

UW Whitewater Police



Excited Delirium/Medically Significant Behavior

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Special Instructions:

Approved By:
Chief Kiederlen

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1

I. Purpose

The purpose of this order is to provide officers responding to excited delirium/medically significant behavior incidents with guidelines on identifying behaviors, assessing the threat, intervention tactics, reporting, and supervisory responsibility.

II. Definitions

Excited Delirium: A state of extreme mental and physiological excitement, characterized by medically significant behavior, hyperthermia, hostility, exceptional strength, and endurance without apparent fatigue.

Hyperthermia: Extremely high core body temperature.

Active Resistance: Behavior which physically counteracts an officer's attempt to control and which creates risk of bodily harm to the officer, subject, and/or other person.

Non-Deadly Force: The use of any weapon or instrument, or any other action on the part of the officer which does not fall under the definition of deadly force, but which may result in bodily harm or injury to a person.

Deadly Force: The intentional use of a firearm or other instrument that creates a high probability of death or great bodily harm.

Reasonable Force: That force which an ordinary, prudent and intelligent person with the same knowledge of the particular situation as the officer would deem necessary.

III. Policy

It is the policy of the UW-Whitewater Police Department (UWWPD) that personnel will use the below procedures when responding to calls for service that indicate a subject may be experiencing excited delirium/medically significant behavior.

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IV. Procedure

A. Response

1. Identify behavior as excited delirium or medically significant behavior. Identification of signs and symptoms will be in combination with any of the following:
 - a. Acute psychotic behavior;
 - b. Violent agitation/rage;
 - c. Altered mental status and delirium;
 - d. Violence toward objects;
 - e. Depression;
 - f. Profuse sweating;
 - g. Incoherent speech (screaming and shouting);
 - h. Extraordinary strength and endurance;
 - i. Lack of response to painful stimuli/impervious to pain;
 - j. Extreme exertion and hyperactivity;
 - k. Extreme paranoia;
 - l. Public disrobing – partial or full (may be a cooling attempt);
 - m. Hyperthermia;
 - n. Attraction to water or shiny objects; or
 - o. Display signs of active physical resistance or fleeing in conjunction with other behaviors stated above.
2. Request multiple officer assistance.
3. Treat as a medical emergency, this can be life threatening.
 - a. Request EMS personnel respond.
 - b. Stage EMS nearby.
4. Isolate/contain the subject.
 - a. Determine immediate threats to physical safety of citizens or to officers.
 - b. Remove those who might be harmed by the subject from the immediate area.
 - c. Attempt to gain voluntary cooperation through non-confrontational verbal negotiations, but do not prolong the contact due to this being a medical emergency.
5. Arrest/Detain
 - a. Gain control quickly to minimize intensity and duration of the subject's resistance following standards defined in General Order 4.1 Use of Force.
 - b. Threat assessment will be based on the "Critical Decision-Making Model (CDM)" referenced in GO 4.1, officer subject factors, and the exigent circumstances surrounding excited delirium, as a life-threatening medical condition.
 - c. Level of force used is based on behavior of the subject whom force is to be used, actions of third parties who may be present, physical conditions, and

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knowing the subject suffering from excited delirium is/will be impervious to pain.

- d. Approach with multiple officers, hand-cuff, secure subject, and request medical attention immediately.

B. Medical Care

1. Request EMS personnel immediately upon responding and have them look at the subject as soon as they are secured.
2. Avoid lying the subject on their stomach, try to get them seated upright.
3. Avoid exerting downward pressure on the upper torso.

C. Reporting

1. As soon as practical, an officer shall report an event of excited delirium to the on-duty or on-call supervisor.
2. Whenever an officer uses any level of force in the performance of his/her duty, he/she shall indicate in the report of the incident the use of the force and the circumstances and justification for its use in accordance with GO 4.2 Use of Force.

D. Follow-Up Considerations

1. Officers will ensure appropriate medical attention is rendered for injured persons, when medical attention is necessary.
2. A Use of Force instructor will be assigned to review all documentation to ensure the use of force is properly documented within the report.
3. Supervisory officers who become aware of a use of force incident shall contact the Chief or designee and brief him/her on the situation as soon as possible.