	ANDOVER POLICE DEPARTMENT GENERAL ORDER	Number: O2306 Page: 1 of 6 Distribution: All
Title: EXCITED DELIRIUM		Section: Arrest/Detention
Issued: 11/08/2011	Effective: 11/16/2011	Revised: 01/01/2015
Rescinds: All Previous	Amends:	
CALEA References:		
Review: Annual	Authority: Chief Michael A. Keller	

I. Purpose

It is the purpose of this General Order to provide department members with guidelines for responding to and dealing with incidents involving individuals suffering from excited delirium (ED).

II. Policy

ED is a life-threatening medical emergency, disguised as a police problem. Once officers encounter a person displaying symptoms of excited delirium steps must be taken to ensure appropriate medical intervention as soon as possible. A person in the throes of this acute excited state should be considered in extreme medical crisis, and may die, despite all reasonable precautions taken by officers and other emergency responders to help and protect them.

It is the policy of this department to identify a subject displaying symptoms of ED (err on the side of caution if unsure), and de-escalate the situation with care, consistent with provided training, ensuring that the person receives a response which is appropriate to their needs and protects the safety of all concerned.

III. Definitions

A. Excited Delirium (ED): A state of extreme mental and physiological excitement, usually associated with chronic illicit drug use, characterized by exceptional agitation and hyperactivity, hyperthermia, hostility, exceptional strength, aggression, acute paranoia, and endurance without apparent fatigue, and manifested by behavioral and physical changes that may result in sudden and unexplained death.

ED presents as a cluster of physiological and behavioral symptoms, which may include some or all of the following:

1. Bizarre and or violent behavior;
2. Confusion or disorientation;
3. Incoherent/nonsensical speech;
4. Profuse sweating (hyperthermia – extreme body temperature);
5. Inappropriate shedding of clothing or nudity;
6. Hyperactivity (uncontrolled shaking);

7. Dilated pupils;
8. Acute paranoia (fear and panic);
9. Aggressive behavior (screaming/yelling);
10. Exceptional physical strength (ability to effectively resist multiple officers);
11. Extreme aggression toward objects (smashing glass);
12. Hallucinations;
13. Drooling/Foaming at the mouth;
14. Violent resistance/struggling;
15. Endurance without apparent fatigue; and
16. Self-inflicted injuries.

B. **Custody Plan:** An informal plan designed to de-escalate the situation, calm the individual and gain control of the person so that they may receive medical treatment. The plan should be initiated before physical contact is made.

IV. Regulations

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V. Procedures

A. Excited Delirium (ED)

1. In addition to whatever law enforcement response may be required, the incident shall be managed as a medical emergency. As there can be no medical intervention without custody, department members will take reasonable and necessary action, consistent with provided training and this General Order, to ensure that the person receives a police response which is appropriate to their needs, while protecting the safety of all concerned.
2. Persons in this acute excited state should be considered in a medical crisis. They typically have an elevated body temperature, increased heart rate and may be under the influence of drugs and/or alcohol, which can lead to sudden death. **Note: ED is a life threatening medical emergency, often disguised as a police incident.**
3. Once officers encounter a person displaying symptoms of ED (err on the side of caution if unsure), steps must be taken to ensure appropriate medical intervention as soon as possible. A person in the throes of this acute excited state should be considered in extreme medical crisis, and may die, despite all reasonable precautions taken by officers and other emergency responders.

B. Communications Responsibilities

1. Communications Officers handling calls involving or suspected of involving ED shall:
   a. Dispatch a minimum of four (4) officers, if practical, including any available CIT officers, and notify the on-duty supervisor.
   b. Ensure "POSSIBLE EXCITED DELIRIUM" or "POSSIBLE ED" is noted in the comments of the event.
   c. Broadcast the call details, noting the ED signs and symptoms to the responding officers.
   d. Request emergency medical services (EMS) when the original nature of the call dictates, or when requested by officers on the scene. EMS personnel shall be advised to stage at a location a safe distance from the scene until notified by officers that the scene is secured.
   e. Request assistance from outside law enforcement agencies when the original call dictates or when advised by arriving officers/supervisor on scene.
   f. Contact the Duty Chief and apprise of the situation when requested by on-scene officer and/or supervisor.

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C. Responding Patrol Officer Responsibilities

1. Patrol Officers responding to or dealing with a suspected ED incident shall:
   a. Assess the situation and confer with other on-site responders, including CIT officers if available, in an attempt to determine if the person is suffering from ED. The determination must be based on rapid assessment of the overall scenario and behavior of the subject.
   b. If ED is suspected (err on the side of caution if unsure), immediately request medical personnel, the on-duty supervisor if they have not previously been dispatched, and additional outside assistance as needed. A request should also be made through dispatch to notify the Duty Chief.
   c. If the ED subject is armed and/or combative or otherwise poses a threat that requires immediate intervention, officers shall employ reasonable and necessary force to protect themselves and others and take the person into custody.
   d. If the ED subject is unarmed and presents no immediate threat to self or others, officers shall, if practical, contain the subject while maintaining a safe distance and remove others who might be harmed.
   e. Officers should not approach an ED subject, if circumstances allow, until at least four law enforcement officers (including those from other agencies) are on scene.
   f. When possible, formulate a custody plan prior to making physical contact with the subject. The object of the plan is to de-escalate the situation, calm

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the individual and gain control of the person so that they may be medically cared for. If practical, attempt to gain the ED subject's voluntary compliance with the following tactics:

i. One officer should attempt to engage the subject in conversation. Remain calm, speak in conversational, non-confrontational manner, and reassure the subject that you are trying to help.
ii. Attempt to have the individual sit down, which may have a calming effect. Also, refrain from making constant eye contact, which may be interpreted as threatening.
iii. Because of the subject's mental state, statement and questions may need to be repeated several times. The subject may be extremely fearful and confused, so be patient and reassuring, as it may take some time for the person to calm down.
iv. If it is safe to do so, officers should encourage relatives to help talk the subject into cooperating.

g. Closely observe the subject prior to arrival of medical personnel and share any observations with medics upon their arrival.
h. Once sufficient officers are present and if the determination is made that physical force is necessary, the custody plan must be executed quickly, and with adequate force, to minimize the intensity and duration of any resistance and avoid a prolonged struggle, which may increase distress and the risk of sudden death. If possible, do not execute the custody plan until medical personnel have arrived and are on-scene.
i. Take into consideration all available force options and control techniques, with the realization that an ED subject often demonstrates unusual strength, resistance to pain, as well as instinctive resistance to the use of force. Primary consideration should be given to proper application of an Electronic Control Device (ECD), which has proven effective as it temporarily overrides the central nervous system, providing officers with a window of opportunity to safely control and restrain the subject. Immediately upon application of an ECD, a multi-officer take down team, using a coordinated group tactic, should swarm the subject, gain physical control and handcuff while incapacitated by the ECD.
j. A subject who suddenly becomes quiet or who no longer offers resistance should be immediately assessed to ensure adequate breathing and the presence of a pulse. Be especially vigilant if he suddenly stops resisting and become tranquil. Initiate CPR as indicated.
k. Once the subject is in custody and the scene is secured, immediately summon medical personnel. Until primary responsibility for the care of the subject is transferred to medical personnel, officers must keep the restrained subject under constant observation. Place the individual in a supine position or on his side and continually monitor and assess vital signs.

l. Consider options available to help reduce the physical and mental distress that the subject is experiencing. Such options include, but are not limited to:
   i. Using two sets of handcuffs to avoid further discomfort;
   ii. Assisting subject in sitting up-right or laying on their side to facilitate breathing;
   iii. Calming the subject verbally by explaining the situation and advising that medical help is on the way.

m. Avoid leaving the subject on their stomach to avoid the possibility of positional asphyxia.

n. Coordinate with on-scene medical personnel to transfer custody of the subject to them, assisting in any way to avoid delay in transportation of the individual to a medical facility. An officer shall be assigned to accompany medical personnel during the ambulance transport.

o. Respond to the medical facility to complete appropriate paperwork which may include a KSOR and/or KSAR if it is determined that a crime has been committed.

p. Upon arrival at the emergency room, request that the subject's core body temperature is taken and recorded.

q. If physical force was used, complete a Use of Force Report, detailing the events and actions of the subject that led the officer to believe that the subject was suffering from ED.

D. On-Duty Supervisor Responsibilities

On-duty supervisors shall respond to and assume command of all incidents involving or suspected of involving ED. Additionally, the on-duty supervisor shall:

1. Ensure sufficient back-up and/or assistance has been requested (i.e. outside law enforcement agencies, EMS, Fire, etc.).
2. Ensure that the command staff has been contacted and apprised of the situation (Duty Chief and Operations Commander).
3. Ensure all necessary forms and reports are completed as required, to include as much of the following information as possible:
   a. Description and duration of the subject's behavior prior to and after police contact, to include subject utterances and actions (i.e. running, shouting, pacing furiously, etc.);
   b. Type and duration of resistance;
   c. Number and identity of officers involved;
   d. Method of subject transport, to include time transport begins and ends;
   e. Struggle against restraints during transport;
   f. Presence or absence of sweating by subject;
   g. Air temperature/humidity at scene of incident;

h. Describe resuscitation efforts, number of times attempt was made, and by whom;

i. Subject's body temperature at scene, if available, at arrival of medical facility and, if applicable, upon death.