

January 11, 2011

Commission Member Art Santore asked staff to provide information on the following two terms: "Excited Delirium" and "Hyperthermia." An e-mail response was requested.

According to RPD policy section 4.60 (see attached General Order and RPD Policy Section 4.60), Excited Delirium is defined as 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.

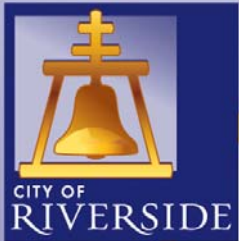
The web links below provide further discussion on the term Excited Delirium, its symptoms, and medical status:

<http://www.exciteddelirium.org/indexForLawEnforcement.html>

<http://www.policeone.com/columnists/chris-lawrence/articles/121675/>

<http://www.policeone.com/columnists/chris-lawrence/articles/126389/>

Hypothermia is a medical term that refers to having a core body temperature of less than 35 C or 95 F. (Source: MedicineNet.com) It is one of the conditions associated with Excited Delirium.



# GENERAL ORDER

Police Department

SERGIO G. DIAZ  
Chief of Police

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NO.: 2010- 006

DATE: SEPTEMBER 24, 2010  
TO: ALL PERSONNEL  
FROM: SERGIO G. DIAZ  
CHIEF OF POLICE *Sergio G. Diaz*  
RE: SECTION 4.60 EXCITED DELIRIUM

**POLICY AND PROCEDURES MANUAL - REVISIONS, DELETIONS AND ADDITIONS:**

Section 4.60 Excited Delirium Policy has been added to the Riverside Police Department Policy and Procedures Manual.

Refer to the attached policy for further instructions and implementation.

The attached policy is adopted and effective immediately.

SD/mjb

Distribution: RPD Email

Approval:



Sergio G. Diaz  
Chief of Police

4.60

**EXCITED DELIRIUM:**

**A. POLICY:**

Excited Delirium (ED) is a life-threatening medical emergency, disguised as a police problem. Once officers encounter a person displaying symptoms of excited delirium (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 to help and protect the subject.

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, officers will take reasonable and necessary action, consistent with provided training and this directive, to ensure that the person receives a police response which is appropriate to the subject's needs, while protecting the safety of all concerned.

**B. DEFINITION:**

Excited Delirium – 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.

Excited Delirium presents as a cluster of physiological and behavioral symptoms, which may include:

- |                                    |  |
|------------------------------------|--|
| a. Bizarre and/or violent behavior | i. Shedding of clothes or nudity                   |
| b. Confusion or disorientation     | j. Hallucinations                                  |
| c. Incoherent/nonsensical speech   | k. Attraction to glass (smashing glass common)     |
| d. Hyperactivity                   | l. Drooling/Foaming at the mouth                   |
| e. Acute paranoia                  | m. Fear and panic                                  |
| f. Aggression                      | n. Exceptional physical strength                   |
| g. Profuse sweating                | o. Endurance without apparent fatigue              |
| h. Hyperthermia                    | p. Ability to effectively resist multiple officers |

**C. PROCEDURE:**

**1. Communications Bureau Responsibilities**

- a. Upon receipt of a call for service that may lead the dispatcher to believe a person is exhibiting signs of Excited Delirium, as described above, a minimum of one (1) supervisor and four (4) officers will be dispatched, if practical, and the Watch Commander will be notified.
- b. Emergency medical services consistent with a response to a subject experiencing an extreme medical crisis will also be dispatched to respond 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.

## **2. Responding Patrol Officers(s) Responsibilities**

- a.** Responding officers shall assess the situation to determine if the person is suffering from ED. The determination must necessarily be based on a rapid assessment of the overall scenario and behavior of the subject. If ED is suspected, (err on the side of caution if unsure), immediately request EMS and the Watch Commander if they have not been initially dispatched.
- b.** 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.
- c.** 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.

Officers shall formulate a custody plan prior to making physical contact with the subject, if possible. There can be no medical intervention without custody. The object of the plan is to de-escalate the situation, calm the individual and gain control of the person so that he may be medically cared for. If practical, attempt to gain the ED subject's voluntary compliance with these tactics:

- (1)** Preferably, only one officer should attempt to engage the subject in conversation. Remain calm, speak in a conversational, non-confrontational manner, and reassure the subject that you are trying to help.
  - (2)** 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.
  - (3)** Because of the subject's mental state, statements 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 him to calm down.
- d.** Once sufficient officers are present and if the determination is made that physical force is necessary, the custody plan must be implemented quickly, and with overwhelming force, to minimize the intensity and duration of any resistance and to avoid a prolonged struggle, which may increase the risk of sudden death. If possible, officers should ensure medical personnel are staged nearby prior to implementing the custody plan.
  - e.** Officers shall take into consideration all available force options and control techniques, with the realization that ED subjects often demonstrate unusual strength, resistance to pain, as well as instinctive resistance to the use of force. Primary consideration should be given to proper application of the TASER, which has proven effective as it temporarily causes neuromuscular incapacitation, providing officers with a window of opportunity to safely control and restrain the subject. Immediately upon TASER application, a multi-officer take-down team, using a coordinated group tactic, should swarm the subject, gain physical control and handcuff the subject while he or she is incapacitated by the TASER.

- f. When needed, the objective of using a restraining device is to secure the feet and legs of a suspect to control kicking, fighting and standing. Restraining is also used to control a subject's feet to prevent injury to officers and/or the subject.
- g. Approved restraining devices that may be used during an ED incident are:
  - (1) The Department's approved hobble and/or handcuffs.
  - (2) AMR and RFD personnel carry four point soft restraints that are also acceptable to restrain a subject experiencing excited delirium incidents.

Officers who restrain a subject are reminded that **immediately** following restraint of the subject; he or she must be rolled onto their side, thereby relieving pressure from the chest and abdomen, allowing the subject to breathe easier.

- h. Once the subject is in custody and the scene is secured, immediately summon EMS personnel. Until primary responsibility for the care of the subject is transferred to EMS 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. Be especially vigilant if he suddenly stops resisting and becomes tranquil. Initiate CPR as indicated.
- i. Officers shall coordinate with on-scene EMS personnel and transfer custody of the subject to them, assisting in any way, to avoid delay in the transportation of the individual to a medical facility. An officer shall be assigned to accompany EMS personnel during the ambulance transport.
- j. Upon arrival at the emergency room, ensure that the subject's core body temperature is recorded.

### 3. Supervisor Responsibilities

- a. A supervisor shall respond to and assume command of all ED calls.
- b. The supervisor shall ensure that all necessary police and administrative forms and reports are completed as required, to include as much of the following information as possible:
  - (1) Description and duration of subject's behavior prior to and after police contact, to include subject utterances and actions, i.e., running, shouting, pacing furiously, etc.
  - (2) Type and duration of resistance.
  - (3) Number and identity of officers involved.
  - (4) Method of subject transport, to include time transport begins and ends.
  - (5) Struggle against restraints during transport.
  - (6) Presence or absence of sweating by subject.

- (7)** Air Temperature/Humidity at scene of incident.
- (8)** Describe resuscitation efforts, if applicable, number of times attempt was made, and by whom.
- (9)** Note subject's body temperature at scene, if available, at arrival at medical facility and, if applicable, upon death.