



SAN JOSE POLICE DEPARTMENT

TRAINING BULLETIN

TO: All Personnel

**FROM: Robert L. Davis
Chief of Police**

SUBJECT: Management of Subjects in Excited Delirium

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Overview

Officers periodically come into contact with individuals exhibiting bizarre behavior. This behavior is often a result of alcohol intoxication, the influence of drugs, mental illness, uncontrolled anger, or a combination of these factors. However, in some cases bizarre behavior may be associated with a serious medical condition called excited delirium¹, which in some instances may be fatal. Experts believe that intense physical exertion, such as when a subject violently resists arrest for prolonged periods, may increase the risk of death. The purposes of this Bulletin are to help officers (1) identify individuals who are possibly in a state of excited delirium, (2) manage the situation in a manner that minimizes the risks to all those involved, including the Delirious individual, and (3) facilitate medical care for the individual as soon as practical. This training bulletin is intended to complement training that the Department provides on Excited Delirium in the CPT TASER Update course and the Crisis Intervention training.

Recognizing Delirium

Delirium is a disturbance of consciousness that develops over a short period of time, usually hours to days, that is accompanied by a change in cognition, and tends to fluctuate during the course of the day. The condition can be caused by several factors including, among others, chronic drug use (particularly cocaine or methamphetamine abuse), substance withdrawal, and/or mental illness. The person's ability to focus, sustain, or shift attention is impaired, and he/she is easily distracted. The person's speech may be rambling and incoherent, and it may be difficult or impossible to engage the person in conversation. The person may also be disoriented in regards to time and/or location, misinterpret perceptions, be delusional, and/or experience hallucinations. Due to an elevated body temperature, many of these individuals remove one or more items of clothing, and they often appear impervious to pain. A person in an excited delirium state may also exhibit one or more of the following:

Agitation	Excitability	Paranoia	Aggressiveness
Unusual Strength	Fear	Rage	Apathy
Depression	Confusion	Shouting	Violence Toward Objects
Sudden Calmness	Hyperactive	Endurance	Sweating

¹ The term "excited delirium" refers to a behavioral condition whereby a person exhibits extremely agitated and non-coherent behavior, elevated temperature, and excessive endurance without fatigue. Excited delirium is often seen in the context of people under the influence of an illicit stimulant substance or in people with a history of mental illness who are not taking their medications properly.

Hyperthermia Attraction to Glass Violence Towards Others

An officer has neither the expertise nor the opportunity in these situations to diagnose the underlying cause or type of the delirium in an individual. As a result, when an officer reasonably believes an individual may be in an excited delirium state, the individual is to be treated as if he/she is in a medical crisis and will require medical attention. The individual must receive medical attention regardless of whether the subject is also suspected of being under the influence of drugs and/or alcohol.

The nature of this delirium and its effects on the body are such that continued struggling may worsen the medical condition, and may result in the person's death in rare instances. The Department recognizes that under some conditions it is necessary to subdue a person, even one suspected of suffering from excited delirium. It is possible for a person in this condition to die, even when officers take all reasonable precautions. When it becomes reasonably necessary to subdue a person who is believed to be in an excited delirium state, officers should attempt to minimize the length of the struggle and seek immediate medical attention for the person thereafter.

Incident Management

Once a dispatcher or an officer concludes that an individual may be in an excited delirium state, the incident shall be managed as a medical emergency, in addition to whatever other law enforcement response may be required under the circumstances, including the use of reasonable force.

Dispatcher's Role

If a dispatcher believes, based upon information provided by the reporting party, that a person involved in an incident may be in an excited delirium state, EMS personnel are to be dispatched and advised to stage at a location a safe distance from the scene until notified by officers that the scene is secure. The dispatcher will also inform responding officers that EMS is enroute and where they intend to stage. If practical, a minimum of four officers, including a CIT officer, will be dispatched to the incident.

EMS' Role

EMS will respond to the selected staging area and await notification that the scene is secure. As soon as the scene is secure, EMS personnel will respond to the scene, evaluate the individual involved, administer appropriate care, and monitor the individual until he/she is delivered to an emergency medical facility.

Officers' Role

If an officer responds to an incident and concludes that an individual may be in an excited delirium state, the officer shall, as soon as practical, request EMS to respond if they were not initially dispatched to the incident. If the subject involved or others at the scene pose a potential threat, the officer shall designate a nearby safe location for EMS personnel to stage until the scene is secure.

If the person appears to be unarmed and does not appear to pose an immediate threat to the physical safety of officers or to other persons, or to him or herself, or pose an immediate threat to escape, officers shall, if practical, contain the subject while maintaining a safe distance and remove others who might be harmed by the subject from the immediate area. In this situation, the officers' objective is to gain the person's voluntary cooperation. If the officers determine it is appropriate to take the person

into custody pursuant to Welfare and Safety Code Section 5150 and/or for criminal conduct, one or more of the following tactics may be helpful in gaining the person's cooperation:

1. Attempt to "talk the person down." Ideally, only one officer should engage the person in conversation. However, if the person is unresponsive or non-compliant with the first officer, attempts to communicate should be made by other officers present. The officers should project calmness and confidence and speak in a conversational and non-confrontational manner. The statements should include reassurance and that the officer is trying to help the person. Whenever possible, determine if the person can answer simple questions; this will give the officers at the scene an idea of the level of coherence of the person. Officers should also turn down their radios.
2. Remember that the person's mind may be racing, or he/she may be delusional and/or suffering from hallucinations, so statements and questions may need to be repeated several times. The person may also be fearful and extremely confused based on their psychological state so officers should be patient. If the subject is contained and does not appear to pose an immediate threat, there is no rush. It may take some time for the subject to calm down.
3. Attempt to have the individual sit down, which may have a calming effect.
4. Refrain from maintaining constant eye contact, as this may be interpreted as threatening.
5. If a family member or another person who has a rapport with the individual can safely participate, enlist his/her assistance in attempting to gain the individual's cooperation.

If the person to be taken into custody is armed or combative or otherwise poses an immediate threat to the physical safety of officers or to other persons, or to him or herself, officers shall employ that amount of force that is reasonable and necessary to protect themselves and others at the scene and to take the person into custody. To the extent practical, efforts should be made to minimize the intensity and duration of the subject's resistance and to avoid engaging in a potentially prolonged struggle. If circumstances allow, it may also be possible to limit the subject's resistance by employing several officers simultaneously to restrain the subject quickly.

Once the subject is in custody and the scene is safe, EMS personnel are to be called to the scene. Some individuals believed to be in an excited delirium state have gone into cardiac arrest shortly *after* a struggle ended. As a result, the person's breathing shall be monitored at all times and the person's position adjusted so as to maximize the person's ability to breathe (e.g., avoid lying on stomach and/or exerting excessive downward pressure on the upper torso). The person is to be transported by ambulance to an emergency medical facility for evaluation and treatment.



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