

Death and Serious Illness or Injury of a Youth While Detained

934.1 PURPOSE AND SCOPE

The purpose is to establish and implement written policy and procedures for handling deaths, and for the proper notification process in the event of a death, or serious illness or injury of a youth.

934.1.1 DEFINITIONS

Definitions related to this policy include:

Serious Injury - Any illness or injury that requires hospitalization, is potentially life threatening, or that potentially will permanently impair the use of a major body organ, appendage or limb.

Serious Offense - Any offense that is chargeable as a felony and that involves violence against another person.

934.2 AUTHORITY AND REFERENCES

- Board of State and Community Corrections Title 15 §§ 1327 and 1341;
- Government Code, §§ 12525 and 27491;
- Juvenile Facility Services Policy: Reporting of Incidents and Other Information;
- Welfare and Institutions Code, §§ 209, 210 and 885;
- Welfare and Institutions Code, §§ 223.

934.3 POLICY

Juvenile facility staff shall take appropriate actions to sustain life. In the event of a death, or serious illness or injury of a youth, staff shall immediately take action to preserve and secure the scene; notify the duty officer (DO), administration and responsible agencies; and document all actions taken. This policy was developed by the facility administrator, in cooperation with the health administrator (Riverside University Health Systems - Correctional Health Services - RUHS-CHS) and the behavioral/mental health director (Riverside University Health Systems - Behavioral Health Services - RUHS-BH).

934.4 DECEASED, OR SERIOUSLY ILL OR INJURED YOUTH RESPONSE

934.4.1 STAFF RESPONSIBILITIES

Staff shall take the following steps upon discovering a youth whom they suspect is deceased, or seriously ill or injured:

- (a) Summon help by utilizing the Handie-Talkie (HT) radio and announcing [REDACTED] and the location of the emergency;
- (b) Check the scene, ensure that it is safe to proceed;

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- (c) Call (9) 911 for emergency response personnel;
- (d) Immediately initiate life saving techniques;
- (e) Summon on-site health care staff;
- (f) Pass along all pertinent information to the DO; and,
- (g) All staff involved shall complete an incident report in the client management system (CMS) prior to the end of their shift. Refer to Juvenile Facility Services Policy: Reporting of Incidents and Other Information.

934.4.2 DUTY OFFICER RESPONSIBILITIES

The DO shall:

- (a) Preserve the scene and direct the actions of staff; and
- (b) After the immediate emergency situation is addressed, secure the area and proceed as follows:
 - 1. Do not allow anyone to change, alter, or move any object or record;
 - 2. Assist the investigating agency with collection and securing of records, logs, etc. Maintain documentation with a time/action sequence of events as soon as possible;
 - 3. Ensure all staff involved complete an incident report CMS prior to the end of their shift. Refer to Juvenile Facility Services Policy: Reporting of Incidents and Other Information;
 - 4. Identify witnesses prior to allowing anyone to leave the facility;
 - 5. If death or serious illness/injury of a youth occurs in a unit, the DO shall determine whether to transfer all other youth to another unit. If at all possible, the DO shall remove the group from the scene.
 - 6. Do not allow anyone to enter the scene except the Coroner, law enforcement, or administration until the scene is released by the coroner or law enforcement; and,
 - 7. Transfer surveillance footage to a recordable media device.

934.5 NOTIFICATION PROCESS

934.5.1 DUTY OFFICER RESPONSIBILITIES

The DO shall contact by telephone the following and document the notification in CMS:

- (a) Facility manager(s); and
- (b) Youth's deputy probation officer.

934.5.2 FACILITY MANAGERS(S) RESPONSIBILITIES

In the event of a serious illness, injury, or serious offense committed against the youth, the facility manager(s) or authorized designee(s) shall gather as much information as available, and contact the following by telephone and document the notification in CMS:

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- (a) Chief Deputy Probation Officer for Institutions;
- (b) Assistant Chief Probation Officer;
- (c) Chief Probation Officer;
- (d) Reasonable area Field Manager;
- (e) Youth's parents or guardians; and,
- (f) Within 24 hours, the youth's parents or guardians, person standing in loco parentis. Unless the youth requests that they are not contacted and the Chief Probation Officer or designee, as appropriate, determines it would be in the best interest of the youth not to inform them.

In the event of a death, the facility manager(s) shall contact following by telephone and document the notification in CMS:

- (a) Chief Deputy Probation Officer for Institutions;
- (b) Assistant Chief Probation Officer;
- (c) Chief Probation Officer;
- (d) Responsible area Field Manager;
- (e) Youth's deputy probation officer (DPO);
- (f) Local law enforcement (the local law enforcement agency and the Coroner's office shall investigate the circumstances surrounding the death as per Government Code Section 27491);
- (g) Coroner's Office;
- (h) On-call Riverside University Health System-Behavioral Health (RUHS-BH) staff;
- (i) Department's Media Representative;
- (j) Correctional Health Services; and,
- (k) Youth's counsel.

In the event of an in-custody death, the facility manager(s) shall contact the following in writing:

- (a) Board of State and Community Corrections (BSCC); and
- (b) California Attorney General's Office.

934.5.3 CHIEF PROBATION OFFICER OR DESIGNEE RESPONSIBILITIES

In the event of a death the Chief Probation Officer or designee shall contact the following by telephone:

- (a) Presiding Superior Court Judge;
- (b) Presiding Judge of the Juvenile Court;
- (c) County Executive Officer;
- (d) Chairperson of the Board of Supervisors;

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- (e) Risk Management;
- (f) District Attorney;
- (g) County Counsel's Office; and,
- (h) Juvenile Justice and Delinquency Prevention Commission.

The Coroner, along with the designated representative of the department, shall personally notify the family of the deceased.

934.6 REQUIRED WRITTEN REPORTS FOR IN-CUSTODY DEATH

The facility manager(s) shall submit a report to the Attorney General in accordance with Government Code Section 12525.

The Attorney General's report shall consist of the following, but not be limited to:

- (a) A formal letter reporting a youth's death;
- (b) All departments and investigating departments reports; and
- (c) A Coroner's autopsy report (if available).

The facility manager(s) shall provide a copy of the report submitted to the Attorney General, to the BSCC within 10 calendar days after the death.

- (a) The facility manager(s) shall allow the BSCC access to the juvenile facility for the purpose of inspection and evaluation, within 30 calendar days upon receipt of a report of death.
- (b) Any inquiry made by the BSCC shall be limited to the standards and requirements set forth in Title 15 Standards.

934.7 POST TRAUMA COUNSELING

If a youth's death occurs, feelings of frustration, anxiety, and sadness may occur. This is an important time for staff and youth to have counseling available so they can express their feelings and sentiments regarding the incident. It is suggested that all staff and youth closely involved in the incident be moved to another area of the facility when possible.

The 'wind-down' period is very important for staff so they can collect their thoughts and critique the incident. It also lends itself to an organized and consistent process for beginning the cumbersome task of investigating the incident and compiling reports. Outside assistance may be available through:

- (a) Employee Assistance Program (EAP);
- (b) RUHS-BH staff;
- (c) Private counseling resources; and,
- (d) Faith-based organizations.

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934.8 MEDICAL AND OPERATIONAL REVIEW

The health administrator, in cooperation with the Chief Probation Officer, or authorized designee, shall ensure there is medical and operational review of every in-custody death of a youth. The review team shall include:

- (a) Facility manager(s);
- (b) Health administrator;
- (c) Responsible physician;
- (d) Health care; and,
- (e) Supervision staff who are relevant to the incident.

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