Public Records Request - Justice & Public Safety Records (P009107-081320)

Public Records Request - Justice & Public Safety Records Details

Select Agency:	Indianapolis Metropolitan Police Department
Type of Record(s) Requested:	Other - Police Department
Describe the Record(s) Requested:	To Whom It May Concern: Pursuant to the Indiana Access to Public Records Act, I hereby request the following records: All current training materials which mention or describe how to handle "excited delirium" or "agitated delirium" The requested documents will be made available to the general public, and this request is not being made for commercial purposes. In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not. Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 7 business days, as the statute requires. Sincerely, Mitchell Kotler
Date of Incident:	
Time of Incident:	
Location of Incident:	
Names of People Involved:	
Case Number/Status:	
Case Date:	
Alternate Delivery Method:	No Alternate Method

Clarifications

Payment Info

Exemptions

SELECT THE EXEMPTION OR EXEMPTIONS THAT APPLY TO THE RESPONSIVE RECORDS. BE SURE TO ADD ANY STATUTES IN THE TEXT BOX FIELD FOR (a) 1, (a) 3 and (a) 8 below

THE EXEMPTIONS WILL BE MERGED INTO YOUR E-MAIL/LETTER. PLEASE REVIEW THE STATUTE IN IT'S ENTIRETY, IF YOU HAVE QUESTIONS SEND A NOTE TO PUBLIC ACCESS COUNSELOR BY SELECTING "ADD" FROM THE MENU ABOVE AND SELECTING "NOTE" THEN TYPING "@PAC"

General Exemptions

IMPD Training Academy
Lesson Plan

Course Level: ☒Basic ☐In-Service ☐Supervision ☐Management ☐Specialized

Lesson No.	6.04.04	**Title:**	Excited Delirium and Sudden In-Custody Death	**Hrs. Required:**	2

20th Recruit Class: 04-27-2020
Scope of Lesson Coverage:

Specific Objectives:

As a result of attending this block of instruction the student will be able to:

Understand what Excited Delirium is
Recognize and respond appropriately to subjects who don't respond to pain compliance, including ExDS
Recognize conditions where sudden in-custody death could likely happen
Minimize the risks for sudden in-custody deaths

Training Aids:

Materials for issue:

References:

Prepared by: R Denny

Date: 04-27-2020

IMPD Training Academy

Title: Excited Delirium

SUBJECT MATTER	NOTES

I. Excited Delirium
   a. Introduction
      i. In 1849, symptoms of what we now call "Excited Delirium" were described in the United States by Dr. Luther Bell and was referred to as "Bell's Mania"
      ii. The term "Excited Delirium" is found in an 1881 U.S. medical treatise
      iii. American College of Emergency Physicians and American Medical Association formally recognized it in 2009
      iv. No diagnostic test for it. It is identified by its clinical features
      v. Defined as a state of agitation, excitability, paranoia, aggression, and apparent immunity to pain, often associated with stimulant use and certain psychiatric disorders.

II. Causes ExDS
   a. Metabolic
      i. Low blood sugar
   b. Pharmacologic
      i. Cocaine
      ii. Spice
   c. Infectious
      i. Meningitis
   d. Psychological
      i. Underlying mental illness

III. Four Phases of ExDS
   a. Hyperthermia (may not always be present)
   b. Delirium (acute onset)
   c. Respiratory arrest (distress often during/after struggle)
   d. Cardiac arrest (often during/after restraint)

IV. Who is at risk
   a. 91%-99% male
   b. 31-45 years of age
   c. Person usually involved in a struggle
   d. Geographic location not a factor
   e. Death usually follows bizarre behavior episode, and/or use of illegal drugs or prescription medications

V. ExDS Facts
   a. 2 Canadian studies-one with 4,799 subjects; one with 9,006 subjects
   b. About 1 in 10 subjects displayed 3 or more features of ExDS
   c. About 1 in 60 subjects displayed 6 or more features of ExDS
   d. We can say with confidence that the prevalence of ExDS is UoF events is 1.7%
   e. ExDS subjects are far more violent than drunk subjects
   f. With probable ExDS, 89% of the time there was a struggle that went to the ground
   g. 82% of subjects in a state of ExDS displayed assaultive behavior or presented a threat of grievous bodily harm or death
   h. More ExDS features, greater chance of assaultive behavior
   i. ExDS subjects lack remorse, normal fear and understanding of surroundings, and rational thoughts about safety
   j. Because the usual tactics don't work, potential exists for the struggle to be elongated, representing greater risk to the officer and subject

IMPD Training Academy

Title: Excited Delirium

SUBJECT MATTER	NOTES

VI. Sudden In-Custody Death
- a. The United States' "Death in Custody Reporting Act" defines an in-custody death as: the death of any person who is in the process of arrest, is en route to be incarcerated, or is incarcerated at a municipal or county jail, State prison, or other local or State correctional facility (including juvenile facility)
- b. Pre-Disposing Factors (most of which will remain unknown until medical intervention and/or autopsy)
  - i. Under the influence of alcohol or withdrawal
  - ii. Past use or under the influence of illicit drugs
  - iii. Failure to take prescription drugs (or took too much)
  - iv. Dehydration
  - v. Hypoglycemic (low blood sugar)
  - vi. Epilepsy
  - vii. Head injury (prior or current)
  - viii. Underlying psychiatric disease
  - ix. Cardiomegaly (enlarged heart)

VII. ExDS Behavioral Cues
- a. Psychological Behaviors
  - i. Demonstrates intense paranoia
  - ii. Demonstrates extreme agitation
  - iii. Rapid emotional changes
  - iv. Disoriented about place, time, purpose
  - v. Disoriented about self (visions of grandeur)
  - vi. Hallucinations
  - vii. Delusional
  - viii. Scattered ideas about things
  - ix. Easily distracted (cannot follow commands)
  - x. Psychotic in appearance
  - xi. Described as "just snapped" or "flipped out"
  - xii. Makes people feel uncomfortable (including officers)
- b. Communication Behaviors
  - i. Screaming for no apparent reason
  - ii. Pressured, loud, incoherent speech (mumbling)
  - iii. Grunting; guttural sounds
  - iv. Talks to invisible people
  - v. Irrational speech
- c. Physical Behaviors
  - i. Demonstrates violent behavior (towards other or objects)
  - ii. Demonstrates bizarre behavior
  - iii. Demonstrates aggression toward inanimate objects (glass, mirrors, shiny objects, police lights)
  - iv. Running into traffic (parked or oncoming cars)

VIII. Tactics
- a. De-escalation tactics are not likely to be effective
- b. Pain compliance techniques are not likely to be effective; ExDS subjects are often impervious to pain
- c. Prolonged struggle increases the chance of sudden death

SUBJECT MATTER	NOTES

d. Focus should be on the quickest possible restraint followed by sedation
e. 2-3 officers needed
f. Top/side mount by one officer; leg control by another
g. Slow down the event, decrease length of struggle

IX. ECD (Taser)
- a. Death from ExDS is not caused by the use of a ECD
  - i. No study has shown a definite causal relationship between LE use of an ECD and fatal ExDS
- b. ECD can reduce the length of struggle
- c. Combine with quick restraint
- d. Key is to keep the subject from using large muscle groups
- e. Used to incapacitate, not for pain compliance

X. Legal
- a. Roell v. Hamilton Board of Commissioners, 2017
  - i. No legal duty to use de-escalation when dealing with a potential ExDS subject
  - ii. But subject's mental state must be considered when determining whether force is objectively reasonable
  - iii. Agency training program on ExDS protects officers from liability
- b. Hanson v. Best, 2019
  - i. Qualified immunity for officers who recognized excited delirium as a medical emergency
  - ii. Training is essential
- c. Recognizing signs and symptoms
  - i. Elevated body temperature
  - ii. Elevated heart rate, sweating, skin flushing, shaking, shivering
  - iii. Acute drug intoxication-strong association between ExDS and cocaine, methamphetamine, PCP, synthetic drugs
  - iv. Running into/at traffic
- d. A. M.E.D.I.C.A.L C.R.I.S.I.S.
  - i. **A** cute onset (rapid; person just snapped)
  - ii. **M** ental health issues
  - iii. **E** xited, extreme agitation, paranoia
  - iv. **D** elusional, disoriented, bizarre behavior
  - v. **I** nsensitive to pain
  - vi. **C** all EMS, back-up officers and supervisor
  - vii. **A** ggression towards objects, combative (especially glass, mirrors)
  - viii. **L** oud, incoherent speech, screaming
  - ix. **C** onfusion, disorientation about self
  - x. **R** esists violently
  - xi. **I** can't breathe (may indicate respiratory issues)
  - xii. **S** trips off clothing, sweating
  - xiii. **I** ntense paranoia
  - xiv. **S** uperhuman strength

IMPD Training Academy

Title: Excited Delirium

SUBJECT MATTER	NOTES

e. How to make a difference
   i. Recognize possible ExDS
   ii. Call for back-up
   iii. Call EMS right away
   iv. Focus on quick restraint; limit struggle; use 2 or more officers if possible
   v. Once restrained, monitor vitals
   vi. Transport in ambulance, not patrol vehicle/wagon

f. Death may still occur
   i. Death occurs in 1 out of 1,000 uses of force
   ii. Like any medical emergency, death is possible
   iii. Solo at-home deaths have been recorded
   iv. ACEP: "Many of the current deaths from ExDS are likely not preventable
   v. ACEP: About 8% of ExDS subjects will die (other studies vary; based on definition)
   vi. Request EMS to measure tactile temperature; document

g. Why do some people die under stress?
   i. Extreme exertion
      1. Blood gets acidic
      2. Heart muscle gets acidic
      3. Shuts down the heart
   ii. Cardiac-related
      1. Sub-clinical anatomical heart disease
      2. Electrical abnormalities ("channelopathies")
   iii. Synthetic drugs
   iv. We don't know

h. Arrest-related death junk science
   i. 1970-Lateral vascular neck restraint
   ii. 1980-OC spray
   iii. 1990-Restraint/positional asphyxia
   iv. 2000-Conducted electrical weapon (Taser)
   v. 2010-Mixed
   vi. Future-Arrest-related death syndrome

i. IMPD G.O. pertaining to Excited Delirium and sudden in-custody death
   i. 1.30 Use of Force Principles
      1. Does not use the term "Excited Delirium" but lists 6 factors (ExDS) that could indicate that the person was at risk of "sudden death" and they SHALL be examined by EMS as soon as possible.
   ii. 8.1 Prisoner Handling, Transportation, and Escape
      1. Lists 15 signs to look for that indicate ExDS and cautions officers from placing a person showing those signs into a prone position that could interfere with breathing and greatly increase the risk for positional asphyxia.

SUBJECT MATTER	NOTES
j. Summation i. Excited Delirium is real and a medical emergency ii. While rare, officers should expect to encounter ExDS iii. ExDS presents significant physical and liability risk to officers iv. The compliance tactics we've been taught could make things worse v. Death from ExDS is not caused by Taser vi. Preparing officers to handle ExDS is imperative for officer safety and risk management vii. Officers can and must learn to recognize the signs and symptoms of ExDS viii. Officer actions can make a difference, but not all deaths can be prevented	

Excited Delirium and Sudden In-Custody Death

Objectives

1. Understand what Excited Delirium is
2. Recognize and respond appropriately to subjects who do not respond to pain compliance, including ExDS
3. Recognize conditions where sudden in-custody death could likely happen
4. Minimize the risks for sudden in-custody deaths

What is Excited Delirium Syndrome (ExDS)

It is defined as a state of agitation, excitability, paranoia, aggression, and apparent immunity to pain, often associated with stimulant use and certain psychiatric disorders

In 1849, symptoms of what we now call "Excited Delirium" were described in the United States by Dr. Luther Bell and was referred to as "Bell's Mania"

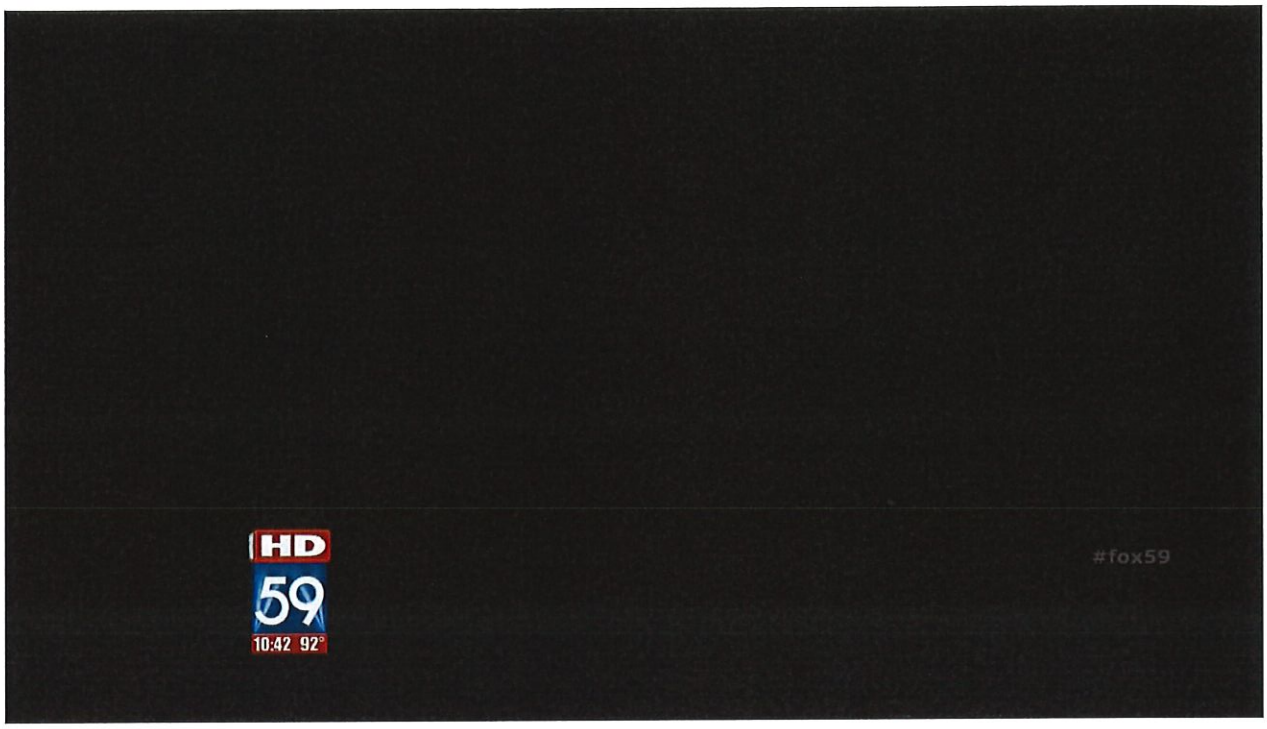
The term "Excited Delirium" is found in an 1881 U.S. medical treatise

The American College of Emergency Physicians and the American Medical Association formally recognized it in 2009

There is no diagnostic test for it. It is defined by it's clinical features

WARNING

THE FOLLOWING VIDEO CONTAINS GRAPHIC CONTENT
THAT MAY BE DISTURBING TO SOME VIEWERS
DISCRETION IS ADVISED



What causes ExDS?

1. Metabolic
   - Low blood sugar
2. Pharmacologic
   - Cocaine
   - Spice
   - Bath salts
3. Infectious
   - Meningitis
4. Psychological
   - Underlying mental illness

Four Phases of ExDS

1. Hyperthermia (Elevated core temperature, not always present)
2. Delirium (acute onset)
3. Respiratory arrest (distress often during/after struggle)
4. Cardiac arrest (often during/after restraint)

ExDS Facts

- 91%-99% male
- 31-45 years of age
- Person usually involved in a struggle
- Death usually follows bizarre behavior episode, and/or illegal drugs or prescription medications

- 2 Canadian studies: One with 4,799 subjects, and the other with 9,006 subjects
- About 1 in 10 subjects displayed 3 or more features of ExDS
- About 1 in 60 subjects displayed 6 or more features of ExDS
- We can say with confidence that the prevalence of ExDS in UoF events is 1.7%
- ExDS subjects are far more violent than drunk subjects
- With probable ExDS, 89% of the time there was a struggle that went to the ground
- 82% of subjects in a state of ExDS displayed assaultive behavior or presented a threat of grievous bodily harm or death
- More ExDS features, the greater the chance of assaultive behavior
- ExDS subjects lack remorse, normal fear and understanding of surroundings, and rational thoughts about safety
- Because the usual tactics don't work, potential exists for the struggle to be elongated, representing greater risk to the officer and subject

ExDS Behavior Cues

Psychological Behaviors

- Demonstrates intense paranoia
- Demonstrates extreme agitation
- Rapid emotional changes
- Disoriented about place, time, and purpose
- Disoriented about self (visions of grandeur)
- Hallucinations
- Delusional
- Scattered ideas about things
- Easily distracted (cannot follow commands)
- Psychotic in appearance
- Described as "just snapped" or "flipped out"
- Makes people feel uncomfortable (including officers)

Communication Behaviors

- Screaming for no apparent reason
- Pressured, loud, incoherent speech (mumbling)
- Grunting, guttural sounds
- Talks to invisible people
- Irrational speech

Physical Behaviors

- Demonstrates violent behavior (towards other people or objects)
- Demonstrates bizarre behavior
- Demonstrates aggression toward inanimate objects (glass, mirrors, shiny objects, police lights)
- Running into traffic (parked or oncoming cars)

Tactics

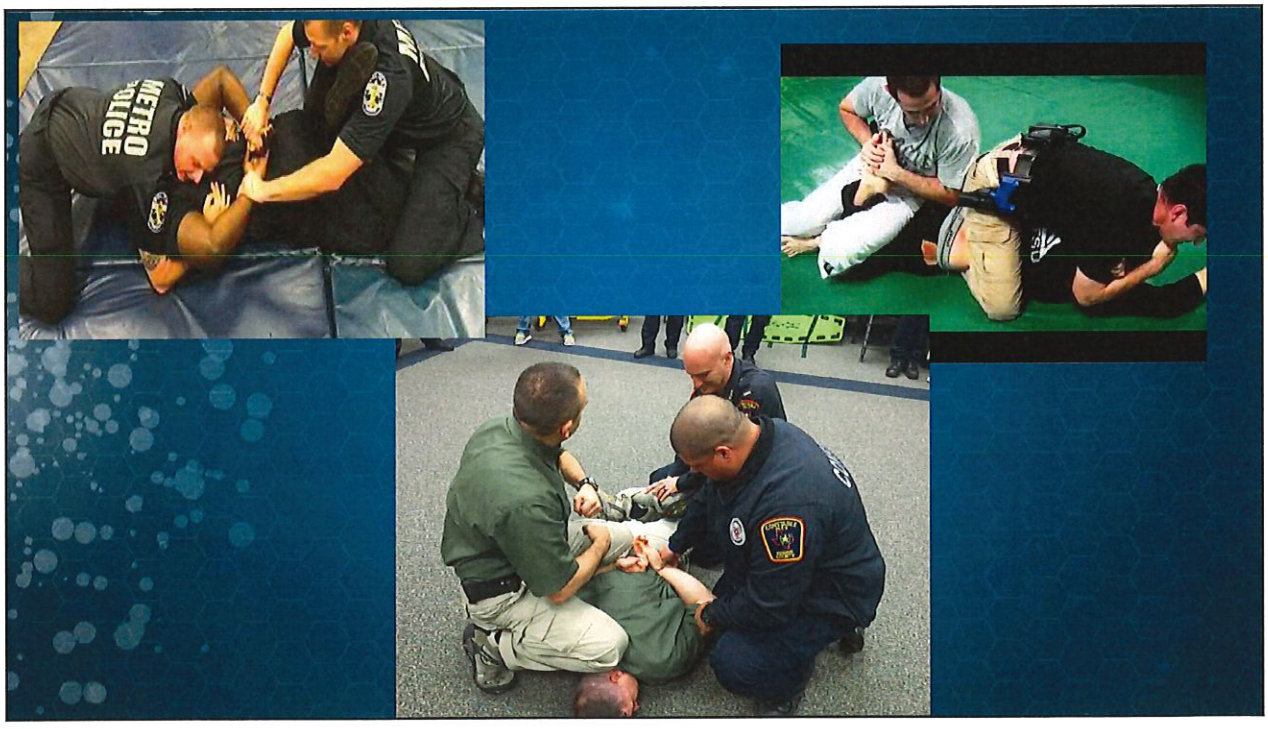
What is not likely to work?

- De-escalation tactics/CDC
- Pain compliance techniques

Prolonged struggle increases the chance of sudden death!!!

For best possible outcome

- Focus on the quickest possible restraint followed by sedation
- 2-3 officers needed
- Top/Side mount by one officer; leg control by another
- Slow down the event, decrease the length of struggle
- ECD (Taser)



TASER

- Death from ExDS is not caused by the use of the Taser
  - No study has shown a definite causal relationship between LE use of a Taser and fatal ExDS
- Effective deployment of a Taser can reduce the length of struggle
- The key is to keep the subject from using large muscle groups
- Used to incapacitate, do not rely on pain compliance

Legal Considerations

Roell v. Hamilton Board of Commissioners, 6th Cir. 2017

- Roell suffered from schizoaffective disorder and paranoid delusions
- He was damaging his condo and began doing so to neighbor's
- Neighbor called 911 stating he was "acting crazy", that he appeared angry, his face was red and his eyes bulging, muttering unintelligible things
- Deputies arrived to find Roell naked holding a hose nozzle in one hand and a garden basket in the other
- Roell struggled with Deputies while they tried to subdue him, unsuccessfully tried to Tase him several times
- Roell stopped breathing during the encounter
- Court ruled that Deputies had no legal duty to use de-escalation when dealing with a potential ExDS
- But, a subject's mental state must be considered when determining whether force is objectively reasonable
- Agency training program on ExDS protected the Deputies from liability

Hanson v. Best, 8th Cir. 2019

- Officer Best was called to grocery store where Andrew Layton was found sleeping in the foyer
- Officer woke Layton up, where Layton immediately began to resist Officer Best
- Officer Best and other customers had to hold Layton down
- Back-up arrived and offices were throwing strikes and drive-stunning Layton to gain compliance
- Officers were able to get Layton into handcuffs and kept him on his stomach as he was still trying to fight the officers
- Officers called for EMS to transport Layton to hospital
- Once EMS arrived at the jail, Layton stopped breathing and died
- Court found in favor of the officers since they summoned EMS to the scene and stayed with the medics during transport, not violating Layton's Constitutional right to medical care
- Training is essential

Recognizing the signs and symptoms

- Elevated body temperature
- Elevated heart rate, sweating, skin flush, shaking, shivering
- Acute drug intoxication-strong association between ExD, and cocaine, methamphetamine, PCP, synthetic drugs
- Running into traffic

This is a medical crisis

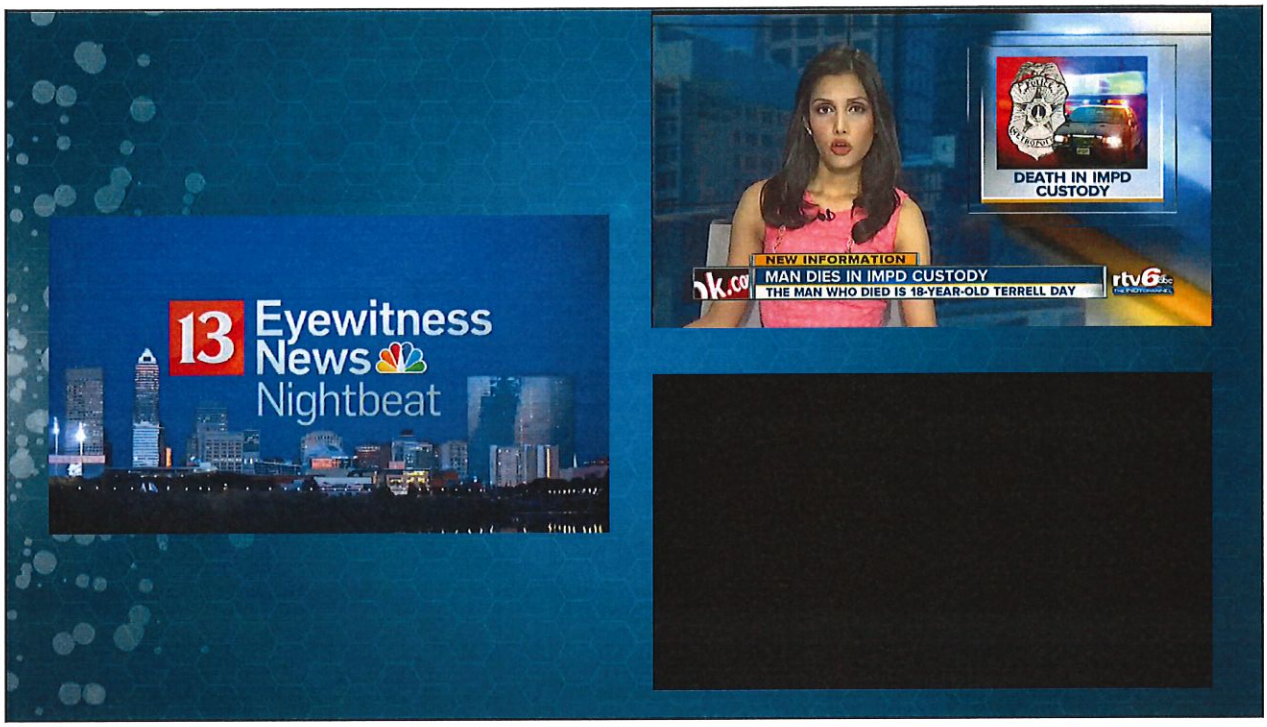
A. M.E.D.I.C.A.L. C.R.I.S.I.S.

Acute onset (rapid; person just snapped)
Mental health issues
Excited, extreme agitation, paranoia
Delusional, disoriented, bizarre behavior
Insensitive to pain
Call EMS, back-up officers and supervisors
Aggression towards objects, combative (especially glass, mirrors)
Loud, incoherent speech, screaming
Confusion, disorientation about self
Resists violently
I can't breath (may indicate respiratory issues)
Strips off clothing, sweating
Intense paranoia
Superhuman strength

How to make a difference

- Recognize possible ExDS
- Call for back-up
- Call for EMS right away
- Focus on quick restraint; limit the struggle; use 2 or more officers if possible
- Once restrained, monitor vitals
- Transport in ambulance, not patrol vehicle/wagon

Sudden In-Custody Death



Death may still occur

- Death occurs in 1 out of 1,000 uses of force
- Like any medical emergency, death is possible
- Solo at-home ExDS deaths have been recorded
- ACEP (American College of Emergency Physicians) Many of the current deaths from ExDS are likely not preventable. About 8% of ExDS subjects will die

Why do some people die under stress?

- Extreme exertion
  - Blood gets acidic (lactic acidosis)
  - Heart muscle gets acidic
  - Shuts down the heart
- Cardiac-related
  - Sub-clinical anatomical heart disease
  - Electrical abnormalities
- Synthetic drugs
  - Spice
  - Bath salts
- We don't know

Marion County Coroner's Office
521 W McCarty St, Indianapolis, IN 46225
Tel: (317) 327-4744; Fax: (317)327-4563

Decedent: Terrell Day
Age: 18
Sex: Male, Black
Performed By: Joye M. Carter, M.D.

Case: MC-15-1156
Date: 09-28-2015
Time: 9:10 a.m.
Performed for: MCCO

X Autopsy External Exam

CAUSE OF DEATH
Sudden Cardiac Death due to Acute Ischemic Change
Contributory: Sustained respiratorycompromisedue tohands cuffed behindthe back,obesity, and underlying cardiomyopathy

MANNER OF DEATH
Accident

Joye M. Carter, M.D., Chief Forensic Pathologist — 12/11/2015 Date

9

Arrest-related junk science

- 1970-Lateral vascular neck restraint
- 1980-OC spray
- 1990-Restraint/positional asphyxia
- 2000-Conducted electrical weapon (Taser)
- 2010-Mixed
- Future-Arrest-related death syndrome

IMPD General Orders Pertaining to Excited Delirium and Sudden Death

1.30 Use of Force Principles

Does not use the term "Excited Delirium" by name but lists 6 factors that could indicate that the person was at risk of "sudden death" and that "SHALL" be examined by EMS as soon as possible

8.1 Prisoner Handling, Transportation, and Escape

Lists 15 signs to look for that indicate ExDS and cautions officers from placing a person showing those signs into a prone position that could interfere with breathing and greatly increase the risk for positional asphyxia

In summation

- Excited Delirium is real and a medical emergency
- While rare, officers should expect to encounter ExDS
- ExDS presents significant physical and liability risks to officers
- The compliance tactics we are taught could make things worse
- Death from ExDS is a real possibility
- Preparing officers to handle ExDS is imperative for officer safety and risk management