

ATTACHMENT # 6

LOS ANGELES POLICE DEPARTMENT



CHARLIE BECK
Chief of Police

ANTONIO R. VELLARAIKOSA
Mayor

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Ref #: 14.5

February 9, 2012

Brian L. Cummings, Chief
Los Angeles Fire Department
200 North Main Street, Suite 1800
Los Angeles, California 90012

Dear Chief Cummings:

The Los Angeles Police Department (LAPD) has reviewed and approved the Memorandum of Agreement between the Los Angeles Fire Department (LAFD). The MOA delineates the responsibilities of both the LAPD and the LAFD in regards to a collaborative effort to identify the roles, responsibilities and expectations of each agency in overall incident management involving in-custody suspects/patients.

Enclosed are two originals of the MOA that are being sent to you for further execution. It is requested that once you have signed both documents, please return one of the originals to our Department in the enclosed pre-addressed envelope.

If you have any questions, please contact Captain III Carol J. Aborn Khoury, Commanding Officer, Planning and Research Division, at (213) 486-0400.

Very truly yours,

A handwritten signature in black ink, appearing to read "C. Beck", written over a circular stamp.

CHARLIE BECK
Chief of Police

Enclosures

**SUSPECTS/PATIENTS IN CUSTODY
MEMORANDUM OF AGREEMENT
BETWEEN
LOS ANGELES FIRE DEPARTMENT
AND
LOS ANGELES POLICE DEPARTMENT**

This Memorandum of Agreement (MOA) is entered into as of February 10, 2012 by and between the Los Angeles Fire Department (LAFD) and the Los Angeles Police Department (LAPD).

RECITALS

WHEREAS, both the LAFD and the LAPD are departments of the City of Los Angeles, who have contact with members of the public who may be arrested and in need of medical attention;

WHEREAS, both LAFD and LAPD respond to situations wherein they have contact with arrested suspects in custody and/or persons who are a danger to themselves or others (suspects/patients);

WHEREAS, establishing clear protocols as to each department's duties and responsibilities will enhance working relationships and improve service to the residents of Los Angeles;

WHEREAS, arrested suspects in police custody who need immediate medical attention present unique issues for the LAFD and the LAPD; and,

WHEREAS, the purpose of this MOA is to establish a written understanding of the protocols for the identification and management of arrest suspects in need of immediate medical attention.

NOW, THEREFORE, in consideration of the recitals and mutual obligations herein contained, the LAFD and the LAPD hereby agree as follows:

AGREEMENT

I. OBJECTIVES

- Identify suspects/patients who present a high risk to themselves or others and who require interaction of both agencies to better facilitate a positive outcome.
- Identify issues that may negatively impact the health or survivability of suspects/patients.

- Identify roles, responsibilities, and expectations of each agency in overall incident management.
- Identify areas of potential liability involving in-custody suspects/patients.

II. IDENTIFICATION OF SUSPECTS IN CUSTODY WHO PRESENT RISK TO THEMSELVES OR OTHERS

The following list identifies high-risk suspects who require LAFD field evaluation with LAFD Rescue Ambulance (RA) transportation to a hospital for medical clearance prior to booking.

EXCITED DELIRIUM

- Delirium can be characterized as an impaired mental status, wherein an individual has a limited ability to focus or maintain awareness. Persons experiencing 'excited delirium' combine mental impairment with extreme behavior that may include:

Bizarre, violent combativeness	Superhuman strength
Yelling, screaming	Superhuman pain tolerance
Paranoia	Hearing voices
Incoherent speech	Self-inflicted injury
Undressing in public	Jumping into water
Thrashing after restraint	Sensitivity to light

- Additionally, physical symptoms may include:

Hallucinations	Rapid heart rate
Elevated body temperature	Profuse sweating
Seizures	Foaming at the mouth

- Previously associated with Phencyclidine (PCP) overdose, excited delirium is now more commonly attributed to cocaine and methamphetamine use.
- Although not associated with illicit drug use, symptoms and behavior associated with excited delirium can be mimicked by other medical conditions including:

Psychiatric problems	Head trauma
Seizures – postictal	Metabolic abnormalities
Low blood sugar	Low blood oxygen

ALTERED LEVEL OF CONSCIOUSNESS

- Suspects/Patients who are disoriented to person, place, time or event.
- Suspects/Patients who act irrational and/or are unable to follow simple commands.
- Suspects/Patients whose level of aggression warrants the use of a beanbag shotgun, tear gas, pepper spray, baton or other painful stimuli in order to gain compliance. The use of force leads to the Suspect/Patient experiencing difficulty in breathing or other signs of distress which require immediate medical attention.
- Suspects/Patients who appear unable to maintain a clear mindset and engage in normal conversation.
- Suspects/Patients who generally exhibit inappropriate actions for their situation without a suitable explanation.

DRUG USE/HAZARDOUS EXPOSURE

- Suspects/Patients who ingest, inhale or otherwise expose themselves to a potentially hazardous substance or who admit to the use of illicit drugs or legal drugs in excess of prescribed amount and are non-symptomatic, but may require medical attention, as determined by the experience and observations of the Officer.

INJURY OR ILLNESS

- Suspects/Patients who have obvious injuries or illness, and are in need of medical attention.
- Suspects/Patients who experienced a mechanism of injury with likely potential for significant bodily harm.
- Suspects/Patients with potential mechanism of injury whose ability to perceive pain may be impaired by drugs or alcohol.
- Suspects/Patients who sustain potential serious injury in the course of their arrest.
- Suspects/Patients who generally present as sickly or whose precarious medical history warrants medical clearance for booking.
- Suspects/Patients who fail to immediately regain consciousness following the application of a carotid restraint control hold.

III. SCENE MANAGEMENT

SAFETY

- The LAPD is responsible for securing a scene where violence or the potential for violence exists and then advising LAFD personnel when a scene is safe to enter.

- The LAFD is responsible for securing a scene in which an immediate or potential risk to life or health exists from fire, smoke, explosion, hazardous materials or any situation requiring the donning of protective clothing not issued to LAPD.
- Each agency should take an active role in identifying scene safety issues of all hazards and make appropriate notifications as needed.

RESTRAINTS

- Application of restraints (e.g., handcuffs or plastic ties) other than soft restraints is the responsibility of the LAPD and shall be applied in a manner consistent with department policy for establishing scene management control of a scene.
- Once restrained, a Suspect/Patient shall not be positioned face/chest downward (prone) due to potential airway compromise and restriction of breathing.
- Officers should be mindful that weight or pressure applied to the back of a prone suspect may restrict the suspect's ability to expand his/her chest and breathe. Subsequently, this may lead them to 'struggle' to breathe, creating a false impression that they are resisting arrest.
- Restraint devices applied by the LAPD must provide sufficient slack to allow the Suspect/Patient to straighten their chest and back in order to take full breaths (DHS Ref. 838).
- Officers should request an LAFD RA as soon as possible when they recognize a Suspect/Patient who exhibits signs of excited delirium. Ideally, this request should be made prior to restraining the suspect.
- The method of Suspect/Patient restraint and positioning shall allow for adequate monitoring of vital signs and shall not restrict the ability to protect the patient's airway or compromise neurological or vascular status (DHS Ref. 838).
- When restraining a Suspect/Patient to a gurney, caution should be used when restraints are not attached to the frame but rather to the movable side rails. Also, the restraints must be applied in such a manner as to allow for easy access and release should resuscitation become necessary. (DHS Ref. 838).
- A restrained Suspect/Patient requires at least one officer to ride in the treatment area of the LAFD RA and maintain custody of the arrestee during transport, except in those instances when the Suspect/Patient's injuries are so extreme or life-threatening that the presence of an officer in the patient care area of the RA may hinder the life-saving efforts of LAFD personnel.

MEDICAL TREATMENT

- Responsibility for Suspect/Patient health care management rests with the highest medical authority on scene (DHS Ref. 838).

- A Suspect/Patient must be positioned in a manner that ensures there is no compromise to the Suspect/Patient's respiratory or circulation system or preclude airway management intervention. Transporting a Suspect/Patient in a prone position or "sandwiched" between restraint devices is not permitted (DHS Ref. 838).
- A Suspect/Patient shall ordinarily be transported to the most accessible receiving facility with a basic emergency department permit (DHS Ref. 502).
- Suspect/Patient transport destinations shall be determined by the LAFD and in conjunction with a base hospital when necessary (DHS Ref. 838).
- Upon transfer of care to hospital personnel, the LAFD's responsibility is complete while LAPD remains to maintain custody of the suspect.

IV. DISPUTE RESOLUTION

In those instances where the LAPD and the LAFD field personnel are unable to determine whether an arrestee should be transported by ambulance or by police vehicle, supervisors from both agencies shall be called to the location. The decision made by the LAFD Emergency Medical Services battalion captain shall be final.

CONCLUSION

The City is responsible for the health and safety of persons in its custody. With that responsibility comes a responsibility for appropriate and responsible on-scene decisions. Releasing of patients in custody by the LAFD to LAPD personnel reduces the standard of medical care. Transporting a suspect/patient by LAFD RA maintains continuity of care and facilitates a smooth patient transfer at the hospital. This mode of transportation should be the standard whenever LAPD officers believe LAFD medical evaluation or treatment is needed.

IN WITNESS WHEREOF, the parties hereto have caused this MOA to be executed by their duly authorized officers as set forth herein below.

APPROVED:

CITY OF LOS ANGELES
(LAPD)

By:


CHARLIE BECK
Chief of Police
Los Angeles Police Department

Date: February 10, 2012

APPROVED:

CITY OF LOS ANGELES
(LAFD)

By:


BRIAN L. CUMMINGS
Fire Chief
Los Angeles Fire Department

Date: Feb 16, 2012