# **EXCITED DELIRIUM**



## METCAD ADMINISTRATIVE POLICY

**Policy Number: Section:** Police

Effective Date: 7/18/08

**Revised Date:** 

## **POLICY**

To provide an appropriate police and medical response to any situation which has the elements of an excited delirium situation, as described by IPICD (Institute for the Prevention of In-Custody Deaths).

## **OBJECTIVE**

To establish procedures for handling all calls with elements of excited delirium. To have each telecommunicator recognize the common behaviors associated with this phenomenon and to react accordingly by sending an appropriate response from police and medical user agencies.

## **PROCEDURE**

- 1. As call taker, recognize the behaviors and elements associated with excited delirium. Ask any clarifying questions that would help identify the situation as such (specifically history of mental illness, chemical abuse, current physical/mental state). An informational mini-poster is in each console's binder.
- 2. Create a dispatch ticket using the type code "EXCITC", which will produce a police ticket and a medical ticket.
- 3. Remain on the line with the caller (witness) until police arrive on scene and can handle the situation directly.
- 4. The police response to these types of calls should be 4-6 officers (which should include a sergeant and a CIT officer whenever possible). If the primary agency does not have that number of officers able to respond, request assistance from nearby departments in Champaign County.
- 5. Dispatch the call as a Possible Excited Delirium Case or Possible ED call.
- 6. Assign the police, fire and EMS units to an incident channel- unencrypted is acceptable. Monitor the incident channel and update units as necessary. If dispatchers are not available to monitor the frequency, advise responding units so they may decide if they want to return to their primary frequencies or stay on the incident channel and go to primary to have essential information logged.
- 7. Establish a staging area for EMS, if possible.