

Managing the Agitated Patient:

Death in Custody &

Reducing the Risk of Physical

Restraint & Chemical Sedation

Oct 2024 CoAEMSP Edition

“I can’t breathe.”

Eric Jaeger

Follow me



@EricJaegerTNG

Contact me

EJaeger@TrueNorthGroup.org



EMS Educator & RSI Paramedic

- New Hampshire



New Hampshire State EMS Protocol Comm



Attorney

- Represented healthcare clients in Boston



MIT Massachusetts Institute of Technology

- Computer Science



Boston College Law School

NO Financial Disclosures

We need to have a conversation about

**The Risks of Managing
Agitated Patients,
Excited Delirium &
Death in Custody**

I'm going to be challenging some of
the assumptions and dogma we hold.

I don't have answers... I have questions

Take Home Points

We have ***misapprehended the danger*** of **physical restraint** and **death in custody**

- This creates risk not only for patients but also for healthcare providers & law enforcement

Excited Delirium is a flawed concept that has led to ***great harm***

- It should be removed from your lexicon, training & protocols

Chemical sedation is an important tool

- But its crucial we understand the **risks**

We must ***radically reframe*** our approach to **physical restraint & chemical sedation** to enhance safety

Managing the Agitated Patient

Part 1 Death in Custody

Part 2 Avoiding the Major Pitfalls of Physical Restraint & Chemical Sedation

Part I

Death in Custody



PERSPECTIVE

We're going to be discussing & viewing video clips of tragic incidents where patients died.

We are NOT judging the EMS providers or police officers involved in these deaths.

Our goal instead is to learn from these incidents to keep future patients & providers safe.

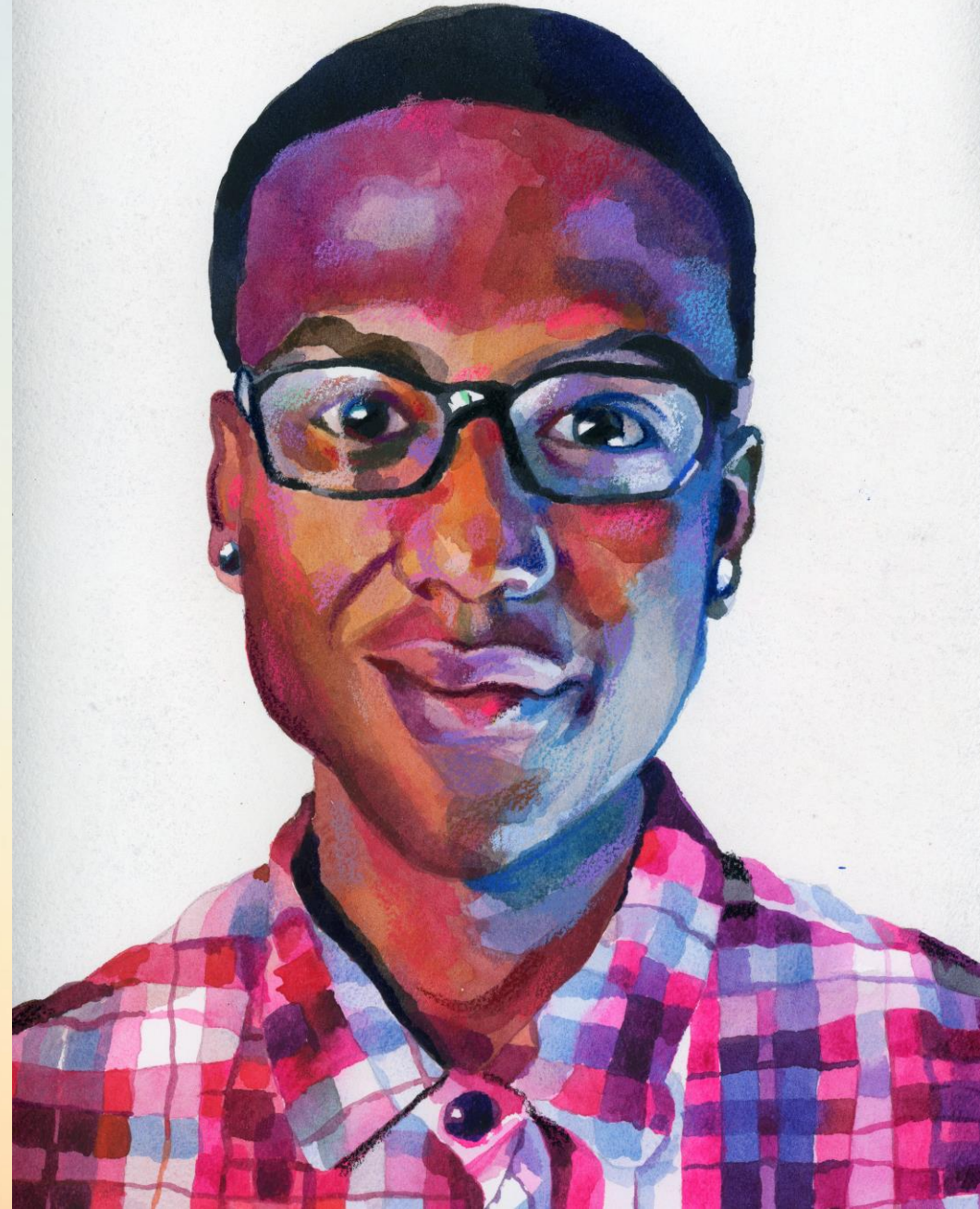
Elijah McClain

Aurora, Colorado | Aug 2019

The New York Times

Paramedics Found Guilty in Last Trial in Elijah McClain Death Dec. 22, 2023

Peter Cichuniec and Jeremy Cooper were convicted of criminally negligent homicide, but the jury split on the assault charges, in an unusual prosecution of medical personnel.



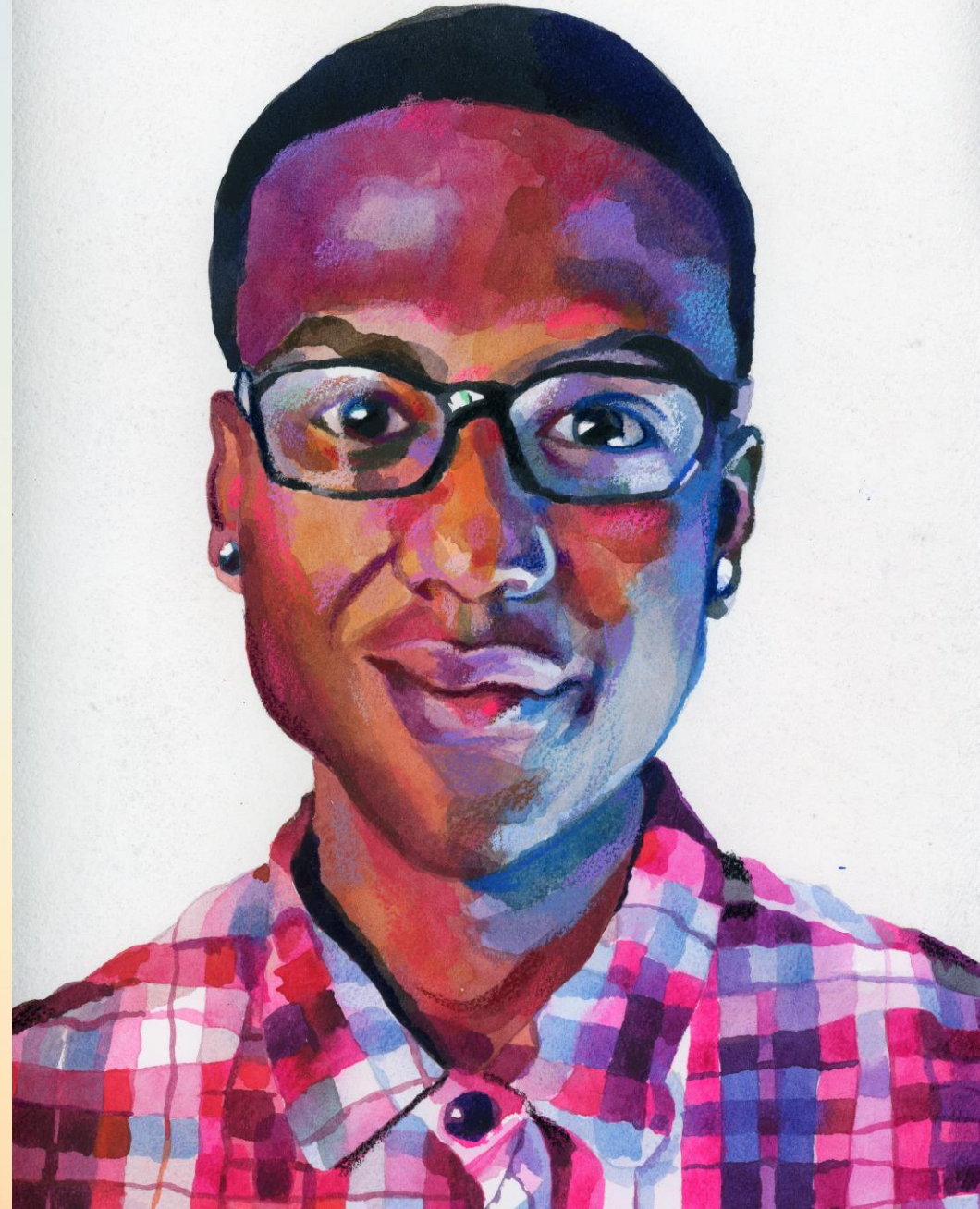
Elijah McClain | Aurora, CO | Aug. 24, 2019

WARNING
FOOTAGE IS GRAPHIC AND
MAY BE DISTURBING



Tragedy for Elijah McClain

- » **Also a calamity for the paramedics and police officers who have been criminally charged**



Elijah McClain Is Not Alone

At least 7 other patients have died in similar circumstances involving EMS and the administration of ketamine:

Daniel Taylor

- » Aug. 13, 2021
- » Duval City, FL

Demetrio Jackson

- » Oct. 8, 2021
- » Altoona, WI

Hunter Barr

- » Sept. 25, 2020
- » Colorado Springs, CO

James Britt

- » Sept. 2019
- » Mt. Pleasant, SC

Jerica Lacour

- » Jan. 11, 2018
- » Colorado Springs, CO

David Cutler

- » June 2017
- » Tucson, AZ

Trea Ellinger

- » July 2023
- » Baltimore, MD





LETHAL RESTRAINT



700 deaths involved prone
restraint!!!

AP

LETHAL RESTRAINT



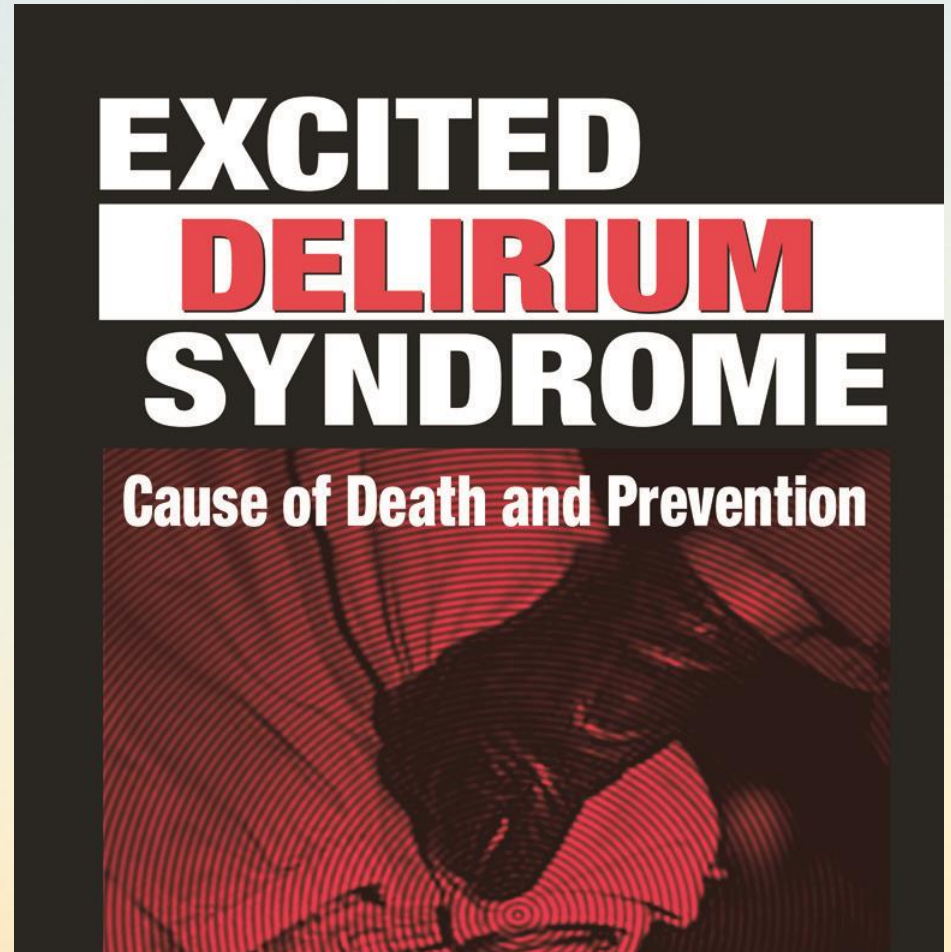
FRONTLINE

94 deaths involving chemical
sedation by EMS or ED!!!

A close-up shot of Jack Nicholson's face as he peeks through a narrow opening in a white door. He has a wide, toothy grin and his eyes are looking to the right with an excited, intense expression. The lighting is dramatic, highlighting his features against the dark background behind the door.

Excited Delirium

*For years, we
focused on
**Excited
Delirium** as the
cause of many
deaths in custody.*



Excited Delirium has been **REJECTED**

by most **major, relevant medical organizations:**

Medical organizations:

AMA American Medical Association

APA American Psychiatric Association

ACEP Amer. College of Emergency Physicians

Medical examiner organizations:

NAME National Assoc. of Medical Examiners

CAP College of American Pathologists

ACMT American College of Medical Toxicology

“Excited Delirium and potentially fatal restraint are ‘inextricably interwoven.’”

- ***Restraint*** was described in 90% of all ***Excited Delirium*** deaths
- ***There is no evidence to support Excited Delirium as a cause of death in the absence of restraint.***



Take Home Point

“Excited Delirium” is a flawed concept

- Remove it from your protocols, training and patient care reports
- » **It was a myth that people died from “excited delirium”**
- It’s critically important that we understand the real pathophysiology of why people die in custody

Excited Delirium is now:

“Hyperactive Delirium with Severe Agitation”

The real question:



Is it what killed Elijah McClain and so many others in custody?

A vibrant, multi-colored mural of a man's face wearing glasses. The man's face is the central focus, rendered in shades of purple, blue, and green. He is wearing thick, black-rimmed glasses. To the right of the face, there is graffiti in blue cursive that reads "Elijah McClain". Below that, in blue block letters, is the hashtag "#PRAYTHEIRNAME". At the bottom right, the word "LOVE" is written in large, red, block letters. The background of the mural is a mix of warm and cool colors, with white and pink flowers scattered throughout. The overall style is expressive and artistic.

Let's return to
Elijah McClain....

CITY OF AURORA, COLORADO INVESTIGATION REPORT & RECOMMENDATIONS

Dr. Melissa Costello, ED physician

*Concerned that there was a failure to take steps
“to keep the **patient**, the **officers**, [and] **medical
personnel safe.**”*



PAGE, WOLFBERG & WIRTH
EMS1 | Sept. 2021

**Patients in custody and in need of treatment:
8 recommendations for EMS**



When is the individual in custody a patient?



- » "There is a widespread sense that **‘the patient is not a patient until the police say they are.’**
- » This represents a problem of both policy and culture. The ***lack of clarity regarding which department is in control and when*** has the potential to create major problems for patient care.”



- » “Unfortunately, the approach that the “patient is not a patient until police say they are” is not uncommon in EMS agencies nationwide.
- » “EMS can’t just sit back and complacently wait until the police say it’s okay to assess the patient.”



What should EMS do if the police are managing a patient unsafely?

- » «[EMS must] feel **adequately authorized and administratively supported** to proactively step in and voice patient safety concerns, in real-time, during a problematic encounter.»





How can we improve?

- »» “***Work with law enforcement*** to develop a procedure clearly identifying the roles of law enforcement and EMS.
- »» ***Train, train and train*** using role-play and mock case scenarios.... We [often encounter] mental health crises, difficult patients, and drug and alcohol situations. *Yet we don't typically conduct much realistic training on these scenarios.*



What should the providers have done after gaining access to Elijah McClain?



Dr. Melissa Costello

“EMS personnel [should have] initiated at least a **primary assessment and conducted a brief hands-on evaluation:**

- fingerstick glucose
- peripheral pulses (rate, basic rhythm, and quality),
- capillary refill
- respirations (rate and quality)
- body temperature
- pulse oximetry, and
- responsiveness.”



What needs to be in place before proceeding with sedation?



Dr. Melissa Costello

- » “All equipment required for sedation [should have been] present and available beside the patient.
- » Aurora Fire could not locate the ETCO₂ probe.
- » ***“In the minutes preceding his cardiac arrest, EtCO₂ may have allowed EMS personnel to anticipate and possibly even prevent Mr. McClain’s precipitous decline.*”**
- » All three paramedics on scene allowed sedation to proceed without all of the appropriate equipment at the side of the patient.”





Dr. Melissa Costello

Did implicit bias play a role?



Did implicit bias play a role?



Dr. Melissa Costello

- » We “overestimate young Black men as taller, heavier, stronger, [and] more muscular.”
- » This “impacts judgments about the force necessary to restrain Black suspects ... and influences civilians to excuse officers’ use of force against Black suspects.”



AMA CSAPH REPORT & POLICY | June 2021

Use of Drugs to Chemically Restrain Agitated Individuals Outside of Hospital Settings



Who is “most likely...to die from first responder actions, [including] administration of chemical sedation for a presumed case of ExD?

*Otherwise healthy Black males who are viewed as **aggressive, impervious to pain, displaying bizarre behavior, and using substances** –*

characterizations that may be based less on evidence and more on generalizations, misconceptions, bias, and racism.



Did anchoring bias play a role?

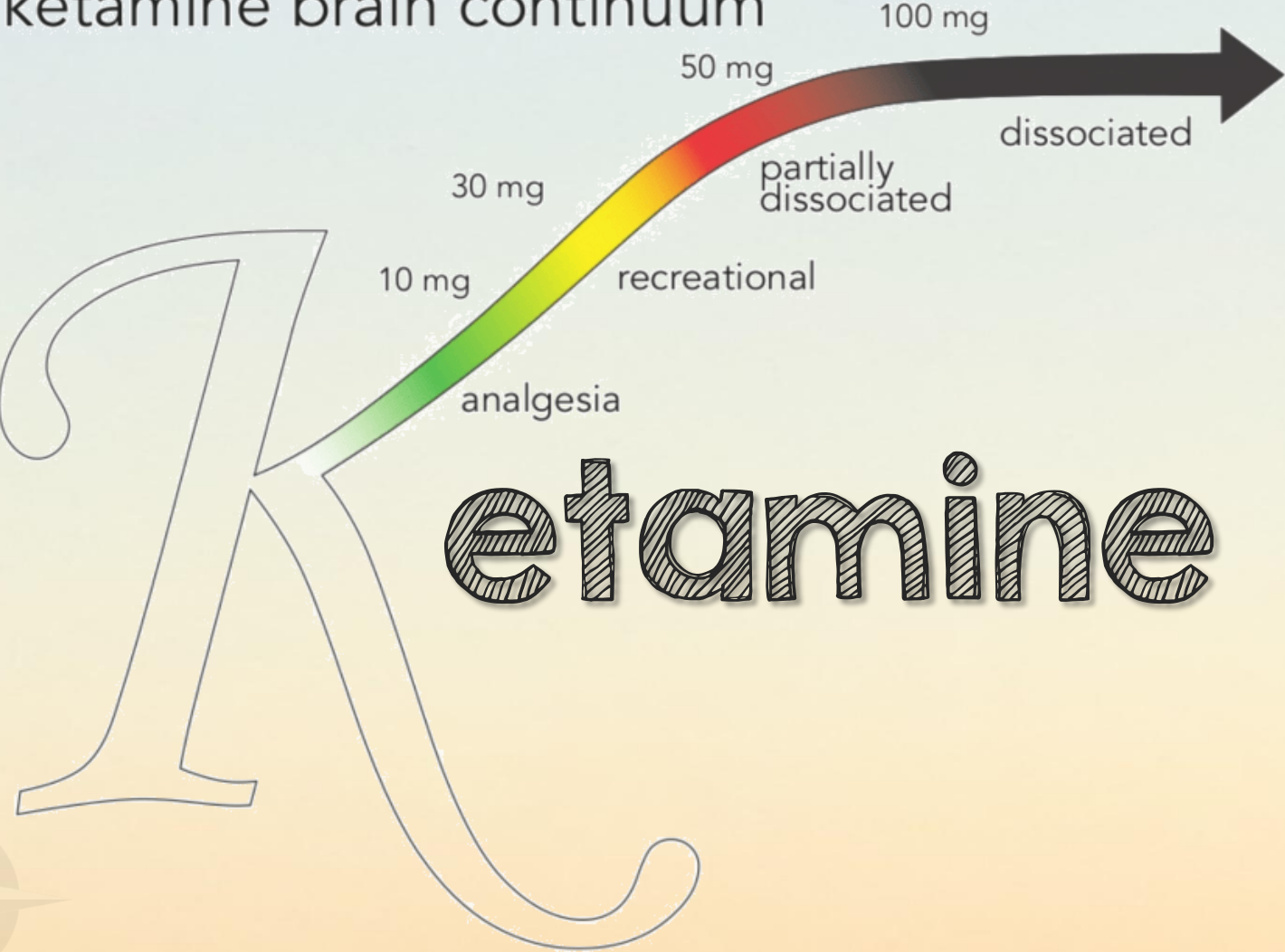


Dr. Melissa Costello

- » “Aurora Police ...reported that Mr. McClain had “incredible strength,” was “pouring sweat,” and appeared to be “on something.”
- » This apparently led medical personnel to reach a conclusion that they did not confirm through an independent examination.”



ketamine brain continuum



Enormous focus on whether in some cases, including Elijah McClain's, too large a dose of ketamine was administered.

Overdose of
Ketamine?



Ketamine is Safe Even at Large Doses

- » Study re in-hospital ketamine overdoses in children
- » Received **5-100x** the intended dose of ketamine
- » ***No adverse affects***
- » They simply remained dissociated for longer

Take Home Message

- » **There is no “toxic” dose of ketamine**
- » **Ketamine, in and of itself, is safe even at high doses**

Use of Ketamine is a Medical Decision

Police requested EMS administer ketamine to
Elijah McClain.

*Paramedics understand that they do NOT
administer medications at the direction of the
police or in support of law enforcement goals.*

A vibrant, multi-colored mural of a man's face wearing glasses. The background features graffiti, including the name 'Elijah McClain' in blue script, the hashtag '#PRAYTHEIRNAME' in blue block letters, and the word 'LOVE' in red block letters. There are also several large, stylized flowers in purple and pink. The overall scene is a memorial or protest art piece.

What Killed Elijah
McClain and so
many others....?

DISCLAIMER

- » I'm not a forensic pulmonologist or pathologist
- » I am not going to pretend that I know the definitive answer to this very important question.

**I DON'T
KNOW**



What Killed Elijah McClain and so many others?

Positional asphyxia, due to prone positioning

with weight on their back/side for an extended period of time.

While they were restrained prone on the ground...

- Their “fight or flight” sympathetic surge was keeping them breathing and alive
- Ketamine obliterated that sympathetic surge
- As a consequence, their breathing slowed and tidal volume decreased
- Held down on the ground, they became profoundly more hypoxic and acidotic
- Eventually...cardiac arrest

Prone positioning for an extended period of time is **inherently dangerous.**

Especially true with:

- a knee or weight on the patient's back or side
- hands secured behind his back
- alcohol or drugs onboard

Prone positioning is occasionally necessary

The danger lies in the decision to keep the patient in that position once immediate control has been established

There are others...



James Britt

Mt. Pleasant, So. Carolina | Sept. 2019

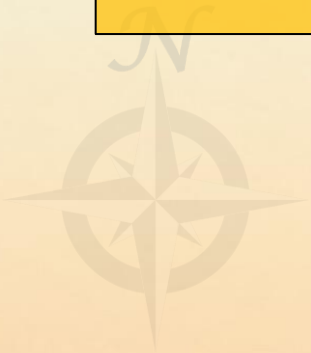
- » *50 yo travel lift operator at a local boatyard*
- » *Stopped to change a flat tire*
- » *A South Carolina cop stopped to check that he was okay*
- » *Unfortunately, Britt was drunk*
 - *His initial interactions with police were polite: “Yes, Ma’am” “No, Ma’am”*
- » *But when he was told he was going to be arrested and his car impounded, he became upset and police restrained him on the ground*



REMINDER

We are NOT
judging the EMS
providers or police
officers involved
in these deaths.

Our goal is
future
focused...



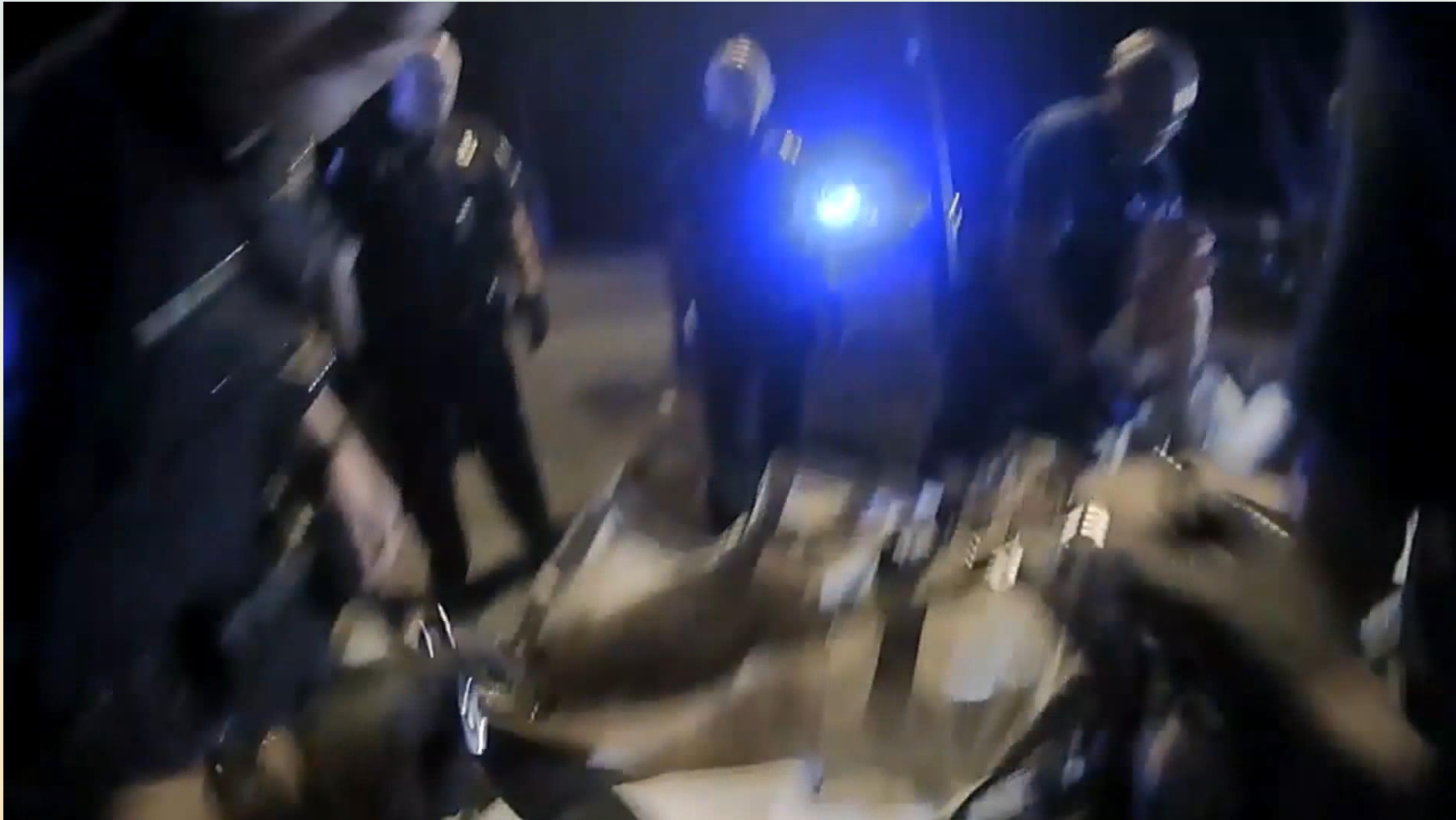
James Britt | 9.30.19 | Mt. Pleasant, So. Carolina

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James Britt

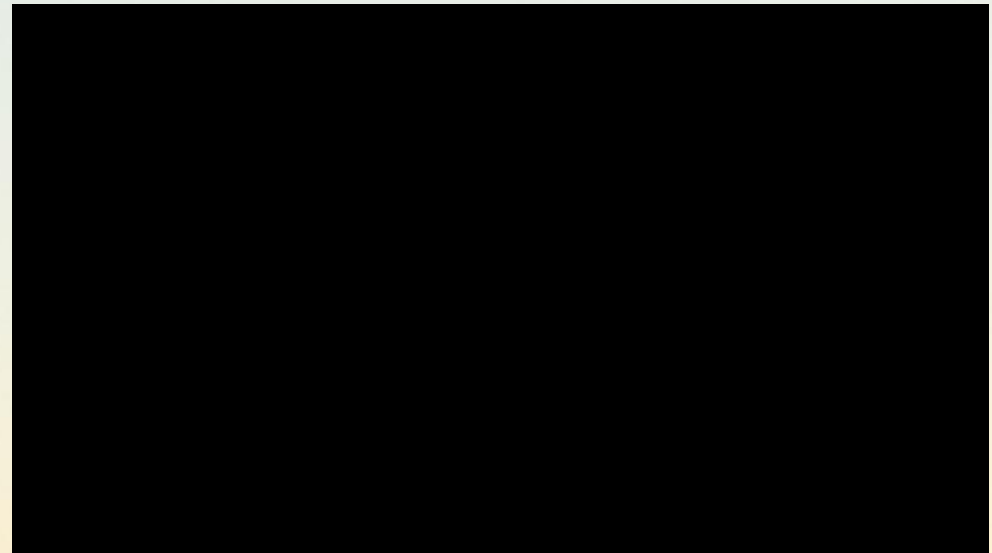
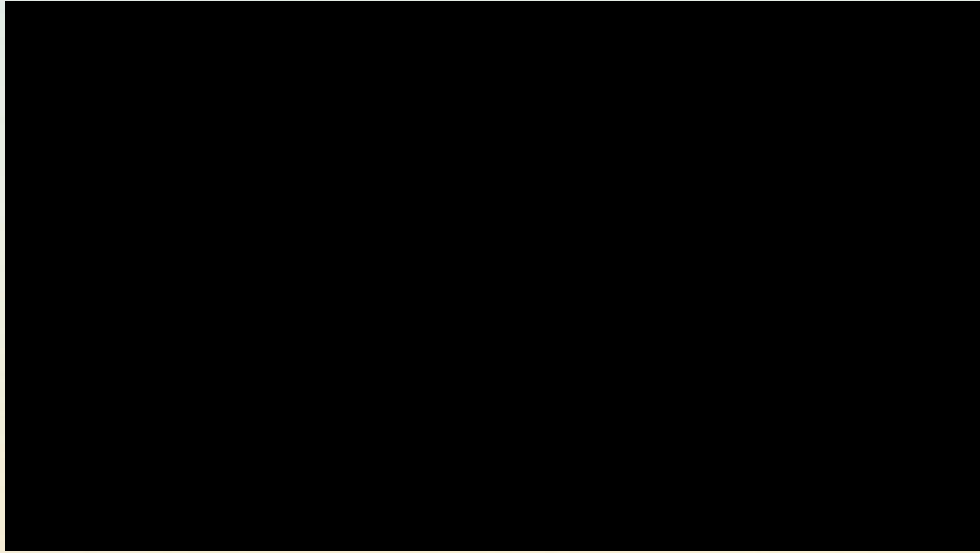
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More Reasons...



Greg Carney, Paramedic



Financial Liability

Death following physical or chemical restraint is extremely costly

Over \$374 million

has been paid out in connection with lawsuits
following these deaths




Summary: Part One

- » **Excited Delirium** as a cause of death in custody is largely a myth
- » **Prone restraint** is inherently dangerous
- » Death in custody is primarily due to **positional asphyxia** due to **prone restraint**
- » When administered to pts in the **prone position** who are profoundly **hypoxic & acidotic**, sedation can rapidly lead to cardiac arrest

Part 2

Avoiding the Major Pitfalls of Physical and Chemical Restraint

A hand is shown in silhouette on the left side of the frame, holding a whiteboard. The whiteboard has a black border and contains text. The background behind the whiteboard is a soft, out-of-focus gradient of light to dark colors.

Its time to radically
reframe our approach to:

»» **Physical Restraint**

»» **Chemical Sedation**

Physical Restraint

» *Reframed*

10

*Key principles for
enhancing safety*

Principals to Enhance the Safety of Physical Restraint

#1 Prone Restraint is Inherently Dangerous

Never restrain in the prone position for an extended period of time.

- » Severe risk of ventilatory compromise that results in hypoxia & acidosis.
- » Death can occur suddenly with little warning.



Mario Gonzales | April 2021 | Alameda, California



No “Safe” Period of Prone REstraint

How quickly can death occur?

» In a study looking at over 200 deaths, death occurred in:

- **One to Five Mins:** 40 cases
- **Less than One Min:** 4 cases



Hypoxia? Acidosis? Both?

What is the underlying pathophysiology of positional asphyxia?

Hypoxia?

- Dr. Tobin focuses on hypoxia as the cause of death for George Floyd

Acidosis?

- Other experts argue that acidosis is the underlying cause of death



Principals to Enhance the Safety of Physical Restraint

#2 Patient, Not a Suspect

*It is crucially important that you view the individual as a **patient**, not as a **suspect**.*

» This is true even if the individual is under arrest or has caused harm



Principals to Enhance the Safety of Physical Restraint

#3 When Do They Become A Patient? *The Moment You Arrive!*

*The moment you step off the truck,
they are a **patient**.*

- » This is true even if they are still in police custody.
- » They can be both simultaneously.



Principals to Enhance the Safety of Physical Restraint

#4 Intervene Professionally With Law Enforcement

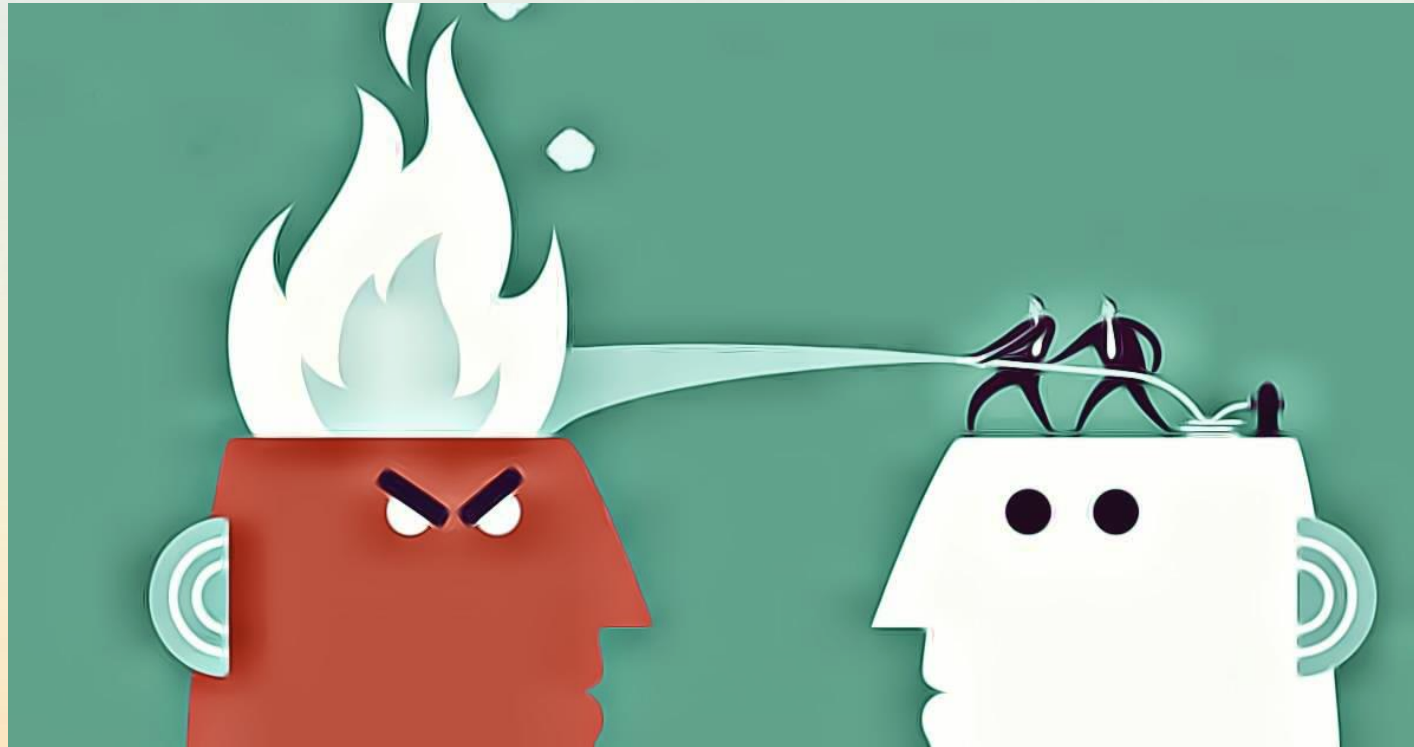
If you arrive on scene and the patient is being held in the prone position:

- » Intervene professionally with law enforcement
- » If you meet resistance, explain that you're worried about the patient's breathing



Principals to Enhance the Safety of Physical Restraint

#5 De-escalation is Worth the Time



Principals to Enhance the Safety of Physical Restraint

#6 “I Can’t Breathe”

If the patient says “I can’t breathe,” believe them.

- » They may be using it as a ploy
- » But you cannot take that chance



Principals to Enhance the Safety of Physical Restraint

#7 “If You Can Speak, You Can Breathe” is a Myth

Speaking requires only 50-150 mL of air.

» The typical tidal volume of each breath is **450-600 mL**

“I can’t breathe”
Inhaling and exhaling enough to speak, does not mean someone is taking in enough oxygen.

Larynx

Lungs

A typical breath volume for an adult male is 500 to 700 cubic centimeters of air. But the larynx, where sound is produced, only requires about 50 to 100 cubic centimeters of air movement to produce sound.

If the diaphragm is compressed, it can cause little to no air being pulled into the lungs.

When a subject is in the prone position, their breath volume can be decreased by as much as 40%.

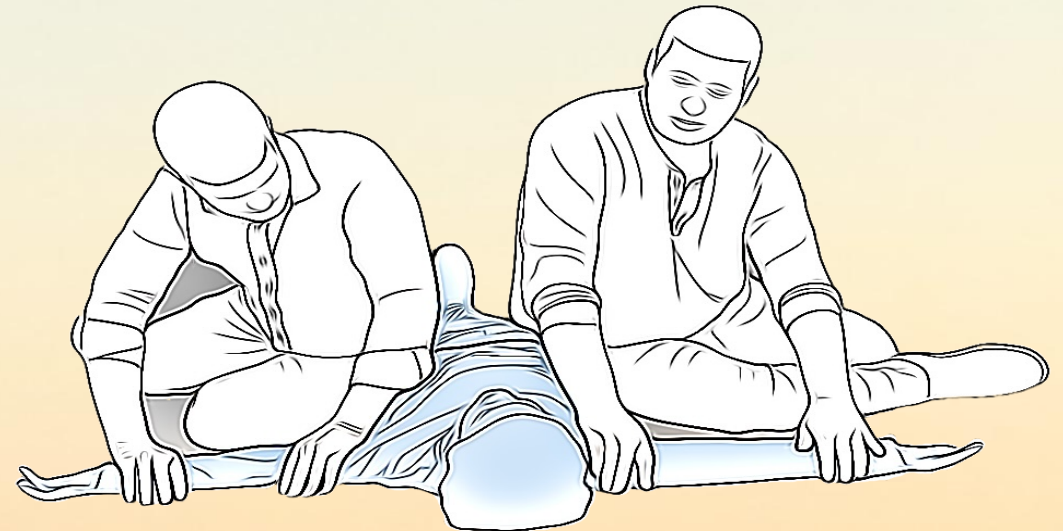
Prone position

The diagram shows a human torso with the larynx and lungs labeled. A red arrow points down from the text 'If the diaphragm is compressed...' to an illustration of a person lying face down (prone position). The text explains that in this position, the diaphragm is compressed, reducing the volume of air that can be pulled into the lungs.

Principals to Enhance the Safety of Physical Restraint

#8 Move Them to Supine or Seated Position ASAP

- »» Supine position is inherently safer
- »» But...its about the ability to breath
 - Weight on a supine pt's chest is also dangerous



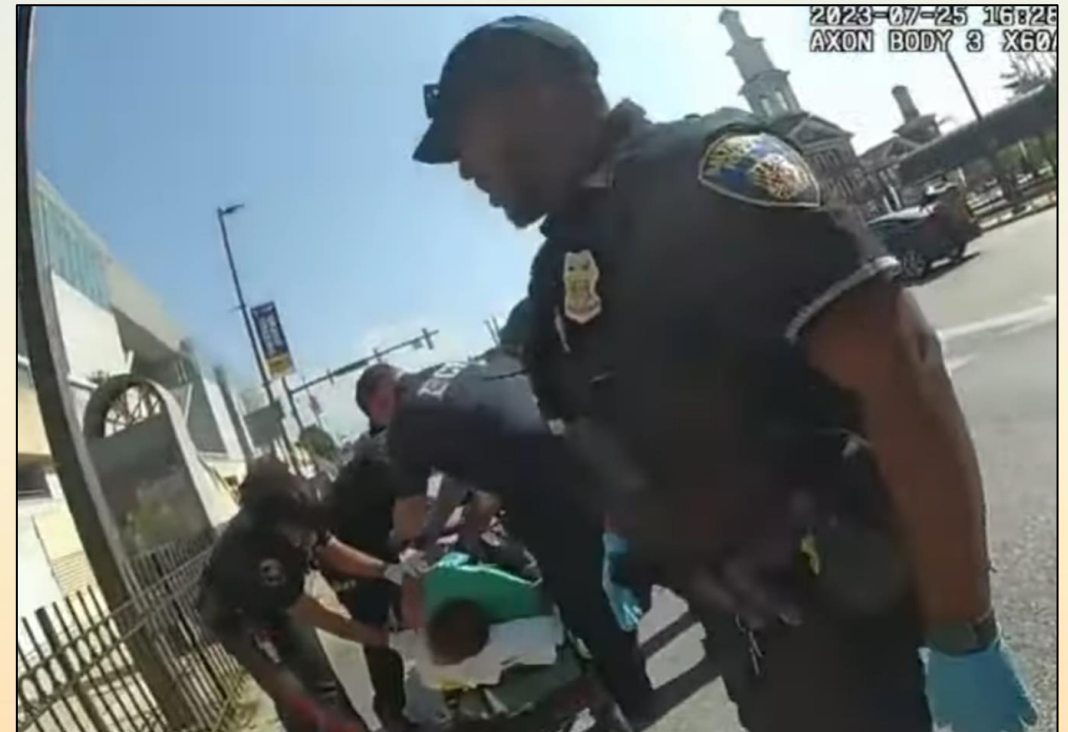
Principals to Enhance the Safety of Physical Restraint

#9 NEVER place a pt on the stretcher prone or w/ handcuffs behind back

Handcuffs create a significant risk of being prone on the stretcher.

» Remove the cuffs as they are being moved to the stretcher

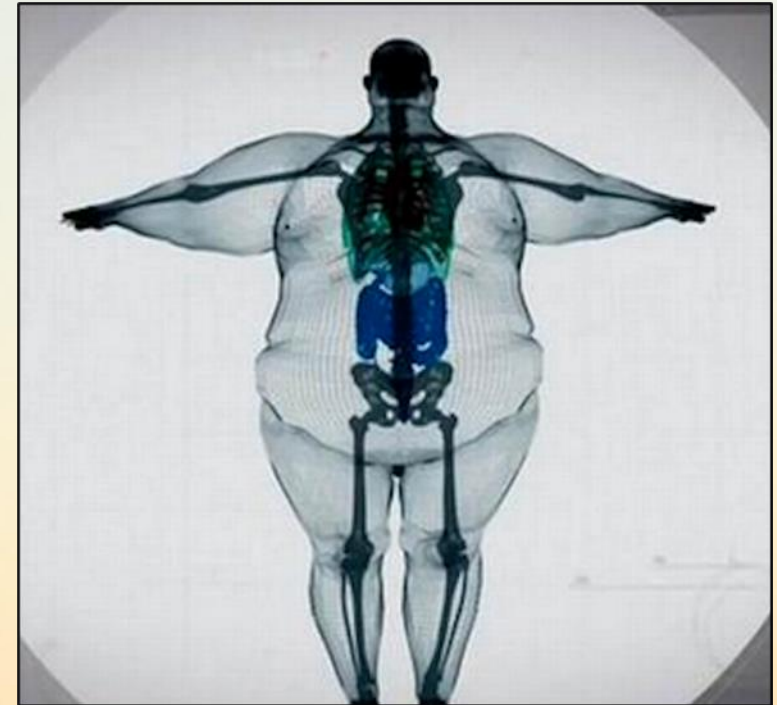
- Suspect? re-cuff in front
- Patient? EMS restraints



Principals to Enhance the Safety of Physical Restraint

#10 Obese Patients are at Increased Risk of Apnea

Their weight exacerbates breathing difficulties.



Chemical Sedation

» *Reframed*

10

*Key principles for
enhancing safety*

Reframe Prehospital Chemical Sedation

It's time to **radically reframe** our approach to **chemical sedation**.

How?

Approach as we do **RSI**, with built in **procedural & clinical safeguards** and **backup plans ready to go**.



Approach to RSI

Let's discuss RSI.

Every pt we intubate is **actively trying to die.**

Yet we *don't act precipitously.*

We approach it deliberately.

- » **clinical/procedural safeguards** implemented
- » a shared mental model with the team
- » plans B, C & D ready to go in case plan A doesn't go well



Treat Chemical Sedation Like RSI

Approach **chemical restraint** exactly the same way as **RSI**. It's a deliberate procedure, not a medication administration.

Don't act precipitously.

- » implement **clinical/procedural safeguards**
- » brief the team (**shared mental model**)
- » prep **plans B, C & D** in case plan A goes awry (eg apnea)

Ten Key Principles to Enhance the Safety of Restraint



- » CAUTION: physical and chemical restraint inherently carry some risk
- » In New Hampshire, we've rebuilt our Restraints Protocol around these ten principles.



Principals to Enhance the Safety of Chemical Sedation

#1 Chemical sedation is a deliberate procedure, not a med administration.

Don't act *precipitously*.

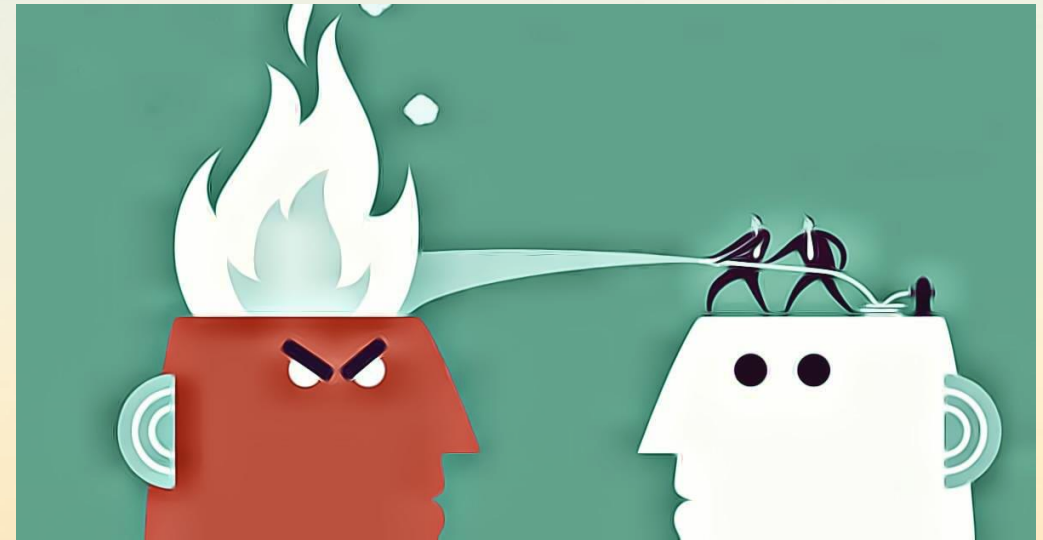
Approach it **deliberately**.



Principals to Enhance the Safety of Chemical Sedation

#2 Only proceed with chemical sedation if pt is an ACTIVE threat to self or others.

Determination should be made only after attempts at de-escalation have been unsuccessful.



Principals to Enhance the Safety of Chemical Sedation

#3 Beware unconscious & anchoring bias.

- » Our unconscious assumptions negatively impact the care we provide.
- » Impacts us most in stressful and/or ambiguous situations.



Principals to Enhance the Safety of Chemical Sedation

» Slow down!

- Be systematic!

» Independent Observer

- supervisor or other paramedic



Principals to Enhance the Safety of Chemical Sedation

Never administer chemical sedation at the direction of law enforcement.

- » Decision to administer chemical sedation is a medical decision made by the provider based upon clinical judgment alone.
- » Not influenced by the police or any other agency.

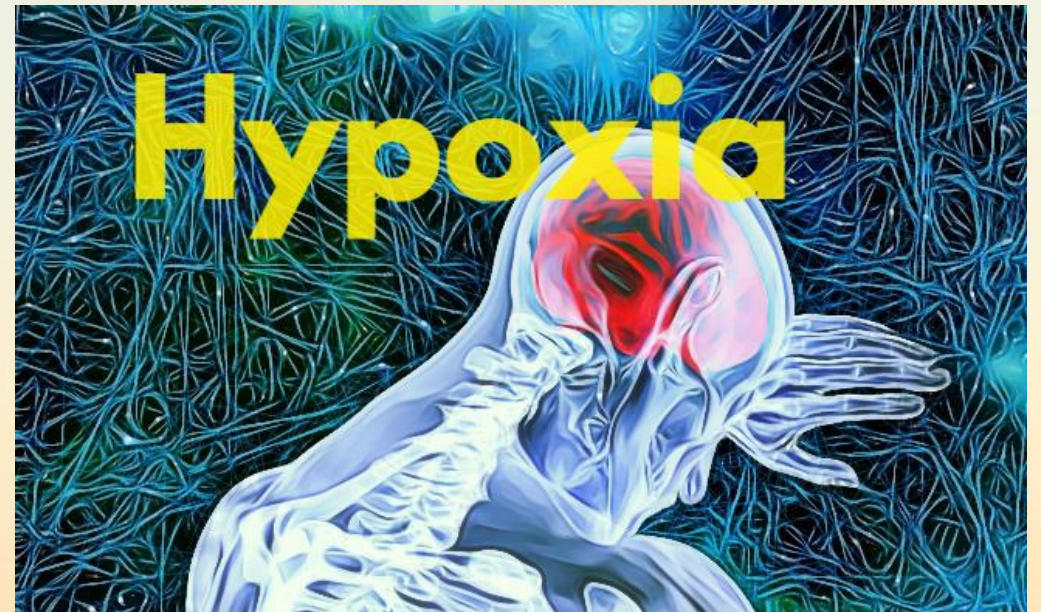


Principals to Enhance the Safety of Chemical Sedation

#4 Before proceeding, identify & treat any potential organic causes.

Combativeness may be due to:

- » Hypoxia
- » Hypercarbia
- » Hypoglycemia
- » Drug and/or alcohol intoxication
- » Brain trauma



Principals to Enhance the Safety of Chemical Sedation

#5 Select the medication based on the pt's presentation.

- » **Ketamine** is intended for severe agitation
- » **Droperidol** for moderate agitation
 - Slower onset
- » **Low dose Benzo** may be enough for mild agitation



Principals to Enhance the Safety of Chemical Sedation

#6 **NEVER** administer chemical sedation to a patient in the prone position.

- » Reposition the patient to ensure their airway/breathing are not restricted BEFORE proceeding with sedation.
- » Administering ketamine to a patient restrained in the prone position carries a profound risk of death.



Principals to Enhance the Safety of Chemical Sedation

In **RSI**, we say:

“Resuscitate before you intubate”

Here we should say:

“Reposition before you sedate”



Principals to Enhance the Safety of Chemical Sedation

#7 A supervisor or independent paramedic should be present.

A supervisor or independent paramedic can serve as a patient safety officer.

- » Remove the emotion and focus on ensuring compliance with clinical & procedural safeguards.



Principals to Enhance the Safety of Chemical Sedation

#8 All monitoring & resuscitation equipment must be at the pt's side before proceeding.

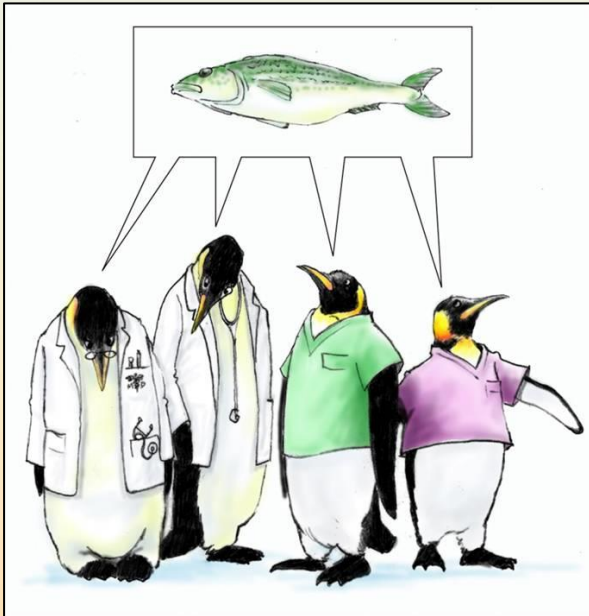
This includes:

- » equipment to monitor HR, SpO₂, EtCO₂ & BP, and
- » oxygen, non-rebreather mask, airway adjuncts & bag valve mask.



Principals to Enhance the Safety of Chemical Sedation

#9 Before proceeding, ensure the team has a shared mental model & has been briefed on plans B, C & D



Plan A

Plan B

Plan C

Principals to Enhance the Safety of Chemical Sedation

#10 During sedation, the provider must be laser focused on monitoring the pt's airway, breathing & circulation.

- » Treat chemical sedation like intubation.
- » Both are high risk procedures that require a provider's undivided attention.



Principals to Enhance the Safety of Chemical Sedation

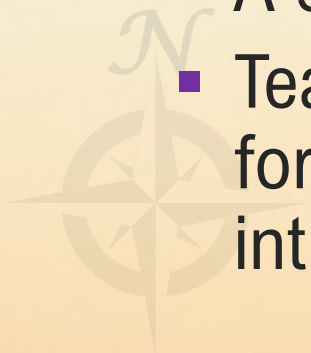
Peri-sedation Monitoring & Care

» *NOT “Post-Sedation”*

- Monitoring must begin PRIOR to sedation

» *Apnea or cardiac arrest can occur suddenly and with little warning*

- A specific provider must be tasked with monitoring airway & breathing (and associated vitals)
- A specific provider must be tasked with resuscitation
- Team members must be prepared to implement pre-existing plans for resuscitation in the event the pt deteriorates, eg BVM ventilation, intubation, etc.



Trea Ellinger July 2023 | Baltimore



New Police Guidelines

Sept 2024:

Police Executive Research Forum (PERF) issues new police guidelines around use of force



Policing group says officers must change how and when they use physical force on US streets

An influential group of law enforcement leaders is pushing police departments to change how officers subdue people so they avoid “consistent blind spots” in the use of physical force that contribute to civilian deaths

By JOHN SEEWER Associated Press and REESE DUNKLIN Associated Press
September 24, 2024, 9:05 AM



Implications for Paramedic Programs

There is much work to be done:

De-escalation

- Current de-escalation training is inadequate
- A new, more substantial, evidence-based curriculum is required

Excited Delirium

- Is a myth that was based on flawed science & racial stereotypes
- Call it “severe agitation” & urge providers to seek the underlying etiology

Physical Restraint

- Training must emphasize the dangers of prone restraint

Interaction with Police

- Providers must be trained to intervene professionally with law enforcement.

Chemical Sedation

- Chemical sedation is a procedure. Approach it deliberately in a manner akin to RSI.

Metabolic Acidosis

- Paramedics must be trained to recognize & treat metabolic acidosis in the context of severe agitation.

Thank You!

Reach out to me:

Email: EJaeger@TrueNorthGroup.org

Website: TheHardWork.org

Assistance with:

- Training
- Protocol Development

Watch/read more:

PBS Frontline
Documenting Police Use of Force

FRONTLINE

AP News
Lethal Restraint

AP

Want to keep learning?

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Contact me @ EJaeger@TrueNorthGroup.org