



SYKESVILLE POLICE DEPARTMENT

Excited Delirium

General Order 6-38

Effective: 11/04/17

Authorized by: *Michael A. Spaulding* Chief of Police

I. PURPOSE

The purpose of this policy is to provide guidance and direction in the handling of individuals who appear to be in a state of excited delirium (ExDS). This policy is part of a cooperative response protocol shared by this agency, the emergency call center, emergency medical services (EMS), and hospital emergency department staff. The coordinated activities and responsibilities identified herein are designed to enhance the response to incidents involving ExDS.

II. POLICY

Rapid control of the subject exhibiting symptoms of ExDS and transfer to the care of emergency medical providers should be the primary objectives of law enforcement officers unless other action is necessary in order to protect officers or others. It is the policy of the Sykesville Police Department that all personnel who observe persons exhibiting symptomatic behavior consider the possibility that the situation is a medical emergency that could result in sudden death.

III. DEFINITIONS

Excited Delirium Syndrome (ExDS): A medical disorder generally characterized by observable behaviors including extreme mental and physiological excitement, intense agitation, hyperthermia (elevated body temperature) often resulting in nudity, hostility, exceptional strength, endurance without apparent fatigue, and unusual calmness after restraint accompanied by a risk of sudden death.

Medical Syndrome: A collection of behavioral and physiological signs and symptoms of a medical disorder known to frequently appear together but without a full understanding of their underlying cause or causes.

IV. PROCEDURES

A. Initial Call

1. Calls associated with ExDS often include descriptions by complainants of wild, uncontrollable physical action, and hostility that comes on rapidly.
2. Where there is suspicion from the complainant that ExDS might be involved, communications personnel shall request the following types of information:
 - a. Specific behaviors of the subject

- b. Whether the subject has been or is using PCP, methamphetamine, cocaine, alcohol, or other mind-altering substances separately or in combination
 - c. Whether the subject has a history of mental or physical illness or substance use
3. When information suggests ExDS, a sufficient number of officers to physically control the subject should be dispatched together with EMS personnel, all of whom should be alerted to the possibility that the call might involve ExDS.
 4. A supervisory officer should be dispatched to all such calls for service, when reasonably possible.

B. Assessment

While officers cannot diagnose ExDS, they should be cognizant of specific signs and characteristic symptoms. These can include one or more of the following:

1. Constant or near constant physical activity
2. Irresponsiveness to law enforcement presence
3. Nakedness/inadequate clothing that might indicate “self-cooling” attempts
4. Elevated body temperature/hot to touch
5. Rapid breathing
6. Profuse sweating
7. Extreme aggression or violence
8. Making unintelligible, animal-like noises
9. Insensitivity to/extreme tolerance of pain
10. Excessive strength (out of proportion)
11. Lack of fatigue despite heavy exertion
12. Screaming and incoherent talk
13. Paranoid or panicked demeanor

14. Attraction to bright lights, loud sounds, glass, or shiny objects

C. Control

Physical control must be affected quickly to minimize the intensity and duration of resistance and struggle, which often are direct contributors to sudden death.

1. When responding to a call involving possible ExDS, officers shall do the following:
 - a. Eliminate unnecessary emergency lights and sirens.
 - b. Ensure that an adequate number of backup officers have been dispatched to affect rapid control of the suspect.
 - c. Ensure that EMS is on the scene or enroute. Where possible, EMS should be on site when subject control is initiated.
2. When the individual is responsive to verbal commands, one officer should approach the subject and employ verbal techniques to help reduce his or her agitation before resorting to the use of force. The officer should:
 - a. not rush toward, become confrontational, verbally challenge, or attempt to intimidate the subject, as he or she may not comprehend or respond positively to these actions and may become even more agitated or combative;
 - b. ask the subject to sit down, which may have a calming effect; and
 - c. be prepared to repeat instructions or questions.
3. Officers should be aware that pepper spray, impact weapons, and electronic control weapons (ECWs) used in “contact” mode are normally ineffective due to the subject’s elevated threshold of pain.
4. Alternately, a physical takedown using a swarming technique is an effective means of obtaining compliance as long as an adequate number of officers are available. A coordinated restraint plan should be devised quickly before implementing this approach.
5. Officers should use only those restraints that appear necessary to control the situation and only for the period of time required.
6. When restrained, officers should position the subject in a manner that will assist breathing, such as placement on his or her side, and avoid pressure to the chest, neck, or head.

7. Reasonable steps should be taken to avoid injury, such as moving the subject from asphalt to a grassy area to reduce abrasions and contusions.
8. Officers should not attempt to control continued resistance or exertion by pinning the subject to the ground or against a solid object, using their body weight.
9. Officers should check the subject's pulse and respiration on a continuous basis until transferred to EMS personnel. Officers shall ensure the airway is unrestricted and be prepared to administer CPR or an automated external defibrillator (AED) if the subject becomes unconscious.
10. Following a struggle, the subject should be showing normal signs of physical exertion such as heavy breathing. However, if the subject becomes calm and breathing is not labored during or after the application of restraints, it might be an indication that he or she is in jeopardy and requires immediate medical attention to avoid cardiac arrest.
11. Individual officers who encounter persons exhibiting symptoms of ExDS should adhere to the following guidelines.
 - a. When there is no apparent threat of immediate injury to the subject or others, the officer should not attempt to take physical control of the subject. This would likely precipitate a struggle and exacerbate the subject's physical and emotional distress. The officer should wait for backup and EMS assistance before attempting to control the subject.
 - b. If the subject poses a threat of death or serious bodily injury to the officer, others, or to himself or herself, apart from the dangers inherent in ExDS alone, intervention should be taken using that level of force reasonably necessary to control the individual.
 - c. If it can be determined that the subject has been under duress for an extended period of time, the symptoms of ExDS appear acute, and EMS is not readily available, the officer should consider affecting control and transporting the subject to the nearest emergency medical facility. This decision should be based largely on whether law enforcement backup and/or EMS assistance is forthcoming, and the officer's judgment as to his or her ability to gain control without undue personal risk of bodily harm.

D. Emergency Medical Response

1. As soon as control is obtained, pre-staged EMS personnel should examine the subject and provide emergency medical aid as necessary, to include sedation and cooling as indicated.
2. If sedation is authorized, officers shall work with EMS to control the subject for purposes of drug administration.
3. Whenever possible, an officer should accompany the subject to the medical facility for security purposes and to provide assistance as necessary.

E. Documentation

Documentation of ExDS incidents is critical for purposes of post-incident personnel review and debriefing, training, creation of a historical record to respond effectively to any civil litigation that might arise, and to respond effectively to inquiries concerning the incident from the community and the media. Officers shall follow standard incident documentation procedures and ensure that the following items, at a minimum, are included:

1. Conditions at the incident scene
2. Description of the subject's behavior and its duration
3. Description of what the subject said during the event
4. Type of and duration of resistance
5. Actions taken to control the subject (complete Use of Force Report)
6. Restraints used on the subject and the length of time applied
7. Location of the restraints on the subject
8. Response time and actions taken by EMS, including a list of drugs given to the patient
9. Means of transport and total elapsed time of transport
10. Behavior of the subject during transport
11. Means of resuscitation, if appropriate
12. Vital signs, especially body temperature
13. Ambient temperature at the time of the incident

14. Results of tests and medical assessments taken by EMS personnel and emergency medical staff
15. Results of autopsy, if appropriate
16. Information from relatives and friends of the subject that can provide insight to the potential causation of the incident
17. Measures taken by communications personnel during initial receipt of the call for service, dispatch, and follow up
18. Any footage from in-car or body-worn video cameras, where available

F. Training

1. The Training Coordinator shall ensure that officers are properly prepared for such incidents, including early detection of ExDS, instruction in defensive tactics recommended for use when dealing with ExDS subjects, tactics and techniques that should be avoided, and protocols for interfacing with emergency medical responders.
2. Communications personnel shall be trained to recognize symptoms that might indicate that an incident involves someone experiencing ExDS.