

CLINICAL SIGNIFICANCE™



IPICD Staff Wish You and Your Family a Healthy, Safe, and Happy 2013!

Thank You for the Well Wishes



Thank you for the many well wishes about the severe dog bite to my hand that I received on Thanksgiving Day. I missed the *DLG Use of Force* Summit where I was to present because my attending physician would not let me fly. Thanks to IPICD Vice President, David Berman, for subbing for me. The stitches are out, and I am on the mend. I appreciate your kind wishes and thoughts.

Dr. Peters

WOW! What a 2012 IPICD Conference

If you missed the 2012 7th Annual IPICD Excited Delirium Conference, you missed a very informative event. While space does not permit a summary of each presentation, here are some highlights of what you missed:

- **Dr. Deborah Mash, Ph.D.** was the first speaker on Monday and gave a

very interesting and detailed presentation on “Identifying ExDS at autopsy: Biomarkers, pathways, and candidate genes. Dr. Mash explained she and her research team are very close to identifying why some people have this “pre-existing toxic condition.” Emphasizing that it was a medical emergency, Dr. Mash noted that when confronted with an individual who is in a state of excited delirium, it is a no win situation for law enforcement. She noted that heat shock proteins in the brain are elevated when the brain temperature reaches or exceeds 39° C or 102.2° F.

- **Dr. Douglas Zipes, M.D.** discussed his case-series analysis of why TASER® X26™ electronic control weapons (ECW) can cause death in some humans. A compelling speaker, Dr. Zipes used video to punctuate and underscore his numerous points. One video showed a basketball player falling to the gym floor and then attempting to get up. “He is dying,” Dr. Zipes told the audience. Dr. Zipes warned the audience to not



believe that people who are breathing are okay, and not dying. “Cardiac capture can result in ventricular fibrillation. Untreated, VF progresses to asystole,” he told the quiet audience. “Avoid chest shots, if possible,” he cautioned the audience. “Avoid long or repeated trigger pulls, if possible [and] call for medical support, apply CPR, AED as soon as possible.” Many audience members agreed that Dr. Zipes supported TASER International, Inc.’s ECW Warnings.

- **Dr. Ted Chan, M.D.** gave a comprehensive presentation on “Restraint Physiology.” Commenting on what he called the “IPICD Obesity Study,” which was funded by the IPICD, Inc., a randomized study of 10 obese subjects found no evidence of Hypercapnia from restraint.
- **Dr. Steven Karch, M.D.** gave a detailed presentation on K2, Spice and Bath Salts. After discussing a short history of these compounds, Dr. Karch said that Bath Salts are really another kind of amphetamine, and can produce similar symptoms to those who are in a state of excited delirium. For more information, please visit the IPICD Website Home Page (www.ipicd.com) and check out a short article on Bath Salts.
- **Judge Emory J. Plitt, Jr.** discussed “Excited Delirium, In-Custody Deaths and the Courts,” and provided about 30 case summaries

from across the United States that involved excited delirium and/or sudden death. Judge Plitt has given permission to the IPICD to post his case summaries on the IPICD Website. They will be uploaded in January 2013.

- **Dr. Christine Hall, M.D.** gave a great and humorous presentation that resonated with all attendees. Speaking about her research team’s excited delirium project and findings, she summarized the findings, and noted that use-of-force by law enforcement officers is *rare*, and that ExDS is also rare. For more information about Dr. Hall’s study, please see the July issue of *Clinical Significance*.
- **Dr. Gary Vilke, M.D.** presented on ECWs and why they are safe. Many would identify Dr. Vilke’s presentation as the counter-point to Dr. Zipes’ opinions and conclusions. Unfortunately, handout material was not received prior to the Conference, so it will be sent to Conference attendees in January 2013.
- **Charles Carter** gave an easily-understood presentation on “Developing a 9-1-1 Protocol for Excited Delirium Calls.”
- **Dr. Michael Curtis, M.D.** presented on how the sedative Ketamine has been used in Wisconsin to treat excited delirium patients. To date, nothing but success.
- **Attorney Samuel Hall, Jr.** gave an in-depth presentation about an arrest-related death case he litigated. Mr.



Hall illustrated the amount of work and the many civil issues in working on such a large case.

- **Terry Mason, R.N.** explained to the audience how EMS can assist law enforcement when faced with excited delirium events. Nurse Mason emphasized body substance isolation, and sedation of the patient.
- **Attorney Carrie Hill** gave a humorous and high-energy presentation on “Defending from a Correctional Perspective.” Always entertaining and to the point, Ms. Hill presented defense strategies for ExDS incidents that occur in correctional settings.
- **Corporal John Tinder** used IPICD Staff Instructor, Jim Marker, to assist in his presentation of how to write good use-of-force reports. Using directions for a peanut butter and jelly sandwich, the audience saw through demonstration how to write detailed reports. *What a gooey mess!*
- **Dr. Deborah Mash, Ph.D.** spoke a second time and discussed how her Brain Endowment Center can assist law enforcement and medical examiners when excited delirium is expected. For more information, please visit her Website: www.exciteddelirium.org.
- **Dr. John G. Peters, Jr., Ph.D. and A. David Berman, M.S.** gave a short presentation on the findings of their retrospective research on The Wrap Restraint.

Conference attendees had nothing but positive comments about the lunches served, and many people attended both the IPICD Excited Delirium 5.1 Instructor update, and The WRAP Restraint instructor certification break-out sessions on Tuesday.

2013 IPICD Conference Dates & Theme

Mark your calendar for the 8th Annual IPICD Excited Delirium Conference scheduled for November 18-20, 2013. It will be held at The Orleans Hotel, Las Vegas, NV. Theme: *Investigating Arrest-related and Sudden In-Custody Deaths.*

New IPICD Certificate Program

As part of the IPICD Career and Education Technical (CTE) Seminar series, *Developing Defendable Psychomotor Skill Performance Measures* is a new one-day seminar that focuses on how to write quantifiable and instructional-related psychomotor skill performance measures. “In speaking with attorneys from across the United States, the litigation focus is shifting to include training and testing,” says IPICD president, Dr. John G. Peters, Jr.

Demonstrating skill competency or course completion? That is the question, and many people have opted for “completion” and cannot support their psychomotor skill testing with objective, quantifiable performance measures. While many training programs list “performance objectives,” upon close examination they are either “goals” or “learning outcomes” and not performance objectives or measures. This one-day, hands-on seminar will teach how to



write them, and how they can minimize civil and employment law liability.

Programs are being scheduled across North America. To host this or other IPICD programs, please contact Anita (anita@ipicd.com; 866.944.4723).

Failure to Train

In a recent Indiana court opinion, the court did not grant Summary Judgment to the defendants because they “have failed to meet their initial burden on summary judgment, and their motion will be denied as to plaintiffs’ failure to train claims” (Rosen v. King, Slip Copy, At 10). For more information about the issues in this case (i.e. wrongful entry, ECW deployments; and failure to train, see Rosen v. King, Slip Copy, 2102 WL 6599923 (N.D. Ind., December 18, 2012).

Talk! Talk! Talk!

Many law enforcement trainers have noted that many officers are “ECW co-dependent” and will pull and deploy it almost anytime the suspect fails to do what is directed or verbally challenges them. “They can text, but they can’t talk,” is what is often heard at training programs and seminars. One court has heard it, too.

In *Newman v. Guedry, et al.*, ___F3d___, 2012, WL 6634975 (C.A.5, Dec. 21, 2012), the court held that if the plaintiff’s version of the facts is true, the officers immediately resorted to ECW and nightstick without first attempting to use physical skill, negotiation, or even commands. Check it out!



New AELE Use-of-Force Program

The Americans for Effective Law Enforcement (AELE) has announced a new Use-of-Force program: *Management, Oversight and Monitoring of Use of Force including ECW Operations and Post-Incident Forensics*. This 3-day program is being offered on April 2-4, 2013 at The Orleans Hotel, Las Vegas, NV. For content, speakers, and tuition, please visit the AELE Website: www.aele.org.

IPICD Intern gets his Degree



IPICD Technology intern, Jason Peters, graduated on December 5, 2012 with his Associate’s Degree in

Computer Programming. *Congratulations!*

Mental Health First Aid

Interact Business Group (2012) reported that “one in four adults and 10 percent of children in the United States will suffer from mental health illness this year [2012]” (p. 1). Other notable statistics:

- About 5% of US residents have a serious mental illness;
- 10%-15% of prisoners have severe mental illness, and some jails have reported at least 50% of their population have mental illness issues;
- 7% (estimated) law enforcement contacts in jurisdictions \geq 100K populations will have contact with mentally ill people;

- NYPD responses to emotionally disturbed people: about 150,000 calls per year

Bottom line: Train officers about mental illness and also how to handle such people.

For more information, check out

www.theinteractgroup.com/articles/mental_health.htm .

FDA Investigating Energy Drinks

The manufacturer of Monster energy drink, Monster Beverage Corporation, has been reportedly sued over the death of a 14-year-old Maryland girl who drank 2 cans of the energy drink within a 24-hour timeframe. Reported by Reuters, the family's lawsuit said the young girl had died from "cardiac arrhythmia due to caffeine toxicity." She had a heart condition. Two Monster energy drinks contained 480 milligrams of caffeine. How much is that? Answer: 14 cans of Coca Cola (12-ounce cans).

The New York Attorney General's office and the federal government are investigating 13 deaths and 33 hospitalizations that allegedly related to the energy drink, 5-Hour Energy. A spokesperson for the manufacturer denied the caffeinated product caused harm. For more information, check out www.abcnews.go.com .

Health Effects of Energy Drinks

Seifert, Schaechter, Hershoin and Lipshultz (2011) published a review of energy drink consumption by children, adolescents, and young adults and its effects and adverse consequences on them. The authors' noted poison centers in the United States have not

tracked energy drink "overdoses" but some other countries have done such tracking. Germany, for one, has tracked incidents related to energy drinks since 2002.

Germany's tracking found many negative medical outcomes that were associated with energy drinks:

- Liver damage;
- Kidney failure;
- Respiratory disorder;
- Agitation;
- Seizures;
- Psychotic conditions;
- Rhabdomyolysis;
- Tachycardia;
- Cardiac dysrhythmias;
- Hypertension;
- Heart failure; and,
- Death (pp. 516-517).

For more information, please see the online version of the article:

<http://pediatrics.aappublications.org/content/early/2011/02/14/peds.2009-3592> .

Bath Salts Addiction Guide from NIDA

The National Institute on Drug Abuse (NIDA) recently published a resource guide on Bath Salts. For more information, please visit www.drugabuse.gov .

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