Deaths During Police Intervention

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A 35-year-old male with a history of bipolar disorder fatally stabbed his 9-year-old son on the front lawn of the family residence. After shouting that he had "killed Satan," he began removing most of his clothing. Summoned to the scene, six officers approached the irrational subject. They employed pepper spray to gain control of the combative male, handcuffed him, and "hog-tied" his legs to restrain him while they placed him in the rear of a police vehicle. As this occurred, the man suffered a massive heart attack and died. A subsequent coroner's inquest determined that his death resulted from excited delirium.

Two police officers responded to a report of a "male acting crazy and taking his clothes off." When they arrived at the scene, they saw the man, wearing only his underwear, standing in the street. When the two officers tried to reason with him, a fight ensued. Several people in the area came to the aid of the officers in their attempt to arrest the violent, combative individual. Upon achieving control of him, the officers handcuffed the man who suddenly went into coronary arrest. The officers administered CPR but to no avail. A subsequent coroner's investigation determined the cause of death as a cocaine overdose.

The author presents these two cases as examples of the more than 800 he examined in

his recent study of police shootings in the United States and Canada.[1] During this research, he found that on several occasions, official government data and coroner inquest reports erroneously included deaths that occurred during police intervention with fatalities pertaining to police firearm discharges. Examples of the causes of deaths occurring during police intervention included excited delirium, positional asphyxia, and cardiac arrest.

Unfortunately, the nature of police work limits the options and time available to officers to effect successful intervention strategies when dealing with violent and combative individuals. Sometimes, deaths result regardless of the good intentions and sound techniques used by officers on the scene. The author shares his research findings to aid the law enforcement profession in determining ways to reduce such tragedies.

Excited Delirium

Excited delirium refers to individuals in a state of temporary mental confusion and clouded consciousness who display unusual, bizarre behavior and may be emotionally charged, under the influence of a drug, mentally ill, or affected by a combination of these factors. In many instances, such people come to the attention of police personnel as a consequence of extreme behavior, including violence, recklessness, and inappropriate removal of their clothing.

Upon intervention, officers typically deploy less lethal force techniques in an attempt to control and restrain these individuals. Once they subdue them, police personnel handcuff and may need to restrain them further by hog-tying their legs together or by strapping them to a stretcher or board. This additional restraint depends upon an individual's continued violent and combative behavior, as well as issues surrounding transportation to either a police lockup or a medical facility.

For example, handcuffed subjects attempting to kick out the rear window of police vehicles during transport to jail generally will have the additional restraint of having their legs hog-tied. The rationales for this procedure include protecting officers from assaultive behavior, reducing or eliminating prisoners' self-inflicted injuries, decreasing damage to police transport vehicles, and minimizing the potential for escape.

In some instances, a violent and combative individual must be transported to a medical facility for treatment. In these cases, the person usually is strapped to a stretcher and transported in an ambulance to the appropriate facility. Unfortunately, it is during the restraining and transporting process that some subjects suddenly experience respiratory

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Symptoms of Excited Delirium

- Overt demonstration of violent, agitated, and combative behavior
- Exhibiting psychosis, such as hallucinations and delusions of grandeur or persecution
- Possibly under the influence of stimulant drugs that include cocaine
- Hyperthermia (extremely high temperature)
- Great strength and nonpain compliance
- Talking incoherently and failing to respond to simple commands
- Sudden collapse and death, which may result during the application of physical restraint

arrest resulting in death. In other instances, people may suddenly lapse into respiratory arrest and linger in a comatose state for a prolonged period of time causing medical complications, which ultimately lead to death. In all of these situations, the resulting death or extensive hospitalization is attributed to the police intervention by way of the application of less lethal force techniques, including methods of physical restraint.

Positional Asphyxia and Cardiac Arrest

In addition to excited delirium deaths occurring during police intervention, frontline police personnel face the additional challenge of preventing deaths resulting from positional asphyxia and cardiac arrest. In these instances, death results when the positioning of an individual's body interferes with the ability to breathe or when someone suddenly suffers cardiac arrest due to the exertion associated with a foot chase or physical confrontation.

In the case of positional asphyxia, the arrest or restraint of a violent and combative individual may inadvertently result in the compression of the trunk area of the person's body. This will serve to limit chest movement and may restrict the diaphragm area, preventing effective breathing. In some instances, subjects being arrested may die of asphyxiation.

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As for cardiac arrest, an offender avoiding apprehension or struggling with officers may unexpectedly suffer a heart attack. The high level of exertion associated with a foot chase and subsequent struggle may cause respiratory strain and a dangerous heart-rhythm disturbance, ultimately resulting in cardiac arrest. This situation occurs more often when individuals have preexisting heart or respiratory disease or are under the influence of illicit drugs.

An additional factor that may compound this "flight and fight" situation involves the application of less lethal weaponry by police, such as Tasers, chemical agents, or empty-hand compliance techniques. The use

of less lethal weapons upon noncompliant fleeing felons may have a precarious impact upon vital organs, including the heart and lungs.

Intervention Techniques to Minimize Risk

Police personnel intervening during an incident of excited delirium should follow certain precautionary measures during the arrest and restraining process. In this regard, officers should remain cognizant of such issues as—

- the amount of time during which the restraint is applied;
- the method of restraint; and
- the body position of the restrained individual during transport.

Continued struggling, as well as prolonged restraint, likely will cause a violent individual to suffer severe exhaustion that may result in sudden death. To reduce such an outcome, officers should employ the following intervention techniques when confronting individuals displaying characteristics associated with excited delirium:

- Officers should summon an ambulance to the scene of all incidents involving individuals displaying signs of excited delirium in the event that they lapse into sudden cardiac arrest.
- If the situation permits, responding law enforcement personnel should contain the irrational individual until additional officers and emergency medical workers arrive.
- The deployment of pepper spray often has little effect on such people and may only aggravate the situation facing the officers.
- Officers should consider restraining methods, such as hog-tying, as a last resort.
- Officers should avoid placing subjects in the prone position if at all possible. If they must use it as a means of taking down an armed individual, they should minimize its duration. Importantly, the prone position may aggravate a person's anxiety level, as well as prevent the observation and monitoring of vital signs that include the level of consciousness.
- Upon achieving control and restraint, officers should transport the subject in an ambulance directly to a medical facility for diagnosis and treatment.
- Officers should use police vehicles to transport such people only after they have

Case Study

An individual attempted to cash an obviously stolen check at a local bar. When staff at the bar refused to cash the check, the subject pushed an employee, grabbed her purse, and fled on foot. Three off-duty officers, as well as other bar patrons, witnessed the event and gave chase. Upon being confronted, the offender reached into his jacket as if he had a weapon, advising the individuals to back off. Eventually, they cornered the subject, and a physical altercation developed during which officers restrained and handcuffed him. However, within 2 minutes, the subject began to lose consciousness. Officers summoned emergency medical personnel who pronounced him dead at the scene and attributed his death to a cocaine overdose.

Case Study

Three officers responded to a complaint of a male running in and out of traffic. As they arrived at the scene, an ambulance crew was dealing with an individual, wearing only a pair of jeans, lying on his back in the middle of an intersection. The man was screaming and slapping his fists against the roadway. As the emergency medical workers retrieved a stretcher from the ambulance, the male abruptly removed his pants, stood up, and ran naked down the street. With the officers in foot pursuit, he ran to another intersection and, once again, laid down. As one officer approached the irrational subject, a physical altercation ensued. The officers were having difficulty controlling the male until additional police personnel arrived at the scene to assist in physically restraining him. To do so, officers placed the man face down on a stretcher, strapped him into place, and put him in the ambulance. As this occurred, the subject continued to struggle against the straps. While being transported to a nearby hospital, he lapsed into respiratory arrest. Ambulance personnel administered CPR and briefly stabilized the man. However, at the hospital, he lapsed into a coma and died 2 days later.

been stabilized and released from a medical center.

To prevent incidents of positional asphyxia, police personnel should try to avoid pressing down on the trunk portion of the body during restraint. A safer method of achieving control of a combative individual involves restraining the subject's limbs. Upon restricting the movement of the person's arms and legs, it becomes possible to bind and restrain the ankles and wrists. This method of restraint proves considerably safer than alternatives that include kneeling on someone's back.

Conclusion

The author's research points out to officers the importance of recognizing that some methods of less lethal force and body restraint may increase the risk of death. These findings also illustrate the complexities that surround police intervention of people in a state of temporary mental confusion and clouded consciousness. These individuals may be emotionally charged, physically unfit, under the influence of a drug, or mentally ill. In some instances, they may experience a combination of these factors.

Unfortunately, law enforcement officers are placed in the precarious situation of having few options and little time to affect successful intervention strategies. As society's protectors, they must control violent, combative people who may not understand officers' good intentions in attempting to keep them from hurting themselves and others. This sometimes results in tragedies that law enforcement professionals sadly must endure in their efforts to safeguard the communities they serve. ✦

Endnotes

[1] Richard Parent, "Aspects of Police Use of Deadly Force in North America: The Phenomenon Of Victim-Precipitated Homicide" (Ph.D. diss., Simon Fraser University, Burnaby, BC, 2004); and William A. Geller and Michael S. Scott, *Deadly Force: What We Know—A Practitioners Desk Reference on Police-Involved Shootings* (Washington, DC: Police Executive Research Forum, 1992).