

Excited Delirium Response Protocol

1. Dispatch/front desk/officer receives information of a possible excited delirium incident.
2. A default response to these incidents should be 4-6 officers (which include a Sergeant and a CIT officer). The department recognizes that there may be times when staffing will mean that officers will respond with less than 4-6 officers or a CIT officer.
3. ALS ambulance is dispatched at the same time as law enforcement to the scene.
4. Law enforcement/EMS may respond with lights and siren as needed to get to the location as quickly and safely as possible. Once they are close to the location, the rotating lights and sirens will be turned off as they approach the scene.
5. EMS will be advised to stage at a location close enough so the paramedic with the sedation medication is able to make an approach with law enforcement.
6. Unless there is an immediate safety issue with the subject, any bystanders, the EMS personnel, or the officers themselves; law enforcement will wait for EMS to arrive and be ready to deploy before making contact with the subject. Every effort to contain the subject in an area where they are less likely to harm themselves or others should be made.
7. Officers/supervisors will attempt to get the subject to comply with requests to go with the EMS personnel willingly, unless the subject is in an obvious agitated/delirious state. **ONE** person should make verbal contact with the subject. Slow, calming, and reassuring statements should be made and repeated often. (Examples include, *"I am here to help you."*, *"It is going to be okay."*)
8. If the subject cannot be calmed down and the decision to capture the subject is made; the sergeant/command officer on the scene will form a plan on how the takedown and restraint process will take place. EMS/paramedics will be a part of the plan so they know when to move in to sedate the subject. The decision to sedate the subject based on their agitated state/behavioral emergency is left entirely up to the paramedic. Law enforcement officers are not authorized to command the paramedic to sedate the subject.

9. Officers will take the subject to the ground using either a less lethal weapon (i.e. bean bag rounds, 37 MM rounds, Taser) or multiple officer take down.
10. Officers will use the recommended restraint control tactic (5-point or 4-point depending on the number of officers on scene) to control the subject in the prone position.
11. One officer/command officer will advise the paramedic that it is clear for them to move in and sedate the subject. The paramedic will announce loudly, **"INJECTION COMING"** as they approach. Officers will hold their positions until the paramedic announces loudly, **"CLEAR"**, and they have secured the needle/syringe.
12. Officers will then restrain the subject using the multiple handcuff technique. The use of three (3) sets of handcuffs (chain linked only) is the default number of cuffs to use. Have the handcuffs three across, which will allow most subjects to be transported in the supine position for monitoring and any additional medical treatment that might be conducted.
 - a. Depending on the size of the subject, a larger person may have more sets of handcuffs secured lengthwise to provide the distance necessary to place the person in the supine position. For a small subject, two (2) sets of handcuffs could provide the necessary space for transport.
 - b. In order to allow the backboard to be placed between the subject and the handcuffs, it will take a minimum of four (4) sets of handcuffs across to accommodate this transport.
 - c. It is important to note that this handcuff technique is **ONLY** for transporting a subject in a supine position in an ambulance. It is **NOT** to be used to transport a prisoner in a squad car.
13. Once the hands are restrained, officers controlling the legs will secure the legs using a hobble restraint or leg shackles strap.
14. Officers will assist EMS with loading the subject onto the gurney. The hobble restraint/leg shackles will be secured to the end of the backboard to prevent the subject from kicking EMS personnel.
15. Officers will assist EMS in loading the subject into the ambulance.
16. At least one officer will ride in the back of the ambulance to the emergency room to relay any pertinent information to the medical staff.
17. Officers will document the event and the amount of force used to contain, capture, control, restrain, and transport the subject. The report will be classified **"Excited Delirium"** for documentation and tracking purposes. The **ARMS** code is **9027**.
18. It is understood that these events can culminate in the sudden death of the subject. As such, the coroner's office requests notification in the event excited delirium is suspected. The sergeant/command officer will make sure notification is made with the coroner's office.

19. A copy of the report will be forwarded to Professional Standards Unit (as well as Lt. Paulus) for data collection, review, and future procedural adjustments.