



RISK MANAGEMENT INFORMATION

LAW ENFORCEMENT RESPONSES TO EXCITED DELIRIUM

**This information was originally developed in conjunction with the League of Minnesota Cities Insurance Trust's PATROL program (Police Accredited TRaining OnLine). For information on PATROL, contact Laura Honeck at patrol@lmc.org or 651-281-1280. For questions about the material in this memo, contact Ann Gergen at agergen@lmc.org or 651-281-1291.*

Introduction

Excited delirium is a serious medical crisis that often results in behavior that requires a call to law enforcement officials. It is a cluster of symptoms that can lead to death because people overwork and exhaust their bodies past the point of physiological return.

ED is believed to be a relatively rare condition. Current estimates are that deaths associated with ED-like behavior are in the range of 50 to 150 per year in the U.S. But we don't know how many people with ED survive encounters with law enforcement. As a result, we don't know the relative risk of death in persons who exhibit excited delirium features as compared to those who are simply resisting arrest. All we know is that ED can and does result in death, and that once captured, people with this condition should be given immediate medical treatment.

Identification

The overwhelming majority (97%) of ED fatalities are male. The average age for an ED victim is 34 years. The age group with the highest percentage of fatalities is 30 to 39, followed by individuals between 20 and 29 years of age. Obesity, or what appears to be a "beer belly," may indicate that the individual is at heightened risk of death from ED. High temperatures and humidity also seem to be factors that elevate the risks of death associated with ED.

Preliminary information from dispatch, or your own initial observations at the scene, may indicate that the individual is experiencing ED. ED individuals are often involved in property damage complaints and have a propensity to break glass. They are sometimes attracted to traffic. Their behavior is usually described as bizarre or strange. Disrobing is another feature associated with ED; subjects are sometimes found either partially disrobed or completely naked.

Other features and symptoms can include:

- Unresponsive to verbal commands
- Unbelievable strength and endurance
- Significantly diminished sense of pain

This material is provided as general information and is not a substitute for legal advice.
Consult your attorney for advice concerning specific situations.

- Ability to offer effective resistance against multiple officers
- Bizarre/violent behavior
- Aggression
- Hallucinations
- Extreme paranoia
- Incoherent shouting
- Grunting or animal like sounds while struggling with officers
- Extreme perspiration
- Foaming at the mouth
- Drooling
- Dilated pupils (eight-ball eyes).

Suspected Contributing Factors

Over 80% of ED victims are substance abusers, with cocaine being present in the majority of cases studied. Methamphetamine and other stimulants can also produce similar results. Alcohol is also commonly involved. Mental illness is present in a significant number of cases. Schizophrenia is the most common mental illness. Bipolar disorder and clinical depression have also been identified as illnesses present in some ED cases.

Recommended Strategies

The key objective for dealing with someone who has ED is to get them under control as quickly and safely as possible and getting them into the hands of Advanced Life Support personnel or to an acute medical care facility.

Information from your dispatch center may be able to provide some cues that the incident involves ED. If it's safe, lawful, and allowed by department policy, responding officers should not use sirens or emergency lights at or near the scene. This additional stimulation may heighten the individual's already hyper state.

Once it appears that you may be dealing with someone who has ED, your preliminary goals at the scene should focus on keeping people safe and the situation from getting worse until you have the resources you need to deal with the situation safely. Summon additional law enforcement and EMS assistance. Even if the person seems compliant during your initial contact, remember that hallucinations can come on quickly and without warning and induce a violent episode. Keep your guard up at all times, and don't dismiss resources from the scene until you have the subject physically under control.

Key features of ED include superhuman strength and endurance and imperviousness to pain. Trying to overpower a subject will be more difficult. Pain-based compliance techniques like pepper spray, impact weapons, and using a Taser® device in the drive-stun mode may be relatively ineffective. In an ideal situation, it would be best if you could use one cycle of a Taser to create a window of opportunity so a team of officers could move in and secure the subject.

Officers need to give careful attention to the restraint techniques that are used on people with ED. The goal is to get the individual secured and then quickly into a position that allows for freer breathing. Using body weight to keep an individual pinned to the ground over an extended period

should be avoided if possible. “Hog-tying” the suspect should be avoided. Using multiple sets of handcuffs and a hobble to secure an individual’s legs are recommended. The legs and wrists should not be bound together. Once the individual is secure, turn him on his side to allow for freer breathing. Turn the individual over to EMS personnel as quickly as possible.

Other Medical Conditions

There are other “look-alike” conditions that may mimic ED, even though the individual is not living with mental illness or abusing chemicals. These include hyperthermia, DTs, diabetes, brain injury, and thyroid storm. Although ED may not be the cause of the behavior and symptoms you are seeing, all of these are medical situations that require immediate attention by medical personnel. It may not be ED, but you should still treat it like a medical crisis.

Ann Gergen 05/01/07