2024 Informational Bulletins

• 2024-01 Reporting the Use of Head Strikes in E-LOTS

Los Angeles County Sheriff's Department
INFORMATIONAL BULLETIN
Custody Operations

Custody Support Services

REPORTING THE USE OF HEAD STRIKES IN E-LOTS

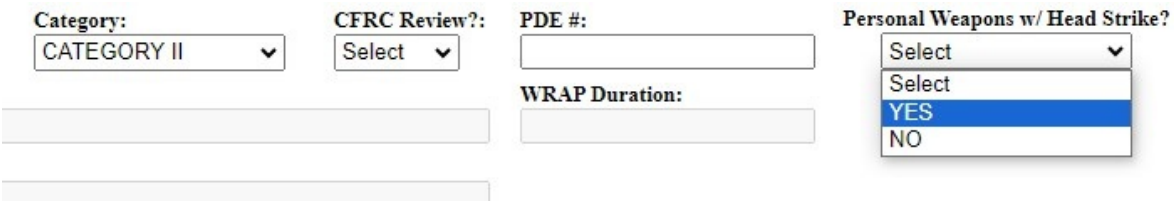
INTRODUCTION

The purpose of this informational bulletin is to ensure consistency and accuracy throughout Custody Operations regarding the reporting of the use of head strikes during use of force incidents in the electronic Line Operations Tracking System (e-LOTS).

PROCEDURES

Per CDM section 7-01/030.00, "Prohibited Force" and in accordance with Rosas provision 2.6, the use of personal weapons to strike an inmate in the head is prohibited unless the inmate is physically assaultive, presents an imminent danger of serious injury and/or death, and other techniques would be ineffective.

When a Category 2 or 3 use of force incident is entered in e-LOTS, the "Personal Weapons w/Head Strike" field is automatically activated. Personnel making the entry shall select the appropriate response from the dropdown menu. Personnel shall select "yes" in any instance where personal weapons (e.g., punches, kicks, knees, etc.) were used to strike an inmate in the head, face, and/or neck.



Any questions concerning this bulletin can be directed to Custody Support Services Bureau, at (213) 893-5102.

• 2024-02 Watch Commander Interviews

Los Angeles County Sheriff's Department
INFORMATIONAL BULLETIN
Custody Operations

Custody Support Services

2024-02

WATCH COMMANDER INTERVIEWS

INTRODUCTION

The purpose of this informational bulletin is to advise custody watch commanders and designees on how to conduct a watch commander's interview following a use of force incident.

PROCEDURES

In accordance with Custody Division Manual (CDM) 7-07/000.00, *Use of Force Review Procedures*, "the watch commander/supervising lieutenant shall, with extreme priority, personally examine any inmate upon whom force has been used and, except in category 3 force incidents, interview the inmate regarding the incident."

As with every investigation, involved persons and witnesses should be isolated from one another and interviewed separately and privately. The interviews of non-sworn witnesses and other involved persons (suspects, persons assisting deputies, etc.) should be video recorded. The camera should be operated by a person other than the supervisor conducting the interview or by use of a stand or tripod for the camera.

When interviewing person(s) involved, the watch commander or their designee should, at the minimum, ask the following questions:

1. What happened?
2. What did you do?
3. What did the deputy(ies) do?
4. Are you injured? If so, where? How did you get that injury (nature of injury)?
5. Have you been medically treated?
6. Do you have any pre-existing injuries? If so, explain.
7. Have you consumed any alcohol or taken any drugs? If so, what and when?
8. Are you taking any medications? If so, what and when?
9. Do you have any history of mental illness?

When interviewing witnesses, the supervisor should ask the following questions:

1. Tell me what you saw.
2. What did the suspect do?
3. What did the deputy(ies) do?
4. Did you hear the deputy(ies) give commands?
5. How far away were you when you witnessed the incident?

If the witness exhibits obvious signs of intoxication or impairment, the supervisor should also ask the following questions:

1. Have you consumed any alcohol or taken any drugs? If so, what and when?
2. Are you taking any medications? If so, what and when?
3. Do you have any history of mental illness?

The interviewee should be allowed to provide a statement without interruption. If the interviewee's statement is unclear, the supervisor should prompt them to explain their statement. If the statement remains vague or incomplete, the supervisor should ask clarifying questions. Specific questions should be asked to identify each deputy and their respective actions. The purpose of the interview is to obtain a voluntary and complete statement that establishes the interviewee's observations and actions, NOT to argue with the interviewee and attempt to point out inconsistencies. All questions asked should:

- be open-ended, not leading or showing any predisposition towards a specific conclusion.
- be non-accusatory or implying any wrongdoing on part of the interviewee.
- not be given in a coercive manner or in a manner that could imply coercion.
- be asked from a neutral perspective and not delivered in a manner suggesting a particular bias or preference on the part of the interviewer.
- prioritize professionalism.
- be asked for the sole purpose of establishing the events that occurred during the force incident (questions asked for the purpose of establishing facts for a criminal investigation must be asked in the context of a criminal investigation and be clearly distinguished as such. These questions may, depending on the circumstances of the interview, require a Miranda advisement).

If there is any doubt regarding the above, please contact CSS Policy Review at [REDACTED TEXT].

• 2024-03 Recognizing Signs of Alcohol Withdrawal Syndrome

Los Angeles County Sheriff's Department
INFORMATIONAL BULLETIN
Custody Operations

Custody Support Services

Bulletin #2024-03

RECOGNIZING SIGNS OF ALCOHOL WITHDRAWAL SYNDROME

INTRODUCTION

The purpose of this informational bulletin is to provide all personnel assigned to the Custody Services Divisions valuable information to assist in recognizing patients with acute alcohol withdrawal syndrome to prevent delirium tremens, seizure, and other life-threatening health consequences related to alcohol withdrawal.

If custody personnel detect or observe an inmate with any sign of medical distress or any type of withdrawal symptom, personnel should notify and/or summon medical staff immediately, in accordance with Custody Division Manual (CDM) section 5-03/060.00, “Response to Inmate Medical Emergencies.” If not properly treated, alcohol withdrawal may be fatal.

WHAT IS ALCOHOL WITHDRAWAL SYNDROME

1. Alcohol Withdrawal is a complication of alcohol use disorder. It is a syndrome of central nervous system hyperactivity, manifested by physical and psychological signs and symptoms that can occur when an individual reduces or stops alcohol consumption after long periods of use. Symptoms can develop within a few hours of decreasing or discontinuing use, and symptoms peak within 24–36 hours. Symptoms may range from mild to severe. Patients may exhibit symptoms prior to their blood alcohol level reaching zero. In many alcoholics, the severity of withdrawal symptoms increases after repeated withdrawal episodes. Uncomplicated alcohol withdrawal is completed within five days.
2. Mild Withdrawal is characterized by nausea, vomiting, mild agitation or irritability, anxiety, restlessness, mild tremor (involuntary shaking of the hands and/or tongue twitching), insomnia, and craving of alcohol. Vital signs may reveal tachycardia (fast heart rate) and/or hypertension (elevated blood pressure). Mild withdrawal may progress to more severe withdrawal or may resolve in 1-2 days.
3. Alcoholic Hallucinosis refers to hallucinations that develop within 12 to 24 hours after the last drink. They typically resolve within 24 to 48 hours. The hallucinations are usually visual, although auditory and tactile phenomena may also occur. In contrast to delirium tremens (DTs), which usually begins 48 to 72 hours after the last drink, vital signs are normal and alcoholic hallucinosis is not associated with generalized confusion or disorientation.
4. Alcohol Withdrawal-Related Seizures are typically brief, generalized tonic-clonic seizures that occur 6 to 48 hours after the last drink. Seizures occur in approximately 10-30% of patients with alcohol withdrawal, and 60% of patients with alcohol withdrawal-related seizures will have multiple seizures. If not treated, withdrawal seizures progress to DTs in about one-third of patients.
5. Alcohol-Related Psychosis is a secondary psychosis that manifests as prominent hallucinations and delusions. Psychosis can occur during phases of acute intoxication or withdrawal, with or without delirium tremens.
6. Delirium Tremens (DTs) is the most severe form of alcohol withdrawal manifested by altered mental status (global confusion), agitation, and sympathetic overdrive (autonomic hyperactivity, which may include fever, elevated heart rate, elevated blood pressure, and sweating), which can progress to cardiovascular collapse. **DTs is a medical emergency with a high mortality rate of approximately 20%, making early recognition and treatment essential. DTs requires transfer to the**

emergency department for appropriate management. With treatment, the mortality rate of DTs is 1-4%.

HOW TO RECOGNIZE ALCOHOL WITHDRAWAL

- Early signs and symptoms of alcohol withdrawal:
  - Nausea/Vomiting
  - Anxiety/Restlessness
  - Irritability
  - Insomnia
  - Tremor (involuntary shaking of the hands, can also check tongue for twitching)
  - Sweating (can range from mild facial redness to drenching in sweat)
- More serious complications can occur, including:
  - Withdrawal seizures within 6 to 48 hours of the last drink
  - Alcoholic Hallucinosis or psychosis within 24 to 48 hours of the last drink
  - Auditory, tactile (bugs crawling on skin), or visual hallucinations
  - Agitation
- Delirium tremens begins 48 to 72 hours after the last drink
  - Altered mental status (global confusion)
  - Hallucinations – visual, auditory, and/or tactile
  - Increased heart rate
  - Increased blood pressure
  - Fever
  - Agitation
  - Sweating

HOW TO HELP IF YOU SUSPECT ALCOHOL WITHDRAWAL SYNDROME

- Notify medical personnel (nurse or provider) so that the appropriate treatment and management plan can be initiated.
- If a patient is confused, agitated, and/or acting oddly (shadow boxing, pacing, yelling and banging against wall) notify medical personnel immediately.
- Report worsening conditions (i.e., sudden chest pain, trouble breathing, fainting spells, seizures, continuous vomiting or vomiting blood, confusion, hallucinations, extreme agitation, and shaking that does not get better with medications).

Any question concerning the contents of this bulletin can be directed to Custody Support Services Bureau [REDACTED TEXT].