Carrboro Police Department

Subject: Chapter 16: MENTAL CRISIS AND EXCITED DELIRIUM		Number: IV. Subsections
Issued: 07-02-18	**Revised: N/A**	**Pages: 1 of 5**

I. Persons in Mental Crisis
II. Guidelines to be Taken When Encountering Persons in Mental Crisis
III. Persons in Excited Delirium
IV. Procedures to follow with Excited Delirium

I. PERSONS IN MENTAL CRISIS

A. The following are generalized signs and symptoms of behavior that may suggest mental illness, although officers should not rule out other potential causes such as reactions to narcotics or alcohol or temporary emotional disturbances. Officers should evaluate the following and related symptomatic behavior in the total context of the situation when making judgments about an individual's mental state and the need for intervention.

1. Persons in Mental Crisis may show signs of strong and unrelenting fear of persons, places, or things.

2. A person in Mental Crisis may demonstrate extremely inappropriate behavior for a given context.

3. A person in Mental Crisis may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.

B. Additionally, the following characteristics may also be observed:

1. Loss of memory;

2. Delusions;

3. Hallucinations of any of the five senses; and

4. Extreme fright or depression.

II. GUIDELINES TO BE TAKEN WHEN ENCOUNTERING PERSONS IN MENTAL CRISIS

A. Take steps to calm the situation by a assuming a quiet non-threatening manner when approaching or conversing with the person. Take time to assess the situation.

B. Provide reassurance that the police are there to help and that appropriate care will be provided.

C. Talk with the person and try to determine how you can assist them. If possible obtain information from others that may assist in communicating with the person.

D. Do not verbally threaten the person with arrest as this will create additional fright and increase the potential of aggression.

E. Avoid topics that may agitate the person.

F. Always attempt to be truthful with a mentally ill individual. If the person becomes aware of deception they may withdraw or retaliate in anger.

III. PERSONS IN EXCITED DELIRIUM

A. Excited Delirium is a condition exhibiting a combination of violent or bizarre behaviors, confusion, anxiety, hallucinations, higher pain tolerance, elevated body temperature, and unbelievable strength. Gaining physical control of the subject may be dangerous and difficult.

B. Excited Delirium is described as a syndrome characterized by psychosis and agitation, and may be caused by several underlying conditions. Underlying conditions may include, but not limited to: chronic drug use (particularly cocaine or methamphetamine abuse), substance abuse withdrawal, and/or in individual's with a history of mental illness and who are not taking their medications properly.

C. The individual's ability to focus, sustain or shift attention is impaired, and is easily distracted.

D. The individual's speech may be rambling and incoherent, and it may be difficult or impossible to engage the individual in conversation.

E. The individual may also be disoriented in regards to time and/or location,

misinterpret perceptions, be delusional, and/or experience hallucinations.

F. In some of these cases, the individual is medically unstable and in a rapidly declining state, which poses a high risk of death in the short term, even with medical intervention.

G. Due to an elevated body temperature, many of these individuals remove one or more items of clothing, and they often appear impervious to pain.

H. Persons in an Excited Delirium state may also exhibit one or more of the following:

1. Bizarre, irrational behavior/violent resistance/struggling, paranoia;

2. Constant yelling/screaming/talking incoherently;

3. Grunting or animal-like sounds;

4. Self-inflicted injuries/aggression toward inanimate objects;

5. Excessive body temperature/profuse sweating or profoundly dry; or

6. Dilated pupils, drooling, foaming at the mouth.

I. When an officer reasonably believes an individual may be in an Excited Delirium state, the individual should be treated as if he is in a medical crisis and requires EMS attention. The individual must receive medical attention regardless of whether he is also suspected of being under the influence of drugs and/or alcohol.

IV. PROCEDURES TO FOLLOW WITH EXCITED DELIRIUM

A. Once an officer reasonably believes that an individual may be in an Excited Delirium state, the incident should be managed as a **MEDICAL EMERGENCY**, in addition to whatever other law enforcement response may be required under the circumstances.

1. Assess the situation for any possible Excited Delirium indicators, conferring with on-site witnesses if possible (if safe to do so).

2. Request EMS personnel and verify emergency response.

3. If Excited Delirium is suspected, request back-up officers. Notify responding officers of drug use (if known).

4. Use appropriate Personal Protection Equipment (PPE), if practical.

5. Establish containment area and await sufficient assistance, including EMS personnel, unless there is a significant public safety risk that requires immediate police intervention.

6. Formulate a custody plan prior to making physical contact with subject. Attempts to de-escalate the situation by talking calmly to the subject should be undertaken if officers are able to do so safely, although subjects are typically unresponsive to verbal direction.

7. Attempt to have the individual sit down, which may have a calming effect.

8. If a family member or another person who has a rapport with the individual and can safely participate, enlist his/her assistance in attempting to gain the individual's cooperation.

9. Once a sufficient number of officers are present and officers determine it is appropriate to take the subject into custody for his/her own safety and/or for criminal conduct, the custody plan must be executed as quickly as possible to prevent the escalation of the excited state of the subject or a prolonged exertion by the subject.

10. Pain compliance techniques including ECD, OC spray, ASP baton strikes, and empty hand control, will likely be less successful because of the individual's higher pain tolerance.

11. IF OC has been used, officers must be particularly aware of asphyxia issues in conjunction with compressed and restrained positioning.

12. ECD application in probe mode may be a better option to consider;

however, continuous cycling may increase risk to the subject. One ECD firing in the probe mode, followed by a restraint technique that does not impair breathing, may provide the optimum outcome.

13. **Use of neck restraints (i.e., Lateral Vascular Neck Restraint) is prohibited.**

14. Once controlled, secure with handcuffs and continue to try verbally calming the subject. Based on subject size, consider using "Double Cuffing" option. This allows the chest to have better expansion for breathing. **Be aware of positional asphyxia.** If possible, keep subject in an upright position. Establish and maintain an open airway for breathing.

15. Do not use a "Hog-tying" technique.

B. **A SUBJECT WHO SUDDENLY BECOMES QUIET, LIMP, OR WHO NO LONGER OFFERS RESISTANCE SHOULD BE IMMEDIATELY ASSESSED TO ENSURE ADEQUATE BREATHING AND THE PRESENCE OF A PULSE.** Some individuals experiencing Excited Delirium have gone into cardiac arrest shortly after a struggle ended.