



<b>Excited Delirium</b>	Related Policies: Response to Resistance Electronic Control Devices
<i>This policy is for internal use only and does not enlarge an employee's civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can only form the basis of a complaint by this department for non-judicial administrative action in accordance with the laws governing employee discipline.</i>	
Applicable State Statutes:	
CALEA Standard: 41.2.7	
Date Implemented:	Review Date:

- I. **Purpose:** The purpose of this policy is to provide all personnel with knowledge and awareness of excited delirium; its causes; its symptoms; and the proper procedure to be followed when excited delirium is recognized.
- II. **Policy:** It is the policy of this department to recognize, to accomplish safe restraint of, and to seek immediate medical attention for persons who are in a state of excited delirium.
- III. **Definitions**
  - A. **Excited Delirium:** State of extreme mental and physiological excitement characterized by extreme agitation, hyperthermia, hostility, exceptional strength, and endurance without fatigue.
  - B. **Hypoxia:** An inadequacy in the oxygen reaching the body's tissues.
  - C. **Hyperthermia:** Unusually high body temperature.
  - D. **Hypoglycemia:** Lower than normal level of blood glucose
- IV. **Causes of Excited Delirium**

Common characteristics displayed by persons suffering from Excited Delirium may include but are not limited to:

  - A. Drug Use
  - B. Hypoxia
  - C. Hypoglycemia
  - D. Stroke
  - E. Intracranial Bleeding
- V. **Identifying Persons Suffering from Excited Delirium**
  - A. Irrational Speech
  - B. Shouting, Yelling, or screaming
  - C. Confusion

- D. Sudden changes in behavior (i.e. rage followed by sudden calmness)
- E. Paranoia
- F. Frightened/Panicky
- G. Hallucinating/Hearing Voices
- H. Violent/Destroying Property
- I. Unexplained Strength/Endurance
- J. High Level of Pain Tolerance
- K. Sweating Profusely/High Body Temperature
- L. Foaming at mouth
- M. Drooling
- N. Dilated Pupils
- O. Evidence of Self-inflicted Injuries
- P. Removing Clothing/Naked

## VI. Procedures

### A. Initial Response (CALMS)

- i. **Containment:** Ensure the subject is contained and controlled in a manner that protects all persons including the officer(s).
- ii. **Announcement:** Broadcast that the officer believes he/she is dealing with an excited delirium subject.
- iii. **Lots of Backup:** Seek extra officers to enable the officers to more effectively deal with the subject.
- iv. **Medical Attention:** Notify Emergency Medical Services (EMS) as soon as practical.
- v. **Slow down:** Take your time if possible.

### B. Tactical Response Considerations

- i. Pre-plan assignments.
- ii. When utilizing an Electronic Control Device (ECD) in the probe mode to accomplish restraint, if possible use a single deployment coupled with immediate restraint to decrease the likelihood of a drawn out confrontation, which may further diminish the subject's respiration levels.
- iii. Remember "trigger-touch": Persons suffering from excited delirium may become more agitated by some triggering event (i.e. confined space or touching).
- iv. Utilize a five-officer approach if possible, with one officer assigned for each limb and an officer assigned to protect the head during the restraint process. The officer assigned to the head should speak calmly to the subject in an effort to reduce agitation.
- v. Obtain medical help immediately upon restraint.