



Blytheville Police Department	Chapter: SPECIAL RESPONSES
SOP Number: 12.21	Subject: Excited Delirium
<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 Arkansas Statutes:	
Related Policies: 9.1, 4.31 Electronic Control Devices	Date Implemented: 5-6-13
CALEA Standard: 41.2.7	Date Reviewed:
AACP	Date Revised:
	Pages: 3

12. SPECIAL RESPONSES

12.21 EXCITED DELIRIUM

12.21.1 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.

12.21.2 POLICY:

It is the policy of this department to take active steps to recognize, accomplish the safe restraint, and to seek immediate medical attention for persons who are in the midst of an excited delirium episode.

12.21.3 DEFINITIONS:

Excited Delirium: State of extreme mental and physiological excitement characterized by extreme agitation, hyperthermia, hostility, exceptional strength, and endurance without fatigue.

Hypoxia: An inadequacy in the oxygen reaching the body's tissues.

Hyperthermia: Unusually high body temperature.

Hypoglycemia: Lower than normal level of blood glucose

12.21.4 CAUSES OF EXCITED DELIRIUM

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

- Drug Use
- Hypoxia
- Hypoglycemia
- Stroke
- Intracranial Bleeding

12.21.5 IDENTIFYING PERSONS SUFFERING FROM EXCITED DELIRIUM

- Irrational Speech
- Shouting, Yelling, or screaming
- Confusion
- Sudden changes in behavior (i.e. rage followed by sudden calmness)
- Paranoia
- Frightened/Panicky
- Hallucinating/Hearing Voices
- Violent/Destroying Property
- Unexplained Strength/Endurance
- High Level of Pain Tolerance
- Sweating Profusely/High Body Temperature
- Foaming at mouth
- Drooling
- Dilated Pupils
- Evidence of Self-inflicted Injuries
- Removing Clothing/Naked

12.21.6 PROCEDURES:

Initial Response (CALMS)

- **C**ontainment: Ensure the subject is contained and controlled in a manner which protects all persons including the officer(s).
- **A**nnouncement: Broadcast that the officer believes he/she is dealing with an excited delirium subject.
- **L**ots of Backup: Seek extra officers to enable the officers to more effectively deal with the subject.
- **M**edical Attention: Notify Emergency Medical Services (EMS) as soon as practical.
- **S**low down: Take your time if possible.

12.21.7 TACTICAL RESPONSE CONSIDERATIONS

- Pre-plan assignments
- 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.
- Remember "trigger-touch": Persons suffering from excited delirium may become more agitated by some triggering event (i.e. confined space or touching).
- 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.
- Obtain medical help immediately upon restraint.