EXCITED DELIRIUM AND IN-CUSTODY DEATH

What Crisis Intervention Teams Need to Know
Scott Davis #2168 Coordinator, Montgomery County Police CIT
Excited Delirium Syndrome: Cause of Death and Prevention (Theresa G Di Maio/Vincent J.M DiMaio).

Institute for the Prevention of In-Custody Deaths, INC (WWW.ipicd.com) Roll call mini-poster.

MIEMSS EMS Provider Protocols (Edition Date July 1, 2016).
A Little Bit About Me

[Images of various military and police emblems]
# POLICE CALLS RELATING TO MENTAL ILLNESS IN MOCO

<table>
<thead>
<tr>
<th>Total Calls for Service (2942)</th>
<th>Suicides (2600)</th>
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<tbody>
<tr>
<td>2011: 4440</td>
<td>2011: 240</td>
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<tr>
<td>2012: 4697</td>
<td>2012: 121</td>
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<tr>
<td>2013: 5256</td>
<td>2013: 176</td>
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<tr>
<td>2014: 5513</td>
<td>2014: 298</td>
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<td>2015: 6449</td>
<td>2015: 302</td>
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Exercise: Excited Delirium?
HISTORY

- Not new, has been around/recognized since 1849 (Dr. Luther Bell="Bells Mania").

- Several documented cases of persons in Psych Hospitals dying when under physical restraint.

- If left, studies showed patients were dying anyway of dehydration and/or medical causes.

- Most cases that were chemically restrained had a better outcome.

- ED brought back into light in the 1980’s during the crack cocaine epidemic.
CAUSATION

- Metabolic (low blood sugar).
- Pharmacologic (legal/elicit drugs use OR a change of).
- Infectious (Sepsis).
- Psychological (Mental Illness).
THIS CAN HAPPEN TO YOUR AGENCY
FOUR PHASES

- Hyperthermia (but not always).
- Delirium with agitation (bright lights, objects), quick onset.
- Respiratory arrest (gets quiet during/after struggle).
- Cardiac arrest (80% mortality rate).

These events can take place during interviews, booking or at the hospital/clinic.
WHO IS AT RISK???

- 91-99% are male (there have been female events recorded- 1900’s studies).
- 31-45 years of age.
- Usually a struggle is involved.
- Geographic location is not a factor.
- Death usually follows- behavior issues, use of illegal/prescription meds (or a change of).
- Behavioral clues can be manifested by drugs (cocaine), hypoglycemia or mental illness.
SUDDEN DEATH: PRE-DISPOSING FACTORS

▪ REFER TO HANDOUT
NAME THE CLUES!!
WHAT DO WE DO???

▪ Scene safety: lock down and additional officers.

▪ **Contain** the incident: notify EMS/ALS (SOP’s).

▪ **Capture** the subject: This is NOT a crime, it’s a medical emergency. Use of force must be objective and reasonable. Document your attempts/justify your actions.

▪ **Transport** (via EMS): Officer should ride in the EMS/ALS unit.

▪ De-Brief and DOCUMENTATION!!! It pays to document!
ALS is best suited to handle. Pre-Stage your assets!

Chemical restraint is the standard; EMS uses Midazolam: Haldol is out due to cardiac compromise.

Cooling is in: ice packs in groin, under arms, back of neck.

Different jurisdictions do different things; LE does not dictate what EMS does.

Check out MIEMSS updated protocols (1 July 2016).
“ACTIONS ON THE OBJECTIVE”

- Officer safety - get a game plan, “choreograph” your movement(s).
- If possible, someone needs to run the event that is not “involved”.
- Keep dispatch informed (time stamp).
- Pull video, dispatch logs.
- Think about crime scene at the hospital; try to get core body temp (if deceased).
- Be as descriptive as possible; will you remember event 3 years from now?
MCPD IN ACTION!
SUMMARY

- Excited Delirium is a medical emergency!
- Officer Safety comes first.
- Have a plan: have resources available!
- Document! Document! Document!
ANY QUESTIONS??

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ON A LIGHTER NOTE: CRISIS INTERVENTION AT IT’S BEST!!