

**BAY CITY DEPARTMENT OF PUBLIC SAFETY
BAY CITY, MICHIGAN**

SECTION 3 - LAW ENFORCEMENT
GENERAL ORDER

January 31, 2013
INDEX NO. 3.9

**MANAGEMENT OF SUBJECTS EXPERIENCING EXCITED DELIRIUM / ACUTE
PSYCHOTIC EPISODES**

I. PURPOSE

The purpose of this General Order is to establish policy and procedure regarding the recognition of and appropriate response to subjects experiencing excited delirium / acute psychotic episode.

II. POLICY

It is the policy of the Bay City Department of Public Safety to treat individuals experiencing excited delirium / acute psychotic episode as a medical emergency and to manage such individuals in a manner that minimizes the risks associated with dealing with such individuals to all those involved, including the individual experiencing the episode.

III. SCOPE

This General Order shall apply to all sworn personnel of the Bay City Department of Public Safety.

IV. APPLICATION

This General Order constitutes department policy, intended for internal use only, and is not intended to enlarge the employee's civil or criminal liability in anyway. It should not be construed as a creation of a higher legal standard of safety or care in the evidentiary sense with respect to third party claims insofar as the employee's legal duty is imposed by law.

V. DEFINITIONS

Excited Delirium / Acute Psychotic Episode refers to a behavioral condition whereby a person exhibits extremely agitated and non-coherent behavior, elevated temperature, and excessive endurance without fatigue. Excited Delirium / Acute Psychotic Episode is often seen in the context of people under the influence of an illicit stimulant or in people with a history of mental illness who are not taking their medications properly.

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VI. RECOGNIZING EXCITED DELIRIUM / ACUTE PSYCHOTIC EPISODE

A. Excited Delirium/Acute Psychotic Episode is a disturbance of consciousness that develops over a short period of time, usually hours to days, that is accompanied by a change in cognition, and tends to fluctuate during the course of the day. The condition can be caused by several factors including, among others, chronic drug use (particularly cocaine or methamphetamine abuse), substance withdrawal, and / or mental illness. The person's ability to focus, sustain, or shift attention is impaired, and he / she is easily distracted. The person's speech may be rambling and incoherent, and it may be difficult or impossible to engage the person in conversation. The person may also be disorientated in regards to time and / or location, misinterpret perceptions, be delusional, and / or experience hallucinations. Due to an elevated body temperature, many of these individuals remove one or more items of clothing, and they often appear impervious to pain. A person in an excited delirium / acute psychotic episode state may also exhibit one or more of the following:

1. Agitation
2. Excitability
3. Paranoia
4. Aggressiveness
5. Unusual Strength
6. Fear
7. Rage
8. Apathy
9. Depression
10. Confusion
11. Shouting
12. Violence toward Objects
13. Sudden Calmness
14. Hyperactivity
15. Endurance
16. Sweating
17. Hyperthermia
18. Attraction to Glass
19. Violence toward Others

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- B. An officer has neither the expertise nor the opportunity in these situations to diagnose the underlying cause or type of the delirium in an individual. As a result, when an officer reasonably believes an individual may be in an excited delirium / acute psychotic episode state, the individual is to be treated as if he / she is in a medical emergency and will require medical attention. The individual must receive medical attention regardless of whether the subject is also suspected of being under the influence of drugs and / or alcohol.

- C. The nature of this delirium and its effects on the body are such that continued struggle may worsen the medical condition, and may result in the person's death in rare instances. The Department recognizes that under some conditions it is necessary to subdue a person, even one suffering from excited delirium / acute psychotic episode. It is possible for a person in this condition to die, even when officers take all reasonable precautions. When it becomes reasonably necessary to subdue a person who is believed to be in an excited delirium / acute psychotic episode state, officers should attempt to minimize the length of the struggle and seek immediate medical attention for the person thereafter.

VII. INCIDENT MANAGEMENT

Once an officer concludes that an individual may be in an excited delirium / acute psychotic episode state, the incident shall be managed as a medical emergency, in addition to whatever law enforcement response may be required under the circumstances, including the response to resistance.

VIII. OFFICERS' ROLE

- A. If an officer responds to an incident and concludes that an individual may be in an excited delirium / acute psychotic episode state, the officer shall, as soon as practical, request EMS to respond if they were not initially dispatched to the incident. If the subject involved or others at the scene pose a potential threat, the officer shall request that EMS stage at a nearby location until the scene is secure.

- B. If the person appears to be unarmed and does not appear to pose an immediate threat to the physical safety of officers or to other persons, or to him or herself, or pose an immediate threat to escape, officers shall, if practical, contain the subject while maintaining a safe distance and remove others who might be harmed by the subject

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from the immediate area. In this situation, the officers' objective is to gain the person's voluntary cooperation. If the officers determine it is appropriate to take the person into custody for a mental health petition and / or for criminal conduct, one or more of the following tactics may be helpful in gaining the person's cooperation:

1. Attempt to "talk the person down." Ideally, only one officer should engage the person in conversation. However, if the person is unresponsive or non-compliant with the first officer, attempts to communicate should be made by other officers present. The officers should project calmness and confidence and speak in a conversational and non-confrontational manner. The statements should include reassurance and that the officer is trying to help the person. Whenever possible, determine if the person can answer simple questions; this will give the officers at the scene an idea of the level of coherence of the person. Officers should also turn down their radios.
 2. Remember that the person's mind may be racing, or he / she may be delusional and / or suffering from hallucinations, so statements and questions may need to be repeated several times. The person may also be fearful and extremely confused based on their psychological state so officers should be patient. If the subject is contained and does not appear to pose an immediate threat, there is no rush. It may take time for the subject to clam down.
 3. Attempt to have the individual sit down, which may have a calming effect.
 4. Refrain from making constant eye contact, as this may be interpreted as threatening.
 5. If a family member or another person who has a rapport with the individual can safely participate, enlist his/her assistance in attempting to gain the individual's cooperation.
- C. If the person to be taken into custody is armed or combative or otherwise poses an immediate threat to the safety of officers or to other persons, or to him or herself, officers shall employ that amount of response to resistance that is reasonable and necessary to protect themselves and others at the scene and to take the person into custody. To the extent practical, efforts should be made to minimize the intensity and duration of the subject's resistance and to avoid engaging in a potentially prolonged struggle. This may be accomplished through the use of an ECD. If circumstances allow, it may also be possible to limit the subject's resistance by employing several officers simultaneously to restrain the subject quickly.

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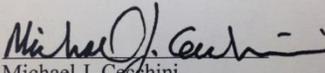
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- D. Once the subject is in custody and the scene is safe, EMS personnel are to be called to the scene. Some individuals believed to be in an excited delirium / acute psychotic episode state have gone into cardiac arrest shortly after a struggle ended. As a result, the person's breathing shall be monitored at all times and the person's position adjusted so as to maximize the person's ability to breathe (e.g., avoid lying on stomach and / or exerting excessive downward pressure on the upper torso). The person is to be transported by ambulance to an emergency medical facility for evaluation and treatment.

By order of:


Michael J. Cecchini
Public Safety Director