



# TRAINING BULLETIN

Los Angeles Police Department

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## EXCITED DELIRIUM

Excited Delirium, also referred to as Agitated Delirium, is a medical emergency characterized by an acute onset of extreme agitation and bizarre and/or combative behavior. This medical emergency is often associated with a number of underlying factors such as controlled substances, or mental illness. A person in a state of Excited Delirium is at an increased risk of sudden death.

Persons in a state of Excited Delirium may present a serious threat to the public, to officers, and to themselves. Officers should be familiar with signs and symptoms of this condition when determining the best tactical response. This Bulletin provides guidelines for addressing these challenges as part of the Department's overarching principle of reverence for human life.

### Recognition of Signs/Symptoms

Officers are not trained to diagnose medical conditions but should become familiar with the signs, symptoms, and behaviors of a person in a state of Excited Delirium. The state of Excited Delirium is recognized as a medical emergency and a rescue ambulance (RA) shall be requested as soon as practicable.

Individuals in a state of Excited Delirium may exhibit extreme agitation and a combination of the following signs, symptoms, and behaviors:

- Extremely violent/aggressive behavior
- Unresponsiveness to police presence
- Excessive strength (out of proportion)
- High tolerance to pain
- Constant or near constant physical activity
- Attracted to bright lights/loud sounds
- Attracted to/destructive of glass/reflective objects
- Rapid breathing
- Profuse sweating
- Disrobing in public
- Keening (unintelligible animal-like noises)

When an individual exhibits signs of Excited Delirium, a Los Angeles Fire Department (LAFD) RA shall be requested as soon as practicable, so paramedic personnel can assess the individual and provide the needed emergency medical treatment.

## Police Response

An individual acting in a violent and/or strange manner often results in police response. If the individual is exhibiting signs and symptoms of Excited Delirium, an RA shall be requested as soon as practicable.

Any officer faced with an individual who appears to be in a state of Excited Delirium should, if feasible, develop a tactical plan prior to taking action. The tactical plan should include a single contact officer, sufficient resources, and less lethal options.

If the individual is contained and does not pose an immediate threat to officers, the public, or himself/herself, de-escalation techniques may allow officers the opportunity to communicate with the individual, refine tactical plans, and contact other resources as needed. When time permits, officers should obtain as much information as possible regarding the individual's past drug or alcohol use and mental health history before initiating action. Contact the Mental Evaluation Unit (MEU) if the person is suspected of suffering from a mental illness.

When attempting to verbalize with an individual who is in a state of Excited Delirium, minimize and/or remove lights, sirens, radios, and other distractions. Officers should utilize the "Contact and Cover Officer" concept. One officer should give clear and concise commands in a calm and non-confrontational manner. If the individual does not respond, officers should consider switching their contact and cover roles.

If the individual does not respond to tactical de-escalation techniques, officers should be prepared to use tactics to rapidly gain physical control. This will allow the individual to receive the needed emergency medical treatment.

Upon taking the individual into custody, officers should secure the individual's legs with a Hobble Restraint Device (hobble). Once the hobble is secure, officers shall place the individual in an upright, seated position or on his/her left side (left lateral recumbent position) as soon as tactically feasible. If this is not possible due to medical, tactical, or environmental issues, then the right side is an acceptable substitute.

### Tactical De-Escalation Techniques

- Planning
- Assessment
- Time
- Redeployment and/or Containment
- Other Resources
- Lines of Communication

### Tactical Considerations

- Tactical de-escalation techniques
- Individuals in a state of Excited Delirium present a serious officer safety risk
- If feasible, avoid contact without additional resources present
- Have a tactical plan
- Consider less lethal options
- Avoid unnecessarily over-stimulating the individual
- Use a hobble to secure the legs
- Call an RA when Excited Delirium is suspected

If the individual continues to act violently or aggressively towards the officers, at least one officer should hold the person in an approved position while another officer maintains control of the hobble's strap. The hobble **shall not** be used to bind the individual's hands and feet together in any manner.

### **Medical Treatment**

Excited Delirium is considered a medical crisis. When an individual exhibits signs, symptoms, and behaviors indicative of being in a state of Excited Delirium, an RA shall be requested as soon as practicable, so paramedic personnel can assess and treat the individual. In the request for the RA, include the signs, symptoms, and behaviors observed. Los Angeles Fire Department personnel have been trained in assessing individuals to determine whether a medical emergency exists and provide the needed emergency medical treatment.

### **CONCLUSION**

Individuals who exhibit signs, symptoms, and behaviors indicative of being in a state of Excited Delirium may present a serious threat to the public, to officers, and to themselves. They are at risk for sudden death and need medical intervention. Officers should gather information and request sufficient resources as part of a tactical plan before contacting the individual.

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