

# SANTA ANA POLICE DEPARTMENT

DAVID VALENTIN · CHIEF OF POLICE

## TRAINING BULLETIN

*"Education promotes professional and responsive law enforcement"*

### Sudden Custody Death Syndrome

#### Purpose

The purpose of this bulletin is to educate officers in the phenomenon known as Sudden Custody Death Syndrome, which encompasses Positional Asphyxia and Substance Induced Excited Delirium. This bulletin also describes the causes, symptoms, and steps to be taken to reduce the risks associated with these syndromes.

#### Introduction

Sudden Custody Death Syndrome is a major issue facing law enforcement today. The term "*Sudden Custody Death Syndrome*" is a misnomer as it infers the syndrome only relates to deaths occurring in police custody. Studies by medical examiners, beginning in the early 80's, attempted to understand why uninjured people were dying in police custody for no apparent reasons. Researchers discovered these deaths were also occurring in ambulances, hospitals, and emergency rooms despite the immediate access and availability of advanced life support equipment and techniques. The common denominator in a majority of these deaths was the level of cocaine ingested by the subjects. As a result of these findings, the term "*Cocaine Psychosis*" was the original name of the syndrome.

Later research discovered behavioral similarities between those individuals who exhibited symptoms of Cocaine Psychosis and subjects who were under the influence of other drugs such as alcohol, LSD, Methamphetamine, PCP, prescription barbiturates, and THC. Sometimes, even the lack of having taken certain physician prescribed drugs may cause a similar response manifesting itself in abnormal behavior. Since the list of suspected drugs and conditions has expanded, the more general term "*Substance Induced Excited Delirium*" is now used to describe this condition.

#### I. Positional Asphyxia

Positional Asphyxia (*Hypoxia*) occurs when the position of the body interferes with respiration and results in asphyxia. Substance-Induced Positional Asphyxia deaths are not a new phenomenon, and have occurred since man discovered the intoxicating effects of alcohol. With regular frequency, intoxicated individuals die of Positional Asphyxia when falling asleep (*passing out*) while in a seated position. If their chin rests on their chest (*head-down*), their airway can become restricted resulting in suffocation. Drug and acute alcohol intoxication are

major risk factors because the brain's neural centers controlling respiration may become impaired, and the subject may not realize they are suffocating.

Police in-custody Positional Asphyxia deaths are currently a topic of many debates in both medical literature and the courts. One of the primary studies on Positional Asphyxia which previously concluded that body positioning contributed to suspect deaths was recently discredited by a University of California, San Diego, study. It is currently unknown if a suspect body position and restraint method may have any negative physical effects on a restrained subject, however, other restraint methods have been developed by the Santa Ana Police Department. Deaths previously attributed to "*Positional Asphyxia*" have oftentimes involved subjects who had ingested various types and amounts of alcohol and/or narcotics.

## II. Substance Induced Excited Delirium - Toxic Delirium

Persons who abuse narcotics or suffer from different psychoses may experience Substance Induced Excited Delirium or Toxic Delirium. Substance Induced Excited Delirium is a term used to describe a particular type of medical and behavioral condition characterized by violent and erratic behavior. Dr. Charles Wetli, Deputy Chief Medical Examiner for the Metro-Dade Examiners Office, states that a typical episode of Excited Delirium begins with the "*rapid onset of paranoia, followed by aggression toward objects, particularly glass. This is frequently followed by a variety of bizarre activities, usually disrobing, running through backyards, yelling and hiding in bushes or behind cars. Police are often confronted with violent individuals who exhibit extreme strength, and are suffering from hypothermia, resulting in profuse sweating. Without warning the individual suddenly collapses and dies, generally within an hour after being restrained.*"

Numerous drugs have been identified which can contribute to the onset of Excited Delirium. These drugs include Cocaine, Methamphetamine, PCP, and LSD. When an individual takes one or more of these drugs, and subsequently becomes agitated, their body produces large amounts of Adrenaline, Dopamine and Norepinephrine that constricts the blood vessels in the heart and brain. The combination of these artificial and natural chemicals has a toxic effect that may result in the collapse and death of the subject.

## III. Procedure

Officers responding to a call involving a high risk individual should attempt to contact the calling party to obtain additional information regarding the person's past history, level of violence, and access to weapons. Officers should attempt to contain and calm the subject prior to any physical contact provided **IT CAN BE DONE SAFELY.**

When contacting an "*at risk*" individual, use a calm soothing voice and avoid any sudden or aggressive movements. Reassure the person you are there to help, and attempt to talk them into custody

Prolonged struggles increase the risk subjects may develop excessive vasoconstriction of the blood vessels. For the safety of the individual, the officers involved, and the community, officers should use a strategy that will subdue the subject as quickly as possible.

Officers shall adhere to all procedures contained within Departmental Order #420 (*Use of Leg Restraints*). If officers need to apply pressure to the back and shoulders of an individual to apply restraints or handcuffs, the pressure applied to the back and shoulders should be as brief and minimal as possible. The amount of pressure used should be in direct relation to the resistance exerted by the individual, and for only that amount of time as is necessary to apply the restraints. Officers must remember that the danger of the restraint is its affect on breathing. The best positions for breathing are sitting up, followed by lying on one's side. Following restraint the individual shall immediately be placed on their side or in the sitting position. They shall not be placed face down and left lying on their chest or stomach, and shall be constantly monitored as to their physical condition. Most people who have died while restrained have been unobserved. Officers shall monitor restrained individuals for the following:

1. Breathing.
2. Color (**watch for subject turning blue or gray**).
3. Functional level of consciousness-The physical state of a person being conscious and able to speak, answer questions, and move around spontaneously.

Individuals suffering from Substance Induced Excited Delirium are at a very high risk for cardiovascular or respiratory collapse which may lead to sudden death. Some high-risk individuals may die no matter how carefully they are restrained. Officers shall not transport anyone exhibiting the symptoms of Excited Delirium to any police facility before that person has been examined by paramedics and/or treated at an emergency facility. Officers shall transport individuals in accordance to Departmental Order #420.

The paramedics shall respond to the scene and transport any subject who is in the maximally restrained position when that subject is:

1. Not at a recognizable level of consciousness.
2. Having difficulty breathing.
3. Convulsing.
4. Having a seizure.
5. Complaining of pain.

## Summary

In-custody deaths are a major issue facing law enforcement today. It is vital officers remain aware of the issues surrounding Sudden Custody Death Syndrome and be properly trained in techniques to effectively apply restraints to subjects at risk. The proper monitoring of maximally restrained subjects, and those suspected of suffering from Substance Induced Excited Delirium, is essential to the safety of the restrained subject. Officers must understand that occasionally, despite taking all reasonable precautions during the restraint of individuals and the availability of extensive medical resources, some subjects may die in police custody as a result of the amount of alcohol and/or narcotics ingested.

## Reference Sources:

The San Diego Police Department's "Final Report Of The Custody Death Task Force" (1992), San Diego Police Department's Videos and Bulletins on "In Custody Deaths," "Interview with Dr. Blackbourne," "Interview with Dr. Tennant," and "Cord-Cuff Maximum Restraint". Other reference material includes, Ripp Restraints, Inc. Instructor's Certification Workbook and video "Sudden Custody Death Syndrome." The Los Angeles Police Department's and the California Highway Patrol's Training Bulletins on "Hobble Restraints" and "Transportation of Violent Prisoners" The Spokane Police Department's video "Leg Restraint Technique," The National Law Enforcement Technology Centers article, "Positional Asphyxia-Sudden Death", (June 1995), and "Topics in Sudden Death Syndrome" by Vincent P. O'Neil, National Trainer, National Law Enforcement Training Center (Copyright 1995). Price v. County of San Diego, 1998 WL 16007 (S.D.Cal.)

**Acknowledgment:** This training bulletin was researched and prepared by Sgt. A.J. Levatino and Corporal J. Gabelman. Replaces Training Bulletin 95-10

**Reviewed By:** Cpl. K. De Deaux

**Revision Date:** March 2006

**Reviewed By:** Training Division

**Revision Date:** August 2010