

<b>New Berlin Police Department Directives Manual</b>		<b>Directive Title: Excited Delirium and Medically Significant Behavior</b>			
<b>Issue Date:</b> 02/06/15	<b>Published Date:</b> 11/20/20	<b>Next Review Date:</b> 08/01/22	<b>Total Pages:</b> Page 1 of 3	<b>Directive Number:</b> 5401	<b>WILEAG Standards:</b> 6.1.10

### Purpose

This directive provides guidance and direction in the handling of individuals who may appear to officers and others to be in a state of excited delirium or exhibiting medically significant behavior. The coordinated activities and responsibilities identified in this directive are designed to enhance the response to incidents involving excited delirium and/or medically significant behavior

### Policy

Rapid control of the subject and transfer to the care of emergency medical providers should be the primary objectives of officers unless other action is necessary in order to protect officers or others. Persons exhibiting symptoms of excited delirium should be considered to be in a state of medical emergency that could result in sudden death.

### Definitions

**Excited Delirium:** A medical disorder generally characterized by observable behaviors including extreme mental and physiological excitement, intense agitation, hyperthermia often resulting in nudity, hostility, exceptional strength, endurance without apparent fatigue, and unusual calmness after restraint accompanied by a risk of sudden death.

**Medically Significant Behavior:** The term “medically significant behavior” cannot be precisely defined. It includes a variety of behaviors that indicate a serious and potentially life-threatening medical condition is present. While many acute conditions (such as severe chest pain, anaphylaxis or heat stroke) can be life threatening they are not medically significant *behaviors*. An example of medically significant behavior could include a person under the influence of methamphetamine who begins acting bizarrely and begins to attack inanimate objects such as a plate glass window. Other medical conditions such as head injuries can cause behavior which is atypical for the person. Some of the common characteristics which may indicate a person is exhibiting medically significant behavior include agitation (increased activity and intensity), delirium (confusion) and psychotic (bizarre) behavior. Actions associated with Excited Delirium may fall under medically significant behaviors.

### Guidelines

#### **Response:**

1. Officers should be aware of specific signs and symptoms that may indicate a person is in a state of excited delirium or suffering from medically significant behavior: When information suggests a person may be suffering from either of these a sufficient number of officers together with the New Berlin Fire Department (EMS) should respond all of whom should be alerted to the type of call. The following are guidelines for a response.
  - a) If possible, eliminate unnecessary use of emergency lights and siren as you approach the area.
  - b) Attempt to calm the subject using verbal techniques from Professional Communications.

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- c) Weigh the need for the immediate control against the risk to the subject. When the subject poses no immediate threat to themselves or others, the first responding officer(s) can monitor the situation until more resources arrive, if feasible.
- d) Coordinate with EMS to have them available for evaluation and treatment of the subjects as soon as it is safe for them to do so. Once EMS is available, attempt to control the person with the goal of minimizing the subject's level of exertion so EMS can safely evaluate and treat the subject possibly with chemical restraints.
- e) If restraints are used to control the subject, use only those restraints that are necessary to control the subject, position the subject in a manner that will assist in breathing as soon as possible, and keep them restrained for only as long as necessary.
- f) Coordinate with EMS to have the subject transported to the hospital as soon as practical. Officers should ask EMS to obtain the subject's body temperature if possible and record the temperature.

## 2. Control:

When it is determined to take physical control of the subject it should be affected as quickly as possible to minimize the intensity and duration of resistance and struggle, which are often direct contributors to sudden death.

- i. When the individual is cooperative with verbal commands, officers should approach the subject and employ de-escalation techniques to help reduce his or her agitation before resorting to the use of force. The following are some de-escalation techniques:
  - 1. Not rush toward, become confrontational, verbally challenge, or attempt to intimidate the subject, as he or she may not comprehend or respond positively to these actions and may become even more agitated or combative;
  - 2. Maintain a safe distance, speak in soft tones, and display non-threatening body language (i.e. empty and open hands);
  - 3. Ask the subject to sit down, which may have a calming effect, and be prepared to repeat instructions or questions.
- ii. Pepper spray, impact weapons, and the use of electronic control devices (ECDs) in drive stun mode may be ineffective due to the subject's elevated threshold of pain.
- iii. If an ECD is used in probe mode, the officer shall energize the suspect no longer than necessary to overcome resistance. The subject should be handcuffed while still under the effects of the ECD.
- iv. Officers should use only those restraints that appear necessary to control the situation and only for the period of time required.
- v. When restrained, officers should position the subject in a manner that will assist breathing, such as placement on his or her side, and avoid pressure to the chest, neck, or head.
- vi. As soon as safely possible, officers should have EMS personnel check on and monitor the medical status of the person.
- vii. If the subject becomes calm and breathing is not labored shortly during or after the application of restraints while officers are still gasping for air, it may be an indication that the subject is in jeopardy and requires immediate medical attention to avoid cardiac arrest.

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**3. Documentation and Review:**

Officers will document their use of force to restrain a person in accordance with department directive 5101, Use of Force. If the subject is injured or dies as a result of the officer's action, the incident will be investigated in accordance with directive [5301 Use of Force Review](#) or [6306, In-custody Death Investigation](#). The department's Deadly Force Review Board will review the officer's actions that resulted in the subject's injury or death, as described in directive 5301, Use of Force Reporting and Review.

By Order of:   
 Jeffrey Hingiss Chief of Police