make copies, and send up chain of command
- Speak with Deputy and let him/her know about EAP and CISM services
- Contact CISM coordinator and inform him/her of what happened
- Inform on-coming SC
- Document on SDIR incident
- Document on Roll Call
- Ensure inmate is properly removed from the jail count
- Pull hospital duty roster and ensure staff assigned are notified not to report to hospital
- Speak with Medical Supervisor and make CISM and EAP services available for any medical staff who had cared for inmate
- Speak with Inmate Services and make CISM and EAP services available for any inmate services, civilian staff who had prior dealings with inmate
- Have Chaplain and DHS or after hours DHS staff available for inmates who become aware of the inmate's death
- Initiate an investigation to ensure medical staff performed care of inmate in accordance with policies & procedures and submit findings and/or recommendations to Director through A-D Corrections
- SC will conduct roll call training regarding death of inmate
- Conduct debriefing
- Prepare After Action Report

Inmate Death at Hospital Checklist (Continued):
- Contact Property to conduct an inventory of all property and list each property
- Inform Accounting
- Ensure via Director that if inmate is a state inmate - Department of Corrections is notified
- Ensure via Director that the Courts are aware in the event of upcoming court appearances
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- Initiate an investigation to ensure medical staff performed care of inmate in accordance with policies & procedures and submit findings and/or recommendations to Director through A-D Corrections
- SC will conduct roll call training regarding death of inmate
- Conduct debriefing
- Prepare After Action Report
INMATE DEATH AT HOSPITAL
Medical Emergency Checklist
(Refer to Policies 5-219, 5-220, 13-202)

Inmate’s Name & P#:

Date:

Location of Incident:

Time:

Primary Staff:

Shift:

Assisting Staff:

Medical Emergency:

Completed Inmate Death at Hospital Checklist:

☐ Deputy will contact Shift Commander via Central Control
☐ Inform Deputy to treat room as a crime scene until PD responds
☐ Ensure the deputy does not let medical staff remove or move anything in the room
☐ Have Sergeant report to hospital
☐ Notify PD of death and have PD respond to hospital to confirm death is of natural causes
☐ Have Central Control notify Sheriff, Chief Deputy through Director of Corrections
☐ Notify Assistant Director of Corrections
☐ Gather information about inmate regarding emergency contact or next of kin notification
☐ Direct all concerns about inmate to the Sheriff, PIO, or designee
☐ Gather inmate’s classification file, IBM, records jacket, medical file to give to A-D Operations
☐ A-D-Operation obtains name of emergency contact person from the emergency notification information on the Classification Interview Form or RMS (Tiburon)
## INMATE DEATH AT HOSPITAL

**Medical Emergency Checklist**

*(Refer to Policies 5-219, 5-220, 13-202)*

<table>
<thead>
<tr>
<th>Inmate's Name &amp; P#:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Incident:</td>
<td>Time:</td>
</tr>
<tr>
<td>Primary Staff:</td>
<td>Shift:</td>
</tr>
<tr>
<td>Assisting Staff:</td>
<td></td>
</tr>
</tbody>
</table>

**Medical Emergency:**

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**Completed Inmate Death at Hospital Checklist:**

- [ ] Deputy will contact Shift Commander via Central Control
- [ ] Inform Deputy to treat room as a crime scene until PD responds
- [ ] Ensure the deputy does not let medical staff remove or move anything in the room
- [ ] Have Sergeant report to hospital
- [ ] Notify PD of death and have PD respond to hospital to confirm death is of natural causes
- [ ] Have Central Control notify Sheriff, Chief Deputy through Director of Corrections
- [ ] Notify Assistant Director of Corrections
- [ ] Gather information about inmate regarding emergency contact or next of kin notification
- [ ] Direct all concerns about inmate to the Sheriff, PIO, or designee
- [ ] Gather inmate's classification file, IBM, records jacket, medical file to give to A.O. Operations
- [ ] A.O. Operation obtains name of emergency contact person for the emergency notification information on the Classification Interview Form or RMS (Tiburon)
Completed: **Inmate Death at Hospital Checklist (Continued):**

- Contact Property to conduct an inventory of all property and list each property
- Inform Accounting
- Ensure via Director that if inmate is a state inmate - Department of Corrections is notified
- Ensure via Director that the Courts are aware in the event of upcoming court appearances
- Ensure incident report is written by Deputy at hospital
- Ensure Sergeant writes supplement report
- Review report for accuracy, grammar, punctuation, and appropriate policies followed
- Add supplement, sign report, make copies, and send up chain of command
- Speak with Deputy and let him/her know about EAP and CISM services
- Contact CISM coordinator and inform him/her of what happened
- Inform on-coming SC
- Document on SCOR incident
- Document on Roll Call
- Ensure inmate is properly removed from the jail count
- Pull hospital duty roster and ensure staff assigned are notified not to report to hospital
- Speak with Medical Supervisor and make CISM and EAP services available for any medical staff who had cared for inmate
- Speak with Inmate Services and make CISM and EAP services available for any inmate services, civilian staff who had prior dealings with inmate
- Have Chaplain and DHS or after hours DHS staff available for inmates who become aware of the inmate's death
- Initiate an investigation to ensure medical staff performed care of inmate in accordance with policies & procedures and submit findings and/or recommendations to Director through A-D Corrections
- SC will conduct roll call training regarding death of inmate
- Conduct debriefing
- Prepare After Action Report

Completed: **Inmate Death at Hospital Checklist (Continued):**

- Contact Property to conduct an inventory of all property and list each property
- Inform Accounting
- Ensure via Director that if inmate is a state inmate - Department of Corrections is notified
- Ensure via Director that the Courts are aware in the event of upcoming court appearances
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- Conduct debriefing
- Prepare After Action Report
INMATE DEATH AT HOSPITAL
Medical Emergency Checklist
(Refer to Policies 5-219, 5-220, 13-202)

Inmate's Name & #: ___________________________ Date: ___________________________
Location of Incident: ___________________________ Time: ___________________________
Primary Staff: ___________________________ Shift: ___________________________
Assisting Staff: ___________________________ ___________________________
Medical Emergency: ___________________________

Completed Inmate Death at Hospital Checklist:
☐ Deputy will contact Shift Commander via Central Control
☐ Inform Deputy to treat room as a crime scene until PD responds
☐ Ensure the deputy does not let medical staff remove or move anything in the room
☐ Have Sergeant report to hospital
☐ Notify PD of death and have PD respond to hospital to confirm death is of natural causes
☐ Have Central Control notify Sheriff, Chief Deputy through Director of Corrections
☐ Notify Assistant Director of Corrections
☐ Gather information about inmate regarding emergency contact or next of kin notification
☐ Direct all concerns about inmate to the Sheriff, PIO, or designee
☐ Gather inmate's classification file, IBM, records jacket, medical file to give to A-D Operations
☐ A-D Operation obtains name of emergency contact person from the emergency notification information on the Classification Interview Form or RMS (Tiburon)
Inmate Death at Hospital Checklist (Continued):

- Contact Property to conduct an inventory of all property and list each property
- Inform Accounting
- Ensure via Director that if inmate is a state inmate - Department of Corrections is notified
- Ensure via Director that the Courts are aware in the event of upcoming court appearances
- Ensure incident report is written by Deputy at hospital
- Ensure Sergeant writes supplement report
- Review report for accuracy, grammar, punctuation, and appropriate policies followed
- Add supplement, sign report, make copies, and send up chain of command
- Speak with Deputy and let him/her know about EAP and CISM services
- Contact CISM coordinator and inform him/her of what happened
- Inform on-coming SC
- Document on SCOR incident
- Document on Roll Call
- Ensure inmate is properly removed from the jail count
- Pull hospital duty roster and ensure staff assigned are notified not to report to hospital
- Speak with Medical Supervisor and make CISM and EAP services available for any medical staff who had cared for inmate
- Speak with Inmate Services and make CISM and EAP services available for any inmate services, civilian staff who had prior dealings with inmate
- Have Chaplain and DHS or after hours DHS staff available for inmates who become aware of the inmate's death
- Initiate an investigation to ensure medical staff performed care of inmate in accordance with policies & procedures and submit findings and/or recommendations to Director through A-D Corrections
- SC will conduct roll call training regarding death of inmate
- Conduct debriefing
- Prepare After Action Report
INMATE DEATH AT HOSPITAL
Medical Emergency Checklist
(Refer to Policies 5-219, 5-220, 13-202)

Inmate's Name & P#: ___________________________ Date: ___________________________
Location of Incident: ___________________________ Time: ___________________________
Primary Staff: ___________________________ Shift: ___________________________
Assisting Staff: ___________________________

Medical Emergency: ___________________________

Completed Inmate Death at Hospital Checklist:

☐ Deputy will contact Shift Commander via Central Control
☐ Inform Deputy to treat room as a crime scene until PD responds
☐ Ensure the deputy does not let medical staff remove or move anything in the room
☐ Have Sergeant report to hospital
☐ Notify PD of death and have PD respond to hospital to confirm death is of natural causes
☐ Have Central Control notify Sheriff, Chief Deputy through Director of Corrections
☐ Notify Assistant Director of Corrections
☐ Gather information about inmate regarding emergency contact or next of kin notification
☐ Direct all concerns about inmate to the Sheriff, PIO, or designee
☐ Gather inmate's classification file, IBM, records jacket, medical file to give to A-D Operations
☐ A-D-Operation obtains name of emergency contact person from the emergency notification information on the Classification Interview Form or RMS (Tiburon)
Inmate Death at Hospital Checklist (Continued):

- Contact Property to conduct an inventory of all property and list each property
- Inform Accounting
- Ensure via Director that if inmate is a state inmate - Department of Corrections is notified
- Ensure via Director that the Courts are aware in the event of upcoming court appearances
- Ensure incident report is written by Deputy at hospital
- Ensure Sergeant writes supplement report
- Review report for accuracy, grammar, punctuation, and appropriate policies followed
- Add supplement, sign report, make copies, and send up chain of command
- Speak with Deputy and let him/her know about EAP and CISM services
- Contact CISM coordinator and inform him/her of what happened
- Inform on-coming SC
- Document on SCOR incident
- Document on Roll Call
- Ensure inmate is properly removed from the jail count
- Pull hospital duty roster and ensure staff assigned are notified not to report to hospital
- Speak with Medical Supervisor and make CISM and EAP services available for any medical staff who had cared for inmate
- Speak with Inmate Services and make CISM and EAP services available for any inmate services, civilian staff who had prior dealings with inmate
- Have Chaplain and DHS or after hours DHS staff available for inmates who become aware of the inmate's death
- Initiate an investigation to ensure medical staff performed care of inmate in accordance with policies & procedures and submit findings and/or recommendations to Director through A-D Corrections
- SC will conduct roll call training regarding death of inmate
- Conduct debriefing
- Prepare After Action Report

- Contact Property to conduct an inventory of all property and list each property
- Inform Accounting
- Ensure via Director that if inmate is a state inmate - Department of Corrections is notified
- Ensure via Director that the Courts are aware in the event of upcoming court appearances
- Ensure incident report is written by Deputy at hospital
- Ensure Sergeant writes supplement report
- Review report for accuracy, grammar, punctuation, and appropriate policies followed
- Add supplement, sign report, make copies, and send up chain of command
- Speak with Deputy and let him/her know about EAP and CISM services
- Contact CISM coordinator and inform him/her of what happened
- Inform on-coming SC
- Document on SCOR incident
- Document on Roll Call
- Ensure inmate is properly removed from the jail count
- Pull hospital duty roster and ensure staff assigned are notified not to report to hospital
- Speak with Medical Supervisor and make CISM and EAP services available for any medical staff who had cared for inmate
- Speak with Inmate Services and make CISM and EAP services available for any inmate services, civilian staff who had prior dealings with inmate
- Have Chaplain and DHS or after hours DHS staff available for inmates who become aware of the inmate's death
- Initiate an investigation to ensure medical staff performed care of inmate in accordance with policies & procedures and submit findings and/or recommendations to Director through A-D Corrections
- SC will conduct roll call training regarding death of inmate
- Conduct debriefing
- Prepare After Action Report
**INMATE DEATH / SUICIDE**  
**Medical Emergency Checklist**  
(Refer to Policies 5-219, 5-220, 13-202)

Inmate's Name & P#: ___________________________ Date: ___________
Location of Incident: ___________________________ Time: ___________
Primary Staff: ___________________________ Shift: ___________
Assisting Staff: ___________________________

Medical Emergency: ___________________________

Completed **Inmate Death/Suicide Checklist:**
- [ ] Ensure Central Control notifies the Police Department
- [ ] Ensure Central Control notifies Sheriff, Chief, Director of Corrections, and Assistant Director of Corrections
- [ ] Ensure inmate’s cell is secured
- [ ] Secure any evidence (e.g., suicide notes)
- [ ] Gather information about inmate regarding emergency contact or next of kin notification
- [ ] Direct all concerns about inmate to Sheriff, P/O, or designee
- [ ] Gather post log book and IBM
- [ ] Gather inmate’s classification file, records jacket, medical file for AD-Corrections
- [ ] AD-Corrections obtains name of emergency contact person from the emergency notification information on the Classification Interview Form or RMS (Tiburon)
- [ ] Contact Property to conduct an inventory of all property and list each property
- [ ] Ensure via Director if inmate is state inmate - Department of Corrections is notified
- [ ] Ensure via Director that Courts are aware in the event of upcoming court

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**INMATE DEATH / SUICIDE**  
**Medical Emergency Checklist**  
(Refer to Policies 5-219, 5-220, 13-202)

Inmate's Name & P#: ___________________________ Date: ___________
Location of Incident: ___________________________ Time: ___________
Primary Staff: ___________________________ Shift: ___________
Assisting Staff: ___________________________

Medical Emergency: ___________________________

Completed **Inmate Death/Suicide Checklist:**
- [ ] Ensure Central Control notifies the Police Department
- [ ] Ensure Central Control notifies Sheriff, Chief, Director of Corrections, and Assistant Director of Corrections
- [ ] Ensure inmate’s cell is secured
- [ ] Secure any evidence (e.g., suicide notes)
- [ ] Gather information about inmate regarding emergency contact or next of kin notification
- [ ] Direct all concerns about inmate to Sheriff, P/O, or designee
- [ ] Gather post log book and IBM
- [ ] Gather inmate’s classification file, records jacket, medical file for AD-Corrections
- [ ] AD-Corrections obtains name of emergency contact person from the emergency notification information on the Classification Interview Form or RMS (Tiburon)
- [ ] Contact Property to conduct an inventory of all property and list each property
- [ ] Ensure via Director if inmate is state inmate - Department of Corrections is notified
- [ ] Ensure via Director that Courts are aware in the event of upcoming court
Completed **Inmate Death/Suicide Checklist (Continued):**

- Initiate an investigation to ensure medical staff performed care of inmate in accordance with policies & procedures; submit findings and/or recommendations to Director via Assistant Director of Corrections
- Ensure incident report is written by all involved
- Ensure Sergeant writes supplement report
- Review report for accuracy, grammar, punctuation, and appropriate policies followed
- Add supplement, sign report, make copies, and send up chain of command
- Speak with Deputy(ies) and let him/her know about EAP and CISM services
- Contact CISM coordinator and inform him/her of what happened
- Speak with Medical Supervisor and make CISM and EAP services available for any medical staff who had cared for inmate
- Speak with Inmate Services and make CISM and EAP services available for any inmate services, civilian staff who had prior dealings with inmate
- Have Chaplin and DHS or after hours DHS staff available for inmates who become aware of the inmate’s death
- Inform on coming Shift Commander
- Document on SCDR
- Document on Roll Call Hot Sheet
- Ensure inmate is properly removed from the jail count
- Conduct roll call training regarding death of inmate
- Conduct debriefing
- Prepare After Action Report

Completed **Inmate Death/Suicide Checklist (Continued):**

- Initiate an investigation to ensure medical staff performed care of inmate in accordance with policies & procedures; submit findings and/or recommendations to Director via Assistant Director of Corrections
- Ensure incident report is written by all involved
- Ensure Sergeant writes supplement report
- Review report for accuracy, grammar, punctuation, and appropriate policies followed
- Add supplement, sign report, make copies, and send up chain of command
- Speak with Deputy(ies) and let him/her know about EAP and CISM services
- Contact CISM coordinator and inform him/her of what happened
- Speak with Medical Supervisor and make CISM and EAP services available for any medical staff who had cared for inmate
- Speak with Inmate Services and make CISM and EAP services available for any inmate services, civilian staff who had prior dealings with inmate
- Have Chaplin and DHS or after hours DHS staff available for inmates who become aware of the inmate’s death
- Inform on coming Shift Commander
- Document on SCDR
- Document on Roll Call Hot Sheet
- Ensure inmate is properly removed from the jail count
- Conduct roll call training regarding death of inmate
- Conduct debriefing
- Prepare After Action Report
INMATE DEATH / SUICIDE
Medical Emergency Checklist
(Refer to Policies 5-219, 5-220, 13-202)

Inmate's Name & P#:
Location of Incident:
Primary Staff:
Assisting Staff:
Date:
Time:
Shift:

Medical Emergency:

Completed Inmate Death/Suicide Checklist:
☐ Ensure Central Control notifies the Police Department
☐ Ensure Central Control notifies Sheriff, Chief, Director of Corrections, and Assistant Director of Corrections
☐ Inmate’s cell is secured
☐ Secure any evidence (e.g., suicide notes)
☐ Gather information about inmate regarding emergency contact or next of kin notification
☐ Direct all concerns about inmate to Sheriff, PIO, or designee
☐ Gather post log book and IBM
☐ Inmate’s classification file, records jacket, medical file for AD-Corrections
☐ AD-Corrections obtains name of emergency contact person from the emergency notification information on the Classification Interview Form or RMS (Tiburon)
☐ Contact Property to conduct an inventory of all property and list each property
☐ Ensure via Director if inmate is state inmate - Department of Corrections is notified
☐ Ensure via Director that Courts are aware of the event of upcoming court
Completed Inmate Death/Suicide Checklist (Continued):

- Initiate an investigation to ensure medical staff performed care of inmate in accordance with policies & procedures; submit findings and/or recommendations to Director via Assistant Director of Corrections
- Ensure incident report is written by all involved
- Ensure Sergeant writes supplement report
- Review report for accuracy, grammar, punctuation, and appropriate policies followed
- Add supplement, sign report, make copies, and send up chain of command
- Speak with Deputy(ies) and let him/her know about EAP and CISM services
- Contact CISM coordinator and inform him/her of what happened
- Speak with Medical Supervisor and make CISM and EAP services available for any medical staff who had cared for inmate
- Speak with Inmate Services and make CISM and EAP services available for any inmate services, civilian staff who had prior dealings with inmate
- Have Chaplin and DHS or after hours DHS staff available for inmates who become aware of the inmate's death
- Inform on-coming Shift Commander
- Document on SCDR
- Document on Roll Call Hot Sheet
- Ensure inmate is properly removed from the jail count
- Conduct roll call training regarding death of inmate
- Conduct debriefing
- Prepare After Action Report
INMATE DEATH / SUICIDE
Medical Emergency Checklist
(Refer to Policies 5-219, 5-220, 13-202)

Inmate's Name & P#:
Location of Incident:
Primary Staff:
Assisting Staff:

Date:
Time:
Shift:

Medical Emergency:

Completed Inmate Death/Suicide Checklist:
☐ Ensure Central Control notifies the Police Department
☐ Ensure Central Control notifies Sheriff, Chief, Director of Corrections, and
   Assistant Director of Corrections
☐ Ensure inmate's cell is secured
☐ Secure any evidence (e.g. suicide notes)
☐ Gather information about inmate regarding emergency contact or next of kin
   notification
☐ Direct all concerns about inmate to Sheriff, PIO, or designee
☐ Gather post log book and IBM
☐ Gather inmate's classification file, records jacket, medical file for AD-Corrections
☐ AD-Corrections obtains name of emergency contact person from the emergency
   notification information on the Classification Interview Form or RMS (Tiburon)
☐ Contact Property to conduct an inventory of all property and list each property
☐ Ensure via Director if inmate is state inmate - Department of Corrections is notified
☐ Ensure via Director that Courts are aware of the event of upcoming court
INMATE DEATH / SUICIDE
Medical Emergency Checklist
(Refer to Policies 5-219, 5-220, 13-202)

Inmate's Name & P#: ____________________________ Date: ____________________________
Location of Incident: ____________________________ Time: ____________________________
Primary Staff: ____________________________ Shift: ____________________________
Assisting Staff: ____________________________

Medical Emergency: ____________________________

Completed Inmate Death/Suicide Checklist:
☐ Ensure Central Control notifies the Police Department
☐ Ensure Central Control notifies Sheriff, Chief, Director of Corrections, and
  Assistant Director of Corrections
☐ Ensure inmate’s cell is secured
☐ Secure any evidence (e.g. suicide notes)
☐ Gather information about inmate regarding emergency contact or next of kin
  notification
☐ Direct all concerns about inmate to Sheriff, PIO, or designee
☐ Gather post log book and IBM
☐ Gather inmate’s classification file, records jacket, medical file for AD-Corrections
☐ AD-Corrections obtains name of emergency contact person from the emergency
  notification information on the Classification Interview Form or RMS (Tiburon)
☐ Contact Property to conduct an inventory of all property and list each property
☐ Ensure via Director if inmate is state inmate - Department of Corrections is notified
☐ Express that a death occurred - Department of Corrections is notified

Completed Inmate Death/Suicide Checklist:
☐ Ensure Central Control notifies the Police Department
☐ Ensure Central Control notifies Sheriff, Chief, Director of Corrections, and
  Assistant Director of Corrections
☐ Ensure inmate’s cell is secured
☐ Secure any evidence (e.g. suicide notes)
☐ Gather information about inmate regarding emergency contact or next of kin
  notification
☐ Direct all concerns about inmate to Sheriff, PIO, or designee
☐ Gather post log book and IBM
☐ Gather inmate’s classification file, records jacket, medical file for AD-Corrections
☐ AD-Corrections obtains name of emergency contact person from the emergency
  notification information on the Classification Interview Form or RMS (Tiburon)
☐ Contact Property to conduct an inventory of all property and list each property
☐ Ensure via Director if inmate is state inmate - Department of Corrections is notified
☐ Ensure via Director that Courts are aware of the event of upcoming court
Inmate Death/Suicide Checklist (Continued):

- Initiate an investigation to ensure medical staff performed care of inmate in accordance with policies & procedures; submit findings and/or recommendations to Director via Assistant Director of Corrections
- Ensure incident report is written by all involved
- Ensure Sergeant writes supplemental report
- Review report for accuracy, grammar, punctuation, and appropriate policies followed
- Add supplement, sign report, make copies, and send up chain of command
- Speak with Deputy(s) and let him/her know about EAP and CISM services
- Contact CISM coordinator and inform him/her of what happened
- Speak with Medical Supervisor and make CISM and EAP services available for any medical staff who had care for inmate
- Speak with Inmate Services and make CISM and EAP services available for any inmate services, civilian staff who had prior dealings with inmate
- Have Chaplin and DHS or after hours DHS staff available for inmates who become aware of the inmate’s death
- Inform on-coming Shift Commander
- Document on SCDR
- Document on Roll Call Hot Sheet
- Ensure inmate is properly removed from the jail count
- Conduct roll call training regarding death of inmate
- Conduct debriefing
- Prepare After Action Report

Inmate Death/Suicide Checklist (Continued):

- Initiate an investigation to ensure medical staff performed care of inmate in accordance with policies & procedures; submit findings and/or recommendations to Director via Assistant Director of Corrections
- Ensure incident report is written by all involved
- Ensure Sergeant writes supplemental report
- Review report for accuracy, grammar, punctuation, and appropriate policies followed
- Add supplement, sign report, make copies, and send up chain of command
- Speak with Deputy(s) and let him/her know about EAP and CISM services
- Contact CISM coordinator and inform him/her of what happened
- Speak with Medical Supervisor and make CISM and EAP services available for any medical staff who had care for inmate
- Speak with Inmate Services and make CISM and EAP services available for any inmate services, civilian staff who had prior dealings with inmate
- Have Chaplin and DHS or after hours DHS staff available for inmates who become aware of the inmate’s death
- Inform on-coming Shift Commander
- Document on SCDR
- Document on Roll Call Hot Sheet
- Ensure inmate is properly removed from the jail count
- Conduct roll call training regarding death of inmate
- Conduct debriefing
- Prepare After Action Report

Inmate Death/Suicide Checklist (Continued):

- Initiate an investigation to ensure medical staff performed care of inmate in accordance with policies & procedures; submit findings and/or recommendations to Director via Assistant Director of Corrections
- Ensure incident report is written by all involved
- Ensure Sergeant writes supplemental report
- Review report for accuracy, grammar, punctuation, and appropriate policies followed
- Add supplement, sign report, make copies, and send up chain of command
- Speak with Deputy(s) and let him/her know about EAP and CISM services
- Contact CISM coordinator and inform him/her of what happened
- Speak with Medical Supervisor and make CISM and EAP services available for any medical staff who had care for inmate
- Speak with Inmate Services and make CISM and EAP services available for any inmate services, civilian staff who had prior dealings with inmate
- Have Chaplin and DHS or after hours DHS staff available for inmates who become aware of the inmate’s death
- Inform on-coming Shift Commander
- Document on SCDR
- Document on Roll Call Hot Sheet
- Ensure inmate is properly removed from the jail count
- Conduct roll call training regarding death of inmate
- Conduct debriefing
- Prepare After Action Report

Inmate Death/Suicide Checklist (Continued):

- Initiate an investigation to ensure medical staff performed care of inmate in accordance with policies & procedures; submit findings and/or recommendations to Director via Assistant Director of Corrections
- Ensure incident report is written by all involved
- Ensure Sergeant writes supplemental report
- Review report for accuracy, grammar, punctuation, and appropriate policies followed
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- Contact CISM coordinator and inform him/her of what happened
- Speak with Medical Supervisor and make CISM and EAP services available for any medical staff who had care for inmate
- Speak with Inmate Services and make CISM and EAP services available for any inmate services, civilian staff who had prior dealings with inmate
- Have Chaplin and DHS or after hours DHS staff available for inmates who become aware of the inmate’s death
- Inform on-coming Shift Commander
- Document on SCDR
- Document on Roll Call Hot Sheet
- Ensure inmate is properly removed from the jail count
- Conduct roll call training regarding death of inmate
- Conduct debriefing
- Prepare After Action Report
INMATE DEATH / SUICIDE
Medical Emergency Checklist
(Refer to Policies 5-219, 5-220, 13-202)

Inmate's Name & P#:
Location of Incident:
Primary Staff:
Assisting Staff:
Date:
Time:
Shift:
Medical Emergency:

Completed Inmate Death/Suicide Checklist:
☐ Ensure Central Control notifies the Police Department
☐ Ensure Central Control notifies Sheriff, Chief, Director of Corrections, and
   Assistant Director of Corrections
☐ Ensure inmate's cell is secured
☐ Secure any evidence (e.g. suicide notes)
☐ Gather information about inmate regarding emergency contact or next of kin
   notification
☐ Direct all concerns about inmate to Sheriff, PIO, or designee
☐ Gather post log book and IBM
☐ Gather inmate's classification file, records jacket, medical file for AD-Corrections
☐ AD-Corrections obtains name of emergency contact person from the emergency
   notification information on the Classification Interview Form or RMS (Tiburon)
☐ Contact Property to conduct an inventory of all property and list each property
☐ Ensure via Director if inmate is state inmate - Department of Corrections is notified
☐ Ensure via Director that Courts are aware in the event of upcoming court
Initiate an investigation to ensure medical staff performed care of inmate in accordance with policies & procedures; submit findings and/or recommendations to Director via Assistant Director of Corrections
Ensure incident report is written by all involved
Ensure Sergeant writes supplement report
Review report for accuracy, grammar, punctuation, and appropriate policies followed
Add supplement, sign report, make copies, and send up chain of command
Speak with Deputy(s) and let him/her know about EAP and CISM services
Contact CISM coordinator and inform him/her of what happened
Speak with Medical Supervisor and make CISM and EAP services available for any medical staff who had cared for inmate
Speak with Inmate Services and make CISM and EAP services available for any inmate services, civilian staff who had prior dealings with inmate
Have Chaplin and DHS or after hours DHS staff available for inmates who become aware of the inmate’s death
Inform on-coming Shift Commander
Document on SCDR
Document on Roll Call Hot Sheet
Ensure inmate is properly removed from the jail count
Conduct roll call training regarding death of inmate
Conduct debriefing
Prepare After Action Report
Initiate an investigation to ensure medical staff performed care of inmate in accordance with policies & procedures; submit findings and/or recommendations to Director via Assistant Director of Corrections

Ensure incident report is written by all involved

Ensure Sergeant writes supplement report

Review report for accuracy, grammar, punctuation, and appropriate policies followed

Add supplement, sign report, make copies, and send up chain of command

Speak with Deputy(ies) and let him/her know about EAP and CISM services

Contact CISM coordinator and inform him/her of what happened

Speak with Medical Supervisor and make CISM and EAP services available for any medical staff who had care for inmate

Speak with Inmate Services and make CISM and EAP services available for any inmate services, civilian staff who had prior dealings with inmate

Have Chaplin and DHS or after hours DHS staff available for inmates who become aware of the inmate’s death

Inform on-coming Shift Commander

Document on SCDR

Document on Roll Call Hot Sheet

Ensure inmate is properly removed from the jail count

Conduct roll call training regarding death of inmate

Conduct debriefing

Prepare After Action Report
**ACDF COMMUNICABLE DISEASE**

Emergency Response Checklist

(Refer to Policy 2-1012)

<table>
<thead>
<tr>
<th>Staff's Name &amp; ID#</th>
<th>Date:</th>
<th>Inmate's Name &amp; P#</th>
<th>Time</th>
<th>Location of Incident:</th>
<th>Shift:</th>
</tr>
</thead>
</table>

| Medical Emergency: |

- **ACDF Communicable Disease Checklist:**
  - [ ] Have Central Control announce Lockdown and Zero Movement throughout ACDF
  - [ ] When informed by Medical staff of an inmate(s) suspected to be infected with a communicable disease, the Shift Commander notifies Command Staff consistent with policy 5-100
  - [ ] Notify Chain of Command via Central Control
  - [ ] Medical staff provide, at a minimum, the following information related to inmate(s):
    - a. number of ill inmates
    - b. name of inmate(s)
    - c. location(s)/housing(s) unit of inmate(s)
    - d. action taken and precautionary procedures to be followed when staff enter and/or are assigned to provide security in the contaminated area
  - [ ] Ensure Medical staff provides the Arlington County Public Health staff and provides pertinent information concerning the outbreak/emergency
  - [ ] Ensure Medical staff activates their communicable disease response plan
  - [ ] When informed by medical staff, either verbally or by signage, of a communicable disease/illness, staff entering the affected area or working in direct contact with an inmate(s) suspected to be Infected don their PPE. PPE consists of but is not limited to N95 respirator, non-latex gloves and goggles. Bloodborne pathogen procedures are followed
ACDF Communicable Disease Checklist (Continued):

- Prisoner(s) that meet the criteria for isolation are given a disposable gown/apron to be worn on top of their personal clothing and are escorted to the Medical Unit.
- Staff escorting the inmate must don PPE.

- Medical staff identifies inmate(s) that are to be housed in isolation cells and begin medical surveillance and treatment utilizing precautionary procedures established by the Center for Disease Control, Occupational Health and Safety, Virginia Public Health and other applicable regulatory Medical Authority.

- During the distribution of surgical mask, medical staff provide educational information to the inmate population such as:
  a. purpose of wearing the surgical mask
  b. keeping a distance of three feet radius of an infected person
  c. recognition of symptoms and prompt reporting of symptoms of illness
  d. hand washing
  e. coughing and sneezing hygiene
  f. self care treatment

- If number of inmates with the communicable disease out numbers the cells in Medical, alternate housing on the 7th Floor may occur (moving 7A,7B, or 7C to alternate locations)

- Arlington County Public Health staff provides additional precautionary procedures to ACDF staff prior to and during the onset of an outbreak within the Detention Facility.

- Death of an inmate(s) is conducted consistent with policy 5-220 with notification to Arlington County Public Health

- Media communication is conducted consistent with policy 4-300

- Staff with appropriate level of training conduct a medical screening of staff reporting to work during a communicable disease outbreak/emergency. The screening may consist of medical questionnaire and taking of the staff member's temperature

- Maintain staff roster - to include callback - Courtside assistance

- ACDF stockpile supplies and equipment are used once the daily operational supplies have been depleted. Replenishment of supplies may be done by notification to the Public Health liaison or Sheriff's Office Safety Specialist.

ACDF Communicable Disease Checklist (Continued):

- Prisoner(s) that meet the criteria for isolation are given a disposable gown/apron to be worn on top of their personal clothing and are escorted to the Medical Unit.
- Staff escorting the inmate must don PPE.

- Medical staff identifies inmate(s) that are to be housed in isolation cells and begin medical surveillance and treatment utilizing precautionary procedures established by the Center for Disease Control, Occupational Health and Safety, Virginia Public Health and other applicable regulatory Medical Authority.

- During the distribution of surgical mask, medical staff provide educational information to the inmate population such as:
  a. purpose of wearing the surgical mask
  b. keeping a distance of three feet radius of an infected person
  c. recognition of symptoms and prompt reporting of symptoms of illness
  d. hand washing
  e. coughing and sneezing hygiene
  f. self care treatment

- If number of inmates with the communicable disease out numbers the cells in Medical, alternate housing on the 7th Floor may occur (moving 7A,7B, or 7C to alternate locations)

- Arlington County Public Health staff provides additional precautionary procedures to ACDF staff prior to and during the onset of an outbreak within the Detention Facility.

- Death of an inmate(s) is conducted consistent with policy 5-220 with notification to Arlington County Public Health

- Media communication is conducted consistent with policy 4-300

- Staff with appropriate level of training conduct a medical screening of staff reporting to work during a communicable disease outbreak/emergency. The screening may consist of medical questionnaire and taking of the staff member's temperature

- Maintain staff roster - to include callback - Courtside assistance

- ACDF stockpile supplies and equipment are used once the daily operational supplies have been depleted. Replenishment of supplies may be done by notification to the Public Health liaison or Sheriff's Office Safety Specialist.
The Director of Corrections or designee in collaboration with medical and Arlington County Public Health staff determine when the facility may resume normal operations.

Contact Safety Specialist to ensure staff PPE equipment is cleaned.

Employee and supervisor will submit and incident report.
ACDF COMMUNICABLE DISEASE
Emergency Response Checklist
(Refer to Policy 2-1012)

Staff's Name & ID# _______________ Date: _______________
Inmate's Name & PR#: _______________ Time: _______________
Location of Incident: _______________ Shift: _______________
Medical Emergency: ___________________

Completed: ACDF Communicable Disease Checklist:
☐ Have Central Control announce Lockdown and Zero Movement throughout ACDF
☐ When informed by Medical staff of an inmate(s) suspected to be infected with a communicable disease, the Shift Commander notifies Command Staff consistent with policy 5-100
☐ Notify Chain of Command via Central Control
☐ Medical staff provide, at a minimum, the following information related to inmate(s):
  a. number of ill inmates
  b. name of inmate(s)
  c. location(s)/housing(s) unit of inmate(s)
  d. action taken and precautionary procedures to be followed when staff enter and/or are assigned to provide security in the contaminated area
☐ Ensure Medical staff notifies the Arlington County Public Health staff and provides pertinent information concerning the outbreak/emergency
☐ Ensure Medical staff activates their communicable disease response plan
☐ When informed by medical staff, either verbally or by sign, of a communicable disease/illness, staff entering the affected area or working in direct contact with an inmate(s) suspected to be infected don their PPE. PPE consists of but is not limited to N95 respirator, non-latex gloves and goggles. Bloodborne pathogen procedures are followed

ACDF COMMUNICABLE DISEASE
Emergency Response Checklist
(Refer to Policy 2-1012)

Staff's Name & ID# _______________ Date: _______________
Inmate's Name & PR#: _______________ Time: _______________
Location of Incident: _______________ Shift: _______________
Medical Emergency: ___________________

Completed: ACDF Communicable Disease Checklist:
☐ Have Central Control announce Lockdown and Zero Movement throughout ACDF
☐ When informed by Medical staff of an inmate(s) suspected to be infected with a communicable disease, the Shift Commander notifies Command Staff consistent with policy 5-100
☐ Notify Chain of Command via Central Control
☐ Medical staff provide, at a minimum, the following information related to inmate(s):
  a. number of ill inmates
  b. name of inmate(s)
  c. location(s)/housing(s) unit of inmate(s)
  d. action taken and precautionary procedures to be followed when staff enter and/or are assigned to provide security in the contaminated area
☐ Ensure Medical staff notifies the Arlington County Public Health staff and provides pertinent information concerning the outbreak/emergency
☐ Ensure Medical staff activates their communicable disease response plan
☐ When informed by medical staff, either verbally or by sign, of a communicable disease/illness, staff entering the affected area or working in direct contact with an inmate(s) suspected to be infected don their PPE. PPE consists of but is not limited to N95 respirator, non-latex gloves and goggles. Bloodborne pathogen procedures are followed

ACDF COMMUNICABLE DISEASE
Emergency Response Checklist
(Refer to Policy 2-1012)

Staff's Name & ID# _______________ Date: _______________
Inmate's Name & PR#: _______________ Time: _______________
Location of Incident: _______________ Shift: _______________
Medical Emergency: ___________________

Completed: ACDF Communicable Disease Checklist:
☐ Have Central Control announce Lockdown and Zero Movement throughout ACDF
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  a. number of ill inmates
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  c. location(s)/housing(s) unit of inmate(s)
  d. action taken and precautionary procedures to be followed when staff enter and/or are assigned to provide security in the contaminated area
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☐ When informed by medical staff, either verbally or by sign, of a communicable disease/illness, staff entering the affected area or working in direct contact with an inmate(s) suspected to be infected don their PPE. PPE consists of but is not limited to N95 respirator, non-latex gloves and goggles. Bloodborne pathogen procedures are followed

ACDF COMMUNICABLE DISEASE
Emergency Response Checklist
(Refer to Policy 2-1012)

Staff's Name & ID# _______________ Date: _______________
Inmate's Name & PR#: _______________ Time: _______________
Location of Incident: _______________ Shift: _______________
Medical Emergency: ___________________

Completed: ACDF Communicable Disease Checklist:
☐ Have Central Control announce Lockdown and Zero Movement throughout ACDF
☐ When informed by Medical staff of an inmate(s) suspected to be infected with a communicable disease, the Shift Commander notifies Command Staff consistent with policy 5-100
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  a. number of ill inmates
  b. name of inmate(s)
  c. location(s)/housing(s) unit of inmate(s)
  d. action taken and precautionary procedures to be followed when staff enter and/or are assigned to provide security in the contaminated area
☐ Ensure Medical staff notifies the Arlington County Public Health staff and provides pertinent information concerning the outbreak/emergency
☐ Ensure Medical staff activates their communicable disease response plan
☐ When informed by medical staff, either verbally or by sign, of a communicable disease/illness, staff entering the affected area or working in direct contact with an inmate(s) suspected to be infected don their PPE. PPE consists of but is not limited to N95 respirator, non-latex gloves and goggles. Bloodborne pathogen procedures are followed

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ACDF Communicable Disease Checklist (Continued):

- If number of inmates with the communicable disease out numbers the cells in Medical, alternate housing on the 7th Floor may occur (moving 7A,7B, or 7C to alternate locations)

ACDF Communicable Disease Checklist (Continued):

- If number of inmates with the communicable disease out numbers the cells in Medical, alternate housing on the 7th Floor may occur (moving 7A,7B, or 7C to alternate locations)
ACDF Communicable Disease Checklist (Continued):

☐ The Director of Corrections or designee in collaboration with medical and Arlington County Public Health staff determine when the facility may resume normal operations

☐ Contact Safety Specialist to ensure staff PPE equipment is cleaned

☐ Employee and supervisor will submit and incident report
ACDF COMMUNICABLE DISEASE
Emergency Response Checklist
(Refer to Policy 2-1012)

Staff's Name & I/D# __________________________ Date: ____________
Inmate's Name & P#: __________________________ Time: ____________
Location of Incident: ____________ Shift: ____________
Medical Emergency: __________________________

Completed: ACDF Communicable Disease Checklist:
☐ Have Central Control announce Lockdown and Zero Movement throughout ACDF
☐ When informed by Medical staff of an inmate(s) suspected to be infected with a communicable disease, the Shift Commander notifies Command Staff consistent with policy 5-100
☐ Notify Chain of Command via Central Control
☐ Medical staff provide, at a minimum, the following information related to inmate(s):
  a. number of ill inmates
  b. name of inmate(s)
  c. location(s)/housing(s) unit of inmate(s)
  d. action taken and precautionary procedures to be followed when staff enter and/or are assigned to provide security in the contaminated area
☐ Ensure Medical staff notifies the Arlington County Public Health staff and provides pertinent information concerning the outbreak/emergency
☐ Ensure Medical staff activates their communicable disease response plan
☐ When informed by medical staff, either verbally or by signage, of a communicable disease/illness, staff entering the affected area or working in direct contact with an inmate(s) suspected to be infected don their PPE. PPE consists of but is not limited to N95 respirator, non-latex gloves and goggles. Bloodborne pathogen procedures are followed

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Completely: ADF Communicable Disease Checklist (Continued):

- Prisoner(s) that meet the criteria for isolation are given a disposable gown/apron to be worn on top of their personal clothing and are escorted to the Medical Unit.
- Staff escorting the inmate must don PPE.
- Medical staff identifies inmate(s) that are to be housed in isolation cells and begin medical surveillance and treatment utilizing precautionary procedures established by the Center for Disease Control, Occupational Health and Safety, Virginia Public Health and other applicable regulatory Medical Authority.
- During the distribution of surgical mask, medical staff provide educational information to the inmate population such as:
  a. purpose of wearing the surgical mask
  b. keeping a distance of three feet radius of an infected person
  c. recognition of symptoms and prompt reporting of symptoms of illness
  d. hand washing
  e. coughing and sneezing hygiene
  f. self-care treatment

- If number of inmates with the communicable disease out numbers the cells in Medical, alternate housing on the 7th Floor may occur (moving 7A,7B, or 7C to alternate locations).
- Arlington County Public Health staff provides additional precautionary procedures to ADF staff prior to and during the onset of an outbreak within the Detention Facility.
- Death of an inmate(s) is conducted consistent with policy 5-220 with notification to Arlington County Public Health.
- Media communication is conducted consistent with policy 4-300.
- Staff with appropriate level of training conduct a medical screening of staff reporting to work during a communicable disease outbreak/emergency. The screening may consist of medical questionnaire and taking of the staff member's temperature.
- Maintain staff roster - to include callback - Courtside assistance.
- ADF stockpile supplies and equipment are used once the daily operational supplies have been depleted. Replenishment of supplies may be done by notification to the Public Health liaison or Sheriff's Office Safety Specialist.

Completely: ADF Communicable Disease Checklist (Continued):

- Prisoner(s) that meet the criteria for isolation are given a disposable gown/apron to be worn on top of their personal clothing and are escorted to the Medical Unit.
- Staff escorting the inmate must don PPE.
- Medical staff identifies inmate(s) that are to be housed in isolation cells and begin medical surveillance and treatment utilizing precautionary procedures established by the Center for Disease Control, Occupational Health and Safety, Virginia Public Health and other applicable regulatory Medical Authority.
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  a. purpose of wearing the surgical mask
  b. keeping a distance of three feet radius of an infected person
  c. recognition of symptoms and prompt reporting of symptoms of illness
  d. hand washing
  e. coughing and sneezing hygiene
  f. self-care treatment

- If number of inmates with the communicable disease out numbers the cells in Medical, alternate housing on the 7th Floor may occur (moving 7A,7B, or 7C to alternate locations).
- Arlington County Public Health staff provides additional precautionary procedures to ADF staff prior to and during the onset of an outbreak within the Detention Facility.
- Death of an inmate(s) is conducted consistent with policy 5-220 with notification to Arlington County Public Health.
- Media communication is conducted consistent with policy 4-300.
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- Maintain staff roster - to include callback - Courtside assistance.
- ADF stockpile supplies and equipment are used once the daily operational supplies have been depleted. Replenishment of supplies may be done by notification to the Public Health liaison or Sheriff's Office Safety Specialist.

Completely: ADF Communicable Disease Checklist (Continued):

- Prisoner(s) that meet the criteria for isolation are given a disposable gown/apron to be worn on top of their personal clothing and are escorted to the Medical Unit.
- Staff escorting the inmate must don PPE.
- Medical staff identifies inmate(s) that are to be housed in isolation cells and begin medical surveillance and treatment utilizing precautionary procedures established by the Center for Disease Control, Occupational Health and Safety, Virginia Public Health and other applicable regulatory Medical Authority.
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  c. recognition of symptoms and prompt reporting of symptoms of illness
  d. hand washing
  e. coughing and sneezing hygiene
  f. self-care treatment

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- Arlington County Public Health staff provides additional precautionary procedures to ADF staff prior to and during the onset of an outbreak within the Detention Facility.
- Death of an inmate(s) is conducted consistent with policy 5-220 with notification to Arlington County Public Health.
- Media communication is conducted consistent with policy 4-300.
- Staff with appropriate level of training conduct a medical screening of staff reporting to work during a communicable disease outbreak/emergency. The screening may consist of medical questionnaire and taking of the staff member's temperature.
- Maintain staff roster - to include callback - Courtside assistance.
- ADF stockpile supplies and equipment are used once the daily operational supplies have been depleted. Replenishment of supplies may be done by notification to the Public Health liaison or Sheriff's Office Safety Specialist.
Completed **ACDF Communicable Disease Checklist (Continued):**

- The Director of Corrections or designee in collaboration with medical and Arlington County Public Health staff determine when the facility may resume normal operations
- Contact Safety Specialist to ensure staff PPE equipment is cleaned
- Employee and supervisor will submit and incident report
ACDF COMMUNICABLE DISEASE
Emergency Response Checklist
(Refer to Policy 2-1012)

Staff's Name & ID# __________________ Date: __________
Inmate's Name & P#: ________________ Time: __________
Location of Incident: ________________ Shift: __________
Medical Emergency: __________________

Completed: ACDF Communicable Disease Checklist:
☐ Have Central Control announce Lockdown and Zero Movement throughout ACDF
☐ When informed by Medical staff of an inmate(s) suspected to be infected with a communicable disease, the Shift Commander notifies Command Staff consistent with policy 5-100
☐ Notify Chain of Command via Central Control
☐ Medical staff provide, at a minimum, the following information related to inmate(s):
  a. number of ill inmates
  b. name of inmate(s)
  c. location(s)/housing(s) unit of inmate(s)
  d. action taken and precautionary procedures to be followed when staff enter and/or are assigned to provide security in the contaminated area
☐ Ensure Medical staff notifies the Arlington County Public Health staff and provides pertinent information concerning the outbreak/emergency
☐ Ensure Medical staff activates their communicable disease response plan
☐ When informed by medical staff, either verbally or by signage, of a communicable disease/illness, staff entering the affected area or working in direct contact with an inmate(s) suspected to be infected don their PPE. PPE consists of but is not limited to N95 respirator, non-latex gloves and goggles. Bloodborne pathogen procedures are followed

ACDF COMMUNICABLE DISEASE
Emergency Response Checklist
(Refer to Policy 2-1012)

Staff's Name & ID# __________________ Date: __________
Inmate's Name & P#: ________________ Time: __________
Location of Incident: ________________ Shift: __________
Medical Emergency: __________________

Completed: ACDF Communicable Disease Checklist:
☐ Have Central Control announce Lockdown and Zero Movement throughout ACDF
☐ When informed by Medical staff of an inmate(s) suspected to be infected with a communicable disease, the Shift Commander notifies Command Staff consistent with policy 5-100
☐ Notify Chain of Command via Central Control
☐ Medical staff provide, at a minimum, the following information related to inmate(s):
  a. number of ill inmates
  b. name of inmate(s)
  c. location(s)/housing(s) unit of inmate(s)
  d. action taken and precautionary procedures to be followed when staff enter and/or are assigned to provide security in the contaminated area
☐ Ensure Medical staff notifies the Arlington County Public Health staff and provides pertinent information concerning the outbreak/emergency
☐ Ensure Medical staff activates their communicable disease response plan
☐ When informed by medical staff, either verbally or by signage, of a communicable disease/illness, staff entering the affected area or working in direct contact with an inmate(s) suspected to be infected don their PPE. PPE consists of but is not limited to N95 respirator, non-latex gloves and goggles. Bloodborne pathogen procedures are followed
ACDF Communicable Disease Checklist (Continued):

- Prisoner(s) that meet the criteria for isolation are given a disposal gown/apron to be worn on top of their personal clothing and are escorted to the Medical Unit.

Staff escorting the inmate must don PPE

- Medical staff identifies inmate(s) that are to be housed in isolation cells and begin medical surveillance and treatment utilizing precautionary procedures established by the Center for Disease Control, Occupational Health and Safety, Virginia Public Health and other applicable regulatory Medical Authority.

- During the distribution of surgical mask, medical staff provide educational information to the inmate population such as:
  - a. purpose of wearing the surgical mask
  - b. keeping a distance of three feet radius of an infected person
  - c. recognition of symptoms and prompt reporting of symptoms of illness
  - d. hand washing
  - e. coughing and sneezing hygiene
  - f. self care treatment

- If number of inmates with the communicable disease out numbers the cells in Medical, alternate housing on the 7th Floor may occur (moving 7A,7B, or 7C to alternate locations).

ACDF Communicable Disease Checklist (Continued):

- Arlington County Public Health staff provides additional precautionary procedures to ACDF staff prior to and during the onset of an outbreak within the Detention Facility.

Death of an inmate(s) is conducted consistent with policy 5-220 with notification to Arlington County Public Health

- Media communication is conducted consistent with policy 4-300.

- Staff with appropriate level of training conduct a medical screening of staff reporting to work during a communicable disease outbreak/emergency. The screening may consist of medical questionnaire and taking of the staff member's temperature.

- Maintain staff roster - to include callback - Courtside assistance

- ACDF stockpile supplies and equipment are used once the daily operational supplies have been depleted. Replenishment of supplies may be done by notification to the Public Health liaison or Sheriff's Office Safety Specialist.

ACDF Communicable Disease Checklist (Continued):

- Prisoner(s) that meet the criteria for isolation are given a disposal gown/apron to be worn on top of their personal clothing and are escorted to the Medical Unit.

Staff escorting the inmate must don PPE

- Medical staff identifies inmate(s) that are to be housed in isolation cells and begin medical surveillance and treatment utilizing precautionary procedures established by the Center for Disease Control, Occupational Health and Safety, Virginia Public Health and other applicable regulatory Medical Authority.

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  - a. purpose of wearing the surgical mask
  - b. keeping a distance of three feet radius of an infected person
  - c. recognition of symptoms and prompt reporting of symptoms of illness
  - d. hand washing
  - e. coughing and sneezing hygiene
  - f. self care treatment

- If number of inmates with the communicable disease out numbers the cells in Medical, alternate housing on the 7th Floor may occur (moving 7A,7B, or 7C to alternate locations).

ACDF Communicable Disease Checklist (Continued):

- Arlington County Public Health staff provides additional precautionary procedures to ACDF staff prior to and during the onset of an outbreak within the Detention Facility.

Death of an inmate(s) is conducted consistent with policy 5-220 with notification to Arlington County Public Health

- Media communication is conducted consistent with policy 4-300.

- Staff with appropriate level of training conduct a medical screening of staff reporting to work during a communicable disease outbreak/emergency. The screening may consist of medical questionnaire and taking of the staff member's temperature.

- Maintain staff roster - to include callback - Courtside assistance

- ACDF stockpile supplies and equipment are used once the daily operational supplies have been depleted. Replenishment of supplies may be done by notification to the Public Health liaison or Sheriff's Office Safety Specialist.
ACDF Communicable Disease Checklist (Continued):

☐ The Director of Corrections or designee in collaboration with medical and Arlington County Public Health staff determine when the facility may resume normal operations

☐ Contact Safety Specialist to ensure staff PPE equipment is cleaned

☐ Employee and supervisor will submit and incident report
ACDF COMMUNICABLE DISEASE
Emergency Response Checklist
(Refer to Policy 2-1012)

Staff’s Name & ID#: ___________________________ Date: __________
Inmate’s Name & PK: __________________________ Time: __________
Location of Incident: __________________________ Shift: __________
Medical Emergency: __________________________

Completed: ACDF Communicable Disease Checklist:
☐ Have Central Control announce Lockdown and Zero Movement throughout ACDF
☐ When informed by Medical staff of an inmate(s) suspected to be infected with a communicable disease, the Shift Commander notifies Command Staff consistent with policy 5-100
☐ Notify Chain of Command via Central Control
☐ Medical staff provide, at a minimum, the following information related to inmate(s):
  a. number of ill inmates
  b. name of inmate(s)
  c. location(s)/housing(s) unit of inmate(s)
  d. action taken and precautionary procedures to be followed when staff enter and/or are assigned to provide security in the contaminated area
☐ Ensure Medical staff notifies the Arlington County Public Health staff and provides pertinent information concerning the outbreak/emergency
☐ Ensure Medical staff activates their communicable disease response plan
☐ When informed by medical staff, either verbally or by signage, of a communicable disease/illness, staff entering the affected area or working in direct contact with an inmate(s) suspected to be infected don their PPE. PPE consists of but is not limited to N95 respirator, non-latex gloves and goggles. Bloodborne pathogen procedures are followed.
**ACDF Communicable Disease Checklist (Continued):**

- Prisoner(s) that meet the criteria for isolation are given a disposal gown/apron be worn on top of their personal clothing and are escorted to the Medical Unit
- Staff escorting the inmate must don PPE
- Medical staff identifies inmate(s) that are to be housed in isolation cells and begin medical surveillance and treatment utilizing precautionary procedures established by the Center for Disease Control, Occupational Health and Safety, Virginia Public Health and other applicable regulatory Medical Authority
- During the distribution of surgical mask, medical staff provide educational information to the inmate population such as:
  a. purpose of wearing the surgical mask
  b. keeping a distance of three feet radius of an infected person
  c. recognition of symptoms and prompt reporting of symptoms of illness
  d. hand washing
  e. coughing and sneezing hygiene
  f. self care treatment
- If number of inmates with the communicable disease out numbers the cells in Medical, alternate housing on the 7th Floor may occur (moving 7A,7B, or 7C to alternate locations)
- Arlington County Public Health staff provides additional precautionary procedures to ACDF staff prior to and during the onset of an outbreak within the Detention Facility
  - Death of an inmate(s) is conducted consistent with policy 5-220 with notification to Arlington County Public Health
  - Media communication is conducted consistent with policy 4-300
  - Staff with appropriate level of training conduct a medical screening of staff reporting to work during a communicable disease outbreak/emergency. The screening may consist of medical questionnaire and taking of the staff member's temperature
  - Maintain staff roster - to include callback - Courtside assistance
  - ACDF stockpile supplies and equipment are used once the daily operational supplies have been depleted. Replenishment of supplies may be done by notification to the Public Health liaison or Sheriff's Office Safety Specialist

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**ACDF Communicable Disease Checklist (Continued):**

- Prisoner(s) that meet the criteria for isolation are given a disposal gown/apron be worn on top of their personal clothing and are escorted to the Medical Unit
- Staff escorting the inmate must don PPE
- Medical staff identifies inmate(s) that are to be housed in isolation cells and begin medical surveillance and treatment utilizing precautionary procedures established by the Center for Disease Control, Occupational Health and Safety, Virginia Public Health and other applicable regulatory Medical Authority
- During the distribution of surgical mask, medical staff provide educational information to the inmate population such as:
  a. purpose of wearing the surgical mask
  b. keeping a distance of three feet radius of an infected person
  c. recognition of symptoms and prompt reporting of symptoms of illness
  d. hand washing
  e. coughing and sneezing hygiene
  f. self care treatment
- If number of inmates with the communicable disease out numbers the cells in Medical, alternate housing on the 7th Floor may occur (moving 7A,7B, or 7C to alternate locations)
- Arlington County Public Health staff provides additional precautionary procedures to ACDF staff prior to and during the onset of an outbreak within the Detention Facility
  - Death of an inmate(s) is conducted consistent with policy 5-220 with notification to Arlington County Public Health
  - Media communication is conducted consistent with policy 4-300
  - Staff with appropriate level of training conduct a medical screening of staff reporting to work during a communicable disease outbreak/emergency. The screening may consist of medical questionnaire and taking of the staff member's temperature
  - Maintain staff roster - to include callback - Courtside assistance
  - ACDF stockpile supplies and equipment are used once the daily operational supplies have been depleted. Replenishment of supplies may be done by notification to the Public Health liaison or Sheriff's Office Safety Specialist
Completed ACF Communicable Disease Checklist (Continued):

- The Director of Corrections or designee in collaboration with medical and Arlington County Public Health staff determine when the facility may resume normal operations
- Contact Safety Specialist to ensure staff PPE equipment is cleaned
- Employee and supervisor will submit and incident report
MASS ARREST / QUARANTINE
Emergency Response Checklist
(Communicable Disease/Quarantine Isolation Orders)
(Refer to Policy 2-1006 and 2-1012)

Primary Staff & ID: ______________________ Date: ____________
Assisting Staff & ID: ____________________ Time: ____________
Assisting Staff & ID: ____________________ Shift: ____________
Incident: _____________________________________________

Completed: Mass Arrest Quarantine / Isolation Orders Checklist:

☐ Have Central Control announce Lockdown and Zero Movement throughout ACF
   Staff receiving prisoners into Booking don their personal protective equipment (PPE). PPE consists of but is not limited to N95 respirator, non-latex gloves and goggles. Bloodborne pathogen procedures are followed.
☐ Notify Magistrate, Judicial Services, ACF Medical, Food Service, Mental Health
   Sheriff, Chief, Directors of Corrections, A-D Corrections, Support Services Admin
☐ Prisoners entering the facility are instructed to wear a surgical mask. Police and/or Deputies provide the surgical mask.
☐ Booking procedures are followed and no more than twelve prisoners are brought into the Booking area at any one time for processing.
☐ Prisoners are separated upon entry into the facility based on the reason(s) for being detained and continue to wear their surgical mask for the duration of their stay.
☐ Upon completion of the booking process, ensure medical staff conducts a medical screening.
☐ Ensure Medical staff documents and informs the prisoner(s) of their medical findings.
☐ Medical staff provide explanation/information to the prisoner(s) such as:
   1. purpose of wearing the surgical mask.

Page 1 of 3
Completes: **Mass Arrest Communicable Disease Checklist (Continued)**:

2. keeping a distance of three feet radius from an infected person
3. recognition of symptoms and prompt reporting of symptoms of illness
4. hand washing
5. coughing and sneezing hygiene
6. self care treatment if necessary

- Prisoner(s) that meet the criteria for isolation are given a disposable gown/apron to be worn on top of their personal clothing and are escorted to the Medical Unit.

**Staff escorting the inmate must don on PPE**

- Alternative housing is determined based on medical needs, type of charge(s) and incarceration history.

- Medical and Sheriff’s Office staff provide medical care within their level of training.

- When it is determined that a prisoner’s medical treatment cannot be provided at the ACDF, the hospital and Shift Commander are notified as soon as possible.

- Central Control is notified as soon as possible when life threatening medical conditions exist. Medical contacts EOC (911) providing pertinent information.

- The escort deputy receiving emergency response are informed to don their PPE if necessary.

- In the event of a prolonged communicable disease outbreak/emergency and to stockpile supplies become low, Sheriff’s Office Incident Command makes notification to EOC requesting assistance.

- Supplies that may be requested include food, water, N95 and surgical masks, medicines and other essential supplies or equipment necessary to sustain the Detention Facility during the communicable disease outbreak/emergency.

- Media communication is conducted consistent with policy 4-300.

- Death of an inmate(s) is conducted consistent with policy 5-200 with notification to EOC.

- Staff with appropriate level of training conduct a medical screening of staff reporting to work during a communicable disease outbreak/emergency. The screening may consist of medical questionnaire and taking of the staff member’s temperature.
**Mass Arrest Communicable Disease Checklist (Continued):**

**Decontaminating the Sheriff's Office Vehicle**

- When cleaning contaminated vehicles, personal protective equipment must be worn.
- Transportation Wagons: If the transport compartment becomes contaminated with blood or body fluids, the operator should disinfect the contaminated area with an approved disinfectant.
- Other Vehicles: If any other Sheriff's Office vehicle becomes contaminated with blood or body fluids, the operator or assigned officer should disinfect the contaminated area with an approved disinfectant.

- There may be circumstances where personnel cannot disinfect a vehicle and professional cleaning is needed. In such cases, the following procedure applies:
  a. The operator of the vehicle notifies supervisor, who will then inspect the vehicle.
  b. If deemed necessary by the supervisor, the vehicle is placed out of service.
  c. A repair note is left on the vehicle warning that conspicuously identifies the vehicle as contaminated by blood or body fluids and the location of the contaminated area within the vehicle, (i.e. right front seat).
  d. If a vehicle cannot be cleaned then a contractor will be hired to decontaminate the vehicle.
  e. If a personally assigned vehicle is contaminated, the Deputy or operator completes a memorandum describing the condition of the vehicle and forwards it to the Sheriff's Office Chief Deputy.
MASS ARREST / QUARANTINE
Emergency Response Checklist
(Communicable Disease/Quarantine Isolation Orders)
(Refer to Policy 2-1006 and 2-1012)

Completed: Mass Arrest Quarantine / Isolation Orders Checklist:

☐ Have Central Control announce Lockdown and Zero Movement throughout ACDF
    Staff receiving prisoners into Booking don their personal protective equipment (PPE). PPE consists of but is not limited to N95 respirator, non-latex gloves and goggles. Bloodborne pathogen procedures are followed

☐ Notify Magistrate, Judicial Services, ACDF Medical, Food Service, Mental Health Sheriff, Chief, Directors of Corrections, A-D Corrections, Support Services Admin

☐ Prisoners entering the facility are instructed to wear a surgical mask. Police and/or Deputies provide the surgical mask

☐ Booking procedures are followed and no more than twelve prisoners are brought into the Booking area at any one time for processing

☐ Prisoners are separated upon entry into the facility based on the reason(s) for being detained and continue to wear their surgical mask for the duration of their stay

☐ Upon completion of the booking process, ensure medical staff conducts a medical screening

☐ Ensure Medical staff documents and informs the prisoner(s) of their medical findings

☐ Medical staff provide explanation/information to the prisoner(s) such as:
   1. purpose of wearing the surgical mask
Mass Arrest Communicable Disease Checklist (Continued):

2. keeping a distance of three feet radius from an infected person
3. recognition of symptoms and prompt reporting of symptoms of illness
4. hand washing
5. coughing and sneezing hygiene
6. self care treatment if necessary

- Prisoner(s) that meet the criteria for isolation are given a disposable gown/apron to wear on top of their personal clothing and are escorted to the Medical Unit.
- Staff escorting the inmate must don PPE.
- Alternative housing is determined based on medical needs, type of charge(s) and incarceration history.
- Medical and Sheriff’s Office staff provide medical care within their level of training.
- When it is determined that a prisoner’s medical treatment cannot be provided at the ACDF, the hospital and Shift Commander are notified as early as possible.
- Central Control is notified as soon as possible when life threatening medical conditions exist.
- Medical contacts EOC (911) providing pertinent information.
- The escort deputy receiving emergency response are informed to don their PPE if necessary.

- In the event of a prolonged communicable disease outbreak/emergency and to stockpile supplies become low, Sheriff’s Office Incident Command makes notification to EOC requesting assistance.
- Supplies that may be requested include food, water, N95 and surgical masks, medicines and other essential supplies or equipment necessary to sustain the Detention Facility during the communicable disease outbreak/emergency.
- Media communication is conducted consistent with policy 4-300.
- Death of an inmate(s) is conducted consistent with policy 5-200 with notification to EOC.
- Staff with appropriate level of training conduct a medical screening of staff reporting to work during a communicable disease outbreak/emergency. The screening may consist of medical questionnaire and taking of the staff member’s temperature.
Completed: Mass Arrest Communicable Disease Checklist (Continued):
Decontaminating the Sheriff's Office Vehicle

☐ When cleaning contaminated vehicles, personal protective equipment must be worn

☐ Transportation Wagons - if the transport compartment becomes contaminated with blood or body fluids, the operator should disinfect the contaminated area with an approved disinfectant

☐ Other Vehicles - if any other Sheriff's Office vehicle becomes contaminated with blood or body fluids, the operator or assigned officer should disinfect the contaminated area with an approved disinfectant

There may be circumstances where personnel cannot disinfect a vehicle and professional cleaning is needed. In such cases, the following procedure applies:

a. The operator of the vehicle notifies supervisor, who will then inspect the vehicle
b. If deemed necessary by the supervisor, the vehicle is placed out of service at the property yard repair line, leaving the windows partly open to allow air to flow freely in the car. (A sealed vehicle can cause wet body fluids to putrefy)

c. A repair note is left on the vehicle windshield that conspicuously identifies the vehicle as contaminated by blood or body fluids and the location of the contaminated area within the vehicle, (i.e. right front seat)

d. If a vehicle cannot be cleaned then a contractor will be hired to decontaminate the vehicle

If a personally assigned vehicle is contaminated, the Deputy or operator completes a memorandum describing the condition of the vehicle and forwards it to the Sheriff's Office Chief Deputy.
MASS ARREST / QUARANTINE
Emergency Response Checklist
(Communicable Disease/Quarantine Isolation Orders)
(Refer to Policy 2-1006 and 2-1012)

Primary Staff & ID: ___________________ Date: ____________
Assisting Staff & ID: ___________________ Time: ____________
Assisting Staff & ID: ___________________ Shift: ____________
Incident: ____________________________

Completed: Mass Arrest Quarantine / Isolation Orders Checklist:
- Have Central Control announce Lockdown and Zero Movement throughout ACFD
  Staff receiving prisoners into Booking don their personal protective equipment (PPE). PPE consists of but is not limited to N95 respirator, non-latex gloves and gogges. Bloodborne pathogen procedures are followed
- Notify Magistrate, Judicial Services, ACFD Medical, Food Service, Mental Health Sheriff, Chief, Directors of Corrections, A-D Corrections, Support Services Admin
- Prisoners entering the facility are instructed to wear a surgical mask. Police and/or Deputies provide the surgical mask
- Booking procedures are followed and no more than twelve prisoners are brought into the Booking area at any one time for processing
- Prisoners are separated upon entry into the facility based on the reason(s) for being detained and continue to wear their surgical mask for the duration of their stay
- Upon completion of the booking process, ensure medical staff conducts a medical screening
- Ensure Medical staff documents and informs the prisoner(s) of their medical findings
- Medical staff provide explanation/information to the prisoner(s) such as:
  1. purpose of wearing the surgical mask
2. keeping a distance of three feet radius from an infected person
3. recognition of symptoms and prompt reporting of symptoms of illness
4. hand washing
5. coughing and sneezing hygiene
6. self care treatment if necessary

- Prisoner(s) that meet the criteria for isolation are given a disposable gown/apron to be worn on top of their personal clothing and are escorted to the Medical Unit

**Staff escorting the inmate must don on PPE**

- Alternative housing is determined based on medical needs, types of charge(s) and incarceration history

- Medical and Sheriff's Office staff provide medical care within their level of training

- When it is determined that a prisoner’s medical treatment cannot be provided at the ACDF, the hospital and Shift Commander are notified as early as possible

- Central Control is notified as soon as possible when life threatening medical conditions exist. Medical contacts EOC (911) providing pertinent information

- The escort deputy receiving emergency response are informed to don their PPE if necessary

- In the event of a prolonged communicable disease outbreak/emergency and to stockpile supplies become low, Sheriff’s Office Incident Command makes notification to EOC requesting assistance

- Supplies that may be requested include food, water, N95 and surgical masks, medicines and other essential supplies or equipment necessary to sustain the Detention Facility during the communicable disease outbreak/emergency

- Media communication is conducted consistent with policy 4-300

- Death of an inmate(s) is conducted consistent with policy 5-200 with notification to EOC

- Staff with appropriate level of training conduct a medical screening of staff reporting to work during a communicable disease outbreak/emergency. The screening may consist of medical questionnaire and taking of the staff member’s temperature
Mass Arrest Communicable Disease Checklist (Continued):
Decontaminating the Sheriff’s Office Vehicle
- When cleaning contaminated vehicles, personal protective equipment must be worn
- Transportation Wagons - if the transport compartment becomes contaminated with blood or body fluids, the operator should disinfect the contaminated area with an approved disinfectant
- Other Vehicles - if any other Sheriff’s Office vehicle becomes contaminated with blood or body fluids, the operator or assigned officer should disinfect the contaminated area with an approved disinfectant
- There may be circumstances where personnel cannot disinfect a vehicle and professional cleaning is needed. In such cases, the following procedure applies:
  a. The operator of the vehicle notifies supervisor, who will then inspect the vehicle
  b. If deemed necessary by the supervisor, the vehicle is placed out of service at the property yard repair line, leaving the windows partly open to allow air to flow freely in the car. (A sealed vehicle can cause wet body fluids to putrefy)
  c. A repair note is left on the vehicle windshield that conspicuously identifies the vehicle as contaminated by blood or body fluids and the location of the contaminated area within the vehicle, (i.e. right front seat)
  d. If a vehicle can not be cleaned then a contractor will be hired to decontaminate the vehicle
  e. If a personally assigned vehicle is contaminated, the Deputy or operator completes a memorandum describing the condition of the vehicle and forwards it to the Sheriff’s Office Chief Deputy

Mass Arrest Communicable Disease Checklist (Continued):
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Mass Arrest Communicable Disease Checklist (Continued):

2. keeping a distance of three feet radius from an infected person
3. recognition of symptoms and prompt reporting of symptoms of illness
4. hand washing
5. coughing and sneezing hygiene
6. self care treatment if necessary

Prisoner(s) that meet the criteria for isolation are given a disposable gown/apron be worn on top of their personal clothing and are escorted to the Medical Unit.

Staff escorting the inmate must don on PPE

Alternative housing is determined based on medical needs, type of charge(s) and incarceration history

Medical and Sheriff's Office staff provide medical care within their level of training

When it is determined that a prisoner’s medical treatment cannot be provided at the ACD, the hospital and Shift Commander are notified as soon as possible

Central Control is notified as soon as possible when life threatening medical conditions exist.

Medical contacts EDC (911) providing pertinent information

The escort deputy receiving emergency response are informed to don their PPE.

In the event of a prolonged communicable disease outbreak/emergency and to stockpile supplies become low, Sheriff's Office Incident Command makes notification to EOC requesting assistance. Supplies that may be requested include food, water, N95 and surgical masks, medicines and other essential supplies or equipment necessary to sustain the Detention Facility during the communicable disease outbreak/emergency.

Media communication is conducted consistent with policy 4-300

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MASS ARREST / QUARANTINE
Emergency Response Checklist
(Communicable Disease/Quarantine Isolation Orders)
(Refer to Policy 2-1006 and 2-1012)

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Assisting Staff & ID: ___________________ Time: ____________
Assisting Staff & ID: ___________________ Shift: ____________
Incident: ______________________________

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☐ Notify Magistrate, Judicial Services, ACFD Medical, Food Service, Mental Health
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☐ Upon completion of the booking process, ensure medical staff conducts a medical
   screening
☐ Ensure Medical staff documents and informs the prisoner(s) of their medical findings
☐ Medical staff provide explanation/information to the prisoner(s) such as:
   1. purpose of wearing the surgical mask

Page 1 of 3
Mass Arrest Communicable Disease Checkoff (Continued):

2. keeping a distance of three feet radius from an infected person
3. recognition of symptoms and prompt reporting of symptoms of illness
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6. self care treatment if necessary

☑ Prisoner(s) that meet the criteria for isolation are given a disposal gown/apron be worn on top of their personal clothing and are escorted to the Medical Unit

Staff escorting the inmate must don on PPE

☑ Alternative housing is determined based on medical needs, type of charge(s) and incarceration history

☑ Medical and Sheriff’s Office staff provide medical care within their level of training

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☑ Central Control is notified as soon as possible when life threatening medical conditions exist. Medical contacts EOC-911) providing pertinent information

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d. If a vehicle can not be cleaned then a contractor will be hired to decontaminate the vehicle.

e. If a personally assigned vehicle is contaminated, the Deputy or operator completes a memorandum describing the condition of the vehicle and forwards it to the Sheriff's Office Chief Deputy.
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<tr>
<th>Type of Complaint:</th>
<th>Inmate Sexual Misconduct</th>
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**Complaint Information**
- **Victim Name:** John Smith P-2222
- **Subject Name:** Bill Smith P-11111
- **Investigator:** Sergeant Henry
- **Allegation:** Sexual Assault
- **Location of Allegation:** Housing Unit 7B
- **Source of Allegation:** John Smith P-2222
- **Date of Incident:** Dec. 24, 2011
- **Date of Investigation:** Dec. 29, 2011
- **Housing Unit Deputy:** Deputy Jones, Z.
- **Staff:** A-Shift

**Witnesses:**
- Tom Sawyer P-33333

**Investigation Information**
- **Evidence Collected:**
  - Video and statement.
  - Subject to LIA, JACRIN Sep. Status.
  - Disciplinary Action.
- **Did Medical Section assess victim?**
  - Yes.
  - No visible signs of injury.
- **Did either request to see the Magistrate?**
  - Yes.
- **Wounded Inmate Services?**

**Investigation Outcome:**
- Non-PREA, Inmate on Inmate Sexual Misconduct

**Additional Notes or Comments:**

---

- **Complaint Information**
  - **Victim Name:** John Smith P-2222
  - **Subject Name:** Bill Smith P-11111
  - **Investigator:** Sergeant Henry
  - **Allegation:** Sexual Assault
  - **Location of Allegation:** Housing Unit 7B
  - **Source of Allegation:** John Smith P-2222
  - **Date of Incident:** Dec. 24, 2011
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  - **Housing Unit Deputy:** Deputy Jones, Z.
  - **Staff:** A-Shift

**Witnesses:**
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**Investigation Information**
- **Evidence Collected:**
  - Video and statement.
  - Subject to LIA, JACRIN Sep. Status.
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  - Yes.
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- **Did either request to see the Magistrate?**
  - Yes.
- **Wounded Inmate Services?**

**Investigation Outcome:**
- Non-PREA, Inmate on Inmate Sexual Misconduct

**Additional Notes or Comments:**

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  - **Subject Name:** Bill Smith P-11111
  - **Investigator:** Sergeant Henry
  - **Allegation:** Sexual Assault
  - **Location of Allegation:** Housing Unit 7B
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**Witnesses:**
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- **Evidence Collected:**
  - Video and statement.
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- **Did Medical Section assess victim?**
  - Yes.
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- **Did either request to see the Magistrate?**
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- **Wounded Inmate Services?**

**Investigation Outcome:**
- Non-PREA, Inmate on Inmate Sexual Misconduct

**Additional Notes or Comments:**

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- **Evidence Collected:**
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- **Wounded Inmate Services?**

**Investigation Outcome:**
- Non-PREA, Inmate on Inmate Sexual Misconduct

**Additional Notes or Comments:**

---
## Sexual Misconduct / PREA Investigation Checklist

**Date:**

### Type of Complaint:

### Complainant Information
- **Complainant Name:**
- **Investigator:**
- **Location of Allegation:**
- **Source of Allegation:**
- **Date of Incident:**
- **Date of Investigation:**
- **Housing Unit Deputy Staff:**
- **Witnesses:**

### Supplied written statement Yes / No (Attached):
- Supplied written statement Yes / No (Attached):

### Investigation Information
- **Evidence Collected:**
- **Subject and Victim separated:**
- **Disciplinary Action:**
- **Did Medical Section assess victim?**
- **Did either request to see the Magistrate?**
- **Notified Inmate Services:**
- **Other:**

### Investigation Outcome:

### Additional notes or comments:

---

### Sexual Misconduct / PREA Investigation Checklist

**Date:**

### Type of Complaint:

### Complainant Information
- **Complainant Name:**
- **Investigator:**
- **Location of Allegation:**
- **Source of Allegation:**
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- **Housing Unit Deputy Staff:**
- **Witnesses:**

### Supplied written statement Yes / No (Attached):
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### Investigation Information
- **Evidence Collected:**
- **Subject and Victim separated:**
- **Disciplinary Action:**
- **Did Medical Section assess victim?**
- **Did either request to see the Magistrate?**
- **Notified Inmate Services:**
- **Other:**

### Investigation Outcome:

### Additional notes or comments:

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### Sexual Misconduct / PREA Investigation Checklist

**Date:**

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- **Complainant Name:**
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- **Other:**

### Investigation Outcome:

### Additional notes or comments:

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### Sexual Misconduct / PREA Investigation Checklist

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- **Complainant Name:**
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- **Other:**

### Investigation Outcome:

### Additional notes or comments:
**Sexual Misconduct / PREA Investigation Checklist**  
**Date:** December 27, 2011

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| Investigation Information |  |
|---------------------------|  |
| **Evidence Collected:** | Video and statement (Subject to 11A, 1202.3) |
| **Disciplinary Action:** | X |
| **Medical Evidence exists?** | No |
| **Offender Requested to see the Magistrate?** | No |
| **Inmate Services Requested?** | No |
| **Other:** |  |

**Investigation Outcomes:** Non-PREA, Inmate on Inmate Sexual Misconduct

**Additional Notes or Comments:**  

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**Sexual Misconduct / PREA Investigation Checklist**  
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**Investigation Outcomes:** Non-PREA, Inmate on Inmate Sexual Misconduct

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**Investigation Outcomes:** Non-PREA, Inmate on Inmate Sexual Misconduct

**Additional Notes or Comments:**  

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### Sexual Misconduct / PREA Investigation Checklist

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- Subject and Victim separated: [ ]
- Discipline Action: [ ]
- Did Medical record exist? [ ]
- Did either request to see the Magistrate? [ ]
- Witnessed Inmate Services: [ ]

**Investigation Outcome:** Non-PREA, Inmate on Inmate Sexual Misconduct

**Additional Notes or Comments:**

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### Sexual Misconduct / PREA Investigation Checklist

**Date:** December 27, 2011

**Type of Complaint:** Inmate Sexual Misconduct

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- Agency
- Allegation
- Location of Allegation
- Source of Allegation
- Date of Incident
- Date of Investigation
- Housing Unit Deputy Staff
- Witnesses
- Other

**Supplied written statement Yes / No (Attached)**

- Supplied written statement Yes / No
- Supplied written statement Yes / No
- Supplied written statement Yes / No

**Investigation Information**
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**Investigation Outcome:**

**Additional notes or comments:**

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Sexual Misconduct / PREA Investigation Checklist
Date: December 27, 2011

Type of Complaint: Inmate Sexual Misconduct

Complaint Information
Inmate Name: John Smith P-2222
Subject Name: Bob Smith P-11111
Investigator: Sergeant Henry
Allegation: Sexual Assault
Location of Allegation: Housing Unit 7B
Date of Incident: Dec 24, 2011
Date of Investigation: Dec 26, 2011
Housing Unit Deputy: Deputy Jones, Z.
Staff: A-Shift
Witnesses: Tom Sawyer P-33333

Supplied written statement Yes / No (Attached)

 arising number two

Investigation Information
Evidence Collected: Video and statements
Subject and Victim separated: Subject to 11A, 11AMN Seg. Status
Disciplinary Action: DMF’s Written, hearing date set for 12-31-2011
Did Medical Section assess victim?: No visible signs of trauma
Did either request to see the Magistrate?: N
Wanted Inmate Services: On 12/28/2011

Supplied written statement Yes / No (Attached)

Investigation Outcome:
Non-PREA, Inmate on Inmate Sexual Misconduct

Additional notes or comments:

Sexual Misconduct / PREA Investigation Checklist
Date: December 27, 2011

Type of Complaint: Inmate Sexual Misconduct

Complaint Information
Inmate Name: John Smith P-2222
Subject Name: Bob Smith P-11111
Investigator: Sergeant Henry
Allegation: Sexual Assault
Location of Allegation: Housing Unit 7B
Date of Incident: Dec 24, 2011
Date of Investigation: Dec 26, 2011
Housing Unit Deputy: Deputy Jones, Z.
Staff: A-Shift
Witnesses: Tom Sawyer P-33333

Supplied written statement Yes / No (Attached)

 arising number two

Investigation Information
Evidence Collected: Video and statements
Subject and Victim separated: Subject to 11A, 11AMN Seg. Status
Disciplinary Action: DMF’s Written, hearing date set for 12-31-2011
Did Medical Section assess victim?: No visible signs of trauma
Did either request to see the Magistrate?: N
Wanted Inmate Services: On 12/28/2011

Supplied written statement Yes / No (Attached)

Investigation Outcome:
Non-PREA, Inmate on Inmate Sexual Misconduct

Additional notes or comments:
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Sexual Misconduct / PREA Investigation Checklist
Date: December 27, 2011

Type of Complaint: Inmate Sexual Misconduct

Complaint Information
- Complainant Name: John Smith P-2222
- Subject’s Name: Bill Smith P-1111
- Alleged by: Sergeant Harry
- Allegation: Sexual Assault
- Location of Allegation: Housing Unit 79
- Date of Incident: Dec. 24, 2011
- Date of Investigation: Dec. 29, 2011
- Housing Unit Deputy: Deputy Jones, Z.
- Staff: A-Shift
- Witnesses: Tom Sawyer P-3333

Supplied written statement: Yes / No (Attached)

Investigation Information
- Evidence Collected: Yes / No
- Subject and Victim separated: Yes / No
- Disciplinary Action: Outside
- Did Medical Section assess victim?: Yes / No
- Did either request to see the Magistrate?: Yes / No
- Witnessed Inmate Services: Yes / No
- Other: On 12/26/2011

Investigation Outcome: Non-PREA, Inmate on Inmate Sexual Misconduct

Additional notes or comments:

Sexual Misconduct / PREA Investigation Checklist
Date: December 27, 2011

Type of Complaint: Inmate Sexual Misconduct

Complaint Information
- Complainant Name: John Smith P-2222
- Subject’s Name: Bill Smith P-1111
- Alleged by: Sergeant Harry
- Allegation: Sexual Assault
- Location of Allegation: Housing Unit 79
- Date of Incident: Dec. 24, 2011
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- Housing Unit Deputy: Deputy Jones, Z.
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- Witnesses: Tom Sawyer P-3333

Supplied written statement: Yes / No (Attached)

Investigation Information
- Evidence Collected: Yes / No
- Subject and Victim separated: Yes / No
- Disciplinary Action: Outside
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- Other: On 12/26/2011

Investigation Outcome: Non-PREA, Inmate on Inmate Sexual Misconduct

Additional notes or comments:
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SNOW EMERGENCY CHECKLIST

The categories listed below have been identified as areas which would be necessary in preparing for a snow emergency. You can use this as a guide.

☐ Has the selected hotel been notified to ensure rooms are available to staff. This includes sworn staff, medical staff, food services staff, ISC staff and others that might be identified at a later time. Note: The hotel accommodation request requires the approval from the Director of Corrections or Designee, at the rank of Lieutenant and above.

Hotels
1. Hilton Garden Inn, 1333 North Courthouse Road, @ $89.00 plus tax.
   703-528-444
2. Hyatt Regency Crystal City, 2799 Jefferson Davis Hwy, @ $69.00 plus tax.
   703-4181234
3. Comfort Inn, 1211 North Glebe Road, @ $49.00 plus tax.
   703-247-3399
4. Residence Inn, 1401 North Adams Street, @ $109.00 plus tax
   703-312-2100

☐ Verify flashlights in Housing Units are operable.

☐ Standby vehicle (ensure chains are available for application)

☐ Contact Transportation/Warrant section (for available SUV use)

☐ Inform Staff to bring an extra set of clothing, personal hygiene kit, etc.

☐ Select designated drivers to pick up staff from your shift, (if necessary)

☐ Determine how many Staff from your shift, if required, would stay over until oncoming Shift is operationally staffed. Shifts may need to operate in phases.

☐ Contact Food Services Supervisor notified to provide support.

☐ Contact Medical Services Supervisor notified to provide support.

☐ Contact Inmate Services Supervisor notified to provide support.

☐ Possibly open the Emergency Winter Shelter

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☐ Contact Food Services Supervisor notified to provide support.

☐ Contact Medical Services Supervisor notified to provide support.

☐ Contact Inmate Services Supervisor notified to provide support.

☐ Possibly open the Emergency Winter Shelter
☐ Keep receipts if applicable
☐ Keep track of all overtime in case of Federal emergency
☐ Determine snow removal (IWP)
☐ Coordinate transition of Hotel Staffing for oncoming Shift
☐ Determine what programs and Services that may be cancelled, (e.g. visiting, Programs)
SNOW EMERGENCY CHECKLIST

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- Possibly open the Emergency Winter Shelter
Keep receipts if applicable
Keep track of all overtime in case of Federal emergency
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Coordinate transition of Hotel Staffing for oncoming Shift
Determine what programs and Services that may be cancelled, (e.g., visiting, Programs)
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- Has the selected hotel been notified to ensure rooms are available to Staff. This includes sworn staff, medical staff, food services staff, ISC staff and others that might be identified at a later time. **Note: The Hotel accommodation request requires the approval from the Director of Corrections or Designee, at the rank of Lieutenant and above.**

**Hotels**

1. Hilton Garden Inn, 1333 North Courthouse Road, @ $89.00 plus tax. 703-528-444
2. Hyatt Regency Crystal City, 2799 Jefferson Davis Hwy, @ $99.00 plus tax. 703-4181234
3. Comfort Inn, 1211 North Glebe Road, $40.00 plus tax. 703-247-3399
4. Residence Inn, 1401 North Adams Street, @ $109.00 plus tax 703-312-2100

- Verify flashlights in Housing Units are operable.
- Standby vehicle (ensure chains are available for application)
- Contact Transportation/Warrant section (for available SUV use)
- Inform Staff to bring an extra set of clothing, personal hygiene kit, etc.
- Select designated drivers to pick up staff from your shift. (if necessary)
- Determine how many Staff from your shift, if required, would stay over until oncoming Shift is operationally staffed. Shifts may need to operate in phases.
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