EMERGENCY PROCEDURES

EMERGENCY PROCEDURES

SNOW EMERGENCY CHECKLIST

J.	Drugs Found in Inmate Mail
11.	Inmate Injury
III.	Inmate Death at Hospital
IV.	Inmate Death/Suicide
٧.	ACDF Communicable Disease
VI. VII.	Mass Arrest/Quarantine PREA

l	Drugs Found in Inmate Mail	
II.	Inmate Injury	
III.	Inmate Death at Hospital	
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VI.	Mass Arrest/Quarantine	

EMERGENCY PROCEDURES

i.	Drugs Found in Inmate Mail
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VII.	PREA
VIII.	SNOW EMERGENCY CHECKLIST

EMERGENCY PROCEDURES

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III.	Inmo	ite Dec	ith at F	lospil	al
IV.	Inm	i <mark>ate</mark> De	eath/Su	vicide	.
V .	ACDF C	ommu	nicabl	e Dis	ease
VI.	Mas	s Arres	f/Quai	antin	ie
VII.		11/200	REA		
VIII.	SNOW	MERG	ENCY (CHEC	KLIST

DRUGS FOUND IN INMATE MAIL

Contraband Found Checklist

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

Inmate's	s Name & P#:	Date:
Inmate's HU:		Time:
Sender's	s Name	Shift:
Location	of Incident:	
Discove	ring Staff:	
Discove		
Contrab	and Found:	
(location/	description)	
Complete	ed Drugs found in Inmate Mail	Checklist:
	Respond to Lobby and conducts an init	tial investigation regarding the contents
	Put on gloves / Ensure staff have on glo	oves
	Verifiy if recipient is an inmate who is c	currently in the ACDF
	Compare the sender's name (if one is p	provided) on the envelope/package with the
	visiting records of the inmate	
	Ensure contraband incident is docume	nted in the Lobby post log book
	Take custody of the contraband and ma	aintains custody
	Ensure the chain of custody documenta	ation any time items is transferred to
	another person	
	Obtain a drug kit from Booking, Court S	Security, or PD to test for cocaine, heroin,
	marijuana, etc to test substance	
	Contact canine unit to respond to the A	ACDF to test contraband for drugs
	If substance tests positive for drugs, PE	D is notified to respond to ACDF for official
	investigation	
	Notifiy Sheriff through Director of Corre	ections and A-D Corrections
	Take picture of evidence	
	Ensure Sergeant is waiting in Lobby to	escort PD to testing area

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DRUGS FOUND IN INMATE MAIL

Contraband Found Checklist

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

Inmata's	s Name & P#: Date:	
Inmate's		
Sender's	s Name Shift:	
Location	of Incident:	
Discove	ring Staff:	
Вюсете		
Contrab	and Found:	
(location/	description)	
Complete	ed Drugs found in Inmate Mail Checklist:	
	Respond to Lobby and conducts an initial investigation regarding the contents	
	Put on gloves / Ensure staff have on gloves	
	Verifiy if recipient is an inmate who is currently in the ACDF	
☐ Compare the sender's name (if one is provided) on the envelope/pa		
	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	
	If substance tests positive for drugs, PD is notified to respond to ACDF for official	
	investigation	
	Notifiy Sheriff through Director of Corrections and A-D Corrections	
	Take picture of evidence	
	Ensure Sergeant is waiting in Lobby to escort PD to testing area	

Page 1 of 2

DRUGS FOUND IN INMATE MAIL

Contraband Found Checklist

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

Inmate's Name & P#:	Date:
Inmate's HU:	Time:
Sender's Name	Shift:
Location of Incident:	
Discovering Staff:	
Contraband Found:	
(location/description)	
Completed Drugs found in Inmate	Mail Checklist:

- $\hfill\square$ Respond to Lobby and conducts an initial investigation regarding the contents
- $\hfill \square$ Put on gloves / Ensure staff have on gloves
- $\hfill \square$
- Compare the sender's name (if one is provided) on the envelope/package with the visiting records of the inmate
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- ☐ Notifiy Sheriff through Director of Corrections and A-D Corrections
- ☐ Take picture of evidence
 - Ensure Sergeant is waiting in Lobby to escort PD to testing area

DRUGS FOUND IN INMATE MAIL

Contraband Found Checklist

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

Inmate's N	lame & P#: Date:	
Inmate's H	IU: Time:	
Sender's N	Name Shift:	
Location of	of Incident:	
Discoverin	ng Staff:	
Contraban	d Found:	
(location/de	scription)	
Completed	<u>Drugs found in Inmate Mail Checklist:</u>	
	Respond to Lobby and conducts an initial investigation regarding the contents	
	Put on gloves / Ensure staff have on gloves	
	Verifiy 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	
	If substance tests positive for drugs, PD is notified to respond to ACDF for official	
	investigation	
	Notifiy Sheriff through Director of Corrections and A-D Corrections	

Ensure Sergeant is waiting in Lobby to escort PD to testing area

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Take picture of evidence

Completed	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
	Commend 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 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

Page 2 of 2

Document incident in SCDR and on Roll Call Hot Sheet

Completed Drugs found in Inmate Mail Checklist (Continued):

Arrange for drug dog to search entire housing unit of inmate

dog search and placement of inmates in rec yard, PC, or MPR

who letter was addressed to

visits to determine if incident was planned

Ensure documentation in Post Log Book

Notify on-coming Shift Commander

Arrange for inmate to be seen by PD for questioning

Ensure notation is made in inmate's jail screen in Tiburon

Sign incident report and submits to Sheriff via chain of command

Review policies to procedures to ensure followed regarding incident

planned event

drugs into facility

of incident

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

Arrange for additional deputies to assist with pat down of inmates prior to drug

Ensure inmate's prior phone calls are listened to, to determine if incident was a

Arrange for the listening of subsequent phone calls to determine any knowledge

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 the Lobby Aide and any other involved parties write an incident report Review incident report for accuracy, grammar, and punctuation errors

Commend Lobby Aid/Deputy via letter to Sherriff for Letter of Commendation and

Conduct roll call training on procedures regarding contraband, drugs through mail

Ensure surrounding jails are notified, via Director of Corrections of attempt of

Request thru AD-Corrections that a Special Directive allowing recording of inmate's

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Completed	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
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	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
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	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
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	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
	Commend 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 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

Completed	Drugs found in Inmate Mail Checklist (Continued):
	Obtain responding officer's name and report number for incident
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DRUGS FOUND IN INMATE MAIL

Contraband Found Checklist

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

Inmate's	s Name & P#:	Date:
Inmate's HU:		Time:
Sender's	s Name	Shift:
Location	of Incident:	
Discove	ring Staff:	
Discove		
Contrab	and Found:	
(location/	description)	
Complete	ed Drugs found in Inmate Mail	Checklist:
	Respond to Lobby and conducts an init	tial investigation regarding the contents
	Put on gloves / Ensure staff have on glo	oves
	Verifiy if recipient is an inmate who is c	currently in the ACDF
	Compare the sender's name (if one is p	provided) on the envelope/package with the
	visiting records of the inmate	
	Ensure contraband incident is docume	nted in the Lobby post log book
	Take custody of the contraband and ma	aintains custody
	Ensure the chain of custody documenta	ation any time items is transferred to
	another person	
	Obtain a drug kit from Booking, Court S	Security, or PD to test for cocaine, heroin,
	marijuana, etc to test substance	
	Contact canine unit to respond to the A	ACDF to test contraband for drugs
	If substance tests positive for drugs, PE	D is notified to respond to ACDF for official
	investigation	
	Notifiy Sheriff through Director of Corre	ections and A-D Corrections
	Take picture of evidence	
	Ensure Sergeant is waiting in Lobby to	escort PD to testing area

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DRUGS FOUND IN INMATE MAIL

Contraband Found Checklist

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

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Inmate's HU:	Time:
Sender's Name	Shift:
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Discovering Staff:	
Contraband Found:	
(location/description)	
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- ☐ Contact canine unit to respond to the ACDF to test contraband for drugs
- ☐ If substance tests positive for drugs, PD is notified to respond to ACDF for official investigation
- ☐ Notifiy Sheriff through Director of Corrections and A-D Corrections
- ☐ Take picture of evidence
 - Ensure Sergeant is waiting in Lobby to escort PD to testing area

DRUGS FOUND IN INMATE MAIL

Contraband Found Checklist

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

Inmate's N	lame & P#: Date:	
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Sender's N	Name Shift:	
Location of	of Incident:	
Discoverin	ng Staff:	
Contraban	d Found:	
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	If substance tests positive for drugs, PD is notified to respond to ACDF for official	
	investigation	
	Notifiy Sheriff through Director of Corrections and A-D Corrections	

Ensure Sergeant is waiting in Lobby to escort PD to testing area

П

Take picture of evidence

Completed	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
	Commend 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 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

Page 2 of 2

Document incident in SCDR and on Roll Call Hot Sheet

Completed Drugs found in Inmate Mail Checklist (Continued):

Arrange for drug dog to search entire housing unit of inmate

dog search and placement of inmates in rec yard, PC, or MPR

who letter was addressed to

visits to determine if incident was planned

Ensure documentation in Post Log Book

Notify on-coming Shift Commander

Arrange for inmate to be seen by PD for questioning

Ensure notation is made in inmate's jail screen in Tiburon

Sign incident report and submits to Sheriff via chain of command

Review policies to procedures to ensure followed regarding incident

planned event

drugs into facility

of incident

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

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Conduct roll call training on procedures regarding contraband, drugs through mail

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Inmate's	s HU:	Time:
Sender's	s Name	Shift:
Location	of Incident:	
Discove	ring Staff:	
Discove		
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(location/	description)	
Complete	ed Drugs found in Inmate Mail	Checklist:
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	Put on gloves / Ensure staff have on glo	oves
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(Refer to Policies 9-610, 15-108)

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	Verifiy 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
	If substance tests positive for drugs, PD is notified to respond to ACDF for official
	investigation
	Notifiy Sheriff through Director of Corrections and A-D Corrections
	Take picture of evidence
	Ensure Sergeant is waiting in Lobby to escort PD to testing area

Page 1 of 2

DRUGS FOUND IN INMATE MAIL

Contraband Found Checklist

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

Inmate's Name & P#:	Date:
Inmate's HU:	Time:
Sender's Name	Shift:
Location of Incident:	
Discovering Staff:	
Contraband Found:	
(location/description)	
Completed Drugs found in Inmate	Mail Checklist:

- $\hfill\square$ Respond to Lobby and conducts an initial investigation regarding the contents
- $\hfill \square$ Put on gloves / Ensure staff have on gloves
- $\hfill \square$
- Compare the sender's name (if one is provided) on the envelope/package with the visiting records of the inmate
- $\hfill \square$ 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
- ☐ If substance tests positive for drugs, PD is notified to respond to ACDF for official investigation
- ☐ Notifiy Sheriff through Director of Corrections and A-D Corrections
- ☐ Take picture of evidence
 - Ensure Sergeant is waiting in Lobby to escort PD to testing area

DRUGS FOUND IN INMATE MAIL

Contraband Found Checklist

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

Inmate's N	lame & P#: Date:	
Inmate's H	IU: Time:	
Sender's N	Name Shift:	
Location of	of Incident:	
Discoverin	ng Staff:	
Contraban	d Found:	
(location/de	scription)	
Completed	<u>Drugs found in Inmate Mail Checklist:</u>	
	Respond to Lobby and conducts an initial investigation regarding the contents	
	Put on gloves / Ensure staff have on gloves	
	Verifiy 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 compare the sender's name (if one is provided) on the envelope/package with the compare the sender's name (if one is provided) on the envelope (if one is provided) of the envelope (if one i	ıe
	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	
	If substance tests positive for drugs, PD is notified to respond to ACDF for official	
	investigation	
	Notifiy Sheriff through Director of Corrections and A-D Corrections	

Ensure Sergeant is waiting in Lobby to escort PD to testing area

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Take picture of evidence

Completed	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
	Commend 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 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

Page 2 of 2

Document incident in SCDR and on Roll Call Hot Sheet

Completed Drugs found in Inmate Mail Checklist (Continued):

Arrange for drug dog to search entire housing unit of inmate

dog search and placement of inmates in rec yard, PC, or MPR

who letter was addressed to

visits to determine if incident was planned

Ensure documentation in Post Log Book

Notify on-coming Shift Commander

Arrange for inmate to be seen by PD for questioning

Ensure notation is made in inmate's jail screen in Tiburon

Sign incident report and submits to Sheriff via chain of command

Review policies to procedures to ensure followed regarding incident

planned event

drugs into facility

of incident

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

Arrange for additional deputies to assist with pat down of inmates prior to drug

Ensure inmate's prior phone calls are listened to, to determine if incident was a

Arrange for the listening of subsequent phone calls to determine any knowledge

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 the Lobby Aide and any other involved parties write an incident report Review incident report for accuracy, grammar, and punctuation errors

Commend Lobby Aid/Deputy via letter to Sherriff for Letter of Commendation and

Conduct roll call training on procedures regarding contraband, drugs through mail

Ensure surrounding jails are notified, via Director of Corrections of attempt of

Request thru AD-Corrections that a Special Directive allowing recording of inmate's

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Completed	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
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	Ensure inmate's prior phone calls are listened to, to determine if incident was a
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	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
	Commend 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 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

Completed	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
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	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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DRUGS FOUND IN INMATE MAIL

Contraband Found Checklist

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

Inmate's	s Name & P#:	Date:
Inmate's	s HU:	Time:
Sender's	s Name	Shift:
Location	of Incident:	
Discove	ring Staff:	
Discove		
Contrab	and Found:	
(location/	description)	
Complete	ed Drugs found in Inmate Mail	Checklist:
	Respond to Lobby and conducts an init	tial investigation regarding the contents
	Put on gloves / Ensure staff have on glo	oves
	Verifiy if recipient is an inmate who is c	currently in the ACDF
	Compare the sender's name (if one is p	provided) on the envelope/package with the
	visiting records of the inmate	
	Ensure contraband incident is docume	nted in the Lobby post log book
	Take custody of the contraband and ma	aintains custody
	Ensure the chain of custody documenta	ation any time items is transferred to
	another person	
	Obtain a drug kit from Booking, Court S	Security, or PD to test for cocaine, heroin,
	marijuana, etc to test substance	
	Contact canine unit to respond to the A	ACDF to test contraband for drugs
	If substance tests positive for drugs, PE	D is notified to respond to ACDF for official
	investigation	
	Notifiy Sheriff through Director of Corre	ections and A-D Corrections
	Take picture of evidence	
	Ensure Sergeant is waiting in Lobby to	escort PD to testing area

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DRUGS FOUND IN INMATE MAIL

Contraband Found Checklist

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

Inmata's	s Name & P#: Date:
Inmate's	
Sender's	s Name Shift:
Location	of Incident:
Discove	ring Staff:
Вюсете	
Contrab	and Found:
(location/	description)
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	visiting records of the inmate
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	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
	If substance tests positive for drugs, PD is notified to respond to ACDF for official
	investigation
	Notifiy Sheriff through Director of Corrections and A-D Corrections
	Take picture of evidence
	Ensure Sergeant is waiting in Lobby to escort PD to testing area

Page 1 of 2

DRUGS FOUND IN INMATE MAIL

Contraband Found Checklist

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

Inmate's Name & P#:	Date:
Inmate's HU:	Time:
Sender's Name	Shift:
Location of Incident:	
Discovering Staff:	
Contraband Found:	
(location/description)	
Completed Drugs found in Inmate	Mail Checklist:

- $\hfill\square$ Respond to Lobby and conducts an initial investigation regarding the contents
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- ☐ If substance tests positive for drugs, PD is notified to respond to ACDF for official investigation
- ☐ Notifiy Sheriff through Director of Corrections and A-D Corrections
- ☐ Take picture of evidence
 - Ensure Sergeant is waiting in Lobby to escort PD to testing area

DRUGS FOUND IN INMATE MAIL

Contraband Found Checklist

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

Inmate's N	lame & P#: Date:		
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Sender's N	Name Shift:		
Location of	of Incident:		
Discoverin	ng Staff:		
Contraban	d Found:		
(location/de	scription)		
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	Respond to Lobby and conducts an initial investigation regarding the contents		
	Put on gloves / Ensure staff have on gloves		
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	If substance tests positive for drugs, PD is notified to respond to ACDF for official		
	investigation		
	Notifiy Sheriff through Director of Corrections and A-D Corrections		

Ensure Sergeant is waiting in Lobby to escort PD to testing area

П

Take picture of evidence

Completed	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
	Commend 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 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

Page 2 of 2

Document incident in SCDR and on Roll Call Hot Sheet

Completed Drugs found in Inmate Mail Checklist (Continued):

Arrange for drug dog to search entire housing unit of inmate

dog search and placement of inmates in rec yard, PC, or MPR

who letter was addressed to

visits to determine if incident was planned

Ensure documentation in Post Log Book

Notify on-coming Shift Commander

Arrange for inmate to be seen by PD for questioning

Ensure notation is made in inmate's jail screen in Tiburon

Sign incident report and submits to Sheriff via chain of command

Review policies to procedures to ensure followed regarding incident

planned event

drugs into facility

of incident

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

Arrange for additional deputies to assist with pat down of inmates prior to drug

Ensure inmate's prior phone calls are listened to, to determine if incident was a

Arrange for the listening of subsequent phone calls to determine any knowledge

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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

Commend Lobby Aid/Deputy via letter to Sherriff for Letter of Commendation and

Conduct roll call training on procedures regarding contraband, drugs through mail

Ensure surrounding jails are notified, via Director of Corrections of attempt of

Request thru AD-Corrections that a Special Directive allowing recording of inmate's

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Completed	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
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	Commend Lobby Aid/Deputy via letter to Sherriff for Letter of Commendation and
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Completed	Drugs found in Inmate Mail Checklist (Continued):
	Obtain responding officer's name and report number for incident
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DRUGS FOUND IN INMATE MAIL

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

Inmate's	s Name & P#:	Date:
Inmate's	s HU:	Time:
Sender's	s Name	Shift:
Location	of Incident:	
Discove	ring Staff:	
Discove		
Contrab	and Found:	
(location/	description)	
Complete	ed Drugs found in Inmate Mail	Checklist:
	Respond to Lobby and conducts an init	tial investigation regarding the contents
	Put on gloves / Ensure staff have on glo	oves
	Verifiy if recipient is an inmate who is c	currently in the ACDF
	Compare the sender's name (if one is p	provided) on the envelope/package with the
	visiting records of the inmate	
	Ensure contraband incident is docume	nted in the Lobby post log book
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	another person	
	Obtain a drug kit from Booking, Court S	Security, or PD to test for cocaine, heroin,
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Sender's Name	Shift:
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(Refer to Policies 9-610, 15-108)

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Inmate's H	IU: Time:		
Sender's N	Name Shift:		
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Discoverin	ng Staff:		
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	Notifiy Sheriff through Director of Corrections and A-D Corrections		

Ensure Sergeant is waiting in Lobby to escort PD to testing area

П

Take picture of evidence

Completed	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
	Commend 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 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

Page 2 of 2

Document incident in SCDR and on Roll Call Hot Sheet

Completed Drugs found in Inmate Mail Checklist (Continued):

Arrange for drug dog to search entire housing unit of inmate

dog search and placement of inmates in rec yard, PC, or MPR

who letter was addressed to

visits to determine if incident was planned

Ensure documentation in Post Log Book

Notify on-coming Shift Commander

Arrange for inmate to be seen by PD for questioning

Ensure notation is made in inmate's jail screen in Tiburon

Sign incident report and submits to Sheriff via chain of command

Review policies to procedures to ensure followed regarding incident

planned event

drugs into facility

of incident

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

Arrange for additional deputies to assist with pat down of inmates prior to drug

Ensure inmate's prior phone calls are listened to, to determine if incident was a

Arrange for the listening of subsequent phone calls to determine any knowledge

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 the Lobby Aide and any other involved parties write an incident report Review incident report for accuracy, grammar, and punctuation errors

Commend Lobby Aid/Deputy via letter to Sherriff for Letter of Commendation and

Conduct roll call training on procedures regarding contraband, drugs through mail

Ensure surrounding jails are notified, via Director of Corrections of attempt of

Request thru AD-Corrections that a Special Directive allowing recording of inmate's

П

Completed	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
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	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
	Commend 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 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

Completed	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
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	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

Page 2 of 2

INMATE INJURY

Medical Emergency Checklist

(Refer to Policy 13-202)

Inmate's N	ame & P#: Date:
Location o	f Incident: Time:
Primary St	aff: Shift:
Assisting S	staff:
Medical Er	nergency:
Completed	Inmate injury Checklist:
	Obtain brief description of condition, location, and emergency
П	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

	(Refer to Policy 13-202)
Inmate's	Name & P#: Date:
Location	of Incident: Time:
Primary S	staff: Shift:
Assisting	
Assisting	Staff:
Medical E	mergency:
	• ,
Completed	Inmate injury Checklist:
	Obtain brief description of condition, location, and emergency
	Determine if inmate is conscious
	Ensure Medical is responding
	Respond to incident
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	deputies and have a cruiser available for emergency transport (one armed deputy

INMATE INJURY

Medical Emergency Checklist

(Refer to Policy 13-202)

Inmate's N	Name & P#: Date:
Location o	of Incident: Time:
Primary St	taff: Shift:
Assisting S	
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Medical E	mergency:
Completed	Inmate injury Checklist:
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	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)

		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
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in chase vehicle and one unarmed deputy in ambulance)

in chase vehicle and one unarmed deputy in ambulance)

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

Complete	d Inmate Injury Checklist (Continued):
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	Document on Roll Call Hot Sheet
	Conduct debriefing
	Prepare After Action Report

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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)

Inmedials N	Poto:
	lame & P#: Date:
Location o	f Incident: Time:
Primary St	aff: Shift:
Assisting S	staff:
_	
Medical Er	nergency:
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

	(Refer to Policy 13-202)	
Inmate's I	Name & P#: Date:	
Location	of Incident: Time:	
Primary S	Staff: Shift:	
Assisting	Staff:	
, roototing		
Medical E	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	
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	Ensure elevator #4 is sent to ground level for EMS	
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	For emergency transport by ambulance to hospital, contact lead escort for two	
	deputies and have a cruiser available for emergency transport (one armed deputy	y

INMATE INJURY

Medical Emergency Checklist

(Refer to Policy 13-202)

Inmate's Name & P#: Date:	
Location	of Incident: Time:
Primary	Staff: Shift:
Assisting	g Staff:
Medical	Emergency:
Complete	ed <u>inmate injury Checklist:</u>
	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
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	Contact 911 via Medical
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	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#	: Date:
Location of Incident:	Time:
Primary Staff:	Shift:
Assisting Staff:	
Medical Emergency:	
Completed Inmate	injury Checklist:
☐ Obtain bri	ef description of condition, location, and emergency
☐ Determine	e if inmate is conscious

- Ensure Medical is responding Respond to incident
- Ensure uninjured inmates are locked down
- Make sure scene is safe
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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
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	Document EMF
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	Document on SCDR
	Document on Roll Call Hot Sheet
	Conduct debriefing
	Prepare After Action Report

Complete	d Inmate Injury Checklist (Continued):
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INMATE INJURY

Medical Emergency Checklist

(Refer to Policy 13-202)

Inmedials N	Poto:
	lame & P#: Date:
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Primary St	aff: Shift:
Assisting S	staff:
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Medical Er	nergency:
Completed	Inmate injury Checklist:
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	(Refer to Policy 13-202)	
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Primary S	Staff: Shift:	
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INMATE INJURY

Medical Emergency Checklist

(Refer to Policy 13-202)

Inmate's Name & P#: Date:	
Location	of Incident: Time:
Primary	Staff: Shift:
Assisting	g Staff:
Medical	Emergency:
Complete	ed <u>inmate injury Checklist:</u>
	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#	: Date:
Location of Incident:	Time:
Primary Staff:	Shift:
Assisting Staff:	
Medical Emergency:	
Completed Inmate	injury Checklist:
☐ Obtain bri	ef description of condition, location, and emergency
☐ Determine	e if inmate is conscious

- Ensure Medical is responding Respond to incident
- Ensure uninjured inmates are locked down
- Make sure scene is safe
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in chase vehicle and one unarmed deputy in ambulance)

in chase vehicle and one unarmed deputy in ambulance)

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

Complete	d 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,
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	Conduct debriefing
	Prepare After Action Report

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	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,
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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

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	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,
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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)

Inmedials N	Poto:
	lame & P#: Date:
Location o	f Incident: Time:
Primary St	aff: Shift:
Assisting S	staff:
_	
Medical Er	nergency:
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

	(Refer to Policy 13-202)	
Inmate's I	Name & P#: Date:	
Location	of Incident: Time:	
Primary S	Staff: Shift:	
Assisting	Staff:	
, roototing		
Medical E	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	
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INMATE INJURY

Medical Emergency Checklist

(Refer to Policy 13-202)

Inmate's	Name & P#: Date:
Location of Incident: Time:	
Primary Staff: Shift:	
Assisting	g Staff:
Medical	Emergency:
Complete	ed <u>inmate injury Checklist:</u>
	Obtain brief description of condition, location, and emergency
	Determine if inmate is conscious
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	Respond to incident
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	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#	: Date:
Location of Incident:	Time:
Primary Staff:	Shift:
Assisting Staff:	
Medical Emergency:	
Completed Inmate	injury Checklist:
☐ Obtain bri	ef description of condition, location, and emergency
☐ Determine	e if inmate is conscious

- Ensure Medical is responding Respond to incident
- Ensure uninjured inmates are locked down
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	Ensure deputy transporting inmate takes Sheriff's bag from Central Control during
	transport in case inmate is admitted to hospital
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	Ensure inmate's cell is secured
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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

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INMATE INJURY

Medical Emergency Checklist

(Refer to Policy 13-202)

Inmedials N	Poto:
	lame & P#: Date:
Location o	f Incident: Time:
Primary St	aff: Shift:
Assisting S	staff:
_	
Medical Er	nergency:
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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	in chase vehicle and one unarmed deputy in ambulance)

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INMATE INJURY

	(Refer to Policy 13-202)	
Inmate's I	Name & P#: Date:	
Location	of Incident: Time:	
Primary S	Staff: Shift:	
Assisting	Staff:	
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Medical E	Emergency:	
Completed	Inmate injury Checklist:	
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INMATE INJURY

Medical Emergency Checklist

(Refer to Policy 13-202)

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Location	of Incident: Time:
Primary	Staff: Shift:
Assisting	g Staff:
Medical	Emergency:
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INMATE INJURY

Medical Emergency Checklist

(Refer to Policy 13-202)

Inmate's Name & P#	: Date:
Location of Incident:	Time:
Primary Staff:	Shift:
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Completed	Inmate Injury Checklist (Continued):
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	Document on SCDR
	Document on Roll Call Hot Sheet
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	Prepare After Action Report

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	Ensure deputy transporting inmate takes Sheriff's bag from Central Control during	
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	Document on SCDR	
	Document on Roll Call Hot Sheet	
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	Prepare After Action Report	

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	Ensure deputy transporting inmate takes Sheriff's bag from Central Control during
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	PD, have a chase vehicle, determine need for alternate hospital; ensure SERT			
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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			

<u>INMATE DEATH AT HOSPITAL</u>

Medical Emergency Checklist

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

Inmate's	Name & P#: Date:
Location	of Incident: Time:
Primary S	taff: Shift:
Assisting	Staff:
Medical F	mergency:
Wieulcai L	mergency.
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)

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<u>INMATE DEATH AT HOSPITAL</u>

Medical Emergency Checklist

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

Inmate's	Name & P#: Date:	
Location	of Incident: Time:	
Primary S	taff: Shift:	
Assisting	Staff:	
/ looiotii ig		
Medical E	mergency:	
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)	

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INMATE DEATH AT HOSPITAL

Medical Emergency Checklist (Refer to Policies 5-219, 5-220, 13-202)

Inmate's Name & P#	:	Date:	
Primary Staff:		Shift:	
Assisting Staff:			
		_	
Medical Emergency:			

Completed Inmate Death at Hospital Checklist:

- □ Deputy will contact Shift Commander via Central Control
- $\hfill \Box$ 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
- ☐ Have Central Control notify Sheriff, Chief Deputy through Director of Corrections
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- ☐ Gather information about inmate regarding emergency contact or next of kin notification
- $\hfill \square$
- Gather inmate's classification file, IBM, records jacket, medical file to give to A-D Operations
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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:	-3900	-	
		<u>,</u>	
Medical Emergency:			

Completed Inmate Death at Hospital Checklist:

- ☐ Deputy will contact Shift Commander via Central Control
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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 SCDR incident
	Document on Roll Call
	Ensure inmate is properly removed from the jail count
	PullI 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 Chaplin 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

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<u>INMATE DEATH AT HOSPITAL</u>

Medical Emergency Checklist

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

Inmate's	Name & P#: Date:
Location	of Incident: Time:
Primary S	taff: Shift:
Assisting	Staff:
Medical F	mergency:
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	the room
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	natural causes
	Have Central Control notify Sheriff, Chief Deputy through Director of Corrections
	Notify Assistant Director of Corrections
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	Direct all concerns about inmate to the Sheriff, PIO, or designee
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	notification information on the Classification Interview Form or RMS (Tiburon)

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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:
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Primary Staff:		Shift:	
Assisting Staff:			
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(Refer to Policies 5-219, 5-220, 13-202)

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Location of Incident:		Time:	
Primary Staff:		Shift:	
Assisting Staff:	-3900	-	
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	Add supplement, sign report, make copies, and send up chain of command
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	Contact CISM coordinator and inform him/her of what happened
	Inform on-coming SC
	Document on SCDR incident
	Document on Roll Call
	Ensure inmate is properly removed from the jail count
	PullI 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 Chaplin 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

<u>INMATE DEATH AT HOSPITAL</u>

Medical Emergency Checklist

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

Inmate's	Name & P#: Date:
Location	of Incident: Time:
Primary S	taff: Shift:
Assisting	Staff:
Medical F	mergency:
Wieulcai L	mergency.
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)

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<u>INMATE DEATH AT HOSPITAL</u>

Medical Emergency Checklist

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

Inmate's	Name & P#: Date:
Location	of Incident: Time:
Primary S	taff: Shift:
Assisting	Staff:
/ looiotii ig	
Medical E	mergency:
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)

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INMATE DEATH AT HOSPITAL

Medical Emergency Checklist (Refer to Policies 5-219, 5-220, 13-202)

Inmate's Name & P#	:	Date:	
Primary Staff:		Shift:	
Assisting Staff:			
		_	
Medical Emergency:			

Completed Inmate Death at Hospital Checklist:

- □ Deputy will contact Shift Commander via Central Control
- $\hfill \Box$ 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
- ☐ 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
- $\hfill \square$
- 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)

Inmate's Name & P#		Date:	
Location of Incident:		Time:	
Primary Staff:		Shift:	
Assisting Staff:	-3900	-	
		<u>,</u>	
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
- ☐ 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
- $\hfill \square$ \hfill 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)

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 SCDR incident
	Document on Roll Call
	Ensure inmate is properly removed from the jail count
	PullI 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 Chaplin 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
	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 SCDR incident
	Document on Roll Call
	Ensure inmate is properly removed from the jail count
	PullI 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 Chaplin 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
	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 SCDR incident
	Document on Roll Call
	Ensure inmate is properly removed from the jail count
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	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
	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
	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 SCDR incident
	Document on Roll Call
	Ensure inmate is properly removed from the jail count
	PullI 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 Chaplin 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

<u>INMATE DEATH AT HOSPITAL</u>

Medical Emergency Checklist

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

Inmate's	Name & P#: Date:
Location	of Incident: Time:
Primary S	taff: Shift:
Assisting	Staff:
Medical F	mergency:
Wieulcai L	mergency.
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)

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<u>INMATE DEATH AT HOSPITAL</u>

Medical Emergency Checklist

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

Inmate's	Name & P#: Date:
Location	of Incident: Time:
Primary S	taff: Shift:
Assisting	Staff:
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Medical E	mergency:
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)

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INMATE DEATH AT HOSPITAL

Medical Emergency Checklist (Refer to Policies 5-219, 5-220, 13-202)

Inmate's Name & P#	:	Date:	
Primary Staff:		Shift:	
Assisting Staff:			
		_	
Medical Emergency:			

Completed Inmate Death at Hospital Checklist:

- □ Deputy will contact Shift Commander via Central Control
- $\hfill \Box$ 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
- ☐ 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
- $\hfill \square$
- 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)

Inmate's Name & P#		Date:	
Location of Incident:		Time:	
Primary Staff:		Shift:	
Assisting Staff:	-3900	-	
		<u>,</u>	
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
- ☐ 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
- $\hfill \square$
- 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)

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 SCDR incident
	Document on Roll Call
	Ensure inmate is properly removed from the jail count
	PullI 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 Chaplin 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
	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 SCDR incident
	Document on Roll Call
	Ensure inmate is properly removed from the jail count
	PullI 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 Chaplin 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
	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 SCDR incident
	Document on Roll Call
	Ensure inmate is properly removed from the jail count
	PullI 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 Chaplin 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
	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 SCDR incident
	Document on Roll Call
	Ensure inmate is properly removed from the jail count
	PullI 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 Chaplin 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 N	lame & P#: Date:
Location o	f Incident: Time:
Primary St	
•	
Assisting S	Staff:
Medical Er	mergency:
modiodi E	
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

Page 1 of 2

INMATE DEATH / SUICIDE

Medical Emergency Checklist

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

1	
Inmate's	Name & P#: Date:
Location	of Incident: Time:
Primary	Staff: Shift:
1 1	
Assisting	g Staff:
Medical	Emergency:
Modisar	
Complete	ed Inmate Death/Suicide Checklist:
Complete	Ensure Central Control notifies the Police Department
	Ensure Central Control notifies Sheriff, Chief, Director of Corrections, and
	Assistant Director of Corrections
П	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
1 -	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

Page 1 of 2

INMATE DEATH / SUICIDE

	Medical Emerg (Refer to Policies 5-2	
Inmate's I	Name & P#:	Date:
Location of	of Incident:	Time:
Primary S	taff:	Shift:
Assisting :	Staff:	-
Medical E	mergency:	-
Completed	Inmate Death/Suicide Che	cklist:
	Ensure Central Control notifies the Po	lice Department
	Ensure Central Control notifies Sherif	f, Chief, Director of Corrections, and
	Assistant Director of Corrections	
	Ensure inmate's cell is secured	
	Secure any evidence (e.g. suicide not	es)
	Gather information about inmate rega	arding emergency contact or next of kin
	notification	
	Direct all concerns about inmate to Si	neriff, PIO, or designee
	Gather post log book and IBM	
		ords jacket, medical file for AD-Corrections
	AD-Corrections obtains name of emer	gency contact person from the emergency
П		ication Interview Form or RMS (Tiburon) cory of all property and list each property
		nmate - Department of Corrections is notified
	Ensure via Director that Courts are av	•

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
- 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 П
- 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

Complete	Inmate Death/Suicide Checklist (Continued):	Completed	Inmate Death/Suicide Checklist (Continued):
	Initiate an investigation to ensure medical staff performed care of inmate in		Initiate an investigation to ensure medical staff performed care of inmate in
	accordance with policies & procedures; submit findings and/or recommendations		accordance with policies & procedures; submit findings and/or recommendations
	to Director via Assistant Director of Corrections		to Director via Assistant Director of Corrections
	Ensure incident report is written by all involved		Ensure incident report is written by all involved
	Ensure Sergeant writes supplement report		Ensure Sergeant writes supplement report
	Review report for accuracy, grammar, punctuation, and appropriate policies followed		Review report for accuracy, grammar, punctuation, and appropriate policies followed
	Add supplement, sign report, make copies, and send up chain of command		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		Speak with Deputy(ies) and let him/her know about EAP and CISM services
	Contact CISM coordinator and inform him/her of what happened		Contact CISM coordinator and inform him/her of what happened
	Speak with Medical Supervisor and make CISM and EAP services available for any		Speak with Medical Supervisor and make CISM and EAP services available for any
	medical staff who had cared for inmate		medical staff who had cared for inmate
	Speak with Inmate Services and make CISM and EAP services available for any		Speak with Inmate Services and make CISM and EAP services available for any
	inmate services, civilian staff who had prior dealings with inmate		inmate services, civilian staff who had prior dealings with inmate
	Have Chaplin and DHS or after hours DHS staff available for inmates who become		Have Chaplin and DHS or after hours DHS staff available for inmates who become
	aware of the inmate's death		aware of the inmate's death
	Inform on-coming Shift Commander		Inform on-coming Shift Commander
	Document on SCDR		Document on SCDR
	Document on Roll Call Hot Sheet		Document on Roll Call Hot Sheet
	Ensure inmate is properly removed from the jail count		Ensure inmate is properly removed from the jail count
	Conduct roll call training regarding death of inmate		Conduct roll call training regarding death of inmate
	Conduct debriefing		Conduct debriefing
	Prepare After Action Report		Prepare After Action Report
1			
1			
1			
	·		

Cor	mpleted	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
		$\label{lem:continuous} \textbf{Review report for accuracy, grammar, punctuation, and appropriate policies followed}$
		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 N	lame & P#: Date:
Location o	f Incident: Time:
Primary St	
•	
Assisting S	Staff:
Medical Er	mergency:
modiodi E	
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

Page 1 of 2

INMATE DEATH / SUICIDE

Medical Emergency Checklist

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

1	
Inmate's	Name & P#: Date:
Location	of Incident: Time:
Primary	Staff: Shift:
1 1	
Assisting	g Staff:
Medical	Emergency:
Modisar	
Complete	ed Inmate Death/Suicide Checklist:
Complete	Ensure Central Control notifies the Police Department
	Ensure Central Control notifies Sheriff, Chief, Director of Corrections, and
	Assistant Director of Corrections
П	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
1 -	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

Page 1 of 2

INMATE DEATH / SUICIDE

	Medical Emerg (Refer to Policies 5-2	
Inmate's I	Name & P#:	Date:
Location of	of Incident:	Time:
Primary S	taff:	Shift:
Assisting :	Staff:	-
Medical E	mergency:	-
Completed	Inmate Death/Suicide Che	cklist:
	Ensure Central Control notifies the Po	lice Department
	Ensure Central Control notifies Sherif	f, Chief, Director of Corrections, and
	Assistant Director of Corrections	
	Ensure inmate's cell is secured	
	Secure any evidence (e.g. suicide not	es)
	Gather information about inmate rega	arding emergency contact or next of kin
	notification	
	Direct all concerns about inmate to Si	neriff, PIO, or designee
	Gather post log book and IBM	
		ords jacket, medical file for AD-Corrections
	AD-Corrections obtains name of emer	gency contact person from the emergency
П		ication Interview Form or RMS (Tiburon) cory of all property and list each property
		nmate - Department of Corrections is notified
	Ensure via Director that Courts are av	•

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
- 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 П
- 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

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

Col	mpleted	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		
	·		

Page 2 of 2

	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
	$\label{lem:continuous} \textbf{Review report for accuracy, grammar, punctuation, and appropriate policies followed} \ .$
	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

Page 2 of 2 Page 2 of 2

INMATE DEATH / SUICIDE

Medical Emergency Checklist

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

Inmate's N	Name & P#: Date:			
Location of	f Incident: Time:			
Primary St	aff: Shift:			
Assisting Staff:				
Assisting Stant.				
Medical E	mergency:			
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			

Page 1 of 2

INMATE DEATH / SUICIDE

Medical Emergency Checklist

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

Inmate's	Name & P#: Date:			
Location	Location of Incident: Time:			
Primary Staff: Shift:				
Assisting Staff:				
Assisting	Stan.			
Medical E	mergency:			
	• ,			
Complete	d inmate Death/Suicide Checklist:			
П	Ensure Central Control notifies the Police Department			
П	Ensure Central Control notifies the Police Department Ensure Central Control notifies Sheriff, Chief, Director of Corrections, and			
	Assistant Director of Corrections			
П	Assistant Director of Corrections Ensure inmate's cell is secured			
П	Secure any evidence (e.g. suicide notes)			
П	Gather information about inmate regarding emergency contact or next of kin			
	notification			
П	Direct all concerns about inmate to Sheriff, PIO, or designee			
П	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)			
П	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			
1 7	Ensure via Director that Courts are aware in the event of upcoming court			
	Charle the shooter that south and and an area in the overteen appearing court			

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INMATE DEATH / SUICIDE

Medical Emergency Checklist

	(Refer to Policies 5-22			
Inmate's	s Name & P#:	Date:		
Location	n of Incident:	Time:		
Primary	Staff:	Shift:		
Assistin	g Staff:			
Medical	Emergency:			
Micaicai	Zmorgonoy.			
Complet	ed Inmate Death/Suicide Chec	klist:		
	Ensure Central Control notifies the Poli	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	5)		
	Gather information about inmate regarding emergency contact or next of kin			
	notification			
	Direct all concerns about inmate to She	eriff, PIO, or designee		
	Gather post log book and IBM			
	Gather inmate's classification file, reco	rds jacket, medical file for AD-Corrections		
	AD-Corrections obtains name of emerg	ency contact person from the emergency		
	notification information on the Classific	cation 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			

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
- ☐ 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
- $\hfill \Box$ Ensure via Director that Courts are aware in the event of upcoming court

Ensure via Director that Courts are aware in the event of upcoming court

INMATE DEATH / SUICIDE

Medical Emergency Checklist

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

Inmate's N	lame & P#: Date:		
Location o	f Incident: Time:		
Primary St			
•			
Assisting S	Staff:		
Medical Er	mergency:		
modiodi E			
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		

Page 1 of 2

INMATE DEATH / SUICIDE

Medical Emergency Checklist

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

1				
Inmate's	Name & P#: Date:			
Location	of Incident: Time:			
Primary	Staff: Shift:			
1 1				
Assisting	g Staff:			
Medical	Emergency:			
Modisar				
Complete	ed Inmate Death/Suicide Checklist:			
Complete	Ensure Central Control notifies the Police Department			
	Ensure Central Control notifies the Police Department Ensure Central Control notifies Sheriff, Chief, Director of Corrections, and			
	Assistant Director of Corrections			
П	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			
1 -	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			

Page 1 of 2

INMATE DEATH / SUICIDE

	Medical Emerg (Refer to Policies 5-2	
Inmate's I	Name & P#:	Date:
Location of	of Incident:	Time:
Primary S	taff:	Shift:
Assisting :	Staff:	-
Medical E	mergency:	-
Completed	Inmate Death/Suicide Che	cklist:
	Ensure Central Control notifies the Po	lice Department
	Ensure Central Control notifies Sherif	f, Chief, Director of Corrections, and
	Assistant Director of Corrections	
	Ensure inmate's cell is secured	
	Secure any evidence (e.g. suicide not	es)
	Gather information about inmate rega	arding emergency contact or next of kin
	notification	
	Direct all concerns about inmate to Si	neriff, PIO, or designee
	Gather post log book and IBM	
		ords jacket, medical file for AD-Corrections
	AD-Corrections obtains name of emer	gency contact person from the emergency
П		ication Interview Form or RMS (Tiburon) cory of all property and list each property
		nmate - Department of Corrections is notified
	Ensure via Director that Courts are av	•

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
- 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 П
- 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

Complete	Inmate Death/Suicide Checklist (Continued):	Completed	Inmate Death/Suicide Checklist (Continued):
	Initiate an investigation to ensure medical staff performed care of inmate in		Initiate an investigation to ensure medical staff performed care of inmate in
	accordance with policies & procedures; submit findings and/or recommendations		accordance with policies & procedures; submit findings and/or recommendations
	to Director via Assistant Director of Corrections		to Director via Assistant Director of Corrections
	Ensure incident report is written by all involved		Ensure incident report is written by all involved
	Ensure Sergeant writes supplement report		Ensure Sergeant writes supplement report
	Review report for accuracy, grammar, punctuation, and appropriate policies followed		Review report for accuracy, grammar, punctuation, and appropriate policies followed
	Add supplement, sign report, make copies, and send up chain of command		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		Speak with Deputy(ies) and let him/her know about EAP and CISM services
	Contact CISM coordinator and inform him/her of what happened		Contact CISM coordinator and inform him/her of what happened
	Speak with Medical Supervisor and make CISM and EAP services available for any		Speak with Medical Supervisor and make CISM and EAP services available for any
	medical staff who had cared for inmate		medical staff who had cared for inmate
	Speak with Inmate Services and make CISM and EAP services available for any		Speak with Inmate Services and make CISM and EAP services available for any
	inmate services, civilian staff who had prior dealings with inmate		inmate services, civilian staff who had prior dealings with inmate
	Have Chaplin and DHS or after hours DHS staff available for inmates who become		Have Chaplin and DHS or after hours DHS staff available for inmates who become
	aware of the inmate's death		aware of the inmate's death
	Inform on-coming Shift Commander		Inform on-coming Shift Commander
	Document on SCDR		Document on SCDR
	Document on Roll Call Hot Sheet		Document on Roll Call Hot Sheet
	Ensure inmate is properly removed from the jail count		Ensure inmate is properly removed from the jail count
	Conduct roll call training regarding death of inmate		Conduct roll call training regarding death of inmate
	Conduct debriefing		Conduct debriefing
	Prepare After Action Report		Prepare After Action Report
1			
1			
1			
I			

Page 2 of 2 Page 2 of 2

Completed Inmate Death/Sulcide 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
п	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 N	lame & P#: Date:		
Location o	f Incident: Time:		
Primary St			
•			
Assisting S	Staff:		
Medical Er	mergency:		
modiodi E			
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		

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INMATE DEATH / SUICIDE

Medical Emergency Checklist

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

1				
Inmate's	Name & P#: Date:			
Location	of Incident: Time:			
Primary	Staff: Shift:			
1 1				
Assisting	g Staff:			
Medical	Emergency:			
Modisar				
Complete	ed Inmate Death/Suicide Checklist:			
Complete	Ensure Central Control notifies the Police Department			
	Ensure Central Control notifies the Police Department Ensure Central Control notifies Sheriff, Chief, Director of Corrections, and			
	Assistant Director of Corrections			
П	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			
1 -	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			

Page 1 of 2

INMATE DEATH / SUICIDE

	Medical Emerg (Refer to Policies 5-2	
Inmate's I	Name & P#:	Date:
Location of	of Incident:	Time:
Primary S	taff:	Shift:
Assisting :	Staff:	-
Medical E	mergency:	-
Completed	Inmate Death/Suicide Che	cklist:
	Ensure Central Control notifies the Po	lice Department
	Ensure Central Control notifies Sherif	f, Chief, Director of Corrections, and
	Assistant Director of Corrections	
	Ensure inmate's cell is secured	
	Secure any evidence (e.g. suicide not	es)
	Gather information about inmate rega	arding emergency contact or next of kin
	notification	
	Direct all concerns about inmate to Si	neriff, PIO, or designee
	Gather post log book and IBM	
		ords jacket, medical file for AD-Corrections
	AD-Corrections obtains name of emer	gency contact person from the emergency
П		ication Interview Form or RMS (Tiburon) cory of all property and list each property
		nmate - Department of Corrections is notified
	Ensure via Director that Courts are av	•

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
- 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 П
- 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

Complete	Inmate Death/Suicide Checklist (Continued):	Completed	Inmate Death/Suicide Checklist (Continued):
	Initiate an investigation to ensure medical staff performed care of inmate in		Initiate an investigation to ensure medical staff performed care of inmate in
	accordance with policies & procedures; submit findings and/or recommendations		accordance with policies & procedures; submit findings and/or recommendations
	to Director via Assistant Director of Corrections		to Director via Assistant Director of Corrections
	Ensure incident report is written by all involved		Ensure incident report is written by all involved
	Ensure Sergeant writes supplement report		Ensure Sergeant writes supplement report
	Review report for accuracy, grammar, punctuation, and appropriate policies followed		Review report for accuracy, grammar, punctuation, and appropriate policies followed
	Add supplement, sign report, make copies, and send up chain of command		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		Speak with Deputy(ies) and let him/her know about EAP and CISM services
	Contact CISM coordinator and inform him/her of what happened		Contact CISM coordinator and inform him/her of what happened
	Speak with Medical Supervisor and make CISM and EAP services available for any		Speak with Medical Supervisor and make CISM and EAP services available for any
	medical staff who had cared for inmate		medical staff who had cared for inmate
	Speak with Inmate Services and make CISM and EAP services available for any		Speak with Inmate Services and make CISM and EAP services available for any
	inmate services, civilian staff who had prior dealings with inmate		inmate services, civilian staff who had prior dealings with inmate
	Have Chaplin and DHS or after hours DHS staff available for inmates who become		Have Chaplin and DHS or after hours DHS staff available for inmates who become
	aware of the inmate's death		aware of the inmate's death
	Inform on-coming Shift Commander		Inform on-coming Shift Commander
	Document on SCDR		Document on SCDR
	Document on Roll Call Hot Sheet		Document on Roll Call Hot Sheet
	Ensure inmate is properly removed from the jail count		Ensure inmate is properly removed from the jail count
	Conduct roll call training regarding death of inmate		Conduct roll call training regarding death of inmate
	Conduct debriefing		Conduct debriefing
	Prepare After Action Report		Prepare After Action Report
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Page 2 of 2 Page 2 of 2

Completed Inmate Death/Sulcide 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
п	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
	•

Complete	Inmate Death/Suicide Checklist (Continued):	Completed	Inmate Death/Suicide Checklist (Continued):
	Initiate an investigation to ensure medical staff performed care of inmate in		Initiate an investigation to ensure medical staff performed care of inmate in
	accordance with policies & procedures; submit findings and/or recommendations		accordance with policies & procedures; submit findings and/or recommendations
	to Director via Assistant Director of Corrections		to Director via Assistant Director of Corrections
	Ensure incident report is written by all involved		Ensure incident report is written by all involved
	Ensure Sergeant writes supplement report		Ensure Sergeant writes supplement report
	Review report for accuracy, grammar, punctuation, and appropriate policies followed		Review report for accuracy, grammar, punctuation, and appropriate policies followed
	Add supplement, sign report, make copies, and send up chain of command		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		Speak with Deputy(ies) and let him/her know about EAP and CISM services
	Contact CISM coordinator and inform him/her of what happened		Contact CISM coordinator and inform him/her of what happened
	Speak with Medical Supervisor and make CISM and EAP services available for any		Speak with Medical Supervisor and make CISM and EAP services available for any
	medical staff who had cared for inmate		medical staff who had cared for inmate
	Speak with Inmate Services and make CISM and EAP services available for any		Speak with Inmate Services and make CISM and EAP services available for any
	inmate services, civilian staff who had prior dealings with inmate		inmate services, civilian staff who had prior dealings with inmate
	Have Chaplin and DHS or after hours DHS staff available for inmates who become		Have Chaplin and DHS or after hours DHS staff available for inmates who become
	aware of the inmate's death		aware of the inmate's death
	Inform on-coming Shift Commander		Inform on-coming Shift Commander
	Document on SCDR		Document on SCDR
	Document on Roll Call Hot Sheet		Document on Roll Call Hot Sheet
	Ensure inmate is properly removed from the jail count		Ensure inmate is properly removed from the jail count
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	Conduct debriefing		Conduct debriefing
	Prepare After Action Report		Prepare After Action Report
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1			
I			

Page 2 of 2 Page 2 of 2

Completed Inmate Death/Sulcide 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
п	Ensure incident report is written by all involved
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	Speak with Deputy(ies) and let him/her know about EAP and CISM services
	Contact CISM coordinator and inform him/her of what happened
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	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)

Staff's N	ame & ID# Date:
	Name & P#: Time:
Location	of Incident: Shift:
Medical	Emergency:
Complete	d 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
	consistent with policy 5-100
	Nofity 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

Page 1 of 3

ACDF COMMUNICABLE DISEASE Emergency Response Checklist

		polise checklist licy 2-1012)			
Staff's Na	ame & ID#	Date:			
nmate's	Name & P#:	Time:			
ocation	of Incident:	Shift:			
Medical	Emergency:				
Complete	ed ACDF Communicable Dise	ase Checklist:			
	Have Central Control announce Loc	kdown and Zero Movement throughout ACDF			
	When informed by Medical staff of an inmate(s) suspected to be infected with a				
	communicable disease, the Shift Cor	mmander notifies Command Staff consistent			
	consistent with policy 5-100				
	Nofity Chain of Command via Centra	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 in 	mate(s)			
	d. action taken and precautionary	procedures to be followed when staff enter			
	and/or are assigned to provide secu	rity in the contaminated area			
	Ensure Medical staff notifies the Arlin	ngton County Public Health staff and provides			
	pertinent information concerning the	outbreak/emergency			
	Ensure Medical staff activates their of	communicable disease response plan			
	When informed by medical staff, ei	ther verbally or by signage, of a communicable			
	disease/illness, staff entering the a	affected area or working in direct contact			
	with an inmate(s) suspected to be i	nfected don their PPE. PPE consists of but is			
	not limited to N95 respirator, non-la	atex gloves and goggles. Bloodborne			

ACDF COMMUNICABLE DISEASE

Emergency Response Checklist

(Refer to Policy 2-1012)

Staff's N	lame & ID# Date:				
Inmate's	s Name & P#: Time:				
Location	of Incident: Shift:				
Location					
Medical	Emergency:				
Complete	ed ACDF Communicable Disease Checklist:				
	Have Central Control announce Lockdown and Zero Movement throughout AC				
	When informed by Medical staff of an inmate(s) suspected to be infected with a				
	communicable disease, the Shift Commander notifies Command Staff consistent				
	consistent with policy 5-100				
	Nofity 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				
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	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 Emergency Response Checklist

Staff's Name & ID#

Inmate's Name & P#:_____

(Refer to Policy 2-1012)

Date: _____

Time: _____

Location of	of Incident: Shift:						
Medical E	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						
	consistent with policy 5-100						
	Nofity 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						

pathogen procedures are followed

Completed	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 on PPE				
	Medical staff identifies inmate(s) that are to be housed in isolation cells and begin				
	medical surveillance and treatment utilizing precautioary 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					
	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 Ariington County Public Health				
	Media communication is conducted consistent with policy 4-300				
	Staff with appropriate level of training conduct a medical screening of staff				
u .	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 liasion or Sheriff's Office Safety Specialist				
	The state of the s				

Page 2 of 3

Completed 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 on PPE Medical staff identifies inmate(s) that are to be housed in isolation cells and begin medical surveillance and treatment utilizing precautioary 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 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 liasion or Sheriff's Office Safety Specialist

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-	Completed	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 on PPE
		Medical staff identifies inmate(s) that are to be housed in isolation cells and begin
		medical surveillance and treatment utilizing precautioary procedures established
		by the Center for Disease Control, Occupational Health and Safety, Virginia Public
		Health and other applicable regulatory Medical Authority
1		During the distribution of surgical mask, medical staff provide educational
ĺ		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
1		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 liasion or Sheriff's Office Safety Specialist

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If number of inmates with the communicable disease out numbers the cells in
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to ACDF staff prior to and during the onset of an outbreak within the Detention
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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 liasion or Sheriff's Office Safety Specialist

Completed ACDF Communicable Disease Checklist (Continued) The Director of Corrections or designee in collaboration with medica Arlington County Public Health staff determine when the facility may normal operations Contact Safety Specialist to ensure staff PPE equipment is cleaned Employee and supervisor will submit and incident report	:
normal operations Contact Safety Specialist to ensure staff PPE equipment is cleaned	
☐ Contact Safety Specialist to ensure staff PPE equipment is cleaned	resume
☐ Employee and supervisor will submit and incident report	
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Page 3 of 3	

☐ Employee and supervisor will submit and incident report

Completed ACDF Communicable Disease Checklist (Continued):

Contact Safety Specialist to ensure staff PPE equipment is cleaned

normal operations

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

- 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

Completed ACDF Communicable Disease Checklist (Continued):

☐ The Director of Corrections or designee in collaboration with medical and
Ariington 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 N	ame & ID# Date:
	Name & P#: Time:
Location	of Incident: Shift:
Medical	Emergency:
Complete	d 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
	consistent with policy 5-100
	Nofity 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
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ACDF COMMUNICABLE DISEASE Emergency Response Checklist

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Staff's Na	ame & ID#	Date:	
nmate's	Name & P#:	Time:	
ocation	of Incident:	Shift:	
Medical	Emergency:		
Complete	ed ACDF Communicable Dise	ase Checklist:	
	Have Central Control announce Loc	kdown and Zero Movement throughout ACDF	
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	 c. location(s)/housing(s) unit of in 	mate(s)	
	d. action taken and precautionary	procedures to be followed when staff enter	
	and/or are assigned to provide secu	rity in the contaminated area	
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ACDF COMMUNICABLE DISEASE

Emergency Response Checklist

(Refer to Policy 2-1012)

Staff's N	lame & ID# Date:				
Inmate's	s Name & P#: Time:				
Location	of Incident: Shift:				
Location					
Medical	Emergency:				
Complete	ed ACDF Communicable Disease Checklist:				
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	d. action taken and precautionary procedures to be followed when staff enter				
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	disease/illness, staff entering the affected area or working in direct contact				
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	not limited to N95 respirator, non-latex gloves and goggles. Bloodborne				

Page 1 of 3

ACDF COMMUNICABLE DISEASE Emergency Response Checklist

Staff's Name & ID#

Inmate's Name & P#:_____

(Refer to Policy 2-1012)

Date: _____

Time: _____

Location of	of Incident: Shift:
Medical E	mergency:
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
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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 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

pathogen procedures are followed

Completed	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 on PPE			
	Medical staff identifies inmate(s) that are to be housed in isolation cells and begin			
	medical surveillance and treatment utilizing precautioary 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 cell				
	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 Ariington County Public Health			
	Media communication is conducted consistent with policy 4-300			
	Staff with appropriate level of training conduct a medical screening of staff			
u .	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 liasion or Sheriff's Office Safety Specialist			
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Page 2 of 3

Completed 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 on PPE Medical staff identifies inmate(s) that are to be housed in isolation cells and begin medical surveillance and treatment utilizing precautioary 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 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 liasion or Sheriff's Office Safety Specialist

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		Prisoner(s) that meet the criteria for isolation are given a disposal gown/apron
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	_	Staff escorting the inmate must don on PPE
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		Health and other applicable regulatory Medical Authority
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		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 $$
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		Arlington County Public Health staff provides additional precautionary procedures
		to ACDF staff prior to and during the onset of an outbreak within the Detention
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1		notification to Arlington County Public Health
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		Staff with appropriate level of training conduct a medical screening of staff
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		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
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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
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 □ The Director of Corrections or designee in collaboration with medica Arlington County Public Health staff determine when the facility may normal operations □ Contact Safety Specialist to ensure staff PPE equipment is cleaned □ Employee and supervisor will submit and incident report 	Completed ACDF Communicable Disease Checklist (Continued):			
normal operations Contact Safety Specialist to ensure staff PPE equipment is cleaned				
☐ Contact Safety Specialist to ensure staff PPE equipment is cleaned	resume			
☐ Employee and supervisor will submit and incident report				
Day 2.42				
Page 3 of 3				

☐ Employee and supervisor will submit and incident report

Completed ACDF Communicable Disease Checklist (Continued):

Contact Safety Specialist to ensure staff PPE equipment is cleaned

normal operations

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

- 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

Completed ACDF Communicable Disease Checklist (Continued):

☐ The Director of Corrections or designee in collaboration with medical and
Ariington 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 N	ame & ID# Date:
	Name & P#: Time:
Location	of Incident: Shift:
Medical	Emergency:
Complete	d 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
	consistent with policy 5-100
	Nofity 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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ACDF COMMUNICABLE DISEASE Emergency Response Checklist

		polise checklist licy 2-1012)	
Staff's Na	ame & ID#	Date:	
nmate's	Name & P#:	Time:	
ocation	of Incident:	Shift:	
Medical	Emergency:		
Complete	ed ACDF Communicable Dise	ase Checklist:	
	Have Central Control announce Loc	kdown and Zero Movement throughout ACDF	
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ACDF COMMUNICABLE DISEASE

Emergency Response Checklist

(Refer to Policy 2-1012)

Staff's N	lame & ID# Date:				
Inmate's	s Name & P#: Time:				
Location	of Incident: Shift:				
Location					
Medical	Emergency:				
Complete	ed ACDF Communicable Disease Checklist:				
	Have Central Control announce Lockdown and Zero Movement throughout AC				
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ACDF COMMUNICABLE DISEASE Emergency Response Checklist

Staff's Name & ID#

Inmate's Name & P#:_____

(Refer to Policy 2-1012)

Date: _____

Time: _____

Location of	of Incident: Shift:
Medical E	mergency:
Completed	ACDF Communicable Disease Checklist:
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Completed	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 on PPE
	Medical staff identifies inmate(s) that are to be housed in isolation cells and begin
	medical surveillance and treatment utilizing precautioary 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
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	Arlington County Public Health staff provides additional precautionary procedures
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	Facility
	Death of an inmate(s) is conducted consistent with policy 5-220 with notification to Ariington County Public Health
	Media communication is conducted consistent with policy 4-300
	Staff with appropriate level of training conduct a medical screening of staff
u .	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
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Page 2 of 3

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Completed ACDF Communicable Disease Checklist (Continued) The Director of Corrections or designee in collaboration with medica Arlington County Public Health staff determine when the facility may normal operations Contact Safety Specialist to ensure staff PPE equipment is cleaned Employee and supervisor will submit and incident report	:
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☐ Employee and supervisor will submit and incident report	
Day 2.42	
Page 3 of 3	

☐ Employee and supervisor will submit and incident report

Completed ACDF Communicable Disease Checklist (Continued):

Contact Safety Specialist to ensure staff PPE equipment is cleaned

normal operations

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

- 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
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Completed ACDF Communicable Disease Checklist (Continued):

☐ The Director of Corrections or designee in collaboration with medical and
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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 N	ame & ID# Date:
	Name & P#: Time:
Location	of Incident: Shift:
Medical	Emergency:
Complete	d 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
	consistent with policy 5-100
	Nofity 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
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	Ensure Medical staff notifies the Arlington County Public Health staff and provides
	pertinent information concerning the outbreak/emergency
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	When informed by medical staff, either verbally or by signage, of a communicable
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ACDF COMMUNICABLE DISEASE Emergency Response Checklist

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ACDF COMMUNICABLE DISEASE

Emergency Response Checklist

(Refer to Policy 2-1012)

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ACDF COMMUNICABLE DISEASE Emergency Response Checklist

Staff's Name & ID#

Inmate's Name & P#:_____

(Refer to Policy 2-1012)

Date: _____

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Medical E	mergency:
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	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 Ariington County Public Health
	Media communication is conducted consistent with policy 4-300
	Staff with appropriate level of training conduct a medical screening of staff
u .	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 liasion or Sheriff's Office Safety Specialist
	The state of the s

Page 2 of 3

Completed 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 on PPE Medical staff identifies inmate(s) that are to be housed in isolation cells and begin medical surveillance and treatment utilizing precautioary 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 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 liasion or Sheriff's Office Safety Specialist

1		
-	Completed	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 on PPE
		Medical staff identifies inmate(s) that are to be housed in isolation cells and begin
		medical surveillance and treatment utilizing precautioary procedures established
		by the Center for Disease Control, Occupational Health and Safety, Virginia Public
		Health and other applicable regulatory Medical Authority
1		During the distribution of surgical mask, medical staff provide educational
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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 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
1		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 liasion or Sheriff's Office Safety Specialist

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d. hand washing
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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 liasion or Sheriff's Office Safety Specialist

 □ The Director of Corrections or designee in collaboration with medica Arlington County Public Health staff determine when the facility may normal operations □ Contact Safety Specialist to ensure staff PPE equipment is cleaned □ Employee and supervisor will submit and incident report 	Completed ACDF Communicable Disease Checklist (Continued):		
normal operations Contact Safety Specialist to ensure staff PPE equipment is cleaned			
☐ Contact Safety Specialist to ensure staff PPE equipment is cleaned	resume		
☐ Employee and supervisor will submit and incident report			
Day 2.42			
Page 3 of 3			

☐ Employee and supervisor will submit and incident report

Completed ACDF Communicable Disease Checklist (Continued):

Contact Safety Specialist to ensure staff PPE equipment is cleaned

normal operations

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

- 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

Completed ACDF Communicable Disease Checklist (Continued):

☐ The Director of Corrections or designee in collaboration with medical and
Ariington 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 N	ame & ID# Date:
	Name & P#: Time:
Location	of Incident: Shift:
Medical	Emergency:
Complete	d 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
	consistent with policy 5-100
	Nofity 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

Page 1 of 3

ACDF COMMUNICABLE DISEASE Emergency Response Checklist

		polise checklist licy 2-1012)
Staff's Na	ame & ID#	Date:
nmate's	Name & P#:	Time:
ocation	of Incident:	Shift:
Medical	Emergency:	
Complete	ed ACDF Communicable Dise	ase Checklist:
	Have Central Control announce Loc	kdown and Zero Movement throughout ACDF
	When informed by Medical staff of a	n inmate(s) suspected to be infected with a
	communicable disease, the Shift Cor	mmander notifies Command Staff consistent
	consistent with policy 5-100	
	Nofity Chain of Command via Centra	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 in 	mate(s)
	d. action taken and precautionary	procedures to be followed when staff enter
	and/or are assigned to provide secu	rity in the contaminated area
	Ensure Medical staff notifies the Arlin	ngton County Public Health staff and provides
	pertinent information concerning the	outbreak/emergency
	Ensure Medical staff activates their of	communicable disease response plan
	When informed by medical staff, ei	ther verbally or by signage, of a communicable
	disease/illness, staff entering the a	affected area or working in direct contact
	with an inmate(s) suspected to be i	nfected don their PPE. PPE consists of but is
	not limited to N95 respirator, non-la	atex gloves and goggles. Bloodborne

ACDF COMMUNICABLE DISEASE

Emergency Response Checklist

(Refer to Policy 2-1012)

Staff's N	lame & ID# Date:
Inmate's	s Name & P#: Time:
Location	of Incident: Shift:
Location	
Medical	Emergency:
Complete	ed ACDF Communicable Disease Checklist:
	Have Central Control announce Lockdown and Zero Movement throughout AC
	When informed by Medical staff of an inmate(s) suspected to be infected with a
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	and/or are assigned to provide security in the contaminated area
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ACDF COMMUNICABLE DISEASE Emergency Response Checklist

Staff's Name & ID#

Inmate's Name & P#:_____

(Refer to Policy 2-1012)

Date: _____

Time: _____

Location of	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	
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	consistent with policy 5-100	
	Nofity Chain of Command via Central Control	
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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 signage, of a communicable	
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	pathogen procedures are followed	

pathogen procedures are followed

Completed	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 on PPE
	Medical staff identifies inmate(s) that are to be housed in isolation cells and begin
	medical surveillance and treatment utilizing precautioary 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 Ariington County Public Health
	Media communication is conducted consistent with policy 4-300
	Staff with appropriate level of training conduct a medical screening of staff
u .	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 liasion or Sheriff's Office Safety Specialist
	The state of the s

Page 2 of 3

Completed 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 on PPE Medical staff identifies inmate(s) that are to be housed in isolation cells and begin medical surveillance and treatment utilizing precautioary 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 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 liasion or Sheriff's Office Safety Specialist

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		e. coughing and sneezing hygiene
		f. self care treatment
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		Maintain staff roster - to include callback - Courtside assistance
		ACDF stockpile supplies and equipment are used once the daily operational
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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 liasion or Sheriff's Office Safety Specialist

Completed ACDF Communicable Disease Checklist (Continued) The Director of Corrections or designee in collaboration with medica Arlington County Public Health staff determine when the facility may normal operations Contact Safety Specialist to ensure staff PPE equipment is cleaned Employee and supervisor will submit and incident report	:
normal operations Contact Safety Specialist to ensure staff PPE equipment is cleaned	
☐ Contact Safety Specialist to ensure staff PPE equipment is cleaned	resume
☐ Employee and supervisor will submit and incident report	
Day 2.42	
Page 3 of 3	

☐ Employee and supervisor will submit and incident report

Completed ACDF Communicable Disease Checklist (Continued):

Contact Safety Specialist to ensure staff PPE equipment is cleaned

normal operations

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

- 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

Completed ACDF Communicable Disease Checklist (Continued):

☐ The Director of Corrections or designee in collaboration with medical and
Ariington 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)

Drimon. C	taff & ID: Date:		
Primary S			
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 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		
	ggles. Bloodborne pathogen procedures are followed tify Magistrate, Judicial Services, ACDF Medical, Food Service, Mental Health eriff, 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

MASS ARREST / QUARANTINE Emergency Response Checklist

(Communicable Disease/Quarantine Isolation Orders) (Refer to Policy 2-1006 and 2-1012)

	Staff & ID: Staff & ID:		Time: _		
	Incident:				
Completed	Mass Aı	rrest Quarantine / isol	lation Order	rs Checklist:	
	Have Cent	ral Control announce Lockdo	wn and Zero Mo	vement throughout ACD	F
	Staff receiv	ring prisoners into Booking dor	n their personal	protective equipment	
	(PPE). PPE	consists of but is not limited to	o N95 respirator	, non-latex gloves and	
	goggles. B	loodborne pathogen procedure	es are followed		
	Notify Magistrate, Judicial Services, ACDF Medical, Food Service, Mental Health				
		ef, Directors of Corrections, A-			
		ntering the facility are instruct	ed to wear a su	rgical mask. Police and/	
		s provide the surgical mask ocedures are followed and no	mara than twal	vo prigonoro ero brovalst	
	٠.			ve prisoners are brought	
		ooking area at any one time for re separated upon entry into t		l on the research) for	
		ned and continue to wear thei	•	• •	
	•	letion of the booking process,	•		ay
		redoil of the booking process,	ensure medical	stan conducts a medical	
П	screening Ensure Med	dical staff documents and info	rms the nrisone	r(s) of their medical findin	ďΘ
П		off provide explanation/information	•	• ,	Pa
_		se of wearing the surgical mas	-		
	, .,.	5 5			

MASS ARREST / QUARANTINE Emergency Response Checklist

(Communicable Disease/Quarantine Isolation Orders) (Refer to Policy 2-1006 and 2-1012)

Primary S	taff & 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 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

Page 1 of 3

MASS ARREST / QUARANTINE Emergency Response Checklist

(Communicable Disease/Quarantine Isolation Orders) (Refer to Policy 2-1006 and 2-1012)

Date: ____

Primary Staff & ID:

Assisting S	Staff & ID: Time:
Assisting S	Staff & ID: Shift:
	Incident:
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

Completed Mass Arrest Communicable Disease Checklist (Continued): 2. keeping a distance of three feet radius from an infected person recognition of symptoms and prompt reporting of symptoms of illness hand washing coughing and sneezing hygiene 5. 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 \Box Alternative housing is determined based on medical needs, type of charge(s) and incarceration history П Medical and Sheriff's Office staff provide medical care within their level of training \Box 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 ECC (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 П Media communication is conducted consistent with policy 4-300 \Box Death of an inmate(s) is conducted consistent with policy 5-200 with notification 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

Page 2 of 3

Completed Mass Arrest Communicable Disease Checklist (Continued):

- 2. keeping a distance of three feet radius from an infected person
- recognition of symptoms and prompt reporting of symptoms of illness 3.
- hand washing

 \Box

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- coughing and sneezing hygiene
- 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 П 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
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- 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
- П 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
- П 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):

- 2. keeping a distance of three feet radius from an infected person
- recognition of symptoms and prompt reporting of symptoms of illness
- hand washing
- 5 coughing and sneezing hygiene
- 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
- \Box Alternative housing is determined based on medical needs, type of charge(s) and incarceration history
- П Medical and Sheriff's Office staff provide medical care within their level of training \Box 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 П Central Control is notified as soon as possible when life threatening medical
- conditions exist. Medical contacts ECC (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
- П Media communication is conducted consistent with policy 4-300 Death of an inmate(s) is conducted consistent with policy 5-200 with notification
- П 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

Page 2 of 3

Completed Mag	- Arrest Comp	nunicable Disea	ee Checkilet	(Continued)
il Completed Mas	s Arrest Comn	iunicapie visea	Se Checkiist	(Continued):

- keeping a distance of three feet radius from an infected person
- recognition of symptoms and prompt reporting of symptoms of illness
- hand washing

if necessary

 \Box

- coughing and sneezing hygiene
- 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
- \Box Alternative housing is determined based on medical needs, type of charge(s) and incarceration history
- П Medical and Sheriff's Office staff provide medical care within their level of training

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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 disindectant
	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

Page 3 of 3 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 disindectant There may be circumstances where personnel cannot disinfect a vehicle and professional cleaning is needed. In such cases, the following procedure applies: The operator of the vehicle notifies supervisor, who will then inspect the vehicle 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) 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) If a vehicle can not 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

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	Page 3 of 3
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MASS ARREST / QUARANTINE Emergency Response Checklist

(Communicable Disease/Quarantine Isolation Orders) (Refer to Policy 2-1006 and 2-1012)

Drimon	taff & ID: Date:
Primary S	
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 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

Page 1 of 3

MASS ARREST / QUARANTINE Emergency Response Checklist

(Communicable Disease/Quarantine Isolation Orders) (Refer to Policy 2-1006 and 2-1012)

	Staff & ID: Staff & ID:		Time: _		
	Incident:				
Completed	Mass Aı	rrest Quarantine / isol	lation Order	rs Checklist:	
	Have Cent	ral Control announce Lockdo	wn and Zero Mo	vement throughout ACD	F
	Staff receiv	ring prisoners into Booking dor	n their personal	protective equipment	
	(PPE). PPE	consists of but is not limited to	o N95 respirator	, non-latex gloves and	
	goggles. B	loodborne pathogen procedure	es are followed		
		istrate, Judicial Services, ACDF			
		ef, Directors of Corrections, A-			
		ntering the facility are instruct	ed to wear a su	rgical mask. Police and/	
		s provide the surgical mask ocedures are followed and no	mara than twal	vo prigonoro ero brovalst	
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		ooking area at any one time for re separated upon entry into t		l on the research) for	
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MASS ARREST / QUARANTINE Emergency Response Checklist

(Communicable Disease/Quarantine Isolation Orders) (Refer to Policy 2-1006 and 2-1012)

Primary S	taff & ID: Date:
Assisting	Staff & ID: Time:
Assisting	Staff & ID: Shift:
	Incident:
Completed	Mass Arrest Quarantine / Isolation Orders Checklist:
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	being detained and continue to wear their surgical mask for the duration of their stay
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Page 1 of 3

MASS ARREST / QUARANTINE Emergency Response Checklist

(Communicable Disease/Quarantine Isolation Orders) (Refer to Policy 2-1006 and 2-1012)

Date: ____

Primary Staff & ID:

Assisting S	Staff & ID: Time:
Assisting S	Staff & ID: Shift:
	Incident:
Completed	Mass Arrest Quarantine / Isolation Orders Checklist:
	Have Central Control announce Lockdown and Zero Movement throughout ACDF
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	Notify Magistrate, Judicial Services, ACDF Medical, Food Service, Mental Health Sheriff, Chief, Directors of Corrections, A-D Corrections, Support Services Admin
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	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

Completed Mass Arrest Communicable Disease Checklist (Continued): 2. keeping a distance of three feet radius from an infected person recognition of symptoms and prompt reporting of symptoms of illness hand washing coughing and sneezing hygiene 5. 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 \Box Alternative housing is determined based on medical needs, type of charge(s) and incarceration history П Medical and Sheriff's Office staff provide medical care within their level of training \Box 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 ECC (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 П Media communication is conducted consistent with policy 4-300 \Box Death of an inmate(s) is conducted consistent with policy 5-200 with notification 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

Page 2 of 3

Completed Mass Arrest Communicable Disease Checklist (Continued):

- 2. keeping a distance of three feet radius from an infected person
- recognition of symptoms and prompt reporting of symptoms of illness 3.
- hand washing

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- coughing and sneezing hygiene
- 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
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Completed Mass Arrest Communicable Disease Checklist (Continued):

- 2. keeping a distance of three feet radius from an infected person
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- self care treatment if necessary
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Page 2 of 3

Completed Mag	- Arrest Comp	nunicable Disea	ee Checkilet	(Continued)
il Completed Mas	s Arrest Comn	iunicapie visea	Se Checkiist	(Continued):

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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 disindectant
	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
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Page 3 of 3 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 disindectant There may be circumstances where personnel cannot disinfect a vehicle and professional cleaning is needed. In such cases, the following procedure applies: The operator of the vehicle notifies supervisor, who will then inspect the vehicle 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) 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) If a vehicle can not 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

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MASS ARREST / QUARANTINE Emergency Response Checklist

(Communicable Disease/Quarantine Isolation Orders) (Refer to Policy 2-1006 and 2-1012)

Drimon	taff & ID: Date:
Primary S	
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 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

Page 1 of 3

MASS ARREST / QUARANTINE Emergency Response Checklist

(Communicable Disease/Quarantine Isolation Orders) (Refer to Policy 2-1006 and 2-1012)

	Staff & ID: Staff & ID:		Time: _		
	Incident:				
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	goggles. B	loodborne pathogen procedure	es are followed		
		istrate, Judicial Services, ACDF			
		ef, Directors of Corrections, A-			
		ntering the facility are instruct	ed to wear a su	rgical mask. Police and/	
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		ooking area at any one time for re separated upon entry into t		l on the research) for	
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	•	letion of the booking process,	•		ay
		redoil of the booking process,	ensure medical	stan conducts a medical	
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П		off provide explanation/information	•	• ,	Pa
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Primary S	taff & ID: Date:
Assisting	Staff & ID: Time:
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(Communicable Disease/Quarantine Isolation Orders) (Refer to Policy 2-1006 and 2-1012)

Date: ____

Primary Staff & ID:

Assisting S	Staff & ID: Time:
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Medical staff provide explanation/information to the prisoner(s) such as:

1. purpose of wearing the surgical mask

Completed Mass Arrest Communicable Disease Checklist (Continued): 2. keeping a distance of three feet radius from an infected person recognition of symptoms and prompt reporting of symptoms of illness hand washing 5. coughing and sneezing hygiene 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 \Box Alternative housing is determined based on medical needs, type of charge(s) and incarceration history П Medical and Sheriff's Office staff provide medical care within their level of training \Box 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 ECC (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 П Media communication is conducted consistent with policy 4-300 \Box Death of an inmate(s) is conducted consistent with policy 5-200 with notification 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

Page 2 of 3

- Completed Mass Arrest Communicable Disease Checklist (Continued):

 2. keeping a distance of three feet radius from an infected person
 - recognition of symptoms and prompt reporting of symptoms of illness
 - 4. hand washing
 - 5. coughing and sneezing hygiene
 - 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

 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 ECC (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):

- 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 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

 When it is determined that a prisoner's medical treatment cannot be provided at
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Page 2 of 3

Completed 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
- 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
- □ 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 ECC (911) providing pertinent information

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

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- 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 disindectant
	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
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Completed Mass Arrest Communicable Disease Checklist (Continued): **Decontaminating the Sheriff's Office Vehicle** When cleaning contaminated vehicles, personal protective equipment must be worn П 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 disindectant There may be circumstances where personnel cannot disinfect a vehicle and П professional cleaning is needed. In such cases, the following procedure applies: The operator of the vehicle notifies supervisor, who will then inspect the vehicle 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) 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) If a vehicle can not 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

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	Decontaminating the Sheriff's Office Vehicle
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	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
	Page 3 of 3

Completed Mass Arrest Communicable Disease Checklist (Continued): **Decontaminating the Sheriff's Office Vehicle** П 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 П blood or body fluids, the operator or assigned officer should disinfect the contaminated area with an approved disindectant There may be circumstances where personnel cannot disinfect a vehicle and П professional cleaning is needed. In such cases, the following procedure applies: The operator of the vehicle notifies supervisor, who will then inspect the vehicle 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) 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) If a vehicle can not 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

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MASS ARREST / QUARANTINE Emergency Response Checklist

(Communicable Disease/Quarantine Isolation Orders) (Refer to Policy 2-1006 and 2-1012)

Primary S	taff & 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 ACDF				
Staff receiving prisoners into Booking don their personal protective equipmen					
	(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 star				
	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				

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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:				
					
Complete	d Mass Arrest Quarantine / Isolation Orders Checklist:				
	Have Central Control announce Lockdown and Zero Movement throughout ACDF				
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	(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				
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	or Deputies provide the surgical mask				
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	into the Booking area at any one time for processing				
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	being detained and continue to wear their surgical mask for the duration of their stay				
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	screening				
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	1 purpose of wearing the surgical mask				

MASS ARREST / QUARANTINE Emergency Response Checklist

(Communicable Disease/Quarantine Isolation Orders) (Refer to Policy 2-1006 and 2-1012)

Primary S	Staff & ID: Date:			
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	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			
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	Upon completion of the booking process, ensure medical staff conducts a medical			
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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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Completed Mass Arrest Communicable Disease Checklist (Continued): 2. keeping a distance of three feet radius from an infected person recognition of symptoms and prompt reporting of symptoms of illness hand washing coughing and sneezing hygiene 5. 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 \Box Alternative housing is determined based on medical needs, type of charge(s) and incarceration history П Medical and Sheriff's Office staff provide medical care within their level of training \Box 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 ECC (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 П Media communication is conducted consistent with policy 4-300 \Box Death of an inmate(s) is conducted consistent with policy 5-200 with notification 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

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Completed Mass Arrest Communicable Disease Checklist (Continued):

- 2. keeping a distance of three feet radius from an infected person
- recognition of symptoms and prompt reporting of symptoms of illness 3.
- hand washing

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- coughing and sneezing hygiene
- 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
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Completed Mass Arrest Communicable Disease Checklist (Continued):

- 2. keeping a distance of three feet radius from an infected person
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- П 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

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Completed Mag	- Arrest Comp	nunicable Disea	ee Checkilet	(Continued)
il Completed Mas	s Arrest Comn	iunicapie visea	Se Checkiist	(Continued):

- keeping a distance of three feet radius from an infected person
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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						
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	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						
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	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						
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MASS ARREST / QUARANTINE Emergency Response Checklist

(Communicable Disease/Quarantine Isolation Orders) (Refer to Policy 2-1006 and 2-1012)

Primary S	taff & 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 ACDF				
Staff receiving prisoners into Booking don their personal protective equipmen					
	(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 star				
	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				

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MASS ARREST / QUARANTINE Emergency Response Checklist

(Communicable Disease/Quarantine Isolation Orders) (Refer to Policy 2-1006 and 2-1012)

Primary :	Staff & ID: Date:				
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	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 / QUARANTINE Emergency Response Checklist

(Communicable Disease/Quarantine Isolation Orders) (Refer to Policy 2-1006 and 2-1012)

Primary S	Staff & ID: Date:			
Assisting	Staff & ID: Time:			
Assisting	Staff & ID: Shift:			
	Incident:			
Complete	d 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			
	1. purpose of modring the surgicul musik			

Page 1 of 3

MASS ARREST / QUARANTINE Emergency Response Checklist

(Communicable Disease/Quarantine Isolation Orders) (Refer to Policy 2-1006 and 2-1012)

Primary St	taff & ID: Date:				
Assisting S	Staff & ID: Time:				
Assisting S	Staff & ID: Shift:				
	Incident:				
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:				
	purpose of wearing the surgical mask				

Completed Mass Arrest Communicable Disease Checklist (Continued): 2. keeping a distance of three feet radius from an infected person recognition of symptoms and prompt reporting of symptoms of illness hand washing coughing and sneezing hygiene 5. 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 \Box Alternative housing is determined based on medical needs, type of charge(s) and incarceration history П Medical and Sheriff's Office staff provide medical care within their level of training \Box 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 ECC (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 П Media communication is conducted consistent with policy 4-300 \Box Death of an inmate(s) is conducted consistent with policy 5-200 with notification 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

Page 2 of 3

Completed Mass Arrest Communicable Disease Checklist (Continued):

- 2. keeping a distance of three feet radius from an infected person
- recognition of symptoms and prompt reporting of symptoms of illness 3.
- hand washing

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- coughing and sneezing hygiene
- 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 П Medical and Sheriff's Office staff provide medical care within their level of training
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 - supplies or equipment necessary to sustain the Detention Facility during the communicable disease outbreak/emergency
- П 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
- П 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):

- 2. keeping a distance of three feet radius from an infected person
- recognition of symptoms and prompt reporting of symptoms of illness
- hand washing
- 5 coughing and sneezing hygiene
- 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
- \Box Alternative housing is determined based on medical needs, type of charge(s) and incarceration history
- П Medical and Sheriff's Office staff provide medical care within their level of training \Box 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 П Central Control is notified as soon as possible when life threatening medical
- conditions exist. Medical contacts ECC (911) providing pertinent information The escort deputy receiving emergency response are informed to don their PPE if necessary
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- П Media communication is conducted consistent with policy 4-300 Death of an inmate(s) is conducted consistent with policy 5-200 with notification
- П 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

Page 2 of 3

Completed Mag	- Arrest Comp	nunicable Disea	ee Checkilet	(Continued)
il Completed Mas	s Arrest Comn	iunicapie visea	Se Checkiist	(Continued):

- keeping a distance of three feet radius from an infected person
- recognition of symptoms and prompt reporting of symptoms of illness
- hand washing

if necessary

 \Box

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

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- conditions exist. Medical contacts ECC (911) providing pertinent information \Box The escort deputy receiving emergency response are informed to don their PPE
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- Death of an inmate(s) is conducted consistent with policy 5-200 with notification
- П 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 disindectant
	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
	j

Page 3 of 3

Completed Mass Arrest Communicable Disease Checklist (Continued): **Decontaminating the Sheriff's Office Vehicle** When cleaning contaminated vehicles, personal protective equipment must be worn П 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 disindectant There may be circumstances where personnel cannot disinfect a vehicle and П professional cleaning is needed. In such cases, the following procedure applies: The operator of the vehicle notifies supervisor, who will then inspect the vehicle 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) 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) If a vehicle can not 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

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
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	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
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	Page 3 of 3

Completed Mass Arrest Communicable Disease Checklist (Continued): **Decontaminating the Sheriff's Office Vehicle** П 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 П blood or body fluids, the operator or assigned officer should disinfect the contaminated area with an approved disindectant There may be circumstances where personnel cannot disinfect a vehicle and П professional cleaning is needed. In such cases, the following procedure applies: The operator of the vehicle notifies supervisor, who will then inspect the vehicle 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) 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) If a vehicle can not 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

Page 3 of 3

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		estigation Checklist
Date: Decembe	r 27, 2011	
Type of Complaint:	Inmate Sexual Miscon	duct
Complaint Information		
Victim Name	John Smith P-22222	Supplied written statement Yes / No. (Attached)
Subjects Name	Bill Smith P-11111	Supplied written statement Yes / No. (Attached)
Investigator	Sergeant Henry	
Allegation	Sexual Assault	
Location of Allegation	Housing Unit 7B	Inside of shower number two
Source of Allegation	John Smith P-22222	In a grievance
Date of Incident	Dec. 24, 2011	
Date of Investigation	Dec. 26, 2011	
Housing Unit Deputy	Deputy Jones, Z.	
Shift	A-Shift	
Witnesses Witnesses	Tom Sawyer P-33333	Supplied written statement Yes / No (Attached)
Witnesses		Supplied written statement Yes / No
witnesses		Supplied written statement Yes / No
Investigation Information		
Evidence Collected		Video and statements
Subject and Victim separated		Subject to 11A, ADMIN Seg. Status
Disciplinary Action		
Did Medical Section assess victim	?	No visible signs of trauma
Did either request to see the Magi	istrate?	T -
Notified Inmate Services	· 🕒	On 12/26/2011
Other		
Investigation Outcome:		Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or comments	: :	

Subjects Name Investigator Allegation Location of Allegation Source of Allegation Date of Indent Date of Investigation Housing Unit Deputy Shift	John Smith P-22222 Bill Smith P-11111 Sergeant Henry Sexual Assault Housing Unit 78 John Smith P-22222 Dec. 24, 2011 Dec. 26, 2011	Supplied written statement Yes / No (Attached) Supplied written statement Yes / No (Attached) Inside of shower number two
Subjects Name Investigator Allegation Location of Allegation Source of Allegation Date of Indent Date of Investigation Housing Unit Deputy Shift	Bill Smith P-11111 Sergeant Henry Sexual Assault Housing Unit 7B John Smith P-22222 Dec. 24, 2011	Supplied written statement Yes / No (Attached) Inside of shower number two
Investigator Allegation Location of Allegation Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	Sergeant Henry Sexual Assault Housing Unit 7B John Smith P-22222 Dec. 24, 2011	Supplied written statement Yes / No (Attached) Inside of shower number two
Allegation Location of Allegation Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	Sexual Assault Housing Unit 7B John Smith P-22222 Dec. 24, 2011	
Location of Allegation Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	Housing Unit 7B John Smith P-22222 Dec. 24, 2011	
Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	John Smith P-22222 Dec. 24, 2011	
Date of Incident Date of Investigation Housing Unit Deputy Shift	Dec. 24, 2011	To a management
Date of Investigation Housing Unit Deputy Shift		In a grievance
Date of Investigation Housing Unit Deputy Shift		
Housing Unit Deputy Shift		
Shift	Deputy Jones, Z.	
	A-Shift	
Witnesses	Fom Sawver P-33333	Supplied written statement Yes / No (Attached)
Witnesses		Supplied written statement Yes / No
Witnesses		Supplied written statement Yes / No
Subject and Victim separated Disciplinary Action Did Medical Section assess victim? Did either request to see the Magist Notified Inmate Services Other Investigation Outcome:	ate? X	Subject to 11A, ADMIN Seg. Status DAR's Written, hearing date set for 12-31-2011 No visible signs of trauma On 12/26/2011 Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or comments:		
		· · · · · · · · · · · · · · · · · · ·
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Type of Complaint:	Inmate Sexual Miscon	duct
Complaint Information		
/ictim Name	John Smith P-22222	Supplied written statement Yes / No. (Attached)
Subjects Name	Bill Smith P-11111	Supplied written statement Yes / No. (Attached)
nvestigator	Sergeant Henry	
Illegation	Sexual Assault	
ocation of Allegation	Housing Unit 7B	Inside of shower number two
Source of Allegation	John Smith P-22222	In a grievance
Date of Incident	Dec. 24, 2011	
Date of Investigation	Dec. 26, 2011	
lousing Unit Deputy	Deputy Jones, Z.	
Shift	A-Shift	
Vitnesses	Tom Sawyer P-33333	Supplied written statement Yes / No (Attached)
Vitnesses		Supplied written statement Yes / No
Vitnesses		Supplied written statement Yes / No
nvestigation Information		
vidence Collected		Video and statements
ubject and Victim separated		Subject to LIA, ADMIN Seg. Status
Disciplinary Action		DAR's Written, hearing date set for 12-31-2011
id Medical Section assess victin	n?	No visible signs of trauma
oid either request to see the Ma	gistrate?	
lotified Inmate Services	Y	On 12/26/2011
Other		
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nvestigation Outcome:		Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or commen	ts:	
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Type of Complaint:	Inmate Sexual Miscon	duct
Complaint Information		
Victim Name	John Smith P-22222	Supplied written statement Yes / No. (Attached)
Subjects Name	Bill Smith P-11111	Supplied written statement Yes / No. (Attached)
Investigator	Sergeant Henry	
Allegation	Sexual Assault	
ocation of Allegation	Housing Unit 7B	Inside of shower number two
Source of Allegation	John Smith P-22222	In a grievance
Date of Incident	Dec. 24, 2011	
Date of Investigation	Dec. 26, 2011	
Housing Unit Deputy	Deputy Jones, Z.	
Shift	A-Shift	
Witnesses	Tom Sawyer P-33333	Supplied written statement Yes / No (Attached)
Vitnesses		Supplied written statement Yes / No
Vitnesses		Supplied written statement Yes / No
Investigation Information		
Evidence Collected		Video and statements
Subject and Victim separated		Subject to 11A, ADMIN Seg. Status
Disciplinary Action		DAR's Written, hearing date set for 12-31-2011
Did Medical Section assess victir		Mo visible signs of trauma
Did either request to see the Ma		V .
Notified Inmate Services	<u> </u>	On 12/26/2011
Other	_	
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nvestigation Outcome:		Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or commen	its:	

		tigation Checklist
Date:		
Type of Complaint:		
Complaint Information		
/ictim Name		Supplied written statement Yes / No. (Attached)
Subjects Name		Supplied written statement Yes / No. (Attached)
nvestigator		
Allegation		
ocation of Allegation		
ource of Allegation		
Date of Incident		
ate of Investigation lousing Unit Deputy		
hift		
Vitnesses		Consider within the statement Way (At A CALL)
vitnesses Vitnesses		Supplied written statement Yes / No (Attached) Supplied written statement Yes / No
/itnesses		Supplied written statement Yes / No
nvestigation Information	· · · · · · · · · · · · · · · · · · ·	
vidence Collected		
ubject and Victim separated		
isciplinary Action		
id Medical Section assess victim?		
id either request to see the Magis	strate?	
otified Inmate Services		
mer		
nvestigation Outcome:		
dditional notes or comments	•	
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Date:		
Type of Complaint:		
Complaint Information		
ictim Name		Supplied written statement Yes / No. (Attached)
ubjects Name		Supplied written statement Yes / No. (Attached)
nvestigator		
llegation		
ocation of Allegation		
ource of Allegation Date of Incident		
rate of Incident Nate of Investigation		
vate of investigation lousing Unit Deputy		
hift		
Vitnesses		Supplied written statement Yes / No (Attached)
Vitnesses		Supplied written statement Yes / No (Attached)
/itnesses		Supplied written statement Yes / No
vidence Collected ubject and Victim separated isciplinary Action id Medical Section assess victim? id either request to see the Magist otified Inmate Services ther	trate?	
vestigation Outcome:		
dditional notes or comments:		
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Date:		
Type of Complaint:		
Complaint Information		
Victim Name		Supplied written statement Yes / No. (Attached)
Subjects Name		Supplied written statement Yes / No. (Attached)
Investigator		
Allegation		
Location of Allegation		
Source of Allegation		
Date of Incident		
Date of Investigation		
Housing Unit Deputy		
Shift		
Witnesses Witnesses		Supplied written statement Yes / No (Attached)
Witnesses		Supplied written statement Yes / No
Withesses		Supplied written statement Yes / No
Investigation Information		
Evidence Collected		
Subject and Victim separated		
Disciplinary Action		
Did Medical Section assess victim?		
Did either request to see the Magi:	strate?	
Notified Inmate Services		
Other		
investigation Outcome:		
Additional notes or comments		
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Date:		
Type of Complaint:		
Complaint Information		
Victim Name		Supplied written statement Yes / No. (Attached)
Subjects Name		Supplied written statement Yes / No. (Attached)
Investigator		
Allegation		
Location of Allegation		
Source of Allegation Date of Incident		
Date of Incident Date of Investigation		
Housing Unit Deputy		
Shift		
Witnesses		Supplied written statement Yes / No (Attached)
Witnesses		Supplied written statement Yes / No (Attached) Supplied written statement Yes / No
Witnesses		Supplied written statement Yes / No
Investigation Information		
Evidence Collected		
Subject and Victim separated		
Disciplinary Action		
Did Medical Section assess victim	1?	
Did either request to see the Mag	gistrate?	
Notified Inmate Services		
Other		
Investigation Outcome:		
Additional notes or comment	S:	
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		estigation Checklist
Date: Decembe	r 27, 2011	
Type of Complaint:	Inmate Sexual Miscon	duct
Complaint Information		
Victim Name	John Smith P-22222	Supplied written statement Yes / No. (Attached)
Subjects Name	Bill Smith P-11111	Supplied written statement Yes / No. (Attached)
Investigator	Sergeant Henry	
Allegation	Sexual Assault	
Location of Allegation	Housing Unit 7B	Inside of shower number two
Source of Allegation	John Smith P-22222	In a grievance
Date of Incident	Dec. 24, 2011	
Date of Investigation	Dec. 26, 2011	
Housing Unit Deputy	Deputy Jones, Z.	
Shift	A-Shift	
Witnesses Witnesses	Tom Sawyer P-33333	Supplied written statement Yes / No (Attached)
Witnesses		Supplied written statement Yes / No
witnesses		Supplied written statement Yes / No
Investigation Information		
Evidence Collected		Video and statements
Subject and Victim separated		Subject to 11A, ADMIN Seg. Status
Disciplinary Action		
Did Medical Section assess victim	?	No visible signs of trauma
Did either request to see the Magi	istrate?	T -
Notified Inmate Services	· 🕒	On 12/26/2011
Other		
Investigation Outcome:		Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or comments	: :	

Subjects Name Investigator Allegation Location of Allegation Source of Allegation Date of Indent Date of Investigation Housing Unit Deputy Shift	John Smith P-22222 Bill Smith P-11111 Sergeant Henry Sexual Assault Housing Unit 78 John Smith P-22222 Dec. 24, 2011 Dec. 26, 2011	Supplied written statement Yes / No (Attached) Supplied written statement Yes / No (Attached) Inside of shower number two
Subjects Name Investigator Allegation Location of Allegation Source of Allegation Date of Indent Date of Investigation Housing Unit Deputy Shift	Bill Smith P-11111 Sergeant Henry Sexual Assault Housing Unit 7B John Smith P-22222 Dec. 24, 2011	Supplied written statement Yes / No (Attached) Inside of shower number two
Investigator Allegation Location of Allegation Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	Sergeant Henry Sexual Assault Housing Unit 7B John Smith P-22222 Dec. 24, 2011	Supplied written statement Yes / No (Attached) Inside of shower number two
Allegation Location of Allegation Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	Sexual Assault Housing Unit 7B John Smith P-22222 Dec. 24, 2011	
Location of Allegation Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	Housing Unit 7B John Smith P-22222 Dec. 24, 2011	
Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	John Smith P-22222 Dec. 24, 2011	
Date of Incident Date of Investigation Housing Unit Deputy Shift	Dec. 24, 2011	To a management
Date of Investigation Housing Unit Deputy Shift		In a grievance
Date of Investigation Housing Unit Deputy Shift		
Housing Unit Deputy Shift		
Shift	Deputy Jones, Z.	
	A-Shift	
Witnesses	Fom Sawver P-33333	Supplied written statement Yes / No (Attached)
Witnesses		Supplied written statement Yes / No
Witnesses		Supplied written statement Yes / No
Subject and Victim separated Disciplinary Action Did Medical Section assess victim? Did either request to see the Magist Notified Inmate Services Other Investigation Outcome:	ate? X	Subject to 11A, ADMIN Seg. Status DAR's Written, hearing date set for 12-31-2011 No visible signs of trauma On 12/26/2011 Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or comments:		
		· · · · · · · · · · · · · · · · · · ·
		-

Type of Complaint:	Inmate Sexual Miscon	duct
Complaint Information		
/ictim Name	John Smith P-22222	Supplied written statement Yes / No. (Attached)
Subjects Name	Bill Smith P-11111	Supplied written statement Yes / No. (Attached)
nvestigator	Sergeant Henry	
Illegation	Sexual Assault	
ocation of Allegation	Housing Unit 7B	Inside of shower number two
Source of Allegation	John Smith P-22222	In a grievance
Date of Incident	Dec. 24, 2011	
Date of Investigation	Dec. 26, 2011	
lousing Unit Deputy	Deputy Jones, Z.	
Shift	A-Shift	
Vitnesses	Tom Sawyer P-33333	Supplied written statement Yes / No (Attached)
Vitnesses		Supplied written statement Yes / No
Vitnesses		Supplied written statement Yes / No
nvestigation Information		
vidence Collected		Video and statements
ubject and Victim separated		Subject to LIA, ADMIN Seg. Status
Disciplinary Action		DAR's Written, hearing date set for 12-31-2011
id Medical Section assess victin	n?	No visible signs of trauma
oid either request to see the Ma	gistrate?	
lotified Inmate Services	Y	On 12/26/2011
Other		
	, , , , , , , , , , , , , , , , , , ,	
nvestigation Outcome:		Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or commen	ts:	
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Type of Complaint:	Inmate Sexual Miscon	duct
Complaint Information		
Victim Name	John Smith P-22222	Supplied written statement Yes / No. (Attached)
Subjects Name	Bill Smith P-11111	Supplied written statement Yes / No. (Attached)
Investigator	Sergeant Henry	
Allegation	Sexual Assault	
ocation of Allegation	Housing Unit 7B	Inside of shower number two
Source of Allegation	John Smith P-22222	In a grievance
Date of Incident	Dec. 24, 2011	
Date of Investigation	Dec. 26, 2011	
Housing Unit Deputy	Deputy Jones, Z.	
Shift	A-Shift	
Witnesses	Tom Sawyer P-33333	Supplied written statement Yes / No (Attached)
Vitnesses		Supplied written statement Yes / No
Vitnesses		Supplied written statement Yes / No
Investigation Information		
Evidence Collected		Video and statements
Subject and Victim separated		Subject to 11A, ADMIN Seg. Status
Disciplinary Action		DAR's Written, hearing date set for 12-31-2011
Did Medical Section assess victir		Mo visible signs of trauma
Did either request to see the Ma		V .
Notified Inmate Services	<u> </u>	On 12/26/2011
Other	_	
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nvestigation Outcome:		Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or commen	its:	

		tigation Checklist
Date:		
Type of Complaint:		
Complaint Information		
/ictim Name		Supplied written statement Yes / No. (Attached)
Subjects Name		Supplied written statement Yes / No. (Attached)
nvestigator		
Allegation		
ocation of Allegation		
ource of Allegation		
Date of Incident		
ate of Investigation lousing Unit Deputy		
hift		
Vitnesses		Consider within the statement Way (At A CALL)
vitnesses Vitnesses		Supplied written statement Yes / No (Attached) Supplied written statement Yes / No
/itnesses		Supplied written statement Yes / No
nvestigation Information	· · · · · · · · · · · · · · · · · · ·	
vidence Collected		
ubject and Victim separated		
isciplinary Action		
id Medical Section assess victim?		
id either request to see the Magis	strate?	
otified Inmate Services		
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nvestigation Outcome:		
dditional notes or comments	•	
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Date:		
Type of Complaint:		
Complaint Information		
ictim Name		Supplied written statement Yes / No. (Attached)
ubjects Name		Supplied written statement Yes / No. (Attached)
nvestigator		
llegation		
ocation of Allegation		
ource of Allegation Date of Incident		
rate of Incident Nate of Investigation		
vate of investigation lousing Unit Deputy		
hift		
Vitnesses		Supplied written statement Yes / No (Attached)
Vitnesses		Supplied written statement Yes / No (Attached)
/itnesses		Supplied written statement Yes / No
vidence Collected ubject and Victim separated isciplinary Action id Medical Section assess victim? id either request to see the Magist otified Inmate Services ther	trate?	
vestigation Outcome:		
dditional notes or comments:		
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Date:		
Type of Complaint:		
Complaint Information		
Victim Name		Supplied written statement Yes / No. (Attached)
Subjects Name		Supplied written statement Yes / No. (Attached)
Investigator		
Allegation		
Location of Allegation		
Source of Allegation		
Date of Incident		
Date of Investigation		
Housing Unit Deputy		
Shift		
Witnesses Witnesses		Supplied written statement Yes / No (Attached)
Witnesses		Supplied written statement Yes / No
Withesses		Supplied written statement Yes / No
Investigation Information		
Evidence Collected		
Subject and Victim separated		
Disciplinary Action		
Did Medical Section assess victim?		
Did either request to see the Magi:	strate?	
Notified Inmate Services		
Other		
investigation Outcome:		
Additional notes or comments		
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Date:		
Type of Complaint:		
Complaint Information		
Victim Name		Supplied written statement Yes / No. (Attached)
Subjects Name		Supplied written statement Yes / No. (Attached)
Investigator		
Allegation		
Location of Allegation		
Source of Allegation Date of Incident		
Date of Incident Date of Investigation		
Housing Unit Deputy		
Shift		
Witnesses		Supplied written statement Yes / No (Attached)
Witnesses		Supplied written statement Yes / No (Attached) Supplied written statement Yes / No
Witnesses		Supplied written statement Yes / No
Investigation Information		
Evidence Collected		
Subject and Victim separated		
Disciplinary Action		
Did Medical Section assess victim	1?	
Did either request to see the Mag	gistrate?	
Notified Inmate Services		
Other		
Investigation Outcome:		
Additional notes or comment	S:	
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		estigation Checklist
Date: Decembe	r 27, 2011	
Type of Complaint:	Inmate Sexual Miscon	duct
Complaint Information		
Victim Name	John Smith P-22222	Supplied written statement Yes / No. (Attached)
Subjects Name	Bill Smith P-11111	Supplied written statement Yes / No. (Attached)
Investigator	Sergeant Henry	
Allegation	Sexual Assault	
Location of Allegation	Housing Unit 7B	Inside of shower number two
Source of Allegation	John Smith P-22222	In a grievance
Date of Incident	Dec. 24, 2011	
Date of Investigation	Dec. 26, 2011	
Housing Unit Deputy	Deputy Jones, Z.	
Shift	A-Shift	
Witnesses Witnesses	Tom Sawyer P-33333	Supplied written statement Yes / No (Attached)
Witnesses		Supplied written statement Yes / No
witnesses		Supplied written statement Yes / No
Investigation Information		
Evidence Collected		Video and statements
Subject and Victim separated		Subject to 11A, ADMIN Seg. Status
Disciplinary Action		
Did Medical Section assess victim	?	No visible signs of trauma
Did either request to see the Magi	istrate?	T -
Notified Inmate Services	· 🕒	On 12/26/2011
Other		
Investigation Outcome:		Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or comments	: :	

Subjects Name Investigator Allegation Location of Allegation Source of Allegation Date of Indent Date of Investigation Housing Unit Deputy Shift	John Smith P-22222 Bill Smith P-11111 Sergeant Henry Sexual Assault Housing Unit 78 John Smith P-22222 Dec. 24, 2011 Dec. 26, 2011	Supplied written statement Yes / No (Attached) Supplied written statement Yes / No (Attached) Inside of shower number two
Subjects Name Investigator Allegation Location of Allegation Source of Allegation Date of Indent Date of Investigation Housing Unit Deputy Shift	Bill Smith P-11111 Sergeant Henry Sexual Assault Housing Unit 7B John Smith P-22222 Dec. 24, 2011	Supplied written statement Yes / No (Attached) Inside of shower number two
Investigator Allegation Location of Allegation Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	Sergeant Henry Sexual Assault Housing Unit 7B John Smith P-22222 Dec. 24, 2011	Supplied written statement Yes / No (Attached) Inside of shower number two
Allegation Location of Allegation Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	Sexual Assault Housing Unit 7B John Smith P-22222 Dec. 24, 2011	
Location of Allegation Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	Housing Unit 7B John Smith P-22222 Dec. 24, 2011	
Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	John Smith P-22222 Dec. 24, 2011	
Date of Incident Date of Investigation Housing Unit Deputy Shift	Dec. 24, 2011	To a management
Date of Investigation Housing Unit Deputy Shift		In a grievance
Date of Investigation Housing Unit Deputy Shift		
Housing Unit Deputy Shift		
Shift	Deputy Jones, Z.	
	A-Shift	
Witnesses	Fom Sawver P-33333	Supplied written statement Yes / No (Attached)
Witnesses		Supplied written statement Yes / No
Witnesses		Supplied written statement Yes / No
Subject and Victim separated Disciplinary Action Did Medical Section assess victim? Did either request to see the Magist Notified Inmate Services Other Investigation Outcome:	ate? X	Subject to 11A, ADMIN Seg. Status DAR's Written, hearing date set for 12-31-2011 No visible signs of trauma On 12/26/2011 Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or comments:		
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Type of Complaint:	Inmate Sexual Miscon	duct
Complaint Information		
/ictim Name	John Smith P-22222	Supplied written statement Yes / No. (Attached)
Subjects Name	Bill Smith P-11111	Supplied written statement Yes / No. (Attached)
nvestigator	Sergeant Henry	
Illegation	Sexual Assault	
ocation of Allegation	Housing Unit 7B	Inside of shower number two
Source of Allegation	John Smith P-22222	In a grievance
Date of Incident	Dec. 24, 2011	
Date of Investigation	Dec. 26, 2011	
lousing Unit Deputy	Deputy Jones, Z.	
Shift	A-Shift	
Vitnesses	Tom Sawyer P-33333	Supplied written statement Yes / No (Attached)
Vitnesses		Supplied written statement Yes / No
Vitnesses		Supplied written statement Yes / No
nvestigation Information		
vidence Collected		Video and statements
ubject and Victim separated		Subject to LIA, ADMIN Seg. Status
Disciplinary Action		DAR's Written, hearing date set for 12-31-2011
id Medical Section assess victin	n?	No visible signs of trauma
oid either request to see the Ma	gistrate?	
lotified Inmate Services	Y	On 12/26/2011
Other		
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nvestigation Outcome:		Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or commen	ts:	
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Type of Complaint:	Inmate Sexual Miscon	duct
Complaint Information		
Victim Name	John Smith P-22222	Supplied written statement Yes / No. (Attached)
Subjects Name	Bill Smith P-11111	Supplied written statement Yes / No. (Attached)
Investigator	Sergeant Henry	
Allegation	Sexual Assault	
ocation of Allegation	Housing Unit 7B	Inside of shower number two
Source of Allegation	John Smith P-22222	In a grievance
Date of Incident	Dec. 24, 2011	
Date of Investigation	Dec. 26, 2011	
Housing Unit Deputy	Deputy Jones, Z.	
Shift	A-Shift	
Witnesses	Tom Sawyer P-33333	Supplied written statement Yes / No (Attached)
Vitnesses		Supplied written statement Yes / No
Vitnesses		Supplied written statement Yes / No
Investigation Information		
Evidence Collected		Video and statements
Subject and Victim separated		Subject to 11A, ADMIN Seg. Status
Disciplinary Action		DAR's Written, hearing date set for 12-31-2011
Did Medical Section assess victir		Mo visible signs of trauma
Did either request to see the Ma		V .
Notified Inmate Services	<u> </u>	On 12/26/2011
Other	_	
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nvestigation Outcome:		Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or commen	its:	

		tigation Checklist
Date:		
Type of Complaint:		
Complaint Information		
/ictim Name		Supplied written statement Yes / No. (Attached)
Subjects Name		Supplied written statement Yes / No. (Attached)
nvestigator		
Allegation		
ocation of Allegation		
ource of Allegation		
Date of Incident		
ate of Investigation lousing Unit Deputy		
hift		
Vitnesses		Consider within the statement Way (At A CALL)
vitnesses Vitnesses		Supplied written statement Yes / No (Attached) Supplied written statement Yes / No
/itnesses		Supplied written statement Yes / No
nvestigation Information	· · · · · · · · · · · · · · · · · · ·	
vidence Collected		
ubject and Victim separated		
isciplinary Action		
id Medical Section assess victim?		
id either request to see the Magis	strate?	
otified Inmate Services		
mer		
nvestigation Outcome:		
dditional notes or comments	•	
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Date:		
Type of Complaint:		
Complaint Information		
ictim Name		Supplied written statement Yes / No. (Attached)
ubjects Name		Supplied written statement Yes / No. (Attached)
nvestigator		
llegation		
ocation of Allegation		
ource of Allegation Date of Incident		
rate of Incident Nate of Investigation		
vate of investigation lousing Unit Deputy		
hift		
Vitnesses		Supplied written statement Yes / No (Attached)
Vitnesses		Supplied written statement Yes / No (Attached)
/itnesses		Supplied written statement Yes / No
vidence Collected ubject and Victim separated isciplinary Action id Medical Section assess victim? id either request to see the Magist otified Inmate Services ther	trate?	
vestigation Outcome:		
dditional notes or comments:		
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Date:		
Type of Complaint:		
Complaint Information		
Victim Name		Supplied written statement Yes / No. (Attached)
Subjects Name		Supplied written statement Yes / No. (Attached)
Investigator		
Allegation		
Location of Allegation		
Source of Allegation		
Date of Incident		
Date of Investigation		
Housing Unit Deputy		
Shift		
Witnesses Witnesses		Supplied written statement Yes / No (Attached)
Witnesses		Supplied written statement Yes / No
Withesses		Supplied written statement Yes / No
Investigation Information		
Evidence Collected		
Subject and Victim separated		
Disciplinary Action		
Did Medical Section assess victim?		
Did either request to see the Magi:	strate?	
Notified Inmate Services		
Other		
investigation Outcome:		
Additional notes or comments		
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Date:		
Type of Complaint:		
Complaint Information		
Victim Name		Supplied written statement Yes / No. (Attached)
Subjects Name		Supplied written statement Yes / No. (Attached)
Investigator		
Allegation		
Location of Allegation		
Source of Allegation Date of Incident		
Date of Incident Date of Investigation		
Housing Unit Deputy		
Shift		
Witnesses		Supplied written statement Yes / No (Attached)
Witnesses		Supplied written statement Yes / No (Attached) Supplied written statement Yes / No
Witnesses		Supplied written statement Yes / No
Investigation Information		
Evidence Collected		
Subject and Victim separated		
Disciplinary Action		
Did Medical Section assess victim	1?	
Did either request to see the Mag	gistrate?	
Notified Inmate Services		
Other		
Investigation Outcome:		
Additional notes or comment	S:	
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		estigation Checklist
Date: Decembe	r 27, 2011	
Type of Complaint:	Inmate Sexual Miscon	duct
Complaint Information		
Victim Name	John Smith P-22222	Supplied written statement Yes / No. (Attached)
Subjects Name	Bill Smith P-11111	Supplied written statement Yes / No. (Attached)
Investigator	Sergeant Henry	
Allegation	Sexual Assault	
Location of Allegation	Housing Unit 7B	Inside of shower number two
Source of Allegation	John Smith P-22222	In a grievance
Date of Incident	Dec. 24, 2011	
Date of Investigation	Dec. 26, 2011	
Housing Unit Deputy	Deputy Jones, Z.	
Shift	A-Shift	
Witnesses Witnesses	Tom Sawyer P-33333	Supplied written statement Yes / No (Attached)
Witnesses		Supplied written statement Yes / No
witnesses		Supplied written statement Yes / No
Investigation Information		
Evidence Collected		Video and statements
Subject and Victim separated		Subject to 11A, ADMIN Seg. Status
Disciplinary Action		
Did Medical Section assess victim	?	No visible signs of trauma
Did either request to see the Magi	istrate?	T -
Notified Inmate Services	· 🕒	On 12/26/2011
Other		
Investigation Outcome:		Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or comments	: :	

Subjects Name Investigator Allegation Location of Allegation Source of Allegation Date of Indent Date of Investigation Housing Unit Deputy Shift	John Smith P-22222 Bill Smith P-11111 Sergeant Henry Sexual Assault Housing Unit 78 John Smith P-22222 Dec. 24, 2011 Dec. 26, 2011	Supplied written statement Yes / No (Attached) Supplied written statement Yes / No (Attached) Inside of shower number two
Subjects Name Investigator Allegation Location of Allegation Source of Allegation Date of Indent Date of Investigation Housing Unit Deputy Shift	Bill Smith P-11111 Sergeant Henry Sexual Assault Housing Unit 7B John Smith P-22222 Dec. 24, 2011	Supplied written statement Yes / No (Attached) Inside of shower number two
Investigator Allegation Location of Allegation Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	Sergeant Henry Sexual Assault Housing Unit 7B John Smith P-22222 Dec. 24, 2011	Supplied written statement Yes / No (Attached) Inside of shower number two
Allegation Location of Allegation Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	Sexual Assault Housing Unit 7B John Smith P-22222 Dec. 24, 2011	
Location of Allegation Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	Housing Unit 7B John Smith P-22222 Dec. 24, 2011	
Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	John Smith P-22222 Dec. 24, 2011	
Date of Incident Date of Investigation Housing Unit Deputy Shift	Dec. 24, 2011	To a management
Date of Investigation Housing Unit Deputy Shift		In a grievance
Date of Investigation Housing Unit Deputy Shift		
Housing Unit Deputy Shift		
Shift	Deputy Jones, Z.	
	A-Shift	
Witnesses	Fom Sawver P-33333	Supplied written statement Yes / No (Attached)
Witnesses		Supplied written statement Yes / No
Witnesses		Supplied written statement Yes / No
Subject and Victim separated Disciplinary Action Did Medical Section assess victim? Did either request to see the Magist Notified Inmate Services Other Investigation Outcome:	ate? X	Subject to 11A, ADMIN Seg. Status DAR's Written, hearing date set for 12-31-2011 No visible signs of trauma On 12/26/2011 Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or comments:		
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Type of Complaint:	Inmate Sexual Miscon	duct
Complaint Information		
/ictim Name	John Smith P-22222	Supplied written statement Yes / No. (Attached)
Subjects Name	Bill Smith P-11111	Supplied written statement Yes / No. (Attached)
nvestigator	Sergeant Henry	
Illegation	Sexual Assault	
ocation of Allegation	Housing Unit 7B	Inside of shower number two
Source of Allegation	John Smith P-22222	In a grievance
Date of Incident	Dec. 24, 2011	
Date of Investigation	Dec. 26, 2011	
lousing Unit Deputy	Deputy Jones, Z.	
Shift	A-Shift	
Vitnesses	Tom Sawyer P-33333	Supplied written statement Yes / No (Attached)
Vitnesses		Supplied written statement Yes / No
Vitnesses		Supplied written statement Yes / No
nvestigation Information		
vidence Collected		Video and statements
ubject and Victim separated		Subject to LIA, ADMIN Seg. Status
Disciplinary Action		DAR's Written, hearing date set for 12-31-2011
id Medical Section assess victin	n?	No visible signs of trauma
oid either request to see the Ma	gistrate?	
lotified Inmate Services	Y	On 12/26/2011
Other		
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nvestigation Outcome:		Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or commen	ts:	
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Type of Complaint:	Inmate Sexual Miscon	duct
Complaint Information		
Victim Name	John Smith P-22222	Supplied written statement Yes / No. (Attached)
Subjects Name	Bill Smith P-11111	Supplied written statement Yes / No. (Attached)
Investigator	Sergeant Henry	
Allegation	Sexual Assault	
ocation of Allegation	Housing Unit 7B	Inside of shower number two
Source of Allegation	John Smith P-22222	In a grievance
Date of Incident	Dec. 24, 2011	
Date of Investigation	Dec. 26, 2011	
Housing Unit Deputy	Deputy Jones, Z.	
Shift	A-Shift	
Witnesses	Tom Sawyer P-33333	Supplied written statement Yes / No (Attached)
Vitnesses		Supplied written statement Yes / No
Vitnesses		Supplied written statement Yes / No
Investigation Information		
Evidence Collected		Video and statements
Subject and Victim separated		Subject to 11A, ADMIN Seg. Status
Disciplinary Action		DAR's Written, hearing date set for 12-31-2011
Did Medical Section assess victir		Mo visible signs of trauma
Did either request to see the Ma		V .
Notified Inmate Services	<u> </u>	On 12/26/2011
Other	_	
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nvestigation Outcome:		Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or commen	its:	

		tigation Checklist
Date:		
Type of Complaint:		
Complaint Information		
/ictim Name		Supplied written statement Yes / No. (Attached)
Subjects Name		Supplied written statement Yes / No. (Attached)
nvestigator		
Allegation		
ocation of Allegation		
ource of Allegation		
Date of Incident		
ate of Investigation lousing Unit Deputy		
hift		
Vitnesses		Consider within the statement Way (At A CALL)
vitnesses Vitnesses		Supplied written statement Yes / No (Attached) Supplied written statement Yes / No
/itnesses		Supplied written statement Yes / No
nvestigation Information	· · · · · · · · · · · · · · · · · · ·	
vidence Collected		
ubject and Victim separated		
isciplinary Action		
id Medical Section assess victim?		
id either request to see the Magis	strate?	
otified Inmate Services		
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nvestigation Outcome:		
dditional notes or comments	•	
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Date:		
Type of Complaint:		
Complaint Information		
ictim Name		Supplied written statement Yes / No. (Attached)
ubjects Name		Supplied written statement Yes / No. (Attached)
nvestigator		
llegation		
ocation of Allegation		
ource of Allegation Date of Incident		
rate of Incident Nate of Investigation		
vate of investigation lousing Unit Deputy		
hift		
Vitnesses		Supplied written statement Yes / No (Attached)
Vitnesses		Supplied written statement Yes / No (Attached)
/itnesses		Supplied written statement Yes / No
vidence Collected ubject and Victim separated isciplinary Action id Medical Section assess victim? id either request to see the Magist otified Inmate Services ther	trate?	
vestigation Outcome:		
dditional notes or comments:		
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Date:		
Type of Complaint:		
Complaint Information		
Victim Name		Supplied written statement Yes / No. (Attached)
Subjects Name		Supplied written statement Yes / No. (Attached)
Investigator		
Allegation		
Location of Allegation		
Source of Allegation		
Date of Incident		
Date of Investigation		
Housing Unit Deputy		
Shift		
Witnesses Witnesses		Supplied written statement Yes / No (Attached)
Witnesses		Supplied written statement Yes / No
Withesses		Supplied written statement Yes / No
Investigation Information		
Evidence Collected		
Subject and Victim separated		
Disciplinary Action		
Did Medical Section assess victim?		
Did either request to see the Magi:	strate?	
Notified Inmate Services		
Other		
investigation Outcome:		
Additional notes or comments		
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Date:		
Type of Complaint:		
Complaint Information		
Victim Name		Supplied written statement Yes / No. (Attached)
Subjects Name		Supplied written statement Yes / No. (Attached)
Investigator		
Allegation		
Location of Allegation		
Source of Allegation Date of Incident		
Date of Incident Date of Investigation		
Housing Unit Deputy		
Shift		
Witnesses		Supplied written statement Yes / No (Attached)
Witnesses		Supplied written statement Yes / No (Attached) Supplied written statement Yes / No
Witnesses		Supplied written statement Yes / No
Investigation Information		
Evidence Collected		
Subject and Victim separated		
Disciplinary Action		
Did Medical Section assess victim	1?	
Did either request to see the Mag	gistrate?	
Notified Inmate Services		
Other		
Investigation Outcome:		
Additional notes or comment	S:	
		-

		estigation Checklist
Date: Decembe	r 27, 2011	
Type of Complaint:	Inmate Sexual Miscon	duct
Complaint Information		
Victim Name	John Smith P-22222	Supplied written statement Yes / No. (Attached)
Subjects Name	Bill Smith P-11111	Supplied written statement Yes / No. (Attached)
Investigator	Sergeant Henry	
Allegation	Sexual Assault	
Location of Allegation	Housing Unit 7B	Inside of shower number two
Source of Allegation	John Smith P-22222	In a grievance
Date of Incident	Dec. 24, 2011	
Date of Investigation	Dec. 26, 2011	
Housing Unit Deputy	Deputy Jones, Z.	
Shift	A-Shift	
Witnesses Witnesses	Tom Sawyer P-33333	Supplied written statement Yes / No (Attached)
Witnesses		Supplied written statement Yes / No
witnesses		Supplied written statement Yes / No
Investigation Information		
Evidence Collected		Video and statements
Subject and Victim separated		Subject to 11A, ADMIN Seg. Status
Disciplinary Action		
Did Medical Section assess victim	?	No visible signs of trauma
Did either request to see the Magi	istrate?	T -
Notified Inmate Services	· 🕒	On 12/26/2011
Other		
Investigation Outcome:		Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or comments	: :	

Subjects Name Investigator Allegation Location of Allegation Source of Allegation Date of Indent Date of Investigation Housing Unit Deputy Shift	John Smith P-22222 Bill Smith P-11111 Sergeant Henry Sexual Assault Housing Unit 78 John Smith P-22222 Dec. 24, 2011 Dec. 26, 2011	Supplied written statement Yes / No (Attached) Supplied written statement Yes / No (Attached) Inside of shower number two
Subjects Name Investigator Allegation Location of Allegation Source of Allegation Date of Indent Date of Investigation Housing Unit Deputy Shift	Bill Smith P-11111 Sergeant Henry Sexual Assault Housing Unit 7B John Smith P-22222 Dec. 24, 2011	Supplied written statement Yes / No (Attached) Inside of shower number two
Investigator Allegation Location of Allegation Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	Sergeant Henry Sexual Assault Housing Unit 7B John Smith P-22222 Dec. 24, 2011	Supplied written statement Yes / No (Attached) Inside of shower number two
Allegation Location of Allegation Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	Sexual Assault Housing Unit 7B John Smith P-22222 Dec. 24, 2011	
Location of Allegation Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	Housing Unit 7B John Smith P-22222 Dec. 24, 2011	
Source of Allegation Date of Incident Date of Investigation Housing Unit Deputy Shift	John Smith P-22222 Dec. 24, 2011	
Date of Incident Date of Investigation Housing Unit Deputy Shift	Dec. 24, 2011	To a management
Date of Investigation Housing Unit Deputy Shift		In a grievance
Date of Investigation Housing Unit Deputy Shift		
Housing Unit Deputy Shift		
Shift	Deputy Jones, Z.	
	A-Shift	
Witnesses	Fom Sawver P-33333	Supplied written statement Yes / No (Attached)
Witnesses		Supplied written statement Yes / No
Witnesses		Supplied written statement Yes / No
Subject and Victim separated Disciplinary Action Did Medical Section assess victim? Did either request to see the Magist Notified Inmate Services Other Investigation Outcome:	ate? X	Subject to 11A, ADMIN Seg. Status DAR's Written, hearing date set for 12-31-2011 No visible signs of trauma On 12/26/2011 Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or comments:		
		· · · · · · · · · · · · · · · · · · ·
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Type of Complaint:	Inmate Sexual Miscon	duct
Complaint Information		
/ictim Name	John Smith P-22222	Supplied written statement Yes / No. (Attached)
Subjects Name	Bill Smith P-11111	Supplied written statement Yes / No. (Attached)
nvestigator	Sergeant Henry	
Illegation	Sexual Assault	
ocation of Allegation	Housing Unit 7B	Inside of shower number two
Source of Allegation	John Smith P-22222	In a grievance
Date of Incident	Dec. 24, 2011	
Date of Investigation	Dec. 26, 2011	
lousing Unit Deputy	Deputy Jones, Z.	
Shift	A-Shift	
Vitnesses	Tom Sawyer P-33333	Supplied written statement Yes / No (Attached)
Vitnesses		Supplied written statement Yes / No
Vitnesses		Supplied written statement Yes / No
nvestigation Information		
vidence Collected		Video and statements
ubject and Victim separated		Subject to LIA, ADMIN Seg. Status
Disciplinary Action		DAR's Written, hearing date set for 12-31-2011
id Medical Section assess victin	n?	No visible signs of trauma
oid either request to see the Ma	gistrate?	
lotified Inmate Services	Y	On 12/26/2011
Other		
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nvestigation Outcome:		Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or commen	ts:	
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Type of Complaint:	Inmate Sexual Miscon	duct
Complaint Information		
Victim Name	John Smith P-22222	Supplied written statement Yes / No. (Attached)
Subjects Name	Bill Smith P-11111	Supplied written statement Yes / No. (Attached)
Investigator	Sergeant Henry	
Allegation	Sexual Assault	
ocation of Allegation	Housing Unit 7B	Inside of shower number two
Source of Allegation	John Smith P-22222	In a grievance
Date of Incident	Dec. 24, 2011	
Date of Investigation	Dec. 26, 2011	
Housing Unit Deputy	Deputy Jones, Z.	
Shift	A-Shift	
Witnesses	Tom Sawyer P-33333	Supplied written statement Yes / No (Attached)
Vitnesses		Supplied written statement Yes / No
Vitnesses		Supplied written statement Yes / No
Investigation Information		
Evidence Collected		Video and statements
Subject and Victim separated		Subject to 11A, ADMIN Seg. Status
Disciplinary Action		DAR's Written, hearing date set for 12-31-2011
Did Medical Section assess victir		Mo visible signs of trauma
Did either request to see the Ma		V .
Notified Inmate Services	<u> </u>	On 12/26/2011
Other	_	
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nvestigation Outcome:		Non-PREA, Inmate on Inmate Sexual Misconduct
Additional notes or commen	its:	

		tigation Checklist
Date:		
Type of Complaint:		
Complaint Information		
/ictim Name		Supplied written statement Yes / No. (Attached)
Subjects Name		Supplied written statement Yes / No. (Attached)
nvestigator		
Allegation		
ocation of Allegation		
ource of Allegation		
Date of Incident		
ate of Investigation lousing Unit Deputy		
hift		
Vitnesses		Consider within the statement Way (At A CALL)
vitnesses Vitnesses		Supplied written statement Yes / No (Attached) Supplied written statement Yes / No
/itnesses		Supplied written statement Yes / No
nvestigation Information	· · · · · · · · · · · · · · · · · · ·	
vidence Collected		
ubject and Victim separated		
isciplinary Action		
id Medical Section assess victim?		
id either request to see the Magis	strate?	
otified Inmate Services		
mer		
nvestigation Outcome:		
dditional notes or comments	•	
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Complaint Information		
Victim Name		Supplied written statement Yes / No. (Attached)
Subjects Name		Supplied written statement Yes / No. (Attached)
Investigator		
Allegation		
Location of Allegation		
Source of Allegation		
Date of Incident		
Date of Investigation		
Housing Unit Deputy		
Shift		
Witnesses Witnesses		Supplied written statement Yes / No (Attached)
Witnesses		Supplied written statement Yes / No
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Other		
Investigation Outcome:		
Additional notes or comment	S:	
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Hotel	3				
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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3.	Comfort Inn, 1211 North Glebe Road, @ \$49.00 plus tax. 703-247-3399
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