



APD Policy CHAPTER 23 MENTAL HEALTH, DIMINISHED CAPACITY AND EXCITED DELIRIUM	ABERDEEN POLICE DEPARTMENT POLICY AND PROCEDURE MANUAL
<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 this department for non-judicial administrative action in accordance with the laws governing employee discipline.</i>	
Applicable State Statutes:	RELATED POLICIES: Chapter 8
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SPECIALINSTRUCTIONS: Court case State vs. Ugas	NUMBER OF PAGES: 6

- I. **Purpose:** To provide field officers with the essential tactical and processing skills necessary to effectively deal with persons of diminished capacities in a manner to provide the required professional assistance these persons need, to protect the community, to safeguard the officers involved in the encounter and to enhance the agency's risk management.
- II. **Policy:** Every community can expect its law enforcement officers to encounter persons of diminished capacities. This group of special needs persons presents field officers with different and often complex issues. These types of persons, whether from intoxication, suicidal potentials, excited delirium, medical complications or mental illness, present field officers with a wide range of behaviors usually different than those exhibited by other members of the community or persons involved in criminal activities. Persons of diminished capacities may display conduct that is bizarre, irrational, unpredictable, and threatening. They may not receive or comprehend commands or other forms of communication in the manner that the officer would expect. They often do not respond to authoritative persons or the display of force. It is the primary task of the field officers confronting these special needs persons to resolve the encounter in the safest manner. It is the officer's task to bring these types of persons to professional resources, when necessary. **It is not the mission of the field officer to diagnose the root cause for the person's behavior.** Every officer can expect to encounter these types of special needs persons while performing their official duties. Officers are expected to control the incident. Proper tactical and intervention techniques can assist in resolving the immediate field implications of the encounter and hasten the intervention by professional resource persons.

III. Definitions:

- A. **Persons of diminished capacity:** This refers to a segment of the community officers will be expected to deal with. It encompasses all persons encountered in the field who exhibit unusual behaviors commonly referred to as irrational, bizarre, unpredictable, or weird. These outward observable symptoms could be the result of intoxication, drug use, suicidal indications, mental illness, or medical complications.
- B. **Mental Illness:** This policy does not require officers to make a diagnosis of whether the subject is mentally ill or what form of mental illness the subject may have but rather to use reasonable judgment to recognize behavior, which is outside the norm in which a person poses a danger to themselves or others.
- C. **“Mentally Ill Person”** means a person with substantially impaired capacity to use self-control, judgment, or discretion in the conduct of the person’s affairs and social relations, associated with maladaptive behavior or recognized emotional symptoms where impaired capacity, maladaptive behavior, or emotional symptoms can be related to physiological, psychological or social factors.
- D. **Professional resources:** These sources are those available to the police agency such as mental health professionals, emergency medical facilities, and detoxification centers.
- E. **Voluntary and involuntary commitments:** These are the provisions within the State in which the agency can use for the civil commitment of persons requiring professional psychological intervention.
- F. **Excited Delirium:** state of extreme mental and physiological excitement, characterized by extreme agitation, hyperthermia, euphoria, hostility, exceptional strength, and endurance without fatigue.
- G. **Hypoxia:** an inadequacy in the oxygen reaching the body’s tissues.
- H. **Hyperthermia:** Unusually high body temperature.
- I. **Hypoglycemia:** lower than normal level of blood glucose.
- J. **Protective Custody-** The detention of a private citizen for the sole purpose of placing that person in civil protective custody for a mental health hold, detox, etc.
- K. **Protective Custody Pat-Down-** That in most cases involving detention of a private citizen for the sole purpose of placing that person in civil protective custody, a pat-down search for weapons at the scene would fully satisfy the need to assure officer safety and the safety of the individual while simultaneously according sufficient weight to the detainee’s status as a noncriminal and attendant interest in personal privacy. See **State vs. Ugas** court decision in attachments for details.

IV. Procedures: Field control tactics: The ultimate mission of law enforcement when encountering a person of diminished capacity is to control the encounter and then determine the best course of action for the subject person. This field tactical response can be segmented into four (4) distinct tactical responses: Containment, Coordination, Communication, and Time.

A. Containment: Before any reasonable control and defusing techniques can be used, the subject must be contained:

- a. Two (2) officers shall be dispatched to an incident involving a person of diminished capacity. Should an officer find him/herself in a situation with such a person, the officer shall request a back-up before attempting to intercede.
- b. Responding officers should avoid the use of emergency lights and siren when responding to this type of call for service when possible. Experience has demonstrated that this may agitate the response by the subject of the call or encounter.
- c. The officers shall devise a plan that separates the subject from other civilians. This containment should respect the comfort zone of the subject in order to reduce any unnecessary agitation. Officers should convince the subject that they do not have to move. Officers should continuously evaluate this comfort zone and not compress it, unless necessary.
- d. It is important for officers to ensure that on-lookers and family members are not in a position to become involved either verbally or physically in the control methods.
- e. Effective containment reduces the elements of agitation, such as large groupings of persons/officers, emergency vehicle equipment, loud police radio transmissions, and multiple persons directing communications to the subject. Containment is meant to reduce outside influences and sources of agitation.
- f. Officers should move slowly.
- g. Officers should utilize all available tactics to de-escalate the situation where possible, however if an officer is faced with a dynamic and violent situation which poses a threat to the officer or other persons present, then officers should utilize their law enforcement control tactics outlined under the "Response to Resistance" policy to gain control.

B. Coordination: This is essential for control of the encounter and is the foundation for the development of an effective plan and use of personnel and resources:

- a. One officer at the scene shall be designated or assume the position of being the lead officer. This may not be the most senior person on the scene.
- b. A perimeter shall be determined to ensure that outside persons and/or family members do not become involved.
- c. Officers shall limit observable indications of force. If firearms are drawn, they should be maintained in the low ready position and not displayed by officers who are attempting to establish communications with the subject.

- d. The lead officer shall designate an officer to gather intelligence regarding the subject being encountered. This type of information can come from persons at the scene, neighbors and/or family. This information can become important in determining the further tactical approaches to the subject and the most appropriate form of referral.
- e. The lead officer is responsible for determining what resources should be requested including additional police/sheriff personnel, specialized weapons, and professional resources and staged medical personnel.
- f. When warranted, the lead person will designate the location for a command post and staging area. This should be out of sight of the location of the subject encounter.

C. Communication with the person of diminished capacity should be planned and controlled:

- a. Prior to engaging the subject in communication, the initial responder should await the arrival of a cover officer. When dealing with subjects armed with edged weapons officers should, where possible, maintain a zone of safety, which allows for reaction should the subject decide to attack.
- b. One officer shall be designated as the command voice and other officers shall refrain from becoming involved.
- c. Verbal communication should be non-threatening. Whenever possible, use open-ended questions designed to facilitate the subject's participation. If the subject does not respond, use other communication techniques. It may be necessary to change the person designated as the command voice and determine whether that might be beneficial.
- d. Sharp, authoritative commands should be avoided. Officers should use calming communicative attempts.
- e. It has been found that threats to arrest or use force are not productive when dealing with persons with diminished capacities. Reassure the subject that the police are there to help them.
- f. Be truthful at all times unless circumstances dictate otherwise.
- g. Officers must constantly analyze what affect, if any, their efforts are having on the subject. It is essential to identify areas that appear to agitate the subject and that should be avoided.
- h. Normally, family members should not be used in an attempt to establish communications. This frequently exacerbates the situation.

D. Time is the concept of elongating the encounter, rather than hastening it:

- a. History has shown that the longer the encounter is allowed to occur, the better the chance for a successful and safe resolution.
- b. Increasing the time of the encounter and using defusing techniques allows the subject to reflect upon his/her predicament.

- c. Creating time also allows the field units to be supported by the deployment of additional police/sheriff personnel, specialized equipment and medical support personnel.
 - d. Time encourages the ability to communicate and create a relationship between the subject and the command voice.
- E. Commitment procedures:** The primary purpose for police response to an incident involving a person of diminished capacities is to control the situation and ensure that the person receives the most appropriate form of professional resources.
- a. In determining, the most appropriate form of professional resource and referral officers should consider the information provided by professional resources persons and family members.
 - b. It is important for the officers on the scene to determine what, if any, on-going threat potential the subject poses to him or herself, family, community and the officers. This threat potential may necessitate an involuntary commitment procedure rather than simply hand off the subject to the family for a voluntary commitment.
 - c. Officers shall use the resources of local crisis intervention personnel, if available, when making this commitment decision.
 - d. If an officer has determined that probable cause exists to believe that an individual is mentally ill and presents a danger or threat of danger to self, family, or others, there are two options to address the matter:
 - i. The officer may take the individual into custody and transport the individual without unnecessary delay to a hospital or designated psychiatric facility and provide written documentation to the facility as to the behavior of the subject that led to the officer taking custody. (A peace officer may apprehend any person that he has probable cause to believe requires emergency intervention under the criteria in § 27A-10-1.) (The peace officer shall transport the person to an appropriate regional facility, as defined in § 27A-1-1)
 - ii. If the subject is non-violent, does not have a serious injury, and is not incapacitated due to drugs or alcohol, consideration can be made for a direct referral to a mental health professional. This additional response option involves the officer requesting dispatch to contact the on-call Northeastern Mental Health worker and requesting that they call the subject's phone. The officer shall brief the on-call worker and turn the phone back over to the subject. The officer may leave once it is determined that the person in-crisis is calm and receiving the resources that they require. It is recommended that the officer check in with the on-call worker for feedback prior to leaving after they have had an opportunity to talk to the subject. The officer shall provide each in-crisis subject with a referral card that has the 211-crisis line and NEMH contact information.
 - e. Officers shall not use a jail as a holding facility for meeting the criteria of this policy unless the person also has criminal charges pending unless it is approved by a Judge or Chairman of the Brown County Mental Health Board. (§ 27A-10-6. A jail

may not be used for prehearing custody until the availability of other appropriate regional facilities has been explored and exhausted. No person may remain in a jail for longer than twenty-four hours on a mental illness hold alone.)

- f. No officer shall place criminal charges against a person who is mentally ill and need of hospitalization to avoid transporting the person to an appropriate medical or psychiatric facility.
- g. Officers are required to prepare or assist in the preparation of all required reports. (§ 27A-10-4. Completion of petition after apprehension. After a law enforcement officer or other designee transports an apprehended person to an appropriate regional facility pursuant to § 27A-10-3, the law enforcement officer, a physician, or other person with personal knowledge of the relevant facts shall complete a petition as provided in § 27A-10-1.)

F. Use of restraints when dealing with persons of diminished capacities: These types of persons may present officers with conflicting considerations in determining the best means for restraint and transportation. Persons should be handcuffed while being transported in a patrol vehicle. A pat search or a frisk for weapons should be conducted prior to transporting to any location. The ultimate mission is to safeguard the interests of the subject and transporting officers. In some cases, an ambulance may be required. See **State vs. Ugas** court decision in attachments for details.

G. Reporting requirements: Officers shall prepare all required reports whether the subject of the call is arrested, committed, or released. This can provide valuable information for future contacts and, when available, allows the agency to provide information to the statewide data system.

H. CAUSES OF EXCITED DELIRIUM

Including but not limited to:

- a) Drug Use
- b) Hypoxia
- c) Hypoglycemia
- d) Stroke
- e) Intracranial Bleeding

I. IDENTIFYING PERSONS SUFFERING FROM EXCITED DELIRIUM

Including but not limited to:

- 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