

WEBER COUNTY CORRECTIONAL FACILITY

Volume

ADMISSION AND RELEASE

Chapter

JC 02 - ADMISSION & INITIAL RISK ASSESSMENT

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23

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JC 02/01.00 GENERAL

JC 02/01.01 Purpose

JC 02/01.02 Cross Reference

JC 02/01.03 Definitions

JC 02/02.00 BOOKING PRISONERS

JC 02/02.01 Policy

JC 02/02.02 Rationale

JC 02/02.03 Procedure: Admission

JC 02/02.04 Procedure: Computer Booking System

JC 02/02.05 Procedure: Probable Cause Affidavits

JC 02/03.00 INTAKE SCREENING

JC 02/03.01 Policy

JC 02/03.02 Rationale

JC 02/03.03 Procedure: Assessing Suicide Risk

JC 02/04.00 SEGREGATION DURING ADMISSION

JC 02/04.01 Policy

JC 02/04.02 Rationale

JC 02/04.03 Procedure: Segregation During Admission

JC 02/05.00 LEARNING OBJECTIVES

JC 02/05.01 Booking Prisoners

JC 02/05.02 Intake Screening

JC 02/05.03 Segregation During Admission

JC 02/01.00 **GENERAL**

JC 02/01.01 **Purpose**

The purpose of this chapter is to:

- A. identify the process for receiving custody of prisoners after pre-admission requirements have been met;
- B. provide the procedures for booking prisoners;
- C. define required booking screenings;
- D. screen prisoners at the time of booking for:
 - 1. medical concerns;
 - 2. suicide risk; and
 - 3. mental health concerns; and
- E. provide requirements for segregating prisoners at the time of booking.

JC 02/01.02 **Cross Reference**

JD 03 - Temporary Restrictions

JF 03 - Searches

JF 05 - Use Less-Lethal Force and Restraints

UJS C.02

77-26-18 Utah State Code

78-3a-16 Utah State Code

78-3a-55(3) Utah State Code

JC 02/01.03 **Definitions**

- | | |
|--------------------------|---|
| bail room safe | locked safe adjacent to the booking area where prisoner money is transferred after prisoner is placed in general population |
| BCI | Bureau of Criminal Identification, Department of Public Safety |
| booking drop safe | locked drop safe in the booking area where prisoner money is placed after initial booking process |

Division I	District Court, State cases
Division II	District Court, City cases
ideation	conception or formation of ideas by the mind
inmate	a prisoner who has been dressed into the WCCF
IPP	Inmate Placement Program
NCIC	National Crime Information Center
OIC	Officer in Charge; the ranking officer in the facility at a given time
OPD	Ogden Police Department
OR	Own Recognizance
OTN	Offense Tracking Number
prisoner	an arrestee or prisoner brought to the WCCF for booking
risk	uncertainty in an undertaking; exposure to the possibility of hazard or jeopardy
self-destructive behavior	any self-inflicted behavior or actions intended to seriously harm, injure, or result in death
suicide	the deliberate termination of one's own life
transporting officer	any deputy sheriff, police officer, UHP officer, WCCF officer, or other person who transports a prisoner to WCCF for admission
UHP	Utah Highway Patrol
WCAO	Weber County Attorney's Office
WCCF	Weber County Correctional Facility

JC 02/02.00 **BOOKING PRISONERS**

JC 02/02.01 **Purpose**

It is the policy of the WCCF:

- A. to require assistance from the arresting/transporting officer until the prisoner has been searched or secured;
- B. to accept custody of prisoners who are lawfully presented by arresting officers for the purpose of booking after all pre-admission requirements have been met;
- C. to obtain and enter into the computer all identifying information received from the arresting officer and the prisoner;
- D. that Probable Cause Affidavits be presented by the arresting officer at the time of booking when admitting a prisoner on a warrantless arrest.
 - 1. Probable Cause Affidavits shall be completed and signed by the officer responsible for the arrest.
 - 2. Probable Cause Affidavits must be notarized.
 - 3. Probable Cause Affidavits shall be reviewed by a judge or magistrate for prisoners who remain in the custody of the WCCF for a period of time longer than 48 hours prior to arraignment in a court.
 - 4. Probable Cause Affidavits need not be reviewed if the prisoner is released or is arraigned during the first 48 hours after booking.

JC 02/02.02 **Rationale**

- A. It is necessary to require assistance from the arresting/transporting officer in order to protect the security of the jail.
- B. It is necessary to obtain booking information to:
 - 1. properly identify the prisoner; and
 - 2. document the authority for booking the prisoner.
- C. It is necessary on a warrantless arrest to require a Probable Cause affidavit in order to detain an arrestee.
 - 1. The U.S. Constitution permits warrantless arrests, but requires that

persons arrested without a warrant be allowed judicial determination of probable cause to hold the prisoner in jail.

2. Probable Cause Affidavits are legal documents which require the signature of the arresting and affirming officer and notarization of that signature.
3. Prisoners being held on warrantless arrests have the right to a probable cause determination review by a judge or magistrate. This should be done within 48 hours.

JC 02/02.03 **Procedure: Admission**

A. **Arresting/ Transporting Officer**

1. The transporting officer shall provide essential intake information and documentation concerning the prisoner including any known information relevant to assisting the WCCF in the care, custody and security of the prisoner.
2. The Transporting Officers Intake Information sheet shall be completed on each prisoner brought to the WCCF, including probation/parole violators. The form includes:
 - a. prisoner identifying information;
 - b. arrest information, including state code or county or city ordinance number, bail amount, NCIC code, and court, etc.;
 - c. property/evidence confiscated;
 - d. name of transporting officer(s);
 - e. medical history;
 - f. status of mental health;
 - g. risk of self-inflicted injury;
 - h. known propensity for violence; and
 - i. other information that may have an impact on safety, security or management of the WCCF.

B. **WCCF Booking/Intake Staff**

1. WCCF booking staff shall make reasonable attempts to determine that:
 - a. arresting officers who bring prisoners to the WCCF are peace officers having authority to book the arrestee;
 - b. the prisoner is being lawfully committed to the WCCF.
2. On warrantless arrests, the WCCF booking staff shall ensure that arresting officers complete the WCCF Booking Sheet. This form includes:
 - a. prisoner identifying information;
 - b. a list of alleged criminal violations; and
 - c. a sworn probable cause statement.
3. Additional information may be required for Utah warrants, probation/parole violations, out-of-state warrants of arrest and IPP transfers.
4. For prisoners arrested on NCIC hits, the following documentation shall be provided by the arresting officer:
 - a. a copy of the NCIC hit; and
 - b. a copy of the confirmation with extradition information.

JC 02/02.04 **Procedure: Computer Booking System**

A. **General**

WCCF booking staff shall enter prisoner information into the database utilizing the computerized Jail Management System to include arrest, charges, personal identifiers, medical, and other information as required.

B. **Prisoner Identifying information**

The booking staff shall obtain the following identifying information from the prisoner and enter the information on the computer:

1. Name and alias;
2. Date and place of birth;
3. Age;

4. Race;
5. Gender;
6. The physical description of the prisoner to include the requirements below, and future changes which may be requested:
 - a. eyes;
 - b. glasses;
 - c. hair;
 - d. hair style;
 - e. beard;
 - f. scars, marks, or tattoos;
 - g. complexion;
 - h. speech;
 - i. teeth;
 - j. build; and
 - k. ethnicity;
7. Address and telephone number;
8. Marital status;
9. Social security number;
10. Drivers license number and state;
11. Name of family member or close friend and telephone number;
12. Employer and telephone number;
13. Occupation; and
14. Probation/Parole Officer, if applicable.

C. Arrest Information

The booking staff shall also obtain and enter the following information on the computer:

1. The date and time of admission;
2. The date and time of arrest;
3. A listing of the alleged criminal violations and/or offense utilizing proper state, county or city codes; NCIC code; the appropriate bail

amount; and court.

4. the name of the arresting agency;
5. the name of the arresting officer;
6. the name of the transporting officer, if different from the arresting officer;
7. the authority for commitment (warrant, court commitment, written probable cause statement, etc.)

D. Medical Screening

1. A medical intake screening shall be completed on all prisoners before they are allowed to mingle in the general population or before they are assigned to a housing location.
2. The medical intake screening shall be completed by the booking staff.
3. The medical intake screening should include the following questions requiring a response from the prisoner and observation of the staff completing the screening. The following are included in the Medical Screen:

- | | |
|------------------------------------|-------|
| 1. need emergency treatment; | Y/N/R |
| 2. obvious injury; | Y/N/R |
| 3. using alcohol; | Y/N/R |
| 4. using methamphetamine; | Y/N/R |
| 5. other mind altering drugs; | Y/N/R |
| 6. track marks/ signs of drug use; | Y/N/R |
| 7. report being suicidal; | Y/N/R |
| 8. appears psychotic; | Y/N/R |
| 9. appears or acts violent; | Y/N/R |
| 10. placed on suicide watch; | Y/N/R |
| 11. reporting need for medication; | Y/N/R |

- | | | |
|-----|------------------------------------|-------|
| 12. | carry medication; | Y/N/R |
| 13. | health problems; | Y/N/R |
| 14. | contagious diseases; | Y/N/R |
| 15. | recent hospitalization; | Y/N/R |
| 16. | allergies; | Y/N/R |
| 17. | pregnant; | Y/N/R |
| 18. | ADA needs; | Y/N/R |
| 19. | inmate has answered all questions; | Y/N/R |

E. Initial Inmate Assessment

1. Prisoners booked into the jail shall be screened by the booking staff to determine the prisoner's risk of self-destructive behavior.
2. The Initial Assessment screening shall be completed by the booking staff.
3. The Initial Assessment screening shall include the following questions requiring a response from the prisoner and observation of the staff completing the screening. The following are included in the initial assessment questions:

1.	needs an interpreter? (specify);	Y/N/R
2.	subjects behavior risk to others?;	Y/N/R
3.	subject has enemies in the WCCF?;	Y/N/R
4.	subject has family in the WCCF?;	Y/N/R
5.	visible signs of injury?;	Y/N/R
6.	visible signs of I.V. drug use?;	Y/N/R
7.	painful or difficult movement?;	Y/N/R
8.	intoxicated?;	Y/N/R
9.	under the influence of drugs?;	Y/N/R

- | | | |
|-----|--------------------------------------|-------|
| 10. | pregnant?; | Y/N/R |
| 11. | uncooperative or agitated inmate?; | Y/N/R |
| 12. | needs ADA considerations. (Specify); | Y/N/R |
| 13. | has this screen been completed?; | Y/N/R |

JC 02/02.05 **Procedure: Probable Cause Affidavits**

A. Receiving Affidavits

1. When an arresting officer presents a prisoner to be booked, WCCF staff shall ensure that all pre-admission paperwork has been completed by the arresting officer.
2. If the prisoner is to be booked on new charges without a warrant for arrest, WCCF booking staff shall ensure that a Probable Cause Affidavit has been completed by the arresting officer.
3. The Probable Cause Affidavit should be:
 - a. signed by the arresting and affirming officer, and
 - b. notarized by an authorized Notary Public.

B. Probable Cause Determinations

1. Probable Cause Affidavits shall be reviewed by a judge or magistrate if:
 - a. a prisoner is to be held on a warrantless arrest for a period of time to exceed 48 hours; and
 - b. if the prisoner is not arraigned in a court during the first 48 hours after booking.
2. The 48 hour time period includes weekends, holidays, etc. Therefore, arrangements shall be made with a judge or magistrate to review Affidavits for prisoners in custody during weekends, holidays, etc.
3. Probable Cause Affidavits may be reviewed by a judge or magistrate in the following manner:
 - a. over the telephone, or
 - b. by utilizing a fax machine, or

- c. by the judge or magistrate in person at the WCCF, and
- d. on a rotating schedule as determined by the judges or magistrates.

C. Distribution of Affidavits

Copies of the Probable Cause Affidavits shall be distributed as defined by the schedule posted in the booking area for the distribution of court paperwork.

JC 02/03.00 **INTAKE SCREENING**

JC 02/03.01 **Policy**

It is the policy of the WCCF to provide an intake screening for:

- A. medical concerns;
- B. suicide risk or other self-destructive behaviors by:
 - 1. screening arrestees to determine if there are obvious factors which indicate the potential for suicidal behavior;
 - 2. evaluating observable behavior and available risk information; and
 - 3. taking appropriate actions to prevent suicide or self-destructive behavior based on evaluation of risk; and
- C. mental health concerns.

JC 02/03.02 **Rationale**

- A. Medical screening and suicide risk screening will enable the WCCF to identify immediate and less immediate needs of the prisoner regarding:
 - 1. the prisoner's immediate and long term health needs,
 - 2. the prisoner's required medications,
 - 3. the need for the WCCF to request possible mental health intervention,
 - 4. medical or other information relevant to the housing of the prisoner.
- B. WCCF staff are not trained as mental health clinicians and are not expected to operate as such. Screening all prisoners for risk of self destructive behavior will assist the WCCF in identifying prisoners who represent a high risk of self destructive behavior.
- C. A screening upon receiving an arrestee is intended to identify those arrestees who indicate a risk of engaging in self-destructive behavior.
- D. When an arrestee is found to be at risk, measures are to be implemented in an attempt to prevent the self-destructive behavior.

- E. It is the intent of this chapter to increase WCCF staff awareness and capability to identify prisoners/arrestees who present a high risk of self-destructive behavior or suicide.
- F. Even though it is the intent of the WCCF to prevent self-destructive behavior it is recognized that preventing the behavior is not always possible.
 - 1. One or more of the characteristics generally identified as indicators are or will be present on all persons booked into jail:
 - a. depression;
 - b. agitation;
 - c. speaking unrealistically of getting out of jail;
 - d. inability to relate to others;
 - e. withdrawal;
 - f. sadness;
 - g. crying;
 - h. helplessness;
 - i. insomnia;
 - j. pessimism;
 - k. loss of self-esteem.
 - 2. Prisoners are manipulative and may fake symptoms to achieve goals known only to themselves.
 - 3. Efforts to identify and avert self-destructive/suicidal behavior occur in a busy, highly stressed work environment.
 - 4. Not all prisoners who will attempt self-destructive behavior exhibit symptoms or behavior which can be recognized or interpreted as an indicator of such behavior taking place, even by trained behavioral science professionals.
 - 5. Prisoner mental states are subject to change from their initial incarceration, based on circumstances which come into play after their initial risk is evaluated.

JC 02/03.03 **Procedure: Assessing Suicide Risk**

A. Screening

- 1. Screening is part of:
 - a. the Pre-Admission process;
 - b. the Booking process.

2. Screening questions will be included in the computerized booking system:
 - a. to provide a consistent system of obtaining information;
 - b. to provide a record of the information and observations;
 - c. to provide documentation.

B. Arresting or Transporting Officer

1. The arresting or transporting officer is able to observe and talk to the arrestee. Therefore, that officer may have information not available to WCCF staff concerning the arrestee's potential for self-destructive behavior, suicide, or other medical needs.
2. Arresting/transporting officers engaged in transporting arrestees to the WCCF shall, during the pre-admission process, provide and document any observations or other information they are aware of.
 - a. Information shall be consistent with admission/pre-admission process.
 - b. Information shall be provided verbally also.

C. Booking Officer

1. When the booking officer notes or observes anything during the pre-admission process which indicates the prisoner/arrestee may be self-destructive, suicidal, or have mental health problems, the booking officer should question the arresting/transporting officer to determine if there is any information concerning the arrestee which has not been documented or communicated to the booking officer or staff.
2. During the booking process, the booking officer shall continue to observe prisoners/arrestees for any indication of self-destructive behavior, risk of suicide, or other risks.
3. The booking officer shall also complete the information on the Medical questions screen which includes questions concerning:
 - a. the prisoner/arrestee's:
 - 1) mental state;
 - 2) statements about thoughts of suicide;

- 3) previous suicide attempts;
 - 4) suicidal history of family;
 - 5) current behavior; and
 - b. if the prisoner/arrestee:
 - 1) is currently under the influence of drugs or alcohol; and/or,
 - 2) has indications of past suicide attempts, such as scars.
4. When the booking officers' observations or prisoner's response to the information requested indicates a need for additional information, the booking officer should:
 - a. ask questions as the officer deems reasonably necessary to assist in evaluating the prisoner/arrestee's risk for suicide/self-destructive behavior;
 - b. when appropriate, initiate immediately a request for professional assistance and evaluation of the prisoner/arrestee; and,
 - c. take steps as appropriate to the situation to establish the intervention to avoid suicide or self-destructive behavior.
5. The primary function of screening is to obtain information to evaluate risk of self-destructive or suicidal behavior.

D. Evaluation of Risk

1. The WCCF should evaluate inmates for risk of suicidal/self-destructive behavior, and:
 - a. determine the presence of risk indications at intake;
 - b. rank the potential risk;
 - c. notify appropriate staff;
 - d. re-evaluate high risk inmates.
2. At-risk inmates' mental states will generally be fluid, requiring on-going

mental health evaluation until Mental Health professionals determine risk is no longer significant.

3. A very limited number of inmates represent significant and immediate risk of self-destructive/suicidal behavior even though they may exhibit one or more of the risk indicators. Therefore, it is necessary to determine the extent of risk by evaluating available information and, as necessary, obtain additional information.
4. The process of evaluating risk should focus available resources on those prisoners determined to be high risk.
5. The process should avoid unnecessary intensive management (restriction and monitoring) and other special procedures for inmates who currently represent a low-risk for self-destructive behavior.
6. To ensure uniformity during line staff and oversight by sergeants, lieutenants, and administration in screening and evaluating at-risk prisoners, all levels of WCCF staff and management should be involved in some aspect of the evaluation functions.
7. To ensure competent evaluation of at-risk prisoners, professionals from Weber Human Services or other providers shall be involved in evaluation and decision-making. This should continue until these professionals determine that the risk is no longer significant.

E. Risk Factors

1. General

- a. Risk factors which may be considered as predictors of suicide by some mental health professionals, include:
 - 1) previous suicide attempts;
 - 2) behavior observed while in custody;
 - 3) statements made by the prisoner or third parties concerning the prisoner's suicide ideations; and,
 - 4) demographic variables.
 - a) >90% of jail suicides are males;
 - b) >70% of jail suicides are white;
 - c) 30 years of age is the mean age of suicides in

custody;

- d) 50% of jail suicides are single;
 - e) 60% of jail suicides are intoxicated at booking;
 - f) 90% of jail suicides are at a pre-trial stage;
 - g) 75% of jail suicides are non-violent offenders.
- b. The risk factors above do not necessarily have a high degree of predictive value. However the presence of one or more of these factors may justify implementing further inquiry and initiating suicide prevention procedures.

2. Observed In-Custody Behavior

- a. Even though the behaviors listed below are not unusual in persons booked into jail, such behaviors may be a precursor to a suicide attempt and should be taken into consideration with other information and observations concerning the prisoner.
- b. Observed in-custody behavior or information is not limited to, but includes:
- 1) current depression (i.e., crying, non-responsiveness);
 - 2) showing guilt or shame over the offense, especially if the person has not been in trouble with the law before (i.e., child abuse, rape, sexual assault on a child);
 - 3) current or prior mental illness, paranoid delusions (having irrational thoughts that others are out to harm them), or hallucinations (believing that they hear, taste, smell, or feel something that is not there);
 - 4) projections of hopelessness or helplessness--no sense of future, to include serious personal problems (i.e., death in family, pending divorce, loss of job, serious medical problems);
 - 5) intense anxiety or fear;
 - 6) unusual aggressiveness while sober.

3. Previous Suicide Attempts

- a. Even though an arrestee has previously attempted suicide while incarcerated, that fact does not necessarily mean that he will attempt suicide again. However, he should be treated as high-risk until it is determined by a mental health professional that the risk is not significant.
- b. Previous suicides may be discovered by, but not limited to:
 - 1) statements confirming attempts by the prisoner;
 - 2) information received from the arresting officer, transporting officer, family, friends, others;
 - 3) scars observed which would indicate attempts, such as scars on wrists, inside elbow, etc.
 - 4) WCCF records or information provided by Weber Human Services staff.
- c. Suicide by a member of the prisoner's family or associates, if known, should be considered.

4. Statements Concerning Suicide

- a. Significant consideration should be given to statements by the arrestee/prisoner, that he currently is considering, or states his intent, to harm himself. This is perhaps the most significant indication of suicide ideation, and should be considered serious until the risk is evaluated by Mental Health Professionals.
- b. The statements may come to the attention of WCCF staff through the arrestee/prisoner or third parties who have information that supports the belief that the subject's current state of mind places him at high risk for suicide or the attempt of suicide.

F. Evaluating Risk Level

1. General

- a. It is not the expectation of this chapter to provide a sure process whereby the WCCF can determine if arrestees/prisoners will attempt suicide or self-destructive behavior. The intent here is to provide staff with information which will aid in evaluating risk and exercising discretion.
- b. Evaluating the risk of self-destructive/suicidal behaviors is at

best a subjective process, even for mental health professionals. As such, there is no assessment which can guarantee accuracy.

- c. When in doubt, WCCF staff should err on the side of caution.

2. Extreme Risk

- a. "Extreme risk" includes those whose self-destructive behavior to indicate immediate, intense intervention, such as physical restraint.
- b. Extreme risk behavior may include, but is not limited to, persistent attempts at:
 - 1) hitting his head on the wall, floor, or other hard surface;
 - 2) self-mutilation;
 - 3) use of any means, such as biting, tearing, scraping one's body;
 - 4) ingesting or attempting to ingest materials believed to be harmful.

3. High Risk

- a. This applies to prisoners/arrestees whose self-destructive intent is not overt as in extreme-risk prisoners, but whose ideation is immediate and serious.
- b. Identification of high-risk is not or may not always be apparent or obvious.
- c. These individuals will usually be identified by the evaluation and screening process, along with observation coupled with other information collected.
- d. High risk may be determined from:
 - 1) warning statements by the arrestee/prisoner, third parties who have information which would cause a reasonable person to believe the subject's current state of mind places them at a high risk to attempt or commit self-destructive or suicidal behavior;
 - 2) the arrestee/prisoner's history of previous suicidal

attempts while incarcerated;

- 3) the arrestee/prisoner's history of suicide attempts along with self-destructive behavior observations and/or information concerning the current state of mind of the arrestee/prisoner;
- 4) any combination of variables observed in custody, previous attempts and other information which would cause the WCCF staff evaluating the arrestee/prisoner to conclude that a high risk exists.

4. Low-Risk

- a. "Low Risk" applies to those arrestees/prisoners who exhibit one or more of suspected in-custody behaviors, but do not appear to be an immediate or serious risk of suicide/self-destructive behavior, after evaluation by staff or mental health professionals.
- b. A prisoner/arrestee who has at some time in his life demonstrated or engaged in self-destructive behavior may be at low risk if his current state of mind does not support the conclusion that he is currently experiencing suicide ideation. Arrestees who have previously attempted suicide, as a precaution, should be referred for evaluation by Weber County Mental Health.

5. Unknown Risk

- a. This applies to arrestees/prisoners who demonstrate one or more of the suspect in-custody behaviors, but do not appear to be a serious or immediate threat of suicide or self-destructive behavior.
- b. Unknown risk situations include those in which the arrestee may not exhibit significant risk factors, but the officers experience and intuition cause him to suspect the possibility of self-destructive behavior.

G. WCCF Role

1. The evaluation of suicide risk shall begin with the transporting officers who bring prisoners to the WCCF for booking. The pre-admission process provides a means of soliciting information and documenting the information received.
2. The booking officer shall make the first evaluation of the suicide risk

relying upon:

- a. the information received from the transporting officer;
 - b. his own observations during the pre-admission and admission processes; and,
 - c. other information received.
3. If the booking officer determines there is an extreme risk, high risk, or unknown risk, he shall notify the officer in charge and initiate the actions required.
 4. The officer-in-charge, upon receiving notification, shall review the booking officer's actions, and determine what, if any, additional actions are required. It shall also be the responsibility of the officer in charge to notify the Jail Commander/designee of extreme-risk, high-risk, and unknown-risk arrestees.

H. Weber County Human Services Role

1. Weber County Human Services shall be the agency to which the WCCF shall refer extreme-risk, high-risk, unknown-risk, and, if deemed appropriate by the officer-in-charge, low-risk prisoners.
2. The WCCF will rely on the evaluation of Weber County Human Services in determining the risk level of prisoners, and will consider the Weber County Mental Health evaluation in making classifications, housing assignment, and other decisions affecting at-risk prisoners.

I. Continuing Evaluation

1. The state of mind of prisoners will vary during their incarceration. As a result, there may be substantial swings in the risk level of prisoners for self-destructive behavior.
2. Once identified as suicide risks, evaluation should be an on-going process.

JC 02/04.00 **SEGREGATION DURING ADMISSION**

JC 02/04.01 **Policy**

It is the policy of the WCCF to segregate prisoners at the time of booking who present:

- A. a health risk to WCCF staff or other prisoners; or
- B. an immediate threat of violence or assault against WCCF staff or other prisoners.

JC 02/04.02 **Rationale**

To prevent the risk of injury or the spread of disease to WCCF staff or other prisoners, it may be necessary to segregate a prisoner at the time of booking if it is determined that the prisoner presents a risk to WCCF staff or prisoners of:

- A. infectious disease;
- B. assaultive behavior, risk of being assaulted; or
- C. self-destructive behavior.

JC 02/04.03 **Procedure: Segregation During Admission**

- A. Prisoners may be segregated at the time of booking if the prisoner presents a dangerous risk:
 - 1. of infecting another person with an infectious disease;
 - 2. of assaultive behavior towards WCCF staff or prisoners or risk of being assaulted; or
 - 3. of self destructive behavior.
- B. The following list includes possible indicators for self-destructive behavior but is not limited to:
 - 1. depression;
 - 2. agitation;
 - 3. speaking irrationally;
 - 4. delusions;

5. withdrawal;
 6. crying;
 7. helplessness;
 8. medication being used;
 9. recent release from mental health institution.
- C. Prisoners exhibiting self-destructive behaviors should be:
1. stripped of all clothing;
 2. placed in suicide gown;
 3. housed in a holding cell or medical cell;
 4. placed in restraints; or
 5. placed in restraint chair consistent with WCCF policy, JF 05.
- D. A referral to mental health shall be completed by the medical officer and in his absence by the booking officer or the sergeant.
- E. If a prisoner is segregated at the time of booking for any reason, a Temporary Restriction Order form shall be completed by the staff member initiating the restriction consistent with WCCF policy JD 03.
- F. It shall be responsibility of the Watch Commander/designee to review prisoners within 48 hours of being placed on segregation during Admission.

JC 02/05.00 **LEARNING OBJECTIVES**

JC 02/05.01 **Booking Prisoners**

Staff shall demonstrate an understanding of the following:

- A. what documentation shall be provided by arresting agencies when presenting an arrestee for booking;
- B. what are the major types of information gathered and entered into the jail management system;
- C. how Probable Cause Affidavits processed.

JC 02/05.02 **Intake Screening**

Staff shall identify:

- A. the types of initial screenings done at the time of admission;
- B. how to evaluate suicide risk during admission to include:
 - 1. risk factors; and
 - 2. risk levels.
- C. Weber County Human Services shall receive referrals regarding prisoners who are deemed to be at risk for suicide.

JC 02/05.03 **Segregation During Admission**

Staff shall identify the circumstances that determine when prisoners may be segregated at the time of admission.