

# Understanding, De-escalating, and Responding to Highly Agitated Individuals

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Delirium

vs.

“Excited Delirium”

# Delirium

- a bona fide medical condition

# Delirium

An acute confusional state with fluctuating levels of consciousness, with:

- hyperactivity
- a rapid succession of confused and unconnected ideas
- often with illusions and hallucinations.

# Causes of delirium

- drugs
- closed head injury
- hypoglycemia
- electrolyte disturbance
- etc.

# Treatment of Delirium

- Delirium is a medical emergency requiring intensive medical assessment and management.
- The goal of treatment is to control or reverse the cause(s).

# “Excited Delirium”

- NOT a valid medical or psychiatric diagnosis

# “Excited Delirium”

- provides a convenient post mortem explanation for in-custody deaths where physical and mechanical restraints and conducted energy weapons were employed.

## Risk factors for sudden in-custody death:

- positional asphyxia
- cocaine-induced psychosis/delirium
- neuroleptic malignant syndrome

# Redefining the highly agitated person

- There is an old police term “EDP” meaning “Emotionally Disturbed Person.”
- I like that term. It is descriptive and not judgmental.

What is the best way to treat  
an emotionally disturbed,  
highly agitated person?

You need to ACT:

- **A**ssess quickly
- **C**ontain behaviour
- **T**reat specifically

# Assessment

- Be open-minded. Consider all possibilities.
- Be objective.
- Genuinely support the person.
- Remain calm.
- Take your time.

# Contain behaviour

- A trained team approaches the individual.
- If necessary, “hands on” techniques are used.
- The individual is transported to a hospital and may be triaged to 4-point restraints in the emergency department.

# Treat specifically

- Medical assessment is done in the hospital emergency department.
- Psychiatric consultation is obtained.
- Treatment is done on the basis of these assessments.

# Resources

- Mobile crisis intervention teams  
(Car 87 in Vancouver, Car 67 in Surrey)
- Psychiatric liaison workers
- Hospital-based psychiatric emergency services.
- Riverview's Psychiatric Intensive Care Unit is a provincial resource for psychiatric patients with a high level of aggression.

# Use of a Taser on Individuals who are in Delirium

- In delirium there is a very high risk of further medical compromise.
- To taser such individuals is contraindicated due to the high risk of death.

# Comment on RCMP Policy 3.2.2 and 3.2.3

- 1. “Excited delirium” is not a medical or psychiatric condition. It does not exist.
- 2. Medically untrained personnel may apply this to any agitated person.
- 3. A team intervention using soft empty-hand control would be the most appropriate means of restraint.

# Code White Training



# Management of aggression



**understanding**

**prevention**

**de-escalation**

**self-protection**



**Code White intervention**

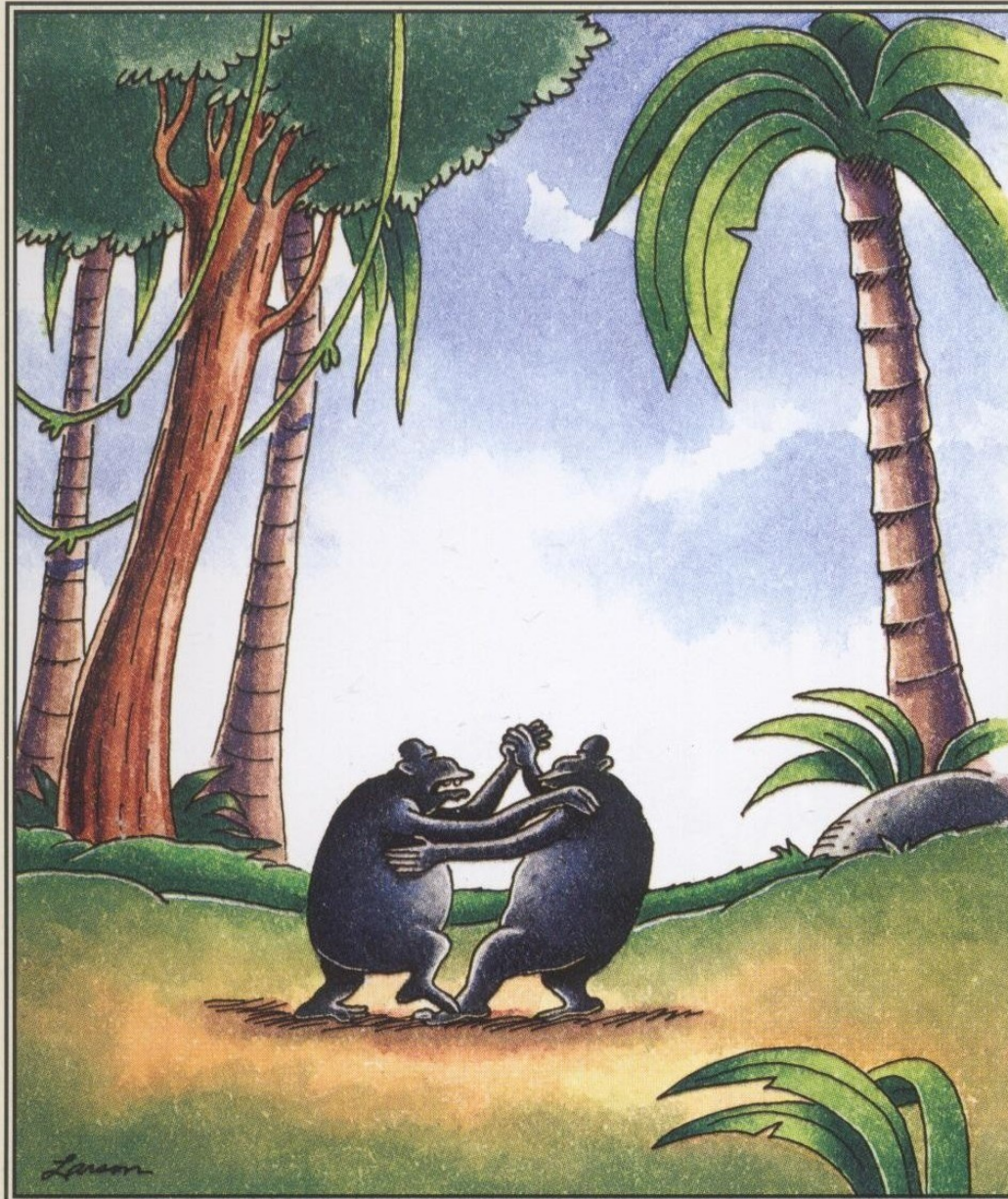


# Definition of Code White

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**Code White is:  
a trained team response  
for higher-risk behavioural emergencies  
involving patients in health care settings.**

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- Aggressive behaviour does not come from out of the blue.
  - Violence is interactional.
- 



“I’m afraid you misunderstood. ... I said I’d like a mango.”

# Code White Philosophy

Respect and professionalism

NOT

**POWER AND CONTROL**

# Crisis Communication

## **Nonverbal:**

**body language, facial expression, distance,  
speed of movement**

## **Verbal:**

**volume, tone, rate and rhythm of speech**

# Levels of Resistance

You need to assess the level of resistance in order to:

**determine** and **justify**

the level of force of your intervention.

Don't use a fire extinguisher to put out a cigarette!

# Levels of Resistance

- **Compliant/cooperative**
- **Passive resistance**
- **Active resistance**
- **Assaultive behaviour**
- **Deadly force**

# Force Options Continuum

**Level 1. Presence**

**Level 2. Dialogue**

**Level 3. Empty hand control**

**a) superior technique/strength**

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**b) pain compliance**

**c) impact**


**d) restricted techniques**

**Level 4. Compliance tools (pepper spray, batons, tasers)**


**Level 5. Firearms**

# The Code White Team

- The leader directs the intervention.
- The team members perform “hands on” using practised, co-ordinated techniques.
- Support members are not involved in physical intervention. They may prepare medication, clear the area, etc.



Comparison of the use of  
seclusion in the referring  
hospitals and in Riverview's  
Psychiatric Intensive Care Unit  
(PICU)




# 55 patients discharged in 2005

- **Total length of stay:**  
in referring hospitals: 618 days  
in the PICU: 1223 days
- **Total time in seclusion:**  
referring hospitals: 2998 hours  
in the PICU: 269 hours


# Reasons for less seclusion

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- **attitude**
- **expectations**
- **training**
- **experience**



“Policing is a person to person business. It is very rare that a technological solution has really solved anything for police . . . The best way is to develop interpersonal skills and self defense skills.” (James J. Fyfe, 1993)



**“Training is needed to give officers skills in how to verbally approach citizens and suspects alike . . . It depends on how I stop you whether you are going to be cooperative or resistant.” (G. Arenberg, National Association of Chiefs of Police)**