



PAWNEE COUNTY SHERIFF'S OFFICE  
SHERIFF DARRIN VARNELL

<b>Excited Delirium</b>	Related Policies: Response to Resistance Electronic Control Devices
<i>This policy is for internal use only and does not enlarge an employee's civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can only form the basis of a complaint by The Pawnee County Sheriff's Office for non-judicial administrative action in accordance with the laws governing employee discipline.</i>	
Applicable Oklahoma Statutes:	
CALEA Standard:	
Date Implemented: 08/2022	Review Date: 08/2022

- I. **Purpose:** The purpose of this policy is to provide all personnel with knowledge and awareness of excited delirium; its causes; its symptoms; and the proper procedure to be followed when excited delirium is recognized.
- II. **Policy:** It is the policy of The Pawnee County Sheriff's Office to take active steps to recognize and accomplish the safe restraint and turn over to emergency services personnel persons who are in the midst of an excited delirium episode.
- III. **Definitions:**
  - A. **Excited Delirium:** state of extreme mental and physiological excitement, characterized by extreme agitation, hyperthermia, epiphora, hostility, exceptional strength, and endurance without fatigue.
  - B. **Hypoxia:** an inadequacy in the oxygen reaching the body's tissues.
  - C. **Hyperthermia:** Unusually high body temperature.
  - D. **Hypoglycemia**-low than normal level of blood glucose
- IV. **Causes of Excited Delirium**
  - A. Drug Use
  - B. Hypoxia
  - C. Hypoglycemia
  - D. Stroke
  - E. Intracranial Bleeding
- V. **Identifying Persons Suffering from Excited Delirium:**

- A. Irrational Speech/ Speaking in Gibberish
- B. Shouting, Yelling, or screaming
- C. Confusion
- D. Sudden changes in behavior i.e. raging followed by sudden calmness
- E. Paranoia, believe that someone is after them
- F. Frightened/Panicky
- G. Hallucinating/hearing Voices
- H. Violent/Destroying Property
- I. Unexplained Strength/Endurance
- J. High level of Pain Tolerance
- K. Sweating Profusely/High Body Temperature
- L. Foaming at mouth
- M. Drooling
- N. Dilated Pupils
- O. Evidence of Self-inflicted injuries
- P. Removing Clothing
- Q. Completely Naked

## **VI. Procedures:**

### **A. Initial Response (CALMS)**

- a. **Containment**-ensure the subject is contained in a manner which protects all persons including the officer(s) and the subject and that the subject is controlled within the containment area.
- b. **Announcement**-let the dispatcher know that the officer believes he/she is dealing with an excited delirium subject.
- c. **Lots of Backup**-even in small agencies, mutual aid should be immediately sought to enable the Deputies to effectively deal with the subject. Extra Deputies are necessary to deal with custody procedures which are, as indicated in the cases above, extremely difficult. In situations where the subject is outside, the extra Deputies will also be necessary for the containment perimeter. If there are specially trained crisis intervention Deputies, or trained negotiators available, they should be called.
- d. **Medical Attention**-shall be called to the scene and staged to provide immediate medical attention to the subject once the subject is controlled and it is safe to do so.
- e. **Slow down**...If safety of public or third parties is not in danger, take your time.

### **B. Tactical Response**

- a. Pre-plan with assignments i.e. which officer is going to play what role.

- b. When utilizing a TASER in the probe mode to accomplish restraint, if possible use a single deployment coupled with immediate restraint to decrease the likelihood of a drawn out confrontation which may further diminish the subject's respiration levels.
  - c. Remember trigger-touch: persons suffering from excited delirium may become more agitated by some triggering event i.e. close in on body space or touching.
  - d. Officer assigned for each limb has been found to be effective for purposes of control during the restraint process.
  - e. Officer assigned to protect the head during the restraint process and speak calmly to the subject in an effort to reduce agitation.
  - f. A Four Officer Approach contemplates at least one officer for each limb.
  - g. Do not take to jail. Get medical help immediately.
  - h. Pass to Medical immediately if available upon accomplishing control/restraint.
- C. EMS Response:** The following steps are recommended for EMS personnel:
- a. Follow all local medical protocols;
  - b. Consider using a pulse oximeter to determine oxygen levels;
  - c. Utilize a cardiac monitor to monitor cardiac condition;
  - d. Consider external cooling measures where appropriate;
  - e. Conduct a blood-glucose test