
309 - Excited Delirium

309.1 PURPOSE AND SCOPE

This policy provides for the safe and appropriate response to individuals suffering from Excited Delirium (ED). The purpose is not to confine deputies into a particular response, but rather to recognize the dangers to all parties involved, and to give deputies an opportunity to have necessary resources on hand.

309.2 DEFINITIONS

EXCITED DELIRIUM: Excited Delirium is described as a state of extreme mental and physiological excitement sometimes associated with drug use characterized by exceptional agitation, hyperactivity, overheating, excessive tearing of the eyes, hostility, superhuman strength, high pain tolerance, aggression, acute paranoia and endurance without apparent fatigue.

309.3 DEPARTMENT RESPONSE

(a) Identifying Excited Delirium

Although the describable symptoms of an individual suffering from ED vary, the following are the most common:

- The individual may be sweating profusely and stripping off clothing
- The individual may be destroying property, especially reflective objects or glass
- Individuals may show superhuman strength and high pain tolerance
- Acute Onset: You are told or observed that the individual "just snapped"
- The individual may be confused as to who they are or where they are
- The individual may not follow verbal commands to stop their behavior
- The individual may be incoherent and shouting unintelligible or bizarre content
- The individual may have a history of drug abuse

(b) Dispatch Responsibility

1. Although there are many different ways law enforcement can come into contact with individuals suffering from ED, the most common is being dispatched to an incident after a 911 call has been made to the Dispatch Center. Therefore, it is imperative that Dispatch Center personnel screen calls for indicators that the incident may involve someone experiencing ED.

It will not be the dispatcher's responsibility to identify that an individual is showing symptoms of ED, only to recognize that possibility and relay to

responding deputies the symptoms/behavior that they are aware of. Questions may include, but are not limited to:

2. Does the individual have a history of mental illness?
3. Does the individual have a history of drug use/abuse?
4. Has the individual recently stopped taking any prescription drugs?
5. Is the individual destroying items and/or acting violently?
6. Has the individual removed clothing and/or complaining of being hot?
7. Is the individual sweating profusely or are their eyes tearing excessively?
8. Is the individual speaking, what are they saying?
9. Finally the dispatcher should use available databases to check for prior law enforcement contacts with the individual or at the location of the incident.

(c) Deputy Responsibility

1. If a Deputy receives information leading them to believe the incident they are involved in has an individual experiencing ED they should:
 - (a) Request Dispatch to have a supervisor respond to their location.
 - (b) Request Dispatch to have EMS respond and stage. Make sure EMS knows that the incident possibly involves an individual experiencing ED.
 - (c) If possible, secure the scene to keep others from entering the location and evacuate the building the individual is located in.
 - (d) If time permits, deputies should put on gloves before attempting to physically control an ED subject.
 - (e) Whenever possible, when trying to physically restrain an individual suffering from ED, a minimum of four deputies should be employed. However Deputies should avoid "dog piling" onto a subject and instead act as a multi-officer takedown team.
 - (f) Generally speaking, individuals experiencing ED have a high pain tolerance, therefore pain compliance methods (Impact weapons, O.C. Spray, etc.) can be ineffective.
 - (g) If possible, at least one deputy should be armed with a Taser. The device should not be used to gain compliance, but to create a window of disablement during which deputies can gain physical control of the subject. If possible, multiple applications of the Taser should be avoided. Additionally, using the Taser in "stun" mode can be ineffective as this primarily is a pain compliance technique.
 - (h) As soon as the suspect is safely restrained and has been searched for weapons, EMS personnel should evaluate the subject and determine whether a "chemical restraint" is necessary. If a chemical restraint is given, the subject **shall** be transported to

a hospital by ambulance. EMS personnel will determine what medical treatment the individual receives.

- (i) If possible, a deputy shall follow the ambulance to the hospital and brief medical personnel at the hospital regarding the subject's behavior.
 - (j) The deputy will document the incident as they would under normal circumstances (Criminal Act, 5150 W&I, Use of Force, etc).
 - (k) Although those individuals suffering from ED have been described as being in a "medical crisis", this should never deter department personnel from taking appropriate measures to ensure their safety and the safety of others.
- (d) Supervisor Responsibility
1. A supervisor who becomes aware of an incident involving an individual experiencing Excited Delirium:
 - (a) Shall broadcast over the air that they are aware of the call and that they are enroute.
 - (b) While it is desirable that a supervisor be on scene before deputies attempt to physically take control of the subject, it is not necessary. Supervisors should not stop deputies on scene from taking action unless they feel that an unresolved safety issue exists.
 - (c) The supervisor will notify the Watch Commander of the incident as soon as practical after the incident is under control.
 - (d) The supervisor will review reports keeping in mind that the detail of the report should be comparable to that of a critical incident. Reports will be forwarded to the Watch Commander, Use of Force Lieutenant and the Patrol Captain.
 - (e) If the incident is not a critical incident, the supervisor should debrief the incident within the next seven days.