

SAN FRANCISCO POLICE DEPARTMENT

# BOOKING AND DETENTION MANUAL

**July 2008**

Planning Division

San Francisco Police Department

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## **INTRODUCTION**

**T**his manual is designed to provide officers, especially those working in the position of Station Keeper, with comprehensive guidelines for booking and detaining prisoners at district station temporary holding facilities. The policies and procedures contained in this manual have been written to comply with existing local, state, and federal law, and regulations established by the California Board of Corrections, Title 15, California Code of Regulations.

Officers are responsible for knowing the policies and procedures contained in this manual, and are subject to discipline for failure to comply with their provisions. The Department recognizes that under exigent circumstances, deviation from the strict policies and procedures prescribed in this manual may be necessary; however, any deviation shall be documented in writing and approved by the Commanding Officer of the facility.

## **MISSION STATEMENT**

The San Francisco Police Department is charged with the responsibility for policing the City and County of San Francisco and enforcing local, state and federal laws. The San Francisco Sheriff's Department is primarily responsible for the operation of the County Jail and the custody and care of inmates who are awaiting trial or are serving sentences.

The San Francisco Police Department provides uniformed patrols that operate from district stations. Most district stations are equipped with holding cells that are used for temporary detention of prisoners pending their transfer to the custody of the San Francisco Sheriff's Department. District station holding cells are also used to hold intoxicated persons until they are sober.

It is the mission of the San Francisco Police Department to provide constitutional, secure, and humane facilities for the detention of persons arrested for criminal offenses. The Department will maintain compliance with the standards as prescribed by the California Board of Corrections and other applicable laws regarding the operation of temporary holding facilities.

## TERMS AND DEFINITIONS

The following are the terms and their definitions as used in this manual:

Temporary Holding Facility:	A facility used for the confinement of persons for 24 hours or less pending their release, transfer to another facility, or appearance in court.
Shall/Will/Must:	Mandatory.
May:	Permissive.
Should:	Permissive, but recommended.
Officer:	Persons appointed to the Department as full-time, regularly salaried police officers under Section 830.1 of the California Penal Code.
Member:	Any sworn officer or non-sworn employee of the San Francisco Police Department.
Supervisory Officer:	An officer, usually a sergeant, assigned to directly supervise subordinates.
Commanding Officer:	An officer, usually holding a rank of captain, in charge of any unit of the Department.
Officer-in-Charge:	In the absence of a Commanding Officer, the senior-ranking officer present for duty in a unit.
Commissioned Officer:	An officer holding the rank of lieutenant or higher.
Non-Commissioned Officer:	An officer holding the rank of sergeant.
Station Keeper:	An officer assigned to manage the district station business office, keep records, take bail, maintain property and book prisoners. A full description of the duties of the Station Keeper are contained in Department General Order 1.05, Duties of Station Personnel.
He/she:	The masculine shall, when applicable, include the feminine.

## **EMERGENCY SUSPENSION OF STANDARDS OR REQUIREMENTS** (Title 15, Section 1012)

Nothing contained in this manual shall restrict the San Francisco Police Department from temporarily suspending compliance with any regulation in the event of an emergency that threatens the safety of any of its local detention facilities, members, prisoners, or the public. However, the department may suspend only those regulations directly affected by the emergency.

The decision to suspend any standard in an emergency shall be made by the Commanding Officer or, in his/her absence, the Officer-in-Charge of the district station. The Chief of Police shall be notified of such suspension in writing as soon as practicable. In the event the suspension lasts longer than three days, the Chief of Police will advise the Board of Corrections.

## **TEMPORARY HOLDING FACILITY TRAINING**

(Title 15, Section 1024)

Officers assigned the responsibility of booking and detaining prisoners shall complete 8 hours of specialized training as soon as practicable, but no later than six months after the date the officer is assigned the responsibility and an eight hour refresher once every two years. Training will include, but not be limited to:

- Applicable minimum jail standards.
- Jail operations liability.
- Inmate segregation.
- Emergency procedures and planning.
- Suicide prevention.

The Commanding Officer of the Training and Education Division shall coordinate this training and maintain individual records certifying completion. In addition, a copy of these records shall be maintained in the officer's personnel file.

## SECTION 1 DUTIES AND CHANNELS OF COMMUNICATIONS

### Station Keeper on Duty (Title 15, Section 1027)

A Station Keeper shall be on duty to ensure compliance with the provisions of this manual and other applicable Department policies and procedures whenever a prisoner is held in a district station holding cell. The Station Keeper shall not have any other duty that would conflict with his/her ability to be **immediately** available to prisoners in the event of an emergency.

### Responsibilities of the Station Keeper (Also see DGO 1.05, Duties of Station Personnel)

The Station Keeper shall perform the booking process and shall be responsible for the custody of prisoners at the district station. During mass arrests, booking procedures may be delegated to other officers who, regardless of rank, shall assume responsibility for complying with the provisions of this manual and all other applicable Department policies and procedures. As required by Title 15, section 1044, the Station Keeper will generate the appropriate written report for all incidents that result in physical harm, or serious threat of physical harm, to an employee, inmate/prisoner or other person. These reports shall be maintained according to Department policies.

### Channels of Communication

The Station Keeper is charged with the custody and care of prisoners. Officers booking prisoners are responsible for informing the Station Keeper of any serious medical condition, suicidal behavior, or other important information known to the officer that affects the care and custody of the prisoner. Officers shall comply with the orders and directions of the Station Keeper as they relate to the booking process.

The Station Keeper shall perform the booking process under the supervision of the Lieutenant and, when necessary, shall consult with the Lieutenant regarding the booking, care and custody of prisoners. Should the Lieutenant require direction regarding the care and custody of prisoners, he/she shall consult with the District Captain or, if not immediately available, the Night Supervising Captain.

## SECTION 2

### BOOKING POLICIES AND PROCEDURES

(Title 15, Section 1029)

#### Booking Policy (Title 15, Sections 1050, 1051, 1052, 1053, 1057)

It is the policy of the San Francisco Police Department that the following persons shall **not** be detained in district station holding cells:

- Females.
- Transgender Individuals.
- Juveniles (persons under 18 years of age).
- Persons known to have, or are suspected of having a communicable disease, e.g., tuberculosis, measles, hepatitis.
- Mentally disturbed persons who, because of mental illness, are a threat to themselves or others, or are gravely disabled.
- Any person requiring immediate medical attention or claiming to need immediate medical attention, including persons who claim to require prescription medication within four hours of arrest.
- Any person who attempts or threatens suicide.
- Any person with a developmental disability. Developmentally disabled means those persons who are disabled due to mental retardation, cerebral palsy, epilepsy, autism or a combination of these maladies.
- Any person with a physical disability, e.g., a wheelchair user, a visually or hearing-impaired person, a person with a guide dog or attendant, a person with a prosthetic device.
- Any person with diabetes.
- Any person with epilepsy or a history of seizures.

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<sup>1</sup> See Welfare and Institutions Code Section 5150

<sup>2</sup> See Section 3, Medical Screening

- Any person infested with vermin (lice, fleas, crabs, scabies).
- Aggressive or combative persons who pose a threat to other persons or to the facilities.
- Persons who are unconscious or unresponsive (i.e., not able to respond to simple questions or directions).
- Any person whose safety or well being, in the opinion of the Station Keeper, may be jeopardized by placement in a district station holding cell, e.g., an arrestee under the influence of illegal drugs, an arrestee with a serious heart condition.

### Use of Force and Restraints

See DGO 5.01, Use of Force.

### Booking Procedures

Follow these procedures when booking a suspect:

- Medically screen the arrestee upon entering the station to determine if he/she is injured or ill and in need of immediate medical attention. Be sure to check for Medic-Alert tags or bracelets (see Section 3, Medical Screening).
- Ensure that charges have been properly approved.
- Ensure that a warrant check is made (see DGO 6.18, Warrant Arrests).
- Designate an officer to conduct an appropriate search (see Section 4, Custodial Searches of Prisoners and Facility).
- Inventory the arrestee's property (see Section 5, Prisoner Property).
- Complete the booking forms (see Section 6, Completing the Booking Forms).
- Allow the arrestee to make telephone calls (see Section 9, Telephone Calls, Notifications, Access to Counsel, Foreign Nationals).
- The Daily Arrest Information Log is a public record and may be examined without cost or copied at a charge of 10 cents a page. Inquiries regarding SFPD 307 shall be directed to the Record Room.

- The reporting period is 24 hours, commencing at 0001 hours and ending at 2400 hours. At the time of booking, station keepers shall complete the log, which shall be faxed to the Record Room no later than 0900 hours.

Citation Release (Title 15, Section 1029 (4))

See DGO 5.06, Citation Release

## SECTION 3

### MEDICAL SCREENING

(Title 15, Section 1207)

Medically screening arrestees is the first step in the booking process (The Station Keeper shall insure the proper completion of SFPD form 54). It is critical and should be done carefully. As the Station Keeper, **you** are responsible for the security and well being of prisoners in your care. This responsibility can be weighty because many arrestees have serious medical problems, often caused or exacerbated by a lifestyle of chronic alcohol and/or drug abuse. Many of these medical problems can be life threatening. It is important to carefully screen arrestees **before** they are placed in your custody and care.

The Jail Health Services (JHS) staff must medically clear all arrestees brought to the County Jail for booking by the Sheriff's Department prior to acceptance. Persons having the following medical problems will **not** be accepted into the County Jail without medical evaluation:

- Lacerations requiring suturing.
- Unresponsiveness or unconsciousness.
- Injuries that require x-ray evaluation.
- Head injuries resulting in a loss of consciousness, even if the prisoner is awake and alert at the time of triage.
- Pregnant, withdrawing addicts.
- Chest pains that may be of cardiac origin, especially if the prisoner has a history of coronary artery disease.
- Cellulitis, severe abscesses, infected human bites, or other infections.
- Serious infestations (vermin).
- Not intoxicated, but unable to walk or support oneself unassisted due to change in mental status.
- Severe dehydration, drowsiness or disorientation due to metabolic disturbances.

- Peritoneal dialysis (persons requiring kidney dialysis).
- Other medical problems that may require emergency care.

If an arrestee is ill or injured, or displays any of the symptoms listed above, have him/her taken to a medical facility for medical evaluation and treatment by a physician. If the injury or illness is serious (emergency), summon an ambulance and designate an officer(s) to accompany the paramedics.

### Medical Conditions and Treatments

The following are examples of medical conditions that require special attention:

**PREGNANT ARRESTEES.** Pregnant arrestees who are **currently** addicted to opiates will not be medically cleared for booking at the County Jail. The woman will most likely have to be hospitalized and booked in absentia at SFGH (see DGO 5.09, Absentia Bookings and Prisoner Security). Call the Jail Health Services for advice.

**PERSONS SPRAYED WITH MACE/OLEORESIN CAPSICUM (O.C.).** See DGO 5.01, Use of Force. Mace and OC are liquid chemical agents. They are non-lethal devices designed to subdue a person by projecting a specially formulated liquid onto the face. In most instances, Mace or OC will reduce or eliminate the necessity for greater physical force to effect an arrest.

As the Station Keeper, you will occasionally have to book a subject who has been sprayed with Mace or OC. Policies and procedures concerning the use of chemical agents and treatment for exposure will change; however, it is important that you know the effects of these types of chemical agents and understand that their effects should disappear a short time after exposure.

Oleoresin capsicum is replacing Mace as a personal chemical agent for police officers. OC is a highly concentrated form of peppers or a similar synthetic substance that affects three major areas: the eyes, the respiratory system, and the skin. The following effects are common:

**Eyes.** A direct spray onto the face will cause capillaries to dilate and the eyelids to swell causing the eyes to close. Effects ranges from severe twitching or spasmodic contraction of the eyes to involuntary closing of the eyes. **Redness of the eyes should disappear within 30 minutes.**

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<sup>4</sup> See Department General Order 5.01, Use of Force

**Respiratory System.** A direct spray to the face causes immediate respiratory inflammation, uncontrollable coughing, retching (gagging), and shortness of breath. Inflammation of mucous membranes makes breathing through the nose difficult, while inflammation of the epiglottis causes the subject to breathe shallowly through the mouth.

It is particularly important to monitor the subject's breathing, because severe complications to chemical agents often affect the respiratory system and can result in death. Persons who are on drugs, or are physically exhausted and are placed in a position that further restricts their ability to breathe are vulnerable to positional asphyxia (see Positional Asphyxia). **Respiratory functions should return to normal within 10 to 30 minutes.**

**Skin.** A direct spray on the face will cause an immediate burning sensation of the skin and mucous membranes inside the nose and mouth. Occasionally the subject's lips will swell and discolor. Depending on the complexion of the individual, skin color will range from slight discoloration to a bright redness. **Skin discoloration should disappear within 10 to 40 minutes.**

**TREATMENT FOR EXPOSURE:** Officers shall administer the following treatment for persons who had CN or OC sprayed on them, regardless of whether these persons have been detained, cited and release or booked.

- As soon as practical, and preferably at the scene, flush the face and eyes of the person with clean water.
- Request an ambulance at the scene, or arrange to meet the paramedics at another location, to medically assess the individual to determine if he or she is in need of medical evaluation by a physician.
- If an ambulance is unavailable, of the response delay will be more than 15 minutes, transport the exposed subject directly to SFGH for medical assessment to determine if the individual is in need of medical evaluation by a physician.
- If the person loses consciousness, or has medical complications, such as difficulty breathing, initiate, if appropriate, emergency first aid or CPR, and request a Code 3 ambulance to transport the person to a hospital for medical evaluation by a physician.

Subjects should recover from the effects of OC as indicated above. If a subject does not recover normally, he/she shall be medically evaluated.

**PRIOR INJURIES OR MEDICAL TREATMENT.** If a prisoner has an injury or has received recent medical treatment prior to being arrested (e.g., the prisoner is wearing a cast

or bandages, the prisoner has sutures) be sure to fully describe it on the booking form. Call the Jail Health Services if there are any questions.

INTOXICATED ARRESTEES (ALCOHOL/DRUGS). See Section 8, Intoxicated Arrestees.

CAROTID RESTRAINT. Medical treatment see DGO 5.01, Use of Force. Officers finding it necessary to apply the carotid restraint must monitor the subject's vital signs closely. If the subject has difficulty breathing or does not immediately regain consciousness, the arresting officer shall immediately call paramedics to the scene. In all cases where the carotid restraint is used, the subject shall be medically evaluated. Persons who have been the subject of a carotid restraint shall have it noted on the booking form.

UNCONSCIOUS/UNRESPONSIVE PERSONS. Unconsciousness or unresponsiveness can be a sign of intoxication, or a sign of a serious medical condition, which can be life threatening.

Officers are frequently confronted with persons who are unconscious or unresponsive; many are intoxicated. Many underlying medical conditions can cause unconsciousness or unresponsiveness such as stroke, diabetic shock, drug overdose, etc. It is the policy of the Department that unconscious persons (persons who cannot be awakened) or unresponsive persons (persons who cannot answer simple questions) shall not be booked at district station holding facilities.

DIABETIC OR EPILEPTIC PRISONERS/PRISONERS WITH A HISTORY OF SEIZURES. A prisoner with diabetes can suffer insulin shock, and a prisoner with epilepsy can experience seizures while in custody. A person with a history of seizures, often caused by a prior head injury, is also at risk. District stations are not staffed with medical personnel, and prisoners who suffer from diabetes or epilepsy, or prisoners with a history of seizures, could be at risk. Therefore, it is the policy of the Department that prisoners with these medical conditions shall be transported to the County Jail as soon as practical. Jail Health Services shall be advised of the prisoner's medical condition.

ARRESTEES WHO HAVE INGESTED DRUGS (Also see Altered Mental State). It is not uncommon for arrestees to ingest (swallow) narcotics (e.g., balloons of heroin, rocks of cocaine) in an attempt to conceal them from officers. In some cases, this practice has resulted in death.

The Station Keeper shall not accept any prisoner who is suspected of ingesting drugs, unless a physician has medically evaluated the prisoner. In the event the prisoner ingests drugs after being booked, the Station Keeper shall have the prisoner transported to a medical facility for evaluation. When an arresting officer reasonably suspects the person he/she has arrested or detained has ingested drugs, the arresting officer shall have the person medically evaluated prior to booking.

ALTERED MENTAL STATE. An altered mental state is an acute mental disorder characterized by impaired thinking, disorientation, visual hallucinations, and illusions usually resulting from the intake of illegal drugs (cocaine, PCP, LSD, amphetamines, etc.) or failing to take drugs prescribed for mental illness. The following are symptoms of an altered mental state:

- Bizarre and aggressive behavior.
- Violence toward others.
- Violence toward objects (especially glass).
- Shouting, irrational and incoherent speech.
- Fear, panic, paranoia.
- High body temperature (106-108 degrees).
- Public disrobing caused by high body temperature.
- Profuse sweating caused by high body temperature.
- Shivering associated with profuse sweating.
- Hiding behind cars, trees, bushes.
- Jumping into bodies of water.
- Unexpected physical strength.
- Self-inflicted injuries.

People who are in an altered state due to drug intake can suffer sensitization of the heart and the area of the brain that controls respiration. The person is more susceptible to cardiac arrest, especially when the heart is beating fast and oxygen demand is high. Persons suffering from altered mental state are also at risk of death from positional asphyxia (see Positional Asphyxia). Altered mental state is a life-threatening condition and a medical emergency. Subjects exhibiting symptoms of this condition shall be medically evaluated.

**Monitoring the Subject.** Monitor and follow the same procedures for persons in altered mental state as those at risk of positional asphyxia. Monitor the subject's breathing, consciousness and skin color. Be especially aware of sudden changes in the person's physical activity or breathing, e.g., the subject, who was in a highly

excited state, is suddenly quiet; breathing, which was heavy, is now suddenly shallow or slow.

Although it is possible for a person to feign this sudden composure, people who are breathing hard (as in a struggle) cannot suddenly slow their breathing rate; similarly, an excited person's heart rate cannot be suddenly slowed from 110 beats per minute to 20 or 30. Some of the reasons for this sudden change (i.e., moving from an excited state to one of collapse) include:

- Airway obstruction. Something is blocking air movement into the lungs. Check for tongue, gum, foreign material, false teeth, etc.
- Respiratory obstruction. A weight (pressure) on the chest is preventing air intake.
- External pressure on the airway. Any object can cause this.

All of these breathing obstructions are usually associated with a wheezing or whistling sound as the person tries to breathe. Asthma and other conditions, including a collapsed lung, can cause the same difficulty in breathing. If a subject has difficulty breathing, be prepared to establish an airway and initiate cardio-pulmonary resuscitation (CPR). Call for an ambulance as soon as you suspect a potential medical problem.

**Excitement Due to Psychosis.** In addition to recognizing the signs of altered mental state, you should also be familiar with persons who are excited due to psychosis or drug ingestion.

A person who is psychotic may also be hyperactive, and if the person is running or struggling, his/her oxygen need is high. A psychotic subject who has been struggling with police officers will usually be breathing heavily through his mouth; his breathing will be rapid and relatively even. Restricting the person's breathing, even for a short while, can lead to cardiac arrest. Ensure that the person's breathing is unrestricted by sitting the person up, moving him into a head-up position, and reducing the pressure on his chest. It may be difficult for a heavy-set person to breathe with his hands cuffed behind his back. In this case, it might be necessary to re-handcuff the person, placing his hands in a position other than behind the back.

**Drug Intake.** People who are excited due to drug intake can suffer sensitization of the heart and the part of the brain that controls respiration. This condition can make the person much more susceptible to cardiac arrest, especially when the heart is beating fast and oxygen need is great.

A person who has been struggling and breathing heavily cannot suddenly hold his breath. If the person's skin color is getting dark or bluish, he is probably not getting enough oxygen. The person's pulse may be very rapid and may get fainter before stopping.

**POSITIONAL ASPHYXIA.** A person struggles with police officers who use restraint techniques to control the subject. Immediately after the struggle, the subject becomes unresponsive, and goes into cardio-pulmonary arrest. Officers perform CPR, but the person fails to respond and dies at the scene.

This scenario is typically associated with positional asphyxia. This occurs when the subject's body position interferes with respiration. In most cases the subject will be under the influence of drugs or alcohol, and the subject's ability to meet the body's oxygen demand is impaired. During or after a struggle, the subject's muscles supporting respiration may be fatigued.

Although positional asphyxia is rare, officers must be aware of the following factors commonly associated with it:

- The subject is under the influence of drugs and/or alcohol.
- The subject is acting bizarre or is displaying frenzied behavior.
- The subject will often have a big "beer belly."

When trying to control a subject, it may be necessary to place pressure on the subject's back and press his/her chest to the ground. This pressure reduces the subject's ability to breathe and should be removed as soon as practical. Placing pressure on the subject's chest during and after handcuffing will further restrict the subject's ability to breathe. Handcuffing or handcuffing and hobbling (maximal restraint) the subject can further impair the subject's ability to obtain enough oxygen.

**Positioning the Subject.** The safest position to place a handcuffed prisoner is in the sitting position. If this is not possible, the subject should be placed on his/her side. Subjects should be transported in the sitting position or lying on his/her side. Avoid positioning the subject in a vehicle in such a way that unnecessary pressure is placed on the chest or head and restricts the subject's ability to breathe. Avoid positioning the subject face down or on his back.

**Monitoring the Subject.** A person at risk for positional asphyxia should be monitored. Look for changes in breathing, skin color and consciousness. Summon medical assistance if the subject stops breathing, loses consciousness, or skin color indicates a lack of oxygen.

## Medical Assessment, Evaluation and Clearance

**MEDICAL ASSESSMENT.** Police officers and paramedics have a history of close cooperation. In the past, officers have called paramedics to the district station (even in a non-emergency) to medically evaluate and treat an ill or injured prisoners. Officers hoped that medical clearance for booking into the County Jail would be provided.

Paramedics are trained to **medically assess** injuries and illnesses and provide emergency medical treatment. They decide whether a person needs to be medically evaluated by a physician, and provide transportation to a medical facility when necessary. Paramedics cannot medically evaluate persons or prescribe treatment, nor can they provide medical clearance.

**MEDICAL EVALUATION.** Medical evaluation is a higher level of medical intervention as compared to medical assessment. Physicians **medically evaluate** persons and prescribe treatment, which may include hospitalization. Physicians, however, like paramedics, cannot provide medical clearance.

**MEDICAL CLEARANCE.** Even though paramedics medically assess, and physicians medically evaluate and treat ill or injured prisoners, only the Jail Health Services can **medically clear** a prisoner for booking at the County Jail. It is the Jail Health Services staff that must be satisfied.

Medical clearance is the acceptance of the prisoner, an acknowledgement that any existing injury or illness can be properly managed within the City Prison. So if you have a prisoner with an injury or an illness and have questions regarding his/her acceptability, call the Jail Health Services. Calling ahead can save you considerable time and effort.

### Requesting an Ambulance (Title 15, Section 1209)

Demands for paramedic services are increasing and delays are common, so it is important to request an ambulance only when it is absolutely necessary. Paramedics should be requested only in an emergency.

A medical emergency exists if a person has an illness or complaint that poses a threat to life, limb or health, or is associated with significant pain or suffering. Generally, an emergency exists if the person is:

- Not awake or alert.
- Not talking or not making sense.
- Not breathing normally.

The following complaints are always assumed to be emergencies:

- Chest or abdominal pain.
- Choking or difficulty breathing.
- Unconscious or altered consciousness.
- Seizures (convulsions).
- Pregnancy and in labor.
- Drug overdose.
- Allergic reactions.
- Major injuries, such as gunshot or stab wounds.
- Spine or neck injuries which result in inability to stand or use limbs.
- Head injuries with loss of consciousness.
- Bleeding that cannot be controlled by simple pressure.

If a prisoner has a minor injury or illness and must be taken to a medical facility for evaluation and treatment, officers should transport the prisoner. Any seriously ill or injured prisoner shall be transported by ambulance. In the event that a prisoner becomes ill or injured while in custody, the Station Keeper shall have the prisoner taken to a medical facility or, in the case of an emergency, summon an ambulance to transport the prisoner.

If you believe a medical emergency exists and an ambulance is needed, or if you are not sure, follow these procedures:

- Call CMED at 695-6600 or 9-1-1.
- Be prepared to answer the following questions:

Is the person awake?

Is the person talking and making sense?

Is the person breathing normally?

What is the complaint or problem?

Is the person young or old?

- The call taker may ask additional questions to determine if an emergency exists.

### Communicable Diseases (Title 15, Section 1051)

The Station Keeper should carefully review the Department's Infectious Disease Control Manual, DM-04, and the Injury and Illness Prevention Program, DM-01 for comprehensive information regarding the handling of persons with infectious diseases and precautionary procedures for handling infectious material.

At the time of booking the Station Keeper must screen every arrestee for any communicable disease. Prisoners who have or are suspected of having communicable diseases, e.g., tuberculosis, measles, hepatitis, shall **not** be placed in a cell at the district station.

The easiest way to determine whether an arrestee has a communicable disease is simply to ask. Most arrestees will volunteer information regarding their having a communicable disease; however, some will either not know that they are infected or will simply lie. So it is important not only to know the procedures for handling prisoners with communicable diseases, it is also important to recognize symptoms of common communicable diseases, which are included below and in the Department's Infectious Disease Control Manual, DM-04.

**TUBERCULOSIS.** The most serious airborne infectious disease commonly encountered by officers is tuberculosis; and the number of tuberculosis cases is on the rise. Symptoms include a productive cough for two or more weeks, fever, chills and weight loss.

If you reasonably suspect that a prisoner has tuberculosis, contact the Jail Health Services for advice and direction. If the person is undergoing a regimen of treatment and medication, he may not be infectious and can be booked directly in the County Jail. However, if the prisoner is infectious, he will have to be taken to San Francisco General Hospital and booked in absentia.

**PRECAUTION: When transporting a prisoner with infectious tuberculosis, a gauze mask should be placed over the mouth of the person, and the person should be transported in a patrol wagon or in the back seat of the patrol car. Windows should be rolled down**

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<sup>6</sup> Infectious Disease Control Manual, DM-04

**to provide ventilation.**

MEASLES. There are several types of measles, some of which can be very serious. Symptoms include a rash, low-grade fever, runny nose, and swollen glands. If you suspect that the prisoner has measles, contact the Jail Health Services for advice and direction.

HEPATITIS. Hepatitis B is a serious threat to health care workers, fire fighters, paramedics and police officers, many of whom have become seriously ill from infections contracted through work-related exposures. Symptoms include fatigue, jaundice, dark urine, nausea, vomiting and abdominal pain. If a prisoner appears to have hepatitis, contact the Jail Health Services for advice and direction.

**PRECAUTION: Officers should take special precautions to avoid contact with body fluids.**

OTHER COMMUNICABLE DISEASES. There are many serious communicable diseases, too many to address in this manual. Fortunately most of these diseases are rare; however, when booking prisoners, use common sense. Ask the prisoner about his health and look for obvious symptoms of illness such as fever, chills, nausea and jaundice. If the prisoner does not look well, contact the Jail Health Services for advice and instructions.

Mentally Ill Prisoners/Suicidal Prisoners (Title 15, Section 1052) also see Section 11, Suicide Prevention.

San Francisco has a large proportion of residents who suffer from mental illness and many calls for police service involve a mentally ill person. Consequently, a significant number of people who are arrested suffer from some form of mental illness.

Most prisoners with mental illness are not violent and do not pose a threat to others; however, some do. Some mentally ill persons will assault or threaten other prisoners or officers, or engage in self-destructive behavior like banging their heads against the cell walls.

Mentally disturbed persons who are a threat to themselves or others, or are gravely disabled, shall be transported as soon as practical to the County Jail, which is equipped with safety cells. In the event that a prisoner attempts or threatens suicide, have the prisoner transported directly to the County Jail and tell the transporting officer(s) to take special care. Suicidal prisoners should be handcuffed and, when practicable, kept under constant observation during transport. See Department General Order 6.14, Psychological Evaluation of Adults, and DGO 7.02, Psychological Evaluation of Juveniles for detailed procedures.

## Developmentally Disabled Prisoners

Developmentally disabled persons are those who are disabled due to mental retardation, cerebral palsy, epilepsy, autism or a combination of these maladies. Arrange to have any developmentally disabled prisoner transported as soon as practical to the County Jail and ensure that the Jail Health Services are notified.

## Prisoners with Physical Disabilities

Any person with a physical disability (e.g., a wheelchair user, a visually or hearing impaired person, a person with a guide dog or attendant, a person with a prosthetic device) must be booked directly at the County Jail.

There are many kinds and degrees of physical disabilities. When deciding who must be booked directly at the County Jail, the following guideline should be used: **Any prisoner with a physical disability whose safety may be jeopardized by placement into a holding cell shall be transported to the County Jail as soon as practical.**

If you have any questions regarding the booking and detention of prisoners with physical disabilities, contact the Jail Health Services or the Department's ADA Coordinator.

## Prisoners Infested with Vermin (Title 15, Section 1212)

Vermin (lice, crabs, fleas, scabies) are not uncommon in urban areas. Homeless persons, especially those who are mentally ill or are alcoholics, can easily become infested with vermin, which often hide under layers of clothing, in the hair (scalp and pubic), in moist areas, and under the folds of skin.

Prisoners infested with vermin should not be transported in a radio car or brought to a district police station. Any prisoner infested with vermin shall not be placed in a holding cell. Instead, the prisoner should be transported directly to the County Jail in a patrol wagon, and the Jail Health Services notified in advance so they can prepare for the prisoner. After transporting, the vehicle must be decontaminated (see below).

DECONTAMINATION OF VEHICLES. In the event a vehicle becomes infested with vermin, the vehicle shall not be used until it has been properly decontaminated. The vehicle should be parked and locked.

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<sup>7</sup> Disabilities Awareness Guide, SFPD, Rev. 08/2000

<sup>8</sup> Ibid

DECONTAMINATION OF HOLDING CELLS. Sometimes it is discovered that a prisoner has vermin **after** he has been placed into a holding cell. In the event that a holding cell becomes infested with vermin, the cell shall not be used to hold prisoners until it has been decontaminated.

DECONTAMINATION SERVICES. For decontamination services, call Pestec Exterminator Company at (925) 757-2945 or (415) 587-6817. Shower access is mandatory in a Temporary Holding Facility. If necessary, shower shall be made available in another part of the facility.

### Absentia Bookings

In some cases, an injured or ill prisoner will have to be admitted into the hospital and will need to be booked in absentia. For complete procedures, see DGO 5.09, Absentia Bookings and Prisoner Security. Remember to call Jail Health Services whenever there is a question regarding the treatment or the acceptability of a prisoner at the County Jail.

### Documenting Medical Treatment

When booking a prisoner who has been medically assessed or evaluated, briefly describe the treatment on the booking form and SFPD form 54, Medical Screening Card. This description will likely be brief and limited to what the transporting officer knows. The prisoner's medical records will usually be enclosed in a sealed envelope for review by the Jail Medical Services. After completing the booking process, forward the envelope with the prisoner when he/she is transferred to the County Jail. Medical information must be kept confidential.

### Questions/Advice

Screening prisoners at the district station and deciding on a course of action can be difficult especially with limited medical knowledge. Whenever you have questions regarding a prisoner's medical condition or are having difficulty determining whether a prisoner will be accepted into the County Jail, contact the Jail Health Services (JHS) at the County Jail. Oftentimes, calling ahead can save time and effort.

## SECTION 4

### TRANSPORTATION AND SEARCHES OF PRISONERS AND FACILITIES

#### Field Arrest Searches

DUTIES OF THE ARRESTING OFFICER. At the time of arrest, the arresting officer shall conduct a field arrest search of the arrestee. The search shall at least include a thorough pat down to make sure that the arrestee does not have any weapon that could harm him/her or others.

TRANSFERRING CUSTODY. Officers shall personally conduct a thorough pat-down search before assuming custody of a prisoner, e.g., transporting to the district station, booking, transferring to the County Jail, processing, or transporting to a medical facility.

#### Transporting Prisoners (Also see DGO 1.03, Duties of Patrol Officers)

Officers are responsible for the safe transportation of prisoners. Absent exigent circumstances, officers shall comply with the following policies:

Females shall not be transported in the same compartment of a police vehicle with male prisoners.

Officers shall not place any prisoner into a compartment of a vehicle containing property and/or equipment, or place property and/or equipment into an area of a vehicle occupied by prisoners.

JUVENILE PRISONERS. See DGO 7.01, Juvenile Policies and Procedures

#### Custodial Searches

Custodial searches are designed to ensure that arrestees do not bring weapons or contraband into a detention facility (see Penal Code Section 4030). The policies regarding these types of searches do not apply to the myriad of other searches performed by officers outside of a detention facility.

DUTIES OF THE STATION KEEPER. The Station Keeper shall ensure that prisoners are appropriately searched before they are placed into holding cells.

#### TYPES OF CUSTODIAL SEARCHES

Booking Search: Pat-downs, metal detector scans and thorough clothing searches.

**Strip Search:** Removal of clothing for a visual inspection of underclothing, breasts, buttocks or genitalia.

**Body Cavity Search:** Physical intrusion and inspection of the stomach, rectum or vagina.

**BOOKING SEARCHES.** Most bookings at a district station require only a booking search, which includes a pat down and a thorough search of the prisoner's clothing. The arrestee's pockets are emptied and items are placed on the booking counter; containers are inspected. The purpose of a booking search is to inventory an arrestee's property and ensure that no dangerous objects or contraband are allowed into the holding facility.

**STRIP SEARCHES.** If an officer has a reasonable suspicion based on specific and articulable facts that an arrestee is concealing a weapon or contraband, he/she may conduct a strip search with the approval of a supervisor. Strip searches must be conducted by an officer(s) of the same sex as the arrestee, and ". . . in an area of privacy so that the search cannot be observed by persons not participating in the search." Before conducting a strip search, a supervisory officer must complete *Strip Search and Visual Body Cavity Search Authorization* (SFPD 305). The form must be attached to the incident report.

**If during the course of the strip search, an officer(s) develops probable cause to believe that the evidence or contraband they are trying to seize is within the arrestee's body cavity and they are unable to seize the evidence or contraband because it is within the arrestee's body cavity, the strip search procedure shall be terminated and the body cavity search protocol shall be initiated.**

**Persons with Prosthetic Devices.** Unless there are exigent circumstances requiring an immediate search for safety, prosthetic devices (artificial limbs) shall not be removed as part of a booking search. Prosthetic devices may be removed only when a strip search is warranted.

Prosthetic devices are attached in a variety of ways and should only be removed under the direction of a person familiar with the device. To avoid complications, prisoners wearing prosthetic devices should be transported directly to the County Jail. The suspect should be handcuffed as a safety precaution. If a strip search is warranted, it can be conducted at the County Jail under medical supervision.

**BODY CAVITY SEARCHES.** Body cavity searches require a magistrate's search warrant and shall be done only by medical personnel.

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<sup>9</sup> Penal Code Section 4030

### Transfers to the County Jail/County Jail Search Policy

Prisoners who are transferred to the County Jail must be searched at the jail before the Sheriff's Department will assume custody. Persons arrested for infractions, misdemeanors or felonies not involving weapons, drugs or violence are subject to only a booking search. Hand-held metal detectors are available to assist in the process. All other persons are subject to strip searches.

### Searches of Facilities/Inspection of Holding Cells/Key Control

The Station Keeper shall inspect holding cells and the booking area for weapons, contraband, for damage and maintain control of the cell keys. Station Keeper will conduct the inspection at the beginning of the watch and log the results on SFPD 482 Cell and Detention Area Log. Cells should be inspected as a prisoner is being removed or transferred to the County Jail.

## SECTION 5 PRISONER PROPERTY

### Responsibilities of the Station Keeper

The Station Keeper shall be responsible for prisoner property until the property is either taken by the transporting officer, picked up by the Property Control Section, or is received at the County Jail. The Station Keeper is also responsible for returning personal property when releasing a prisoner.

### Receipt/Signature of Prisoner

Every prisoner shall be given the defendant's copy of the arrest form listing personal property unless the prisoner is unable to sign the form at the time of booking. When a prisoner is able but refuses to sign, the Station Keeper shall write, "refused" in the signature area and give the prisoner the defendant's copy. The prisoner must, however, sign before his/her property will be returned. If the prisoner refuses to sign for his/her property, the Station Keeper shall book the property as prisoner's personal property. Station Keeper shall write "refused" in the signature area, write your initials and star number and give the white copy to the prisoner. Log the property on the Property Control Log sheet for pick-up by Property Control Personnel and write an incident report.

### Booking Items as Prisoner Property

**ESSENTIAL ITEMS.** Prisoners may be allowed to keep articles that are essential to their personal convenience, provided that the item cannot be used to inflict injuries or be used to escape. Examples of essential items might be: a hearing aid, prescription eyeglasses, business card or a piece of paper with an important telephone number, a Medic Alert bracelet.

**Intoxicated Prisoners.** Intoxicated prisoners, however, are more likely to lose or damage their property while in custody and some essential items such as prescription eyeglasses can actually cause injuries. Therefore, intoxicated prisoners should not be allowed to keep essential items.

**Prescription and over-the-counter Drugs.** Place prescription and over-the-counter drugs in a plain envelope and describe the drug on the envelope. Seal and tape the envelope, and attach it to the Personal Property of Arrested Person Envelope. In most cases, Jail Health Services will allow the prisoner to continue his/her prescription medication while in custody.

**BELTS.** Belts shall be removed and booked as prisoner property. Other clothing items such as shoelaces, drawstrings, ties, ropes, suspenders, and scarves shall also be

removed and booked as prisoner property. This policy is intended to discourage suicide attempts.

**RINGS, WATCHES, AND JEWELRY.** Rings, watches and jewelry (including necklaces, earrings, etc.) shall be removed and booked as prisoner property. Rings shall not be removed and booked for prisoner property if removing the ring is likely to cause injury to the prisoner or result in damage to the ring.

**LEATHER JACKETS.** Subjects may keep their leather jackets until they are either dressed into jail clothing or are released.

**MONEY.** The Station Keeper shall place all prisoner money (currency and coin) in a money envelope, and attach it to the outside of the property envelope at the time of booking. The amount shall be recorded on the booking card and the prisoner shall be given a copy as a receipt.

**CIGARETTES AND TOBACCO.** Prisoners will not be allowed to have cigarettes, cigars or any form of tobacco while in custody in the County Jail. Place these items in the property bag along with any matches or lighters.

**WEAPONS.** If a property envelope or bag contains a weapon (e.g., knife, pepper spray, mace), list the weapon on the outside of the envelope or bag.

**PERISHABLE ITEMS/BLEACH.** Do not forward perishable items (e.g., fruit, vegetables, sandwiches) or containers of bleach with the prisoner's property. Discard them. If the prisoner is in possession of a large quantity of perishable items, consult with your lieutenant concerning the proper disposition (see DGO 6.15, Property Processing). Make a notation on the booking form describing any discarded item.

### Inventory Procedures

**INSPECTION.** Unless officer safety would be jeopardized (e.g., the prisoner is violent, extremely intoxicated, or aggressive) place everything taken from the prisoner on the booking counter so that the prisoner can visually inspect it.

**MONEY.** Describe money in numbers and words. If no money is taken, indicate that fact on the booking form.

**LISTING/DESCRIBING PROPERTY.** Use brand names and serial numbers to describe the prisoner's property on the booking form in detail. Indicate the number of items in a category, e.g., 7 keys on 1 ring, 2 combs, etc. Do not use offensive entries or inappropriate slang to describe articles.

**PROPERTY ENVELOPE.** Place all the prisoner's property into the Personal Property of Arrested Person Envelope and seal it. Write your initials over the edge of the flap and

place transparent tape over it. If a property envelope or bag contains a weapon (e.g., knife, pepper spray or mace), list the weapon on the outside of the envelope or bag.

If the prisoner's property will not fit in the envelope, use a paper bag or a suitable container. Fill out the Personal Property of Arrested Person Envelope and attach it to the container. Use a tag on large items such as backpacks, suitcases, and portable radios.

DEFENDANT'S COPY. Give the defendant a copy of the arrest form unless he/she is unable to sign it. If the prisoner is able, but refuses to sign, write, "refused" in the signature box and give him/her the defendant's copy. In either case, the prisoner will be required to sign before his/her property is returned.

### Vehicles, Bicycles, Motorcycles and Mopeds

When booking a person in possession of a motorcycle, moped, go-cart, or handle the vehicle in accordance with Department policies and procedures (see Department General Order 9.06, Vehicle Tows). Indicate on the arrest form the disposition of the person's vehicle. Example: towed to City Tow, parked at the location of arrest. Motorized skateboards (Go-Peds, etc.) or bicycles with small motors attached will be booked as regular evidence logged on the Property Control Sheet for pick-up by Property Control Personnel.

#### Bicycles and Large Personal Property Items.

When taking the personal property of an arrestee, which due to size or quantity, the Sheriff's Department is unable to store (including bicycles), fill out the orange Personal Property tag. Have the arrestee sign the Personal Property Notice on the back of the Personal Property tag. Give the white copy of the notice to the arrestee and attach the orange tag to the property. If the arrestee refuses to sign the Personal Property Notice, write the word "refused" along with your initials and star number in the signature area of the notice and give the white copy of the notice to the arrestee. The Property Control Division will pick up these items from the district stations on a daily basis. All personal property items **must** have a case number and be entered on the Property Control Log.

The Station Keeper will be responsible to see that all personal property tags are signed by the prisoner. Property whose tags are not signed or not properly completed and are refused by Property Control Personnel, become the responsibility of the station to store, release or dispose.

### Evidence, Illegal Drugs, Narcotics

See DGO 6.15, Property Processing and DGO 6.02, Physical Evidence.

## SECTION 6

### COMPLETING THE BOOKING FORMS

#### Listing Charges

Persons may be arrested for a combination of traffic infractions and non-traffic offenses (misdemeanors/felonies). Oftentimes, the traffic infraction was the basis of probable cause for the officer to stop, detain and investigate.

The law requires that criminal charges be consolidated into a single case. Courts have had to dismiss serious criminal charges after an individual resolved the traffic infraction in traffic court. It is very important to keep all the charges in a case together by listing traffic or non-traffic infractions along with the other more serious offenses. All the charges will be combined into a single case by the District Attorney (see DGO 9.01, Traffic Enforcement).

#### Field Arrest Form

Sheriff's personnel use the Field Arrest Card (sometimes called the Housing Card) to track a prisoner and log telephone calls. Use a blue Field Arrest Card to list any felony charge(s) along with any related misdemeanor or infraction charge(s). Use a white Field Arrest Card to list any misdemeanor charge(s) and any related infraction charge(s).

## SECTION 7

### **ADMINISTRATIVE SEGREGATION AND PRISONER CLASSIFICATION PLAN**

(Title 15, Section 1050)

The Station Keeper is responsible for the custody and well being of prisoners, which can be a difficult job, especially in a jail environment. While most prisoners are not combative or hostile and do not pose a threat to other prisoners, some are aggressive and prone to assault others. Some prisoners may be docile when being booked, and become hostile when placed with other prisoners. These types of prisoner will be segregated and transferred to the County Jail as soon as practicable.

While it is difficult to predict what type of prisoner poses a risk to others, certain factors should be considered at the time of booking when deciding whether to administratively segregate a prisoner. For example, combatants should never be placed in the same cell, nor should members of rival gangs. An arrestee displaying racist or homophobic behavior should never be placed in the same cell with a prisoner who could reasonably become a target of his hostilities. For example, the Station Keepers should never knowingly place a "gay" prisoner in the same cell with a person arrested for "gay bashing."

Even in the absence of overt behavior that threatens other prisoners or members, there are a number of factors that should be considered when determining whether to administratively segregate prisoners. Oftentimes just being aware of these factors can help to avoid assaults of prisoners. When determining who should be administratively segregated, the following criteria should be considered at the time of booking:

**Gang Affiliation (Title 15, Section 1050(a)).** At the time of booking, the Station Keeper should inquire if the prisoner is a gang member, and if so, what gang. The Station Keeper should not knowingly place members of rival gangs in the same cell.

**Age Differences (Title 15, Section 1050(a)).** Since large age differences may result in one prisoner victimizing another, prisoners with significant age differences (over 20 years) should be held in separate cells when practicable.

**Felony/Misdemeanor Prisoners.** When practicable, misdemeanor and felony prisoners should be held in separate cells. This consideration does not apply to a misdemeanor prisoner with a felony arrest record.

**Aggressive/Combative Prisoners.** Aggressive or combative persons who pose a threat to others or to facilities may be reasonably restrained and shall be transported directly to the County Jail. Jail Health Services and the Jail Psychiatric

Services should be notified.

**Other Factors (Title 15, Section 1050(a)).** There are many factors to consider when deciding whether to administratively segregate a prisoner. Use "common sense". The Station Keeper should carefully consider the following factors:

- **Criminal Sophistication.** The term "sophistication" refers to the prisoner's criminal history and the seriousness of the offense.
- **Seriousness of the Crime.** When practicable, prisoners should be segregated based on the seriousness of their crime. Personal crimes such as rape, assault, battery are to be considered more serious than property crimes such as burglary, fraud, and theft.
- **Nature of the Crime.** Persons charged with crimes against children are often the targets of assaults by other prisoners. When practicable, these types of prisoners should be administratively segregated.
- **Investigative Purposes.** It is a good idea to segregate prisoners whenever it may aid in the investigation of a crime. When practicable, segregate coconspirators so investigators can more effectively question them.
- **Safety of Others.** It is important to remember that the Station Keeper may segregate any prisoner when, in his/her judgement, segregation is reasonably necessary for the prisoner's own safety or for the safety of others.

**At the time of booking the Station Keeper will complete the Administrative Segregation and Classification Plan, (on the reverse of the Medical Screening Form SFPD 54) indicate the disposition of the prisoner.**

## SECTION 8 INTOXICATED PRISONERS

### Policies and Procedures for Managing Intoxicated Prisoners (Title 15, Section 1213, 1056)

It is the policy of the San Francisco Police Department to hold persons who appear under the influence of alcohol solely, for detoxification only. Persons who appear to be under the influence of drugs, chemical substances, or a combination of alcohol and drugs or chemical substances are a higher risk than persons solely under the influence of alcohol. Persons who appear to be under the influence of drugs or chemical substances, or a combination of alcohol and drugs or chemical substances shall be transported to the County Jail as soon as practical (also see Penal Code Section 849 (b) (3)). District stations do not have trained medical personnel on duty.

In addition to the criteria stated previously, to be eligible for holding at a district station, an intoxicated person must:

- Be solely under the influence of alcohol.
- Be conscious and able to respond to simple questions or directions.
- Be able to walk with minimal assistance.
- Not have difficulty breathing.
- Not have an illness or injury requiring immediate medical attention.

QUESTIONS. The Station Keeper shall contact Jail Health Services if doubt exists about the prisoner's suitability for detoxification at the district station.

### Medical Screening of Intoxicated Persons

Intoxicated persons are high-risk prisoners. They represent a significant number of the persons arrested and detained by the Police Department. Many are alcoholics and/or homeless. These groups sometimes lack regular medical care and commonly have medical conditions that warrant careful medical screening.

Alcoholics often have seizures caused by previous head injuries, and sometimes suffer from diabetes and heart conditions. In many cases, alcoholics with serious underlying medical conditions are best housed in medical facilities or detoxification facilities staffed with medical personnel.

When booking intoxicated persons, it is especially important for the Station Keeper to look for symptoms of serious medical conditions. Recognizing these conditions can be difficult because many medical emergencies such as stroke, hypoglycemia, and head injuries, can affect a person's balance, coordination, speech and thought, and often mimic intoxication.

Be **very careful** when booking intoxicated persons. Remember, unconscious or unresponsive persons (i.e., persons who are unable to respond to simple questions or directions), even though seemingly intoxicated, shall not be held at district stations.

### Placement into the Detox Cell

A detoxification cell is especially designed to minimize the chances of injury to a prisoner during detoxification. Any arrestee who is intoxicated, and a threat to his own safety (or the safety of others) shall be placed in the detoxification cell, even if he is charged with other criminal offenses.

### Release When Sober (RWS) (Title 15, Section 1029 (a)(5))

Persons arrested solely for intoxication shall be released when the Station Keeper reasonably determines that the person is sober. "Sober" means that, in the opinion of the Station Keeper, the person is able to exercise care for his safety or the safety of others. In most cases, a person will be sober in 4 hours or less (see below). Prisoners who do not appear sober after being held for 4 hours may have an underlying medical problem and shall be medically evaluated.

When a person is arrested for intoxication only, and no further proceedings are desirable, photocopy the last page (Sheriff's/Stat copy), of Form 3800-09, the San Francisco City and County Arrest Record, and give the released person the copy. In the area labeled "Holds" note that the individual was given a photocopy of this document. The original is then filed with the normal arrest records. No additional paperwork is needed.

### The Sobering Process

Intoxicated persons shall be carefully monitored throughout the sobering process and aroused (awakened) every 30 minutes. A pattern of sobriety should develop where the prisoner regains his mental and physical processes. When this recovery does not occur as it should, it may indicate that the person has an underlying medical problem. (For example, if a prisoner's speech remains slurred or his balance is not reasonably restored after a few hours, he may be experiencing distress and must be medically evaluated.)

When assessing a prisoner's recovery, keep in mind that each behavior (e.g., speech, walking, orientation) should show roughly equal progress toward recovery. If not, there



## Arousal Checks

Many intoxicated persons will go to sleep once they are placed into a holding cell. Because it is often difficult to awaken an intoxicated person, it is easier (and quieter) to simply let the prisoner "sleep it off," and to check on the prisoner every half-hour to ensure that the person is still breathing. However, this procedure tells you little about the person's condition and it is not an effective or proper way to monitor prisoners.

One of the best ways to monitor a person being detoxed is to awaken him periodically to assess how the person is doing. The Station Keeper shall monitor persons held for detoxification, and personally check on them at least every 30 minutes (see Section 10). When making checks, the Station Keeper shall arouse (awaken) the prisoner to determine the progress of detoxification and to ensure that the prisoner is not suffering medical complications. All arousal checks shall be documented on the back of the SFPD 69 form, Public Intoxication Report 647(f) (Drunk) PC with an explanation of the intoxicated person's behavior (i.e., seating in the upright position leaning against the wall, sleeping on their right side, standing, etc.). Any prisoner who cannot be awakened or is unresponsive (i.e., unable to respond to simple questions or directions) shall be medically evaluated.

## Alcohol/Drug Test

If a person arrested for 647(f) P.C. (drunk) requests, he/she shall be given the opportunity to arrange for a blood, breath, or urine test to determine the presence of alcohol or drugs. The test will be administered at the arrested person's expense and conducted under the supervision of the Station Keeper.

The person shall be allowed to make telephone calls to arrange for a tester to come to the station. If the tester fails to arrive before the normal transfer time or before the person is to be released as sober, the person shall be appropriately transferred or released. A Request for Alcohol Test (SFPD 360) shall be completed and maintained at the district station.

## SECTION 9

### TELEPHONE CALLS/NOTIFICATIONS/ACCESS TO COUNSEL

(Title 15, Sections 1067, 1068)

#### Telephone Calls

After the booking process is complete, and in no case longer than 3 hours after the arrest, prisoners shall be allowed to make at least 3 completed telephone calls. The station telephone shall be made available for local or collect long-distance calls.

#### Access to Courts and Counsel (Title 15, Section 1068)

It is the policy of the Department to allow counsel (attorneys) to meet with prisoners only at County Jail facilities. However, under exigent circumstances, the Officer-in-Charge may suspend this policy and allow counsel to meet with a prisoner.

#### Arrests or Detentions of Foreign Nations (also see DGO 5.13, Diplomatic Immunity)

As an extension of U.S. Department of State policy and international agreement foreign nationals, who are arrested or detained at length, shall be advised that they might notify their consulate or embassy. Most countries have a consulate office in San Francisco with a local telephone listing; however, some countries only maintain an embassy in Washington, D.C. In these cases, the telephone calls shall be made collect.

#### **In accordance with 834 (c) PC, an officer arrests or detains a foreign national for an excess of two hours shall do the following:**

1. Advise the foreign national of his/her right to have the consulate notified regarding the arrest or detention. If the foreign national chooses to have the consulate notified, the officer shall notify the appropriate consulate and follow the steps set forth below.
  - a. Inform the consular officer of the name of the arrestee/detainee, the reason for the arrest/detention, and where the foreign national is being held.
  - b. Obtain the name of the consular officer whom you notified and document in your police report.
  - c. If the consulate office is closed, contact the US State Department Operations Center at (202) 647-7277 and notify the duty officer. The local operations center phone number to the US State Department is (415) 705-1176.
2. If the arrested/detained foreign national chooses **not** to have his/her consulate

contacted, check the list located in the *U.S. State Department Manual* (which is available at all district stations and investigative units) to see whether the foreign national is from a county that requires a mandatory notification. If the country does require a mandatory notification, you shall advise the foreign national of this requirement and promptly notify the appropriate consulate.

3. In the narrative portion of your police report, document the following information:
  - That you advised the foreign national of his/her right to have the consulate notified regarding the arrest/detention.
  - What the foreign national's response was to your advice
  - The name of the consular or State Department duty officer you contacted.

NOTE: A police report (Investigative Detention Report) shall be made either in the event of an arrest or a detention outlining the details of the detention and notification with a copy sent to S.I.D.

4. If the *U.S. State Department Manual* does not list the appropriate consular office phone numbers, contact the U.S. State Department Operations Center to obtain the correct phone number or, if there is none, notify the duty officer of the arrest or detention.

## SECTION 10 SECURITY AND CONTROL OF PRISONERS

### Key Control

Cell keys shall remain in the possession or the immediate control of the Station Keeper at all times. This policy ensures that in the event of an emergency, prisoners can be quickly evacuated from the cells.

### Cell Capacity

The Board of Corrections has determined the capacities of holding cells based upon current Title 24, California Code of Regulations as it relates to physical plant. Members shall not place into a holding cell any more prisoners than is indicated for the cell's rated capacity.

### Routine Jail Checks of Prisoners

The Station Keeper shall **personally** check prisoners held in cells at least every 30 minutes. The purpose of this check is to monitor the prisoner and ensure that the prisoner is safe and not suffering from a condition requiring immediate medical attention. When making checks, the Station Keeper shall arouse (awaken) the prisoner. If a prisoner cannot be aroused or is unresponsive (i.e., unable to respond to simple questions or directions) an ambulance shall be summoned and the prisoner shall be medically evaluated. Prisoners are not to be held in a cell for more than four hours or longer than twelve hours at the Station.

**Checks shall be made in person. Monitoring prisoners with a video camera does not constitute a routine jail check.** The Station Keeper shall log the actual times of these jail checks on the Cell Check Log (SFPD 51). If the prisoner is intoxicated and in a sobering cell, SFPD 69 must be completed. (See "Arousal Checks", page 38 of this manual)

### Use of Restraint Devices [Title 15, Section 1029 (3), 1058]

The Station Keeper shall be responsible for both the security and safety of prisoners in his/her custody. Security and control of prisoners shall be made in strict compliance with established Department policies and procedures.

Generally, restraints should not be used on a prisoner while inside of the cell unless the prisoner poses a danger to himself or others, attempts to damage property, or for the purpose of gathering evidence.

In the event that a prisoner must be restrained, he shall be housed alone in the cell, and the Station Keeper shall **immediately** arrange to have the prisoner transported to the County Jail. While awaiting transportation to the County Jail, direct visual observation shall be conducted at least **twice every 30 minutes** to ensure that the restraints are properly employed and to ensure the safety and well being of the prisoner. Such observations shall be logged on Cell Check Log (SFPD 51).

Prisoners will not be administered discipline (Section 1080,1081 Title 15) in our Temporary Holding Facilities. Also refer to Section 7 regarding Administrative Segregation.

## SECTION 11

### **SUICIDE PREVENTION**

(Title 15, Section 1219)

Suicides are not uncommon in jails, and account for a significant portion of in-custody deaths. Hanging is the most common method of suicide.

The San Francisco Police Department generally holds prisoners in temporary detention for four hours or less, until they are either sobered or are transferred to the County Jail. This relatively short detention, however, offers plenty of time for a prisoner (especially one who is alone in a cell) to attempt suicide.

It is the intent of the Department to minimize the potential for suicides by training members to identify persons who are at risk and to recognize the warning signs of suicide.

#### Persons at Risk

In-custody suicides most often occur within the first eight hours of incarceration. Generally, persons at risk are:

- Prominent persons charged with embarrassing crimes (e.g., prostitution, child molesting, sex-related crimes).
- Persons held for alcohol or drug-related charges. Intoxication greatly increases the likelihood of suicide.
- Juveniles held in adult facilities (e.g., secure detention and non-secure custody).
- Persons with a history of attempted suicides or self-destructive acts.
- Individuals who threaten suicide.
- Individuals who appear depressed.
- A female who has given birth within the past year and is charged with the murder or attempted murder of her infant.

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<sup>10</sup> Department General Order 7.01, Juvenile Policies and Procedures, Temporary Custody of 601 & 602 W & I Offenses

**Any of the persons above are more likely to attempt suicide, especially if the person is intoxicated.**

Behavioral Suicide Warnings

It is important to know some of the warning signs of suicide, certain actions and statements that can precede a suicide attempt. But how are officers to know about these behaviors?

Although most actions and discourse occur in private -- usually around friends and family members -- police officers often learn about a suspect's "unusual" or "bizarre" behavior when interviewing witnesses. For example, a suspect involved in domestic violence situation may threaten to kill himself, or a person being placed into custody blurts out that he'd rather die than go back to prison.

These kinds of statements may be a prelude to a suicide attempt and should be relayed to the Station Keeper. The Station Keeper can determine whether to book the suspect at the station or have the suspect booked directly into the County Jail, which is equipped with a safety cell. While in custody, the prisoner may also say or do something that indicates he may be suicidal, and the Station Keeper should be alert to these types of behavior.

There are several indicators of a person contemplating suicide:

- Giving away a cherished object in a casual manner.
- Organizing business and personal matters as if one were going away for an extended period.
- Poor adjustment to the recent death of a loved one.
- Planning one's funeral shortly after the death of a loved one.
- Asking about how people go about donating their body to science.
- Sudden resignation from organizations such as clubs, church groups or fraternal orders.
- Crying for no apparent reason (especially a man).
- Deviation from normal behavior patterns, e.g., a non-drinker begins drinking to excess, a "penny pincher" suddenly donates a large sum of money to a charity.
- A person who never wanted guns in his home suddenly buys one.

- Composing a suicide note. Many times these suicide notes are discovered days before the suicide attempt.
- A sudden, unexplainable recovery from severe depression.

Prisoners displaying any of the behaviors above, or prisoners who have scars on their wrists or neck indicating a prior suicide attempt **should not** be held at a district station holding cell. Prisoners who threaten or attempt suicide **shall not** be held at a district station holding cell; instead, the prisoner shall be transported to the County Jail as soon as practical, and the Jail Psychiatric Services shall be notified.

Knowing the type of person who is more likely to attempt suicide or even knowing the warning signs sometimes is not enough to prevent a suicide. Common sense must also be used. A prisoner held alone in a cell (especially if the cell is out of easy view of the Station Keeper) may be more likely to attempt suicide.

## SECTION 12

### EMERGENCY PROCEDURES

Pursuant to Penal Code Section 6030 (c), whenever there is a prisoner in custody, there shall be at least one person on duty at all times who meets the training standards established by the Board of Corrections for general fire and life safety as they apply specifically to the facility.

#### Evacuation Plan (Title 15, Section 1029a(6))

The Commanding Officer of every district station shall develop a comprehensive evacuation plan for use in the event of fire, earthquake and other incidents requiring an evacuation. The plan shall include procedures for evacuating prisoners from holding cells and how they are to be housed and/or relocated.

**The Commanding Officer of each district station shall include the station's evacuation plan as an annex to this manual, and shall also ensure that an evacuation map is conspicuously posted near the station's booking counter.**

#### Fire Suppression Preplanning (Title 15, Section 1032)

The Station Keeper is responsible for the evacuation of prisoners in the event of fire. When feasible, the Station Keeper shall attempt to extinguish a fire in the cell and booking areas. The primary fire suppression tool is a fire extinguisher that shall be located in the booking area of every district station.

#### Prisoner Escape (Title 15, Section 1029)

In the event of an escape of a prisoner while in custody at a district station, the Station Keeper shall:

- Notify the Officer-in-Charge.
- Notify Headquarters.
- Supervise a search of the station and the surrounding area.
- Notify the Operations Center.
- Prepare an incident report and a memorandum describing the incident, or if the prisoner was in the custody of the arresting or transporting officer (i.e., the prisoner had not been booked and placed into a cell) ensure that the officer prepares an incident report and a memorandum describing the incident.

### Hostage Incidents (Title 15, Section 1029)

See Department General Order 8.02, Hostage and Barricaded Suspect Incidents.

### Assaults, Threats, Accidents and Injuries (Title 15, Section 1044)

CRIMINAL ASSAULTS AND THREATS. In the event that a prisoner is assaulted while in custody, the Station Keeper shall investigate, take appropriate action, and prepare an incident report. An incident report shall also be prepared documenting any serious threat of injury to another prisoner, or to any other person, including a member.

ACCIDENTS AND INJURIES. Any injury of a prisoner while in custody resulting from a non-criminal event (e.g., accident, use of force, self-inflicted injury) shall also be documented in an incident report (see DGO 5.01, Use of Force).

### In-Custody Deaths (Title 15, Section 1218 and 1046)

In the event of an in-custody death, the Station Keeper shall follow these procedures:

- Summon Emergency Medical Assistance.
- Notify the Officer-in-Charge.
- Protect the immediate area as a possible crime scene (DGO 6.01, Crime Scene Log).
- Notify the Commanding Officer of the District Station.
- Notify the Operations Center.
- Prepare an incident report and any other reports as required.

Upon completion of the investigation, the Department will conduct an operational and medical review of its policies and procedures relating to the booking and detention of prisoners. The Homicide Unit will make the State mandated notifications. **To comply with section 1046 "Death of a Minor in an Adult Detention Facility", the Board of Corrections will be provided a copy of the in-custody death report submitted to the Attorney General under Government Code Section 12525 within 10 days after the death of a minor.**

## SECTION 13 FACILITY MAINTENANCE AND INSPECTION

**Any holding cell that does not meet all the requirements shall not be used to hold prisoners.**

### Inspection and Operations Review/Health and Environmental Inspection [Title 15, Section 1029 (a) (2)]

Pursuant to the Injury and Illness Prevention (IIPP) Manual, DM-01, inspection and operations review shall be conducted quarterly by the Commanding Officer of each district station to ensure compliance with applicable laws, Department policies and procedures, and the provisions of this manual. Additional inspections will be conducted periodically by the Department and by other city agencies.

The Commanding Officer of each district station shall ensure that:

- The facility and holding cells are properly lighted.
- The facility and holding cells are maintained at a comfortable temperature.
- Toilets in the facility and in the holding cells function properly. Washbasins in the facility and in holding cells function properly.
- Drinking fountains in the facility and in the holding cells function properly, or that drinking water is made available to members and prisoners.
- The facility and holding cells are maintained in a sanitary condition, i.e., floors, walls, windows, grillwork and ceilings are clean and in good repair.
- Floor drains in holding cells are flushed at least weekly, grids or grates are in place, and traps contain water to prevent escape of sewer gas.
- The facility and holding cells are free of safety hazards.
- The facility, including holding cells, is free of vermin (e.g., lice, fleas, crabs, scabies, mice, rats) or signs of vermin.

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<sup>11</sup> See Injury and Illness Prevention Program (IIPP) Manual (DM-01) for procedures for reporting safety hazards.

### First Aid Kit (Title 15, Section 1220)

The Commanding Officer of every district station shall insure that a fully stocked first aid kit is located near the booking counter. The first aid kit shall contain at least the following items:

#### Adhesive Bandages (band-aids)

- (30) 3/4" x 3" adhesive bandage
- (30) 1" x 3" adhesive bandage

#### Gauze Pads

- (4) 2"x2" gauze pads
- (4) 3"x3" gauze pads

#### Gauze Rolls

- (1) roll of 1" gauze
- (1) roll of 2" gauze
- (1) roll of 4" gauze

#### Adhesive Tape

- (1) roll of 1/2" adhesive tape

#### Trauma Pads

- (4) 2" x 3" non-stick pad
- (4) 3" x 4" non-stick pad
- (1) 5" x 9" trauma pad

#### Tools

- (1) pr. tweezers
- (1) pr. scissors
- (1) pr. of latex gloves

#### Miscellaneous

- (1) one oz. bottle of eyewash
- (1) triangular bandage with pins
- (4) ammonia inhalants
- (8) antiseptic towelettes
- (1) tube of burn cream
- (2) instant cold packs
  
- (1) CPR mask
- (1) Bulb resuscitator

### Personal Protection Kit

The Commanding Officer of each district station shall ensure that a complete personal protection kit as specified by the Department's Occupational Safety and Health Manager, is located near the booking counter.

### Periodic Testing of Emergency Equipment

The Commanding Officer of each district station shall ensure that emergency equipment is periodically inspected and/or tested.

### Storage and Issue of Weapons, Ammunition, Chemical Agents and Related Security Devices (Also see DGO 1.05, Duties of Station Personnel)

The Commanding Officer of each district station shall develop procedures for the storage and issuance of weapons, ammunition, chemical agents, and other security devices where applicable.

Facility Inspection Report (See Injury and Illness Prevention Manual DM-01)

Commanding Officers of district stations shall ensure that the facility, booking area and holding cells are properly maintained and inspected regularly. Commanding Officers shall ensure that Periodic Hazard Inspection Report (SFPD 435-A) is completed quarterly, i.e., no later than the last day of March, June, September, and December. A copy of the completed report shall be retained at the station, and the original shall be forwarded to the Department's OSHA manager.

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# APPENDIX