



CHAMPAIGN POLICE DEPARTMENT

TRAINING BULLETIN

TO: All Personnel
FROM: RT Finney
Chief of Police
SUBJECT: Management of Subjects in Excited Delirium
DATE: May 15, 2008

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Overview

Officers periodically come into contact with individuals exhibiting bizarre behavior. This behavior is often a result of alcohol intoxication, the influence of drugs, mental illness, uncontrolled anger, or a combination of these factors. However, in some cases bizarre behavior may be associated with a serious medical condition called excited delirium¹, which in some instances may be fatal. Experts believe that intense physical exertion, such as when a subject violently resists arrest for prolonged periods, may increase the risk of death. The purposes of this bulletin are to help officers (1) identify behavioral cues commonly associated with individuals who may be in a state of excited delirium, (2) manage the situation in a manner that reduces the risks to all those involved, including the delirious individual, and (3) facilitate the early intervention of medical care for the individual as soon as practical. This training bulletin is intended to complement training the Department provides on mental illness and crisis intervention training.

Recognizing Delirium

Delirium is a disturbance of consciousness that develops over a short period of time, usually hours to days, that is accompanied by a change in cognition, and tends to fluctuate during the course of the day. The condition may be caused by several factors including, among others, drug use (particularly cocaine or methamphetamine abuse), substance withdrawal, and/or mental illness. The person's ability to focus, sustain, or shift attention is impaired, and he/she is easily distracted. The person's speech may be rambling and incoherent, and it may be difficult or impossible to engage the person in conversation. The person may also be disoriented in regards to time and/or location, misinterpret perceptions, be delusional, and/or experience hallucinations. Due to an elevated body temperature, many of these individuals remove one or more items of clothing, and they often appear impervious to pain. A person in an excited delirium state may exhibit one or more of the following:

Agitation	Excitability	Paranoia	Aggressiveness
Unusual Strength	Fear	Rage	Violence Towards Others
Depression	Confusion	Shouting	Violence Towards Objects
Sudden Calmness	Hyperactive	Apathy	Sweating
Hyperthermia	Attraction to Glass	Seemingly Endless Endurance	

¹The term "excited delirium" refers to a behavioral condition whereby a person exhibits extremely agitated and non-coherent behavior, elevated temperature, and excessive endurance without apparent fatigue. Excited delirium is often seen in the context of people under the influence of an illicit stimulant substance or in people with a history of mental illness who are not taking their medications properly.

An officer has neither the expertise nor the opportunity in these situations to diagnose the underlying cause or type of the delirium in an individual. As a result, when an officer reasonably believes an individual may be in an excited delirium state, the individual is to be treated as if he/she is in a medical emergency and will require medical attention. The individual must receive medical attention regardless of whether the subject is also suspected of being under the influence of drugs and/or alcohol.

The nature of this delirium and its effects on the body are such that continued struggling may worsen the medical condition and may result in the person's death in rare instances. The Department recognizes that under some conditions it is necessary to subdue a person, even one suspected of suffering from excited delirium. It is possible for a person in this condition to die, even when officers take all reasonable precautions. When it becomes reasonable to subdue a person who is believed to be in an excited delirium state, officers should attempt to minimize the length of the struggle and seek immediate medical attention for the person thereafter.

Incident Management

Once a call taker or an officer concludes that an individual may be in an excited delirium state, the incident shall be managed as a medical emergency, in addition to whatever other law enforcement response may be required under the circumstances, including the use of reasonable force.

Call Taker's Role

If a call taker believes, based upon information provided by the reporting party, that a person involved in an incident may be in an excited delirium state, EMS personnel are to be dispatched at the same time as law enforcement personnel and advised to stage at a location a safe distance from the scene until notified by officers that the scene is safe to approach. The call taker will also inform responding officers that EMS is enroute and where they intend to stage. If practical, a minimum of four officers, including a CIT officer if available, plus a supervisor, equipped with less lethal weapons (bean bag rounds, 37 MM rounds, OC/CS Fogger, or Taser), will be dispatched to the incident.

EMS' Role

EMS will respond to the selected staging area and await notification that the scene is safe for them to approach. As soon as the scene is safe for them to approach, EMS personnel will respond to the scene, evaluate the individual, administer appropriate medical care and follow the Region 6 EMS "Sedation of the Extremely Agitated Patient" protocol, monitor the individual and transport the individual to an emergency medical facility. Any decision to administer a field sedative to the individual is solely the EMS personnel's decision, either alone or at the direction of an Emergency Room physician.

Officer's Role

If an officer responds to an incident and concludes that an individual may be in an excited delirium state, the officer shall, as soon as practical, request EMS to respond if they were not initially dispatched to the incident. If the subject involved or others at the scene pose a potential threat, the officer shall designate a nearby safe location for EMS personnel to stage until the scene is safe for EMS to approach.

If the person appears to be unarmed and does not appear to pose an immediate threat to the physical safety of officers or to other persons, or to him or herself, or pose an immediate threat to escape, officers shall, if practical, contain the subject while maintaining a safe distance and remove others who might be harmed by the subject from the immediate area. In this situation, the officer's objective is to contain the person until enough backup officers arrive and EMS is on the scene to render appropriate medical care.

If the officers determine it is appropriate to take the person into custody pursuant to **ILCS 405, Act 5-Mental Health and Developmental Disabilities Code, Article VI, 5/3-600**, one or more of the following tactics may be helpful in gaining control of the person:

1. Ideally, only one officer should engage the person in conversation at a time. However, if the person is unresponsive or non-compliant with the first officer, attempts to communicate should be made by other officers present. The officers should project calmness and confidence and speak in a conversational and non-confrontational manner. The statements should include reassurance and that the officer is there to help the person. These statements may need to be repeated often to get through to a person who may be in crisis. Whenever possible, determine if the person can answer simple questions; this will give the officers at the scene an idea of the level of coherence of the person. Officers should turn down their radios but still maintain communication with Metcad.
2. Remember that the person's mind may be racing, or he/she may be delusional and/or suffering from hallucinations; so statements and questions may need to be repeated several times. The person may also be fearful and extremely confused based on their psychological state, so officers should be patient. If the subject is contained and does not appear to pose an immediate threat, there is no rush. It may take some time for the subject to calm down.
3. Attempt to have the individual sit down, which may have a calming effect.
4. Refrain from maintaining constant eye contact, as this may be interpreted as threatening.
5. If a family member or another person who has a rapport with the individual can safely participate, enlist his/her assistance in attempting to gain the individual's cooperation.

Officer's Role (continued)

If the person to be taken into custody is armed or combative or otherwise poses an immediate threat to the physical safety of officers or to other persons, or to him or herself; officers shall use that amount of force that is reasonable to protect themselves and others at the scene and to take the person into custody. To the extent practical, efforts should be made to minimize the intensity and duration of the subject's resistance and to avoid engaging in a potentially prolonged struggle. Unless otherwise impractical, officers will utilize the multiple officer control tactic when taking the person into custody. This should allow the officers to more efficiently overcome the subject's resistance, to expedite restraining the subject, and for EMS to begin medical treatment.

Some individuals believed to be in an excited delirium state have gone into cardiac arrest shortly after a struggle ended. As a result, the person's breathing should be monitored at all times and the person's position adjusted so as to maintain constant observation and allow additional medical treatment.

The subject will be generally secured using multiple sets of handcuffs to allow the person to be transported in a supine (on their back) position on a gurney. The number of handcuffs will depend on the size of the person, but the default number of handcuffs is three (3) in order to allow the person's arms to be at their sides while being transported on a backboard. If the paramedics wish to have the subject's arms further restrained, this can be accomplished by applying a minimum of four (4) sets of handcuffs to allow the backboard to be placed between the subject's back and the handcuffs. Officers will assist EMS with loading the subject onto a gurney and then into an ambulance. The person is to be taken to an emergency medical facility for evaluation and treatment and at least one officer will accompany EMS personnel in the ambulance.

RT Finney
Chief of Police

CC:
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