



## **Institute for the Prevention of In Custody Deaths, Inc.**

### **Excited Delirium and Agitated Chaotic Events Instructor Recognizing, Responding, Preventing, and Investigating Arrest-Related and Sudden, In-Custody Deaths**

The IPICD Instructor program is based upon scientific, medical, experiential, and legal research and is the most current multidisciplinary program available on the subject. Topics include, but are not limited to:

- History of sudden death
- Who is at risk for sudden death?
- Pre-disposing factors
- History of excited delirium
- Categories of excited delirium
- Excited delirium syndrome
- Agitated Chaotic Events™ (ACE) and sudden death (categories, behaviors, & responses)
- Causation (scientific, legal, medical, general, & specific)
- Behavioral Cues (psychological, communication, & physiological)
- 911 call taker and dispatcher roles
- Excited Delirium Intervention “Best Practices”
- Electronic control devices (ECD)-associated deaths
- Positional asphyxia (science v. non-science)
- Neck restraints and arrest-related/sudden deaths (AR-SD)
- Restraint methods and AR-SD
- Pepper spray and AR-SD

- Illicit drugs and AR-SD (e.g., cocaine, methamphetamine, Ecstasy, etc.)
- Prescription drugs and AR-SD (e.g., Zoloft®, Adderall XR®, Ritalin®, etc.)
- Organic “drugs” and AR-SD (e.g., Salvia, etc.)
- Synthetic drugs and AR-SD (e.g., bath salts, etc.)
- Over-the-Counter drugs and AR-SD (e.g., Aspirin, etc.)
- Poly-drug combinations and AR-SD
- Substance abuse v. dependence
- Bacteria and its role in AR-SD
- Epilepsy and AR-SD (SUDEP, behaviors, & responses)
- Diabetes and AR-SD (2 categories, behaviors, & responses)
- Delirium (types, causes, behaviors, & responses)
- Dementia (types, causes, behaviors, & responses)
- Hyponatremia (causes, behaviors, & responses)
- Alcohol dependency, abuse, and withdrawal (behaviors & responses)
- Sickle cell trait and sudden death
- Energy drinks
- Mental disorders (types, causes, behaviors, & responses) and AR-SD
- (e.g., Bipolar;
- Schizophrenia; Panic; OCD; PTSD; ADHD)
- Autism (causes, behaviors, & responses)
- Suicide-by-cop
- Mental illness and excited delirium: The response disconnect
- Developing an excited delirium policy
- Developing excited delirium and Agitated Chaotic Event™ training
- ADA issues;
- HIPAA issues;
- Transport issues;
- Psychological autopsy and its use in AR-SD
- Report writing for excited delirium, ACE, and AR-SD
- Teaching a User-Level program

This is the most contemporary, scientifically and evidence-based instructor program on excited delirium and agitated chaotic events (ACE) you can attend or host! Through the use of actual event videos, case studies, and scientific research, you will be prepared to not only teach a User-Level program to your colleagues, but also identify and know how to respond to such medical emergencies.

Excited delirium events have been around for a long time. Although not a medical or psychological diagnosis, the term can be found in an 1881 American medical treatise and in many contemporary medical and scientific articles. Although there are 4 broad evidence-based categorical causes of excited delirium behavior, often only drug-induced behaviors are discussed and taught. The IPICD Excited Delirium Instructor program identifies, discusses, and teaches all the categorical causes of excited delirium behavior, as well as how to identify the many behavioral cues associated with each categorical cause.

In addition to excited delirium behavioral cues other agitated chaotic events (ACE) are also identified, discussed, and taught to assist you and your agency in managing and minimizing liability. Few people missed the tragic May 26, 2012 face-eating event in Florida that resulted in an arrest-related death. ACE events include, but are not limited to autism, Post-Traumatic Stress Disorder (PTSD), epilepsy (SUDEP), and similar events. These events often result in an arrest-related death.

Arrest-related deaths refers to the sudden, unexpected death of an individual who is in the process of being arrested or seized, or who has been captured and controlled by law enforcement officers. Many times, electronic control devices (ECD) are associated with these deaths. This IPICD instructor program discusses the role and scientific research about ECDs, and highlights the strengths and weaknesses of ECDs being associated with such deaths.

Evidence- and scientifically-based treatment and response protocols are also discussed. Learn how to best capture, control, and restrain a person who is in an excited delirium or agitated chaotic state. Understand the roles of 911 call takers, dispatchers, and emergency medical service (EMS) providers and why they, too, need to be trained.

It is not a matter of “if” you or your agency will experience an arrest-related death that may involved a person who is in a state of excited delirium or agitated chaotic state, but “when” it will occur. Be prepared. Avoid a potential “failure to train” lawsuit that focuses on why officers were not trained in this “core task.”