

**LOS ANGELES COUNTY SHERIFF'S DEPARTMENT**



**SUICIDE INTERVENTION AND FIRST AID KITS AUDIT  
TWIN TOWERS CORRECTIONAL FACILITY  
No. 2015-7-A**

**JIM McDONNELL  
SHERIFF**

**May 4, 2016**

**LOS ANGELES COUNTY SHERIFF'S DEPARTMENT**  
**Audit and Accountability Bureau**

**SUICIDE INTERVENTION AND FIRST AID KITS AUDIT**  
**TWIN TOWERS CORRECTIONAL FACILITY**  
**Project No. 2015-7-A**  
**Audit Report**

**PURPOSE**

The Audit and Accountability Bureau (AAB) conducted the Suicide Intervention and First Aid Kits Audit under the authority of the Los Angeles County Sheriff. The audit was performed to determine how Twin Towers Correctional Facility (TTCF) complied with policy relating to Suicide Intervention Kits (SIKs) and First Aid Kits (FAKs). The audit also determined compliance, in part, with the requirements of the United States Department of Justice (DOJ)/Mental Health Joint Settlement Agreement - CV 15-5903 (Settlement Agreement).<sup>1</sup> The audit included the presence, and training in the use, of the kits and their contents.

The AAB conducted this audit under the guidance of Generally Accepted Government Auditing Standards, specifically pertaining to performing the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the findings and conclusions based on the audit objectives.<sup>2</sup> The AAB determined the evidence obtained provides a reasonable basis for the findings and conclusions based on the audit objectives.

**BACKGROUND**

The Los Angeles County Sheriff's Department (Department), in partnership with the Los Angeles County Department of Mental Health, works to provide for the mental health and well-being of all inmates housed within the Los Angeles County jail system. Although every effort is made to provide the highest level of mental health treatment, individuals who are determined to end their lives continue to attempt suicide while in custody.

It is the mission of the Department's Custody Services Division (CSD) to provide a secure, safe, and constitutionally managed jail environment for both staff and inmates. The prevention of inmate suicides is the responsibility of all personnel.<sup>3</sup>

The Department has established policies and procedures to mandate the presence of SIKs in all secure staff stations to assist in the intervention of suicide attempts.<sup>4</sup> In addition, FAKs are required to be available in all custody facilities.<sup>5</sup> The Custody

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<sup>1</sup> Settlement Agreement Section G "Suicide Risk Procedures," subparagraph 45 (p. 26), requires the presence of Suicide Intervention Kits and First Aid Kits in housing units and that custody staff having contact with prisoners be trained in the use of their contents.

<sup>2</sup> United States Government Accountability Office – By the Comptroller General of the United States, December 2011, Government Auditing Standards 2011 Revision.

<sup>3</sup> Correctional Services Division Informational Bulletin 2009-06, "Inmate Suicide Prevention."

<sup>4</sup> Custody Division Manual, Section 5-01/050.00, Handling of Suicidal Inmates

<sup>5</sup> Custody Division Manual, Section 3-14/090.00, First Aid Kits

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Division Manual (CDM) establishes the contents, inspection documentation, and location of the kits.

In addition to Department policy, the Settlement Agreement calls for the presence of SIKs and FAKs in the control booth or officer's station of each housing unit. The Settlement Agreement further states all custody staff who have contact with prisoners will be trained in the use of the kits' contents.

### **PRIOR AUDITS**

This was the first Suicide Intervention and First Aid Kits Audit conducted by AAB.

### **METHODOLOGY**

#### **Scope**

This audit encompassed four objectives including a physical inspection of SIKs and FAKs located within TTCF, and a review of training records to determine if TTCF personnel received the required training in the use of the kits' contents.

The Department's Manual of Policy and Procedures (MPP), CDM, Custody Division Training Bulletins, Medical Services Bureau (MSB) Unit Order M10.01, Board of State and Community Corrections Policy and Procedure Manual for Participating Agencies, Minimum Standards for Adult Local Detention Facilities (Title 15), California Code of Regulations (Title 22), and the Department of Justice – Mental Health Joint Settlement Agreement were utilized in the analysis of this audit.

#### **Audit Time Period**

Pertaining to Objectives No. 1 and 2, the physical inspection of the SIKs identified on the original list of locations was conducted on November 5, 2015, and the physical inspection of the FAKs was conducted on November 13, 2015. Following AAB and TTCF management's collaboration, the newly identified locations were inspected on December 17, 2015.

Pertaining to Objectives No. 3 and 4, only those personnel assigned to "line" positions<sup>6</sup> during the scheduling cycle of October 4, 2015, through November 7, 2015, were sampled when the physical inspections first began.

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<sup>6</sup> Personnel whose primary duties entail working directly with inmates

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## Audit Population

Pertaining to Objectives No. 1 and 2, a lack of clarity was found in the CDM defining a list of locations that should maintain SIKs and FAKs. Based on the best available information, AAB and TTCF management collaborated and identified a total of 25 housing locations which were selected for these objectives.<sup>7</sup>

Pertaining to Objectives No. 3 and 4, the population included sworn and custody assistant personnel assigned to line positions. With a total population of 598 line personnel, a statistically valid sample of 83 personnel were selected for these objectives.<sup>8</sup>

## SUMMARY OF AUDIT FINDINGS

Twin Towers Correctional Facility management and their staff were most helpful in providing the necessary information to complete the audit objectives. Custody Training and Standards Bureau, Custody Support Services, and Data Systems Bureau also provided invaluable resources to complete this audit. Overall, TTCF performed well in this audit. However, pertaining to Objective No. 1, TTCF needs to improve upon the contents and condition of the SIKs to better adhere to Department policies.

**Table No. 1 – Summary of Audit Findings**

Objective No.	Objectives	Met the Standards
1	Presence, Contents, and Condition of Suicide Intervention Kits	84%
2	Presence, Contents, and Condition of First Aid Kits	100%
3	Staff Training in the Use of the Contents of Suicide Intervention Kits	100%
4	Staff Training in the Use of the Contents of First Aid Kits	95%

## Objective No. 1 – Presence, Contents, and Condition of Suicide Intervention Kits

### Criteria

Custody Division Manual, Section 5-01/050.00, Handling of Suicidal Inmates, Suicide Intervention, states:

*Each “secure” staff station has been assigned a Suicide Intervention Kit. All housing areas shall maintain a Suicide Intervention Kit. The Suicide Intervention Kit is contained in a white waterproof container with red stenciling on the sides labeled “SUICIDE INTERVENTION KIT.” The Suicide Intervention Kit shall only be removed from the staff station to*

<sup>7</sup> 100% of the population was tested.

<sup>8</sup> Using a statistical one-tail test sample with a 95% confidence level and a 4% error rate, a sample of personnel was identified.

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*assist in suicide intervention or during suicide intervention drills. The Suicide Intervention Kit contains the following items:*

- *Cut down tool, (caution should be exercised whenever the Suicide Intervention Kit is deployed. The cut down tool is a security risk and should be accounted for at all times)*
- *CPR mask*
- *Two towels*
- *Latex gloves*

*Personnel responsible for the staff station shall inspect the Suicide Intervention Kit at the beginning of their shift to ensure the tamper-resistant tape is intact.*

United States Department of Justice/Mental Health Joint Settlement Agreement CV 15-5903, Section G “Suicide Risk Procedures,” subparagraph 45 (p. 26) states:

*Consistent with existing Sheriff’s Department policies, the County and the Sheriff will provide both a Suicide Intervention Kit that contains an emergency cut-down tool... in the control booth or officer’s station of each housing unit.*

### Audit Procedures

All 25 housing locations were inspected to determine if a SIK was present inside the secure staff station. The physical inspection determined if each kit was properly marked and contained all items as specified in the CDM. Additionally, the contents were inspected to determine if all items were in good working order. The kits’ containers and their contents were photographed.

### Findings

Twenty-one of the 25 (84%) inspected SIKs met the standards for this objective. Listed below are housing modules whose kits did not meet the standards.

**Table No. 2 – Objective No. 1 Detailed Findings**

<b>Module</b>	<b>Description of the Findings</b>
172	Tamper-resistant seal broken, no cut-down tool (EMT scissors were located outside of container)
241	Only one towel
242	Tamper-resistant seal broken, used CPR mask (blood on mask). SIK was used the previous day during a homicide. Kit’s contents not replenished.
271	No latex gloves

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**Objective No. 2 – Presence, Contents, and Condition of First Aid Kits**

**Criteria**

Custody Division Manual, Section 3-14/090.00, First Aid Kits, states:

*First aid kits shall be available in all custody facilities pursuant to Title 15, Minimum Standards for Local Adult Detention Facilities, section 1220, "First Aid Kits," to provide emergency medical supplies for applying aid pending the arrival of trained medical staff. The Medical Services Bureau shall approve the contents, number, location, and procedure for periodic inspection of the kits.*

Medical Services Bureau Unit Order M10.01, First Aid Kit(s), states:

*First Aid Kit(s) will be located in each facility housing module and operations custody booth. First Aid Kit(s) will be secured within the custody booth/area.*

Medical Services Bureau Unit Order M10.01, First Aid Kit(s), states:

*The following items are recommended for the Los Angeles County Sheriff's Department First Aid Kit container:*

*Povidone iodine swabs - 1 box w/10 individual swabs  
High risk exam gloves - 2 boxes w/2 pairs per box  
Instant ice compress - 2 boxes w/1 compress each  
4" bandage compress - 2 boxes w/1 each  
Burn cream w/lidocaine - 1 box w/6 foil packs  
Sting relief swabs - 1 box w/10 individual swabs  
Gauze pads - 1 box w/4 individual pads  
1"x3" adhesive bandages - 4 boxes w/16 bandages per box  
Alcohol prep pads - 2 boxes w/10 pads each  
Triangular bandage (Ace bandage) w/2 pins - 2 boxes w/1 bandage each  
Waterproof adhesive tape - 1 roll  
Res-cue mask (CPR mask) - 1 mask  
4" conforming stretch gauze - 1 package  
Triple antibiotic ointment - 1oz. tube  
Medical scissors - 1 pair  
Mylar rescue blanket 52"x84" - 1 blanket  
ABD pad (Tampon abdominal) - 1 package  
Tweezers – 1*

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United States Department of Justice/Mental Health Joint Settlement Agreement CV 15-5903, Section G “Suicide Risk Procedures,” subparagraph 45 (p. 26) states:

*Consistent with existing Sheriff’s Department policies, the County and the Sheriff will provide both a Suicide Intervention Kit... and a first-aid kit in the control booth or officer’s station of each housing unit.*

### **Audit Procedures**

All 25 housing locations that were issued a SIK were inspected to determine if a FAK was also present. In addition, auditors determined if the FAKs contained the recommended contents according to the MSB recommendations specified in MSB Unit Order M10.01.

### **Findings**

Each of the 25 (100%) FAKs met the standards for this objective.

### **Objective No. 3 – Staff Training in the Use of the Contents of the Suicide Intervention Kits**

#### **Criteria**

United States Department of Justice/Mental Health Joint Settlement Agreement CV 15-5903, Section G “Suicide Risk Procedures,” subparagraph 45 (p. 26) states:

*All custody staff who have contact with prisoners will know the location of the Suicide Intervention Kit...and be trained to use their contents.*

#### **Audit Procedures**

Training records for the 83 sampled personnel were reviewed to determine if they received the required training related to the use of the SIK’s contents.

A report was generated from the Scheduling Management System (SMS) which listed all TTCF personnel assigned to line positions. Personnel holding classification titles other than sworn and custody assistant, as well as personnel working outside security where there is no inmate contact, were excluded to determine the population.

The Custody Training System (CTS)<sup>9</sup> was queried to determine if the sampled personnel attended training courses related to the use of the SIKs. Currently, there are two Standards and Training for Corrections (STC) - approved courses taught by the Department that train personnel on the use of the SIKs; “Suicide Prevention” (Course #6315-0803) and “Suicide Intervention and Prevention” (Course #6317-1003).

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<sup>9</sup> The Custody Training System is a Custody Division-wide database that maintains custody personnel training records.

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Additionally, the use of the SIKs is included in the curriculum of the “Adult Corrections Officer Core Course” (Custody Assistant Academy Course #1275) and “Adult Corrections Officer Supplemental Core Course” (Jail Operations Course #2632). There is no current mandate that requires personnel to attend these courses on a continuous basis. Therefore, personnel who have attended any of the aforementioned courses at any time during their career met the standards for this objective.

### **Findings**

Each of the 83 (100%) selected employees’ training records met the standards for this objective.

### **Objective No. 4 – Staff Training in the Use of the Contents of First Aid Kits**

#### **Criteria**

California Code of Regulations, Title 22. Social Security, Division 9, Prehospital Emergency Medical Services, Chapter 1.5. First Aid and CPR Standards and Training for Public Safety Personnel, § 100022. Public Safety First Aid and CPR Retraining Requirements.

*(a) The retraining requirements of this Chapter shall be satisfied every two years by successful completion of:*

*(1) An approved retraining course which includes a review of the topics and demonstration of skills prescribed in this Chapter and which consists of no less than eight (8) hours of first aid and CPR including AED every two (2) years...*

Manual of Policy and Procedures, Section 3-02/080.01, Training Requirements for Sworn Personnel, states in part:

*This policy identifies mandatory training requirements and programs for sworn personnel who have completed basic recruit academy training...*

#### **STATE MANDATED**

##### *Recurring Training...*

*Cardiopulmonary Resuscitation (CPR), 4 hours – A CPR refresher course must be completed every three years. Personnel whose duties are “primarily clerical or administrative” for at least 90 percent of their total monthly work hours are exempt. (13518 PC)...*

*First Aid, 8 hours – A First Aid refresher course must be completed every three years. Personnel whose duties are “primarily clerical or*



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*administrative” for at least 90 percent of their total monthly work hours are exempt. (13518 PC)*

*Note:* Although Department *policy* states first aid and CPR refresher courses must be completed every three years, effective April 1, 2015, state mandate requires sworn personnel to attend a refresher course every two years.<sup>10</sup> However, California Code of Regulations Title 22, § 100015 affords the Department a 24-month transitional period to comply with the two-year requirement. Therefore, the current standard used for this audit is the three-year refresher requirement.

Adult Corrections Officer Core Course – Board of State and Community Corrections

**SECTION C. CORE TRAINING COURSE OUTLINE AND UNIT SCHEDULE**

*Certified CPR and First Aid (FA) courses... must be completed.*

United States Department of Justice/Mental Health Joint Settlement Agreement CV 15-5903, Section G “Suicide Risk Procedures,” subparagraph 45 (p. 26) states:

*All custody staff who have contact with prisoners will know the location of the First Aid Kit...and be trained to use their contents.*

**Audit Procedures**

The training records for the same 83 sampled personnel used for Objective No. 3 (Staff Training in the Use of the Contents of the Suicide Intervention Kit) were analyzed to determine if the employees received the appropriate training associated with the use of the FAK’s contents. The FAKs contain basic first aid supplies and a CPR mask. Therefore, auditors determined if personnel have satisfied the first aid and cardiopulmonary resuscitation (CPR) requirements.

Training records for the selected sworn personnel were queried through CTS to determine if they have attended the required first aid and CPR courses. For sworn personnel, training records were queried to determine if they attended the refresher courses within the last three years. Sworn personnel that attended both courses within three years met the standards for this objective.

Custody assistants, which are equivalent to “custodial personnel”<sup>11</sup> according to Title 15<sup>12</sup> requirements, must attend a first aid and CPR training course during the custody

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<sup>10</sup> California Code of Regulations, Title 22, Division 9, Chapter 1.5, Article 3, § 100022, Public Safety First Aid and CPR Retraining Requirements.

<sup>11</sup> Custody Division Manual, Section 2-01/100.00, Custody Assistants

<sup>12</sup> Minimum Standards for Adult Local Detention Facilities, Title 15, section 1006, "Definitions."

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assistant academy.<sup>13</sup> Neither Department policy nor state mandates indicate custody assistants must attend a periodic refresher course. However, current Department practices indicate that custody assistants are retrained in first aid and CPR every three years, similar to sworn personnel.

For custody assistants, first aid and CPR courses are provided during the custody assistant academy as required by state mandate.<sup>14</sup> A query of training records was conducted to determine if they attended the Los Angeles County Sheriff's Department Custody Assistant Academy. Completion of either the standalone first aid and CPR courses or graduation from the Custody Assistant Academy indicated that personnel met the standards for this objective.

### Findings

Seventy-nine of the 83 (95%) selected employees met the standards for this objective. Listed below are personnel that did not meet the standards for this objective.

**Table No. 3 – Objective No. 4 Detailed Findings**

Personnel	Description of the Findings
Sergeant	Last first aid course – November 6, 2008
Sergeant	Last CPR course – November 23, 2010
Bonus Deputy	Last first aid course – March 27, 2000
Deputy	Last first aid course – June 23, 2010

### OTHER RELATED MATTERS

Other Related Matters are pertinent issues that were discovered during the audit but were not objectives that are measurable against Department policies or procedures.

#### *Maintaining a Suicide Intervention Kit*

The CDM states that each *secure staff station* has been assigned a SIK and that all *housing areas* shall maintain a SIK. A list of staff stations which were to maintain a SIK was provided to AAB. During the inspection of the kits, it was discovered that nine locations within TTCF (Kitchen, Tower 1 Dock, Tower 1 Trash and Freight, Tower 1 Clinic, Tower 1 Transfer Center, Logistics, Tower 2 Dock, Tower 2 Transfer Center, and CTC Control) had a "secure staff station," however, according to management, since these locations were not "housing areas," a SIK was not required to be maintained.

Inmate workers who perform their assigned functions in the above listed non-housing locations throughout the facility have access to materials that can be used to facilitate a suicide attempt. In the event an inmate was to attempt suicide in a non-housing area,

<sup>13</sup> Adult Corrections Officer Core Course requirements, California Board of State and Community Corrections

<sup>14</sup> Board of State and Community Corrections Policy and Procedure Manual for Participating Agencies dictates what courses are mandatory for the Adult Corrections Officer Core Course (Custody Assistant Academy).

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responding personnel would be required to go to the nearest housing area in order to retrieve a SIK. The potential for a delayed response due to the absence of SIKs in non-housing areas runs contrary to the exigency associated with the intervention concept. Therefore, it is critical that all secure staff stations maintain a SIK to ensure the safety of all inmates.

#### *Items Contained in the Suicide Intervention Kits*

The CDM specifically indicates the following items should be contained in the SIK: Cut-down tool, CPR mask, two towels, and latex gloves.

Custody Training and Standards Bureau provided AAB auditors with a training video entitled, “The Suicide Intervention Kit.” This video illustrated the Craftsman Handi-Cut tool, which according to the video, “...has been tested and proven to be effective against the most common materials used by inmates to hang themselves.” The Court Services Division Instructional Bulletin entitled “Suicide Intervention Kit,” dated August 2002, and Field Operations Directive 98-11, Station Jail Suicide Kits, describe the same cut-down tool specifications and characteristics as described in the video. However, auditors found several SIKs throughout TTCF contained bandage/gauze scissors, which did not appear to have the capability of cutting the materials described in the training video as efficiently and effectively as a tool with the characteristics of the one demonstrated in the training video. It is important that the tools contained in the SIKs be consistent with the tools used and described in the mandated training video and associated documents. Additionally, the CDM requires latex gloves be contained in the SIK, however, the same training materials listed above indicate latex gloves should not be included in the kits “...due to the fact that latex breaks down rather quickly and will thus provide a false sense of protection for the user.” While the specifications of these items were not specifically evaluated as a part of the audit objectives, the inconsistencies between policy and training reference material should be clarified.

Lastly, in a report entitled, “Suicide Intervention Kits: Project #213712,” dated August 2014, Custody Support Services (CSS) recommended that SIKs should include an “Ambu-Bag” (Bag Valve Mask). Although Department policy does not require this item, auditors found they had been included in each SIK that was inspected. The CPR mask included in the Ambu-Bag’s package is designed to be compatible with the Ambu-Bag’s connections. However, the stand-alone CPR masks that are included in the SIK are not compatible with the Ambu-Bag’s connection.

#### *Procedures in Replenishing the Suicide Intervention Kits*

Policy does not articulate standardized procedures for replenishing SIK components after use. The AAB auditors found that TTCF line personnel make notification to shift sergeants and training staff in various ways including via radio, telephone, e-mail, or in person with requests for replacement items. The lack of standardized reporting made it difficult to reconcile missing and/or used items inside the SIKs with the corresponding documentation. This also generates a lack of accountability when SIKs are found with missing or inoperable items.

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### *Training requirements*

Although there is no current mandate which requires personnel to attend suicide intervention training on a continuous basis, TTCF training staff indicated they cover the course material, including “cut down drills,” in their periodic First Aid/CPR refresher training courses. To ensure personnel maintain their proficiency in the use of the SIK, a suicide prevention refresher course should be required to be completed periodically.

### **CONCLUSIONS AND RECOMMENDATIONS**

During the course of this audit, AAB personnel analyzed and assessed the policies and procedures related to SIKs, FAKs, and identified several areas of improvement. The AAB considers the results of this audit to be a helpful management tool for all Department personnel and therefore makes the following conclusions and recommendations:

1. The CDM provides a list of items to be included in each SIK, requires the SIKs be secured with tamper-resistant tape, and requires personnel at each staff station to inspect SIKs to determine if the tamper-resistant tape is intact. The AAB believes that requiring a pre-shift inspection of the items contained within the kit, including the condition of the latex gloves, provides greater accountability toward the integrity of the contents of SIKs. Therefore, it is recommended the Department consider requiring personnel to personally inspect each item inside the SIKs at the beginning of each shift, as opposed to sealing the SIKs with tamper-resistant tape. It is further recommended that a checklist of the required items be included inside the kit so the person conducting the shift inspection knows what is supposed to be inside the kit. (Objective No. 1)
2. Although Department policy specifically identifies what items shall be included in the SIK, a CSS report suggested the inclusion of an Ambu-Bag in the kits. However, the Ambu-Bag’s connections are not compatible with the varying stand-alone CPR masks that are already included in the SIKs. It is recommended that further testing be conducted to ensure compatibility between the Ambu-Bags and stand-alone CPR masks. Additionally, policy should reference the inclusion of the Ambu-Bag as a required item within the SIK. (Objective No. 1)
3. There is no Department policy or state requirement for personnel to attend suicide intervention training, including the use of the SIK’s contents, on a continuous basis. It is recommended that Department policy be revised to ensure that suicide intervention training refresher courses are required for custody personnel that have direct inmate contact. (Objective No. 3)
4. There is no Department policy or state requirement for custody assistants to attend first aid and/or CPR refresher courses on a continuous basis. It is recommended that Department policy be revised to ensure that first aid and CPR

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training refresher courses are required for all Department personnel that have direct public or inmate contact. (Objective No. 4)

5. Inmates working in non-housing locations throughout the facility may gain access to materials that can be used to facilitate a suicide attempt. It is recommended that policy be revised to require all secure staff stations, including non-housing areas, to maintain SIKs. Additionally, both SIKs and FAKs should be placed in a conspicuous location to ensure personnel can easily locate them when needed. (Other Related Matters)
6. To guarantee the contents of the SIKs are in good working order and to reflect the requisite minimum standards articulated in training reference materials, it is recommended the CDM be revised to specify the appropriate characteristics for the “cut-down” tool and the frequency in which latex gloves should be replaced. (Other Related Matters)
7. Given that the Ambu-Bag was present in every SIK inspected at TTCF, it is recommended the Department reconsider the usefulness of the standalone CPR mask to avoid incompatibility among items within the SIK. (Other Related Matters)
8. It is recommended that policies be established to mandate specific reporting procedures for the replenishment of the SIKs. Additionally, it is recommended that the Uniform Daily Activity Log be revised to allow for module officers to provide detailed information about the condition of the SIK and to make note if the training unit or a supervisor was contacted to replenish the SIK. (Other Related Matters)

### **VIEWS OF RESPONSIBLE OFFICIALS**

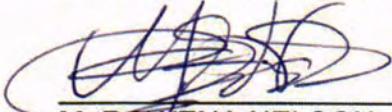
Twin Towers Correctional Facility management submitted an informal response via email on January 11, 2016, expressing their lack of concurrence with certain aspects of the audit findings. The AAB discussed the findings with TTCF management and an agreement was reached to modify the criteria pertaining to the locations that were required to maintain a SIK. After discussion with TTCF management, AAB agreed on the lack of clarity in the policy. Therefore, those modifications have been included in this final report.

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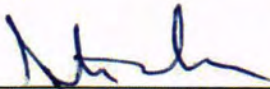
This audit was submitted on this 4th day of May 2016, by the Audit and Accountability Bureau.



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