

GENERAL ORDERS
CHAPTER 407
ARRESTS

Effective date: 8/18/20

Revision date:

Rescinds:

Accreditation Standards:

EXCITED DELIRIUM
G.O. 407.19

I. PURPOSE

The purpose of this policy is to provide guidance and direction when handling persons who appear to be in a state of excited delirium (ExDS).

II. POLICY

It is the policy of this Department to take active steps to safely restrain people who exhibit symptoms of ExDS and transfer them to emergency medical providers, when possible.

III. DEFINITIONS

EXCITED DELIRIUM SYNDROME (ExDS): A medical disorder generally characterized by observable behaviors including extreme mental and physiological excitement, intense agitation, nudity due to hyperthermia (elevated body temperature), hostility, exceptional strength, endurance without apparent fatigue, and unusual calmness after restraint. ExDS may result in sudden death.

POSITIONAL ASPHYXIA: Positional asphyxia occurs when the position of the body interferes with normal breathing. The inability to adequately breathe creates a lack of oxygen in the body, which may result in unconsciousness or suffocation ("asphyxiation"). The inability to breathe properly may result from the body's position interfering with the muscular or mechanical function of breathing or from the compromising or blocking of the airway.

IV. PROCEDURES

A. Law enforcement officers should be familiar with the characteristic signs and symptoms of ExDS and approach situations involving individuals displaying these signs as medical emergencies. Law enforcement response may be required under the circumstances, including the use of reasonable force. Characteristic signs and symptoms of ExDS include one or more of the following:

1. Constant or near constant physical activity;
2. Irresponsiveness to law enforcement commands, unable to comprehend;

3. Nakedness/inadequate clothing that might indicate "self-cooling";
 4. Rapid breathing;
 5. Profuse sweating;
 6. Extreme aggression or violence;
 7. Making unintelligible, animal-like noises, grunting;
 8. Insensitivity to/extreme tolerance of pain;
 9. Excessive strength (out of proportion with the individual's size);
 10. Lack of fatigue despite heavy exertion;
 11. Screaming and incoherent talk;
 12. Talking to imaginary people;
 13. Running wildly, often times toward traffic;
 14. Paranoid or panicked demeanor; and/or
 15. Aggression toward blaring radios and sirens, bright lights, flashlights, loud sounds, glass, and shiny objects.
- B. If the person is not a danger to officers or others, the primary objective of officers should be to rapidly control the person and transfer him/her to the care of emergency medical providers.
1. Emergency medical services (EMS) personnel should be requested as soon as possible if ExDS is suspected.
- C. Physical control must be affected quickly to minimize the intensity and duration of resistance and/or struggle, to allow for medical intervention.
- D. Once restrained, officers should place the person in a recovery position as soon as possible, and avoid pressure to the chest, neck, or head. Being handcuffed behind the back and placed face down may cause positional asphyxia in persons with ExDS.
- E. As soon as the person is controlled, EMS personnel should examine the individual and provide medical aid as necessary.
- F. When practical, the initial arriving officer will wait until backup arrives before any

attempt is made to approach the person. If possible, officers will contain the subject while maintaining a safe distance.

- G. If the person is armed, combative or otherwise poses an immediate threat to the physical safety of officers, to other persons, or to him or herself, officers shall use force that is reasonable and necessary to protect themselves and others at the scene. Efforts should be made to minimize the intensity and duration of the struggle to get the person into custody.
- H. If an arrest is appropriate, the arrest process will be completed upon the individual's release from the medical facility.

V. TRAINING

The Plans and Training Section shall ensure that officers are properly prepared for incidents, including ExDS. Instruction shall be provided in defensive tactics when dealing with ExDS subjects, and protocols for interfacing with emergency medical responders.


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