



TRAINING BULLETIN

PORTLAND POLICE BUREAU

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WHAT IS THE "SUDDEN DEATH SYNDROME" (SDS)?

Officers are frequently called upon to assist in subduing subjects who are involved in extremely bizarre and violent behavior. Occasionally, the subject may be displaying symptoms of SUDDEN DEATH SYNDROME and could die while in the officer's custody.

SDS is a category of deaths which has no apparent detectable anatomical cause, which can occur while, or shortly after, a person is taken into custody. Generally, SDS has been associated with positional asphyxia, drug-induced excited delirium, cocaine psychosis, and/or neuroleptic malignant syndrome.

In the past several years there have been numerous deaths nation-wide which have occurred during custody or shortly after a police encounter. In the majority of these cases the autopsies did not reveal any basis for anatomical death--a "negative autopsy." Since there was no anatomical cause of death, many of the deaths were initially listed as being a result of police practices (e.g., oleoresin capsicum (OC) aerosol exposure, carotid restraint, and/or positional asphyxia). Fortunately the autopsies, and the concurrent investigations, did identify several signs which preceded the unexplainable deaths of the individuals. Some of these warning signs are:

- * **Bizarre Behaviors**--including paranoia (e.g., hiding behind bushes, trees, or cars), hallucinations, hearing voices, extreme aggression toward objects (particularly glass), violent resistance/struggling, inappropriate nudity, hyperactivity prior to and during police contact, and/or self-inflicted injuries.
- * **Bizarre Communications**--including talking incoherently, screaming, and yelling.
- * **Physical Symptoms**--including hyperthermia (excessive body temperature), profuse sweating, seizures, foaming at the mouth, dilated pupils, uncontrollable shaking, inability to breathe, and extraordinary strength.
- * **Officers' Actions** in encountering a SDS person often requires several officers and usually involves a strenuous confrontation, as the person displays abnormal strength. Several of these encounters have resulted in officers using carotid restraints, OC, and/or hogtying.

This Training Bulletin indicates to an officer what (s)he will do when (s)he comes into contact, while in the line of duty, with a person who is exhibiting behavior which would indicate a likelihood of suffering from "Sudden Death Syndrome" (SDS).

1. **Definitions**

- a. **Asphyxia** is a person's inability to move air in and out of his/her lungs which results in death due to a lack of adequate oxygenation (suffocation).
- b. **Cocaine Psychosis** is excited delirium that is induced by cocaine ingestion.
- c. **Sudden Death Syndrome (SDS)** is a category of deaths which has no apparent detectable anatomical cause and which occurs while, or shortly after, a person is taken into custody. SDS has been associated with positional asphyxia, drug-induced excited delirium, cocaine psychosis, and/or neuroleptic malignant syndrome, as noted in G.O. 870.20 (Handcuffing, Searching, and Transportation) on page 5, line 25.
- d. **Excited Delirium** "is an acute mental disorder characterized by impaired thinking, disorientation, visual hallucination and illusions."
- e. **Maximum Restraint Position** means to connect a person's bound hands with the person's bound feet with some form of restraint.
- f. **Neuroleptic Malignant Syndrome (NMS)** is similar to drug-induced excited delirium and is a recognized cause of sudden death. NMS generally occurs in psychiatric patients who are taking antipsychotic medications. However, NMS can also occur in individuals who are not taking antipsychotic medications.
- g. **Positional Asphyxia (Suffocation)** "occurs when body position interferes with respiration, resulting in asphyxia." Positional asphyxia is the result of interference with the muscular or mechanical components of respiration. When a person is suffering from positional asphyxia there is usually one or more contributing factors that restrict the person's ability to correct the problem causing the respiratory deficiency. The contributing factors can include alcohol and/or drug intoxication, head injury, entrapment, restraint, and/or some other physical disability. Positional asphyxia can be caused by:
 - (1) confined space,
 - (2) obesity and/or a large stomach can interfere with respiration when placed in a prone position,
 - (3) contour of a vehicle's floor--if the person's abdomen is pressed against the floor or the drive shaft hump of a vehicle,
 - (4) maximum restraint in the prone (face-down) position.

2. **Sudden Death Syndrome (SDS) Assessment Factors**--the following factors will only be considered if KNOWN (observed) by the officer or described by witnesses AND if NOT APPROPRIATE to the totality of the circumstances:

a. **Primary SDS Assessment Factors:**

- (1) bizarre behaviors:
 - (a) removal of clothing,
 - (b) extreme aggression toward objects--particularly glass,
 - (c) self-inflicted injuries, and/or
 - (d) violent resistance or physical struggling with officers;
- (2) bizarre communications:
 - (a) incoherent screaming/yelling;
- (3) physical observations (observed by, or reported to, the officer):
 - (a) uncontrollable shaking,
 - (b) skin tone and coloration,
 - (c) extraordinary strength,
 - (d) inability to breathe,
 - (e) seizures and/or,
 - (f) unconsciousness.

b. **Secondary SDS Assessment Factors:**

- (1) bizarre behaviors:
 - (a) paranoia (hiding behind bushes, trees, cars, etc.),
 - (b) hallucinations,
 - (c) hearing voices, and/or
 - (d) hyperactivity prior to officer contact;
- (2) bizarre communications:
 - (a) talking incoherently and/or
 - (b) speaking to imaginary people and/or things;
- (3) physical symptoms:
 - (a) hyperthermia (excessive body temperature),
 - (b) profuse sweating,
 - (c) foaming at the mouth, and/or
 - (d) dilated pupils.

Note: Likely SDS Suspect, for purposes of this bulletin, is a person whom an officer has observed to be exhibiting at least two of the Primary SDS Assessment Factors, or one Primary and two Secondary SDS Assessment Factors.

3. **When An Officer Observes Sufficient SDS Assessment Factors to Believe That the Person Observed is Likely to Suffer SDS (S)he Should Attempt the Following:**

- a. **During the Confrontation**--when reasonable and tactically sound, an officer should attempt to limit the type and duration of physical exertion by the SDS candidate. The longer the physical exertion continues, the greater likelihood of the person being consumed by the SDS.
- b. **After the SDS Person is Controlled (voluntarily or involuntarily) the Officer Should:**
 - (1) attempt to calm the person--as reasonable time and circumstances permit;
 - (2) place the person in a position that does not knowingly and significantly restrict breathing, e.g., place the person on his/her side, seat the person in an upright position, etc.;
 - (3) closely monitor the person's apparent, or suspected, medical needs (within the officer's medical training and experience) as reasonable circumstances permit.

- c. **Medical Attention** (the principal objectives of this section are to arrange for a likely SDS sufferer to be assisted by emergency medical personnel and to arrange for the person to be transported to an emergency medical facility as soon as practicable). An officer shall:
 - (1) arrange for EMT response to aid the person likely to be suffering SDS--this medical attention will be requested, summoned, and/or provided as soon as reasonable after the officer observes the SDS Assessment Factors,
 - (2) arrange for the person to be transported by ambulance to an emergency medical center--this can include requesting an ambulance when emergency medical personnel are requested,
 - (3) inform the medical personnel of your concerns and observations as soon as practicable after the medical personnel make contact with the SDS sufferer.
- d. **If the SDS Subject is Transported by Officers**--the subject shall be transported by two (2) officers. The second officer will closely observe the subject and be aware of:
 - (1) uncontrollable shaking,
 - (2) skin tone and coloration,
 - (3) extraordinary strength,
 - (4) inability to breathe,
 - (5) seizures,
 - (6) unconsciousness,
 - (7) hyperthermia (excessive body temperature),
 - (8) profuse sweating,
 - (9) foaming at the mouth, and/or
 - (10) dilated pupils.
- e. **Report**--all officers involved with a probable SDS sufferer will prepare a detailed written report of the incident within a reasonable time after the encounter--this report may be combined with a routine incident report, and a copy of the report will be sent to the Police Liability Manager. In addition to routine incident details, this report will include:
 - (1) the officer's observations and assessment of the SDS Assessment Factors,
 - (2) the officer's actions in attempting to reasonably limit the confrontation and its duration,
 - (3) the officer's actions in attempting to restrain and/or in restraining the person (including all force levels used in detail),
 - (4) the officer's actions while waiting for medical personnel to arrive,
 - (5) the officer's statements to medical personnel regarding his/her SDS Assessment Factors.
- f. **Notification**--a supervisor shall be notified if an officer utilizes the maximum restraint position or is involved with a probable SDS sufferer.

Refer: G.O. 870.20