05-08-060 Sick Call, Pill Call, Pill Call Audits, Self-Medication and Health Care Passes-Approved by CSS on 09/11/2026

Los Angeles County Sheriff's Department

CUSTODY SERVICES DIVISION	**Unit Order: 05-08-060**
SPECIALIZED PROGRAMS	**Effective Date:** 01/01/1994
CENTURY REGIONAL DETENTION FACILITY	**Reviewed Date:** 09/01/2026
Subject: Sick Call, Pill Call, Pill Call Audits, Self-Medication, and Health Care Passes	
Reference: CCR Title 15, section 1200 (a), 1208, 1211, CDM 3-06/080.00, 5-03/000.00, 5-03/010.00, 5-03/050.00, 7-01/050.05, and 7-02/020.00, LASD Informational Bulletin 2020-09	
Unit Commander Signature: On File	**Date:** 09/14/2026

PURPOSE OF ORDER:

The purpose of this order is to establish procedures for sick call, pill call, pill call audits, self-medication, and health care passes at the Century Regional Detention Facility (CRDF).

SCOPE OF ORDER:

This order shall apply to all personnel assigned to and/or working in any capacity at CRDF.

ORDER:

Sick Call

Sick call is the process through which Correctional Health Services (CHS) identify, examine, and/or care for inmate illnesses, injuries and/or make appropriate referrals for specialized healthcare treatment.

Inmates who request to be seen by CHS personnel for sick call, should complete a Health Services Request form. These forms shall be accessible to inmates in their housing locations at all times. If these forms are not available at the start of each shift, custody personnel shall contact the floor control booth located on their floor for additional forms.

On each shift, the tower sergeant shall collect all Health Services Request Forms from each housing module. The sergeant shall deliver these forms to the CRDF Main Clinic and document in the “Redbook,” provided by CHS personnel, the following information:

- Name of sergeant who collected the Health Service Request forms
- Date of collection
- Time of collection/shift
- Number of forms collected

Refer to California Code of Regulations (CCR) Title 15, sections 1208, “Access to Treatment,” and 1211, “Sick Call,” for additional information pertaining to identifying and referring inmates in need of services provided by CHS.

Pill Call

Pill call is the process in which CHS personnel administer prescribed medication to inmates. When CHS personnel arrive at the housing module to conduct pill, the following shall occur:

- Custody personnel shall log pill call in the electronic Uniform Daily Activity Log (e-UDAL).
- Custody personnel shall make an announcement notifying inmates when pill call is commencing.
- Custody personnel shall instruct the inmates to be fully dressed before exiting their cell for pill call.
- Televisions and phones shall be turned off until the pill call has concluded.
- Module or cell lights shall remain on for the duration of pill call.
- Custody personnel shall provide security for CHS personnel by standing close to nursing staff for the duration of the pill call.
- Custody personnel shall make a reasonable effort to ensure the inmate ingests the medication.
- Inmates who refuse their medication shall refuse directly to CHS personnel.

In the event an inmate becomes insubordinate and refuses to allow medical or custody personnel to confirm the consumption of medication, custody personnel shall follow the notification procedures as delineated in Custody Division Manual (CDM) section 7-02/020.00, “Handling Insubordinate, Recalcitrant, Hostile or Aggressive Inmates.”

Custody personnel shall document all medication refusals under the “Inmate” tab of the “Activities (by INMATE)” section in the e-UDAL, as well as the name and employee number of the nursing supervisor (or designee) notified.

Custody personnel shall select “Medical Services” under the "Activities” tab, check the “refused” box, record the inmate’s information, and indicate the reason for the refusal in the comments section.

Inmates on lockdown status or housed in discipline shall have pill call conducted at the cell door. Module staff shall escort the nurse to each inmate’s cell. All activities shall be conducted through the inmate cell tray slot. The cell door may be opened at the nurse’s request if closer examination of the inmate’s condition is necessary. If custody personnel believe opening the cell door presents an officer safety issue, the tower

supervising line deputy or sergeant shall be summoned to the location and attempt to gain the inmate's compliance.

Pill Call Audits

The safety check sergeant (when directed by the watch commander) shall conduct random audits of pill call to ensure the above outlined procedures are adhered to.

The pill call audits shall:

- Be conducted remotely utilizing closed-circuit television
- Be conducted on AM and PM shifts, twice per week (Sunday through Saturday)
- Be documented in the Custody Pill Call Audit form, and:
  - reviewed by the respective shift watch commander, and
  - saved in the designated [REDACTED TEXT]
- Include the name of the sergeant conducting the audit, module, and time the audit was completed, which shall be logged in the Watch Commander's Log

During the audit, if the safety check sergeant observes any deficiencies, they shall note them on the Custody Pill Call Audit form, along with any corrective actions.

NOTE: The Custody Pill Call Audit form provided by Custody Compliance and Sustainability Bureau shall be utilized for all pill call audits. This form can be obtained in the [REDACTED TEXT]

Self-Medication Program

Inmates who have been pre-screened to meet the criteria for the Self-Medication Program shall receive a limited supply of approved/prescribed medication dispensed by

CHS personnel. Inmates shall be given their medication individually during regular clinic hours by CHS personnel. CHS personnel shall monitor the inmate's compliance. If an inmate abuses the program or voluntarily withdrawals their participation, all self-medications shall be confiscated by custody personnel and returned to CHS personnel. CHS personnel shall then administer each dose individually.

Inmates will be responsible for taking their medications as prescribed, regardless of lockdowns or other security situations in the jail facility such as family and attorney visitation, religious services, educational programs, court appearances, or other inmate programs.

Inmates shall not be in possession of another inmate's medication. If this occurs, deputy personnel shall confiscate the self-medication and immediately notify CHS personnel. If the mediation has no label or is unidentifiable, deputy personnel shall confiscate the self-medication and contact CHS personnel to verify the inmate has been prescribed self-medication. If found to be contraband, an Inmate Reporting Tracking System (IRTS) report may be generated and referred for discipline.

NOTE: Deputy personnel shall not be in possession of an inmate's self-medication.

For additional information, please refer to Custody Division Manual (CDM) section 3-06/080.00, “Security of Medication,” and Custody Operations Informational Bulletin 2020-09, “Self-Medication Procedures.”

Health care passes

Health care passes refer to any order to escort an inmate for health care services (e.g., eye line, dental, etc.). Health care passes shall be given the utmost priority and shall take precedence over all other inmate programs. When a health care pass is received for an inmate, custody personnel shall make every effort to ensure the inmate arrives at the designated location as soon as possible. If custody personnel are unable to escort the inmate to their destination, they shall notify the tower supervising line deputy or sergeant and request assistance.

If an inmate refuses their health care pass, custody personnel shall advise the inmate the refusal must be made directly to CHS personnel at the location indicated on the health care pass. Should the identified inmate continue to refuse their health care pass, the tower sergeant shall be notified, and the refusal protocol as delineated in CDM sections 5-03/050.00, “Access to Health Care,” and 7-01/050.05, “Inmate Extraction Procedures,” shall be followed.

When escorting a High Observation Housing (HOH) mental health inmate to and from the CRDF Main Clinic, two custody personnel should be utilized, when feasible. This type of escort can include at least one deputy and one custody assistant, or two deputies.

NOTE: Custody personnel have the discretion to escort a line of “cooperative” HOH inmates to and from the CRDF Main Clinic. A minimum of two custody personnel shall be utilized. All HOH inmates escorted to the main clinic shall be supervised at all times.

For additional information pertaining to inmate health care and access to services, urgent health care passes, facility lockdown procedures and over the counter medications, refer to CDM sections 5-03/000.00, “Inmate Health Care,” 5-03/010.00, “Health Care Services,” 5-03/050.00, “Access to Health Care,” and CCR Title 15, section 1200(a), “Responsibility for Health Care Services.”

Medical Requests

When CHS personnel request to see an inmate for vital signs, blood draw, detox assessment, or for any other medical reason, including medical passes, custody personnel shall contact the inmate at their cell door to elicit a response (yes or no) regarding the medical request. Custody personnel **shall not** contact the inmate via the cell intercom system.

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