

OFFICE OF THE CHIEF OF POLICE

ADMINISTRATIVE ORDER NO. 13

November 24, 2015

SUBJECT: SPECIAL CONFINEMENT AND OBSERVATION OF PRISONERS – RENAMED AND REVISED; AND, SPECIAL CONFINEMENT AND OBSERVATION RECORD, FORM 06.51.00 – RENAMED AND REVISED

PURPOSE: This Order updates Department Manual Section 4/653, *Special Confinement and Observation of Prisoners*, to reflect current procedure. Additionally, the Special Confinement and Observation Record, Form 06.51.00, has been renamed and revised to reflect current terminology.

PROCEDURE:

- I. **SPECIAL CONFINEMENT AND OBSERVATION OF PRISONERS – RENAMED AND REVISED.** Department Manual Section 4/653, *Special Confinement and Observation of Prisoners*, has been renamed *Special Confinement and Observation of Inmates* and revised for updated special confinement procedures. Attached is the revised Section, with revisions indicated in italics.
- II. **SPECIAL CONFINEMENT AND OBSERVATION RECORD, FORM 06.51.00 – RENAMED AND REVISED.** The Special Confinement and Observation Record, Form 06.51.00, has been renamed Safety Observation Record and has been revised to update current Department terminology.

The use and completion of this form remain unchanged. Distribution of this form has been changed.

FORM AVAILABILITY: The Safety Observation Record is available in E-Forms on the Department's Local Area Network (LAN) and is attached for immediate use and duplication. All other versions of this form should be marked "obsolete" and placed in the divisional recycling bin.

AMENDMENT: This Order amends Section 4/653 of the Department Manual. The "Form Use" link applicable to the Safety Observation Record is accessible in E-Forms on the Department's LAN.

AUDIT RESPONSIBILITY: The Commanding Officer, Audit Division, shall review this directive and determine whether an audit or inspection shall be conducted in accordance with Department Manual Section 0/080.30.



CHARLIE BECK
Chief of Police

Attachments

DISTRIBUTION "D"

**DEPARTMENT MANUAL
VOLUME IV
Revised by Administrative Order No. 13, 2015**

653. SPECIAL CONFINEMENT AND OBSERVATION OF INMATES.

653.10 PLACING AN INMATE IN SPECIAL CONFINEMENT. Special confinement of *an inmate* may be required when *an inmate* exhibits characteristics or behavior which present a clear danger to the safety of *themselves* or others or pose a threat to the security of the jail facility. Special confinement shall only be authorized by a *Custody Services Division* supervisor where the *inmate* is incarcerated. When *an inmate* is placed in special confinement, the detention/police officer shall remove any of the *inmate's* possessions *such as shoes* or clothing, which could be used to injure the *inmate* or damage the cell. The *jail detention staff* shall complete a *Safety Observation Record*, Form 06.51.00, and obtain approval for special confinement from a *Custody Services Division* supervisor.

An inmate shall not be routinely deprived of all clothing when being placed in special confinement. Should it become necessary to remove more of *an inmate's* clothing, approval shall be obtained from a *Custody Services Division watch commander/watch supervisor*. The supervisor shall record the reason for removal of the additional items on the *Safety Observation Record*.

653.20 INSPECTION OF INMATE IN SPECIAL CONFINEMENT. When *an inmate* is placed in special confinement, the *jail detention staff* shall inspect the *inmate* at least once *each quarter of the hour*, or more frequently if circumstances require, and record such inspection on the *Safety Observation Record*, Form 06.51.00.

The *jail detention staff* shall *notify the* watch commander/*watch supervisor* of Metropolitan Jail Section, Valley Jail Section, or 77th Street Jail Section or a *Custody Services Division* supervisor of at least the rank of Principal Detention Officer, when:

- *An inmate* requires special confinement;
- *An inmate* has been initially placed in a special confinement for four hours without a medical evaluation; *and*,
- *An inmate* has been held in special confinement for a *six-hour* period after the initial medical evaluation.

The *Custody Services Division* watch commander/*watch supervisor* or *designee* shall:

- Document the circumstances and any medical evaluation given to the *inmate* in the *Safety Observation Record*; *and*,
- Ensure that a medical evaluation from *the* jail dispensary is completed within four hours of the initial special confinement and every subsequent *six* hours of special confinement.

DEPARTMENT MANUAL
"FORM USE" LINK

06.51.00 SAFETY OBSERVATION RECORD, FORM 06.51.00.

06.51.00-01 **Use of Form.** This form is used to maintain a record of the *observation* of an *inmate* in custody of the Department (Manual Section 4/653.20).

06.51.00-10 **Completion.** *Completion of the form is self-explanatory.*

06.51.00-80 Distribution.

1 - Original, Office of the Commanding Officer, *Custody Services* Division.

1 - Copy, *facility of occurrence.*

2 - TOTAL

SAFETY OBSERVATION RECORD

FACILITIES

06.51.00 (11/15)

Observation at Least Once Within Each Quarter Hour

INMATE'S NAME:	BOOKING NO.:	CHARGE:
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SUICIDAL RISK
 THREAT TO STAFF/OTHERS
 OTHER (DESCRIBE UNDER DETAILS)

DATE AND TIME IN/ON:	CELL NO.:	SAFETY CHAIR? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL TREATMENT GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF DOCTOR OR NURSE NOTIFIED:
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RETAINED CLOTHING? <input type="checkbox"/> YES <input type="checkbox"/> NO	SAFETY GARMENT PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR CLOTHES REMOVAL:
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1. INDICATE DETAILS OF CONFINEMENT, INMATE DISPOSITION.
2. IF SPECIAL CONFINEMENT IS REQUESTED BY MEDICAL STAFF, LIST LAST NAME, SERIAL NO. AND REASON.

DETAILS:

PRINT NAME OF OFFICER REPORTING CONFINEMENT:	SERIAL NO.:	PRINT NAME OF SUPERVISOR APPROVING CONFINEMENT:	SERIAL NO.:
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OBSERVATIONS				OBSERVATIONS			
TIME	OBSERVED BY	REMARKS	DRINK	TIME	OBSERVED BY	REMARKS	DRINK
			<input type="checkbox"/>				<input type="checkbox"/>
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OBSERVED BY SUPERVISOR: _____	TIME: _____	REMARKS: _____
OBSERVED BY SUPERVISOR: _____	TIME: _____	REMARKS: _____

SIXTH (6) HOUR MEDICAL REASSESSMENT

DATE/TIME OF MEDICAL REASSESSMENT: _____

MENTAL AND/OR PHYSICAL CONDITION OF INMATE (EXPLAIN): _____

SIXTH (6) HOUR SUPERVISOR REASSESSMENT

<input type="checkbox"/> REMOVAL	<input type="checkbox"/> CONTINUED
DATE/TIME REMOVED FROM SPECIAL CONFINEMENT:	DATE/TIME CONTINUED IN SPECIAL CONFINEMENT:
FINAL ACTION TAKEN:	REASON CONTINUED:
SUPERVISOR APPROVING REMOVAL: _____	SUPERVISOR APPROVING CONTINUED CONFINEMENT: _____
SERIAL NO.: _____	SERIAL NO.: _____

