



**TRAINING MEETING
MINUTES OF ACTIONS
Wednesday, June 15, 2011
Art Pick Council Chambers
3900 Main Street, Riverside, CA**

Chairman Santore called the meeting to order at 4:09 PM.

PLEDGE OF ALLEGIANCE

Roll Call

Rotker	Slawsby	Johnson	Brandriff	Morales	Jackson	Roberts	Santore	Adams
✓	O	✓	✓	UE	✓	✓	✓	✓

✓ = Present **B** = Absent / Business **S** = Absent / Sick **V** = Absent / Vacation **O** = Absent / Other
UE = Absent / Unexcused **L** = Late **LE** = Left Early

STAFF: Frank Hauptmann, CPRC Manager; Phoebe Sherron, Sr. Office Specialist

Public Comment

There was no public comment.

Training

- A) 'Excited Delirium and Arrest-Related Deaths' Presentation by Dr. John G. Peters, Jr.
- B) Commission Discussion / Question and Answer with Dr. Peters and RPD's Excited Delirium experts Sgt. Pat McCarthy and Officer Erik Lindgren.

Mr. Hauptmann introduced John G. Peters, Jr., Ph.D., CLS, President and Chief Learning Officer, Institute for the Prevention of In-Custody Deaths, Inc., along with RPD's Excited Delirium instructors, Sgt. Pat McCarthy and Officer Erik Lindgren.

Dr. Peters began his presentation, telling commissioners to ask questions any time rather than wait until the end of the presentation.

Commissioner Rotker:

- After watching a video of an actual incident, he asked why, once the person was strapped to the stretcher, it took so long to remove him from the house.
 - Very edited version of the video. The incident actually took much longer. "Tim," the person in the video, broke restraining straps several times.

- What caused his delirium?
 - Hallucinogenic mushrooms.
- Is there any statistical information as to what percentage of excited delirium cases are drug related vs. non-drug related?
 - A true percentage is unknown, only estimates. There are 600 – 800 excited delirium deaths a year in law enforcement settings with many more outside that. Can't give an exact number because those statistics aren't kept, but more than 50% were brought on by drugs.
- On non-drug related cases, what initiates excited delirium?
 - There are four categorical causes (which will be discussed later).

Chairman Santore:

- Aside from the initial responding officer, how many people did it take to restrain Tim?
 - There were four (4) officers at the scene. Hard to say how many people it would take to restrain someone in this type of situation.

Commissioner Brandriff:

- If excited delirium can be caused by something other than drugs, how do we know if it was brought on by the drugs?
 - We don't.
- If officers write in a report that they believe a suspect is exhibiting excited delirium, it is considered a diagnosis?
 - Some people would interpret it that way.
- Is excited delirium seen in third world countries?
 - Whether it happens or not, we don't see reporting from those countries.

Commissioner Johnson:

- In the cases where drugs aren't involved, has there been any scientific conclusion as to what has physiologically occurred?
 - Only in some cases. People who experience delirium have extreme physical strain. In some cases it causes metabolic acidosis, pH levels drop, and rhabdomyolysis also occurs, which can cause kidney failure. Many factors in these situations can lead to death, but one of them is not positional asphyxia.

Dr. Peters ended his presentation and asked if there were any other questions.

Commissioner Rotker:

- Does keeping a suspect in a prone position on his stomach contribute to his death?
 - There is no scientific research that suggests being in that position contributes to their death.
- Thanked Dr. Peters for his presentation.
- Asked Sgt. McCarthy what percentage of RPD officers have received this training.
 - Mandated with critical issues and tactics training attended every two years. Officer Lindgren can give information regarding training statistics.
 - Officer Lindgren said that all sworn personnel, minus four or five in FTO program, have received an hour and 15 minutes worth of training specific to excited delirium. 98% of non-sworn personnel who deal with public and approximately 30 dispatchers have gone through the mental health class and have received the excited delirium training. Dispatchers were trained along with the officers.

Vice-Chair Roberts:

- Please explain "blood brain barrier."
 - Blood goes through the body up through this barrier to the brain. The theory is that drugs penetrate the barrier in men easier than in women.
- What is rhabdomyolysis?
 - Strained muscles are sore because of lactic acid. This is the same thing. These people are straining and enzymes are released and can build up. If not corrected, it can lead to total kidney failure and death.

- What is hyperkalemia?
 - When pH levels drop, potassium levels increase. EMTs will inject these people with sodium bicarbonate to bring the potassium levels down.

Commissioner Brandriff to Sgt. McCarthy:

- Please give us a brief synopsis of your training.
 - I was a paramedic before becoming a police officer. Officer Lindgren and I took the “Instructor Class” provided by Dr. Peters. Created a crisis intervention team in order to work with those in Riverside with mental disabilities. Integrated parts of critical issues and tactics training for all personnel. We also do mental health training, the planning, preparation, and response tactics for incidents of this nature. Dr. Peters was also brought in to provide an in-house class to investigators.

Commissioner Adams:

- Is there a specific protocol officers are supposed to follow when they see these symptoms?
 - Officer Lindgren: A policy is currently in place that states what officers should refer to when encountered with this type of incident. It does, however, rely on the officer’s judgment and training to decide what should be done. It’s a case by case situation.

Commissioner Johnson:

- Thanked Dr. Peters for his presentation.
- Question for officers: In a memo from Chief Diaz dated September 2010, in which he says that suspects who are restrained should be rolled on their side so they can breathe easier. What was the motivation for this memo?
 - Sgt. McCarthy: I can’t answer that for the Chief. The Use of Force policy has been updated, however, and that concern has been a training topic.

Chairman Santore thanked the RPD representatives for their time and answers.

Mr. Hauptmann thanked Dr. Peters for his willingness to provide this separate training for the Commission. He also thanked Sgt. McCarthy and Officer Lindgren for their presence and answer Commissioner questions about what they had learned and how it would apply to RPD training and noted the benefit of including Dispatch in the training.

Adjournment

The Commission adjourned at 5:48 PM.

Respectfully submitted,


PHOEBE SHERRON
Sr. Office Specialist