Appendix 'E'

Positional Asphyxia and Excited Delirium

Introduction

E1 The aim of this procedure and guidance is to draw attention to the conditions known as Positional Asphyxia and Excited Delirium.

Positional Asphyxia

E2 There is a risk of Positional Asphyxia when restraining a person. In simple terms, a subject can stop breathing because of the position they have been held in (i.e. asphyxiated). Positional Asphyxia is likely to occur when a subject is in a position that interferes with their inhalation and/or exhalation and they cannot escape from that position.

Excited Delirium

E3 In simple terms, this is when a person exhibits violent behaviour in a bizarre and manic way rather than just being simply violent. Excited Delirium, or delirious mania, is a rare form of severe mania sometimes considered part of the spectrum of manic-depressive psychosis and chronic schizophrenia.

E4 Excited Delirium is also known as:

- Agitated delirium.
- Cocaine induced psychosis.
- Acute exhaustive mania.

E5 Police officers should treat both of these conditions as a Medical Emergency. If a restrained person suddenly becomes quiet and ceases to resist, their vital signs should be monitored carefully. If en route to hospital, or awaiting the arrival of medical assistance, police officers should prepare for the possible use of Cardio-Pulmonary Resuscitation (CPR).

Legal Basis

E6 When police officers are required to use force to achieve a lawful objective (such as making a lawful arrest, acting in self-defence or protecting others) the legal basis are to be found in:

- Common Law.
- Section 3 Criminal Law Act (NI) 1967.

- Article 88 Police and Criminal Evidence (NI) Order 1989 (PACE).

Procedure and Guidance - Positional Asphyxia

E7 Positional Asphyxia is likely to occur:

- When a subject is prone causing their stomach to press up to their ribs.
- When a subject is sitting (possibly in a vehicle) and their head drops between their knees compressing their chest and abdomen.
- When a subject's head falls forward, restricting their windpipe.

E8 Positional Asphyxia can occur rapidly, and post mortems have failed to identify any other anatomical or toxicological findings sufficient to explain the death.

Risk Factors

E9 The following are factors that have been shown to contribute to this phenomenon:

- Subject's body position results in partial or complete airway constriction.
- Alcohol or drug intoxication (the major risk factor).
- Subject's inability to escape from a particular position.
- The subject is prone.
- Obesity **(particularly those with large stomachs/abdomens)**.
- Restraints.
- Stress.
- Respiratory muscle fatigue following violent muscular activity (such as fighting, struggling or running away).
- Pressure applied to the back of the neck, torso or abdomen of a subject held in the prone position.
- Pressure applied restricting the shoulder girdle or accessory muscles of respiration while the person is lying down in any position.
- Persons in an excitable condition or exhibiting bizarre behaviour.

NB. Police officers should be mindful of the risks involved in using their bodyweight on the upper body of a subject during restraint. The prone position should be avoided if at all possible, or the period for which it is used minimised.

Signs and Symptoms

E10 Police officers should pay close attention when they recognize the following signs and symptoms, taking immediate action to remedy them, and apply emergency aid:

- Body position restricted to prone, face down.
- Cyanosis (face is discoloured blue due to lack of oxygen).
- Gurgling, gasping sounds.
- A subject's behaviour suddenly changes from 'active' to 'passive' i.e. from loud and violent to quiet and tranquil.
- Panic.
- Subject tells the police officer that they cannot breathe.

Transporting a Subject

E11 When transporting a subject:

- The condition of the subject should be checked prior to transportation.
- Where possible, the subject should be monitored during the journey.
- The subject should not be transported in a prone, face down position. In cases where transportation in a face down position is unavoidable, constant supervision of the subject is of paramount importance.
- The condition of the subject should be checked at the conclusion of the journey.

Procedure and Guidance - Excited Delirium

E12 The known causes of Excited Delirium are:

- Psychiatric illness.
- Drugs, of which cocaine is the best-known cause.
- Alcohol.
- A combination of drugs, alcohol and psychiatric illness.

Signs and Symptoms of Excited Delirium:

E13 A person may exhibit the following signs and symptoms:

- Bizarre and/or aggressive behaviour.

- Impaired thinking.
- Disorientation.
- Hallucinations.
- Acute onset of paranoia.
- Panic.
- Shouting.
- Violence towards others.
- Extraordinary physical strength.
- Significantly diminished sense of pain.
- Sweating, fever, heat intolerance.
- Sudden tranquility after frenzied activity.
- Apparent ineffectiveness of incapacitant sprays (e.g. CS or PAVA).

E14 It should be noted that many of the signs indicating Excited Delirium are common to anyone behaving violently.

Why a Person in a State of Excited Delirium is of Particular Concern

E15 Persons suffering from Excited Delirium can die suddenly. This may occur during, or shortly after a violent struggle, and either at hospital or in custody.

Death can occur...

E16 DURING a struggle, DURING restraint or AFTER a struggle.

E17 Death is most likely to occur in two ways:

- The state of Excited Delirium causes the suspect to have a cardiac arrest.
- The efforts to avoid being restrained by police officers make an 'Excited Delirium' suspect at greater risk from Positional Asphyxia.

Dealing with a Case of Excited Delirium

E18 It is important to recognise the difference between Excited Delirium and a violent outburst. Once identified, there then lies the problem of how a person in an Excited Delirium state should be handled without endangering the public, the police officer, medical staff as well as the subject.

Controlling a Person in a State of Excited Delirium

E19 This will always be very difficult. Police officers may have to place them face down on the ground in order to handcuff them safely. The risk of Positional Asphyxia affecting a person who is in a state of Excited Delirium is far greater than that for a normal violent person.

E20 They will continue to struggle beyond their point of exhaustion and it will be very difficult to prevent this, regardless of whether or not they are handcuffed (hands to rear).

E21 Once they are handcuffed, do not hold them face down. They should be moved onto their side or into a sitting, kneeling or standing position as soon as it is safe to do so. They may continue to kick out. However, police officers must get them off their stomach in some way or other as soon as they can.

E22 Police officers should consider the impact of heat and humidity, and try to cool the person.

Once Control Has Been Achieved

E23 If police believe or suspect that they are dealing with a case of Excited Delirium, the subject should be examined at hospital as a priority, regardless of any subsequent signs of apparent recovery. Subjects may collapse very suddenly and attempts to resuscitate them usually fail.

E24 The subject may continue to be extremely violent in spite of the use of CS Spray, handcuffs or batons. Such bizarre, exhaustive and persistent violent resistance is a classic indication of a case of Excited Delirium. Police officers must monitor subjects carefully, treating them as a medical emergency. The subject should be examined at hospital, even if they suddenly calm down before the arrival of police at the scene.

Certain Restraint Positions of Persons Exhibiting Excited Delirium Increase the Risk of Death

E25 Restraining a subject in a prone, stomach down position is particularly hazardous. This is increased if the subject's hands are handcuffed behind their back or to their feet.

E26 It should be remembered that obesity, alcohol and drugs increase the hazard still further by restricting diaphragm and lung function.

Reducing the Risk

E27 The following actions may reduce the risk of death to a restrained suspect who is displaying signs of excited delirium:

- Get the subject onto their side, into a kneeling or seated position as soon as possible.

- Never transport in prone position if at all possible.
- Pay close attention to the life signs of the subject and monitor closely, especially if the subject should suddenly become very passive.

E28 The following mnemonic **'A MEDICAL CRISIS'** will serve as an aide – memoire:

Acute onset.

Mental Health issues.

Excited, extreme agitation, emotional changes.

Delusional, disoriented, distracted.

Insensitive to pain, invisible people.

Call emergency medical support, back-up officers, and supervisor to scene.

Aggression towards objects (e.g. glass, mirrors).

Loud, incoherent speech, screaming.

Confused, disoriented about self.

Resists violently.

I can't breathe (may indicate respiratory issues).

Strips off clothing, naked, sweating profusely.

Intense paranoia.

Superhuman strength, struggles.

Records

E29 Officers are reminded to document the event in detail, including any action taken. Records should include:

- Describe the subject and their behaviour.
- How did their behaviour make you feel?
- Force used or attempted by police (describe in detail).
- Reactions of subject to force used (i.e. effective or ineffective?).
- How the person was restrained.

- Subject's resistance to being restrained.
- How the subject was transported.
- How the subject was monitored.