

New Psychoactive Substances & Acute Behavioural Disturbance

Guidance for Educational Settings

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What is Acute Behavioural Disturbance, Excited Delirium or Excited Delirium Syndrome?

This is not a condition or illness in itself, but a side effect that can present following use of New Psychoactive Substances. It can also be caused by drugs such as cocaine, methamphetamine or amphetamine and may be linked to physical and mental ill-health.

How do I recognise it?

The presentation of acute behavioural disturbance occurs with a sudden onset, with symptoms of bizarre and/or aggressive and irrational behaviour, shouting, paranoia, panic, violence toward others, unexpected physical strength, insensitivity to pain and hyperthermia (over heating). Hyperthermia is a potentially life-threatening side effect and is most easily recognised by removal of clothing and/or intense body heat. However, not every case will experience hyperthermia.

The first presentation of symptoms may not indicate the beginning of acute behavioural disturbance as the duration of symptoms can vary.

Previous history relating to acute behavioural disturbance may help to identify signs and symptoms and indicate other issues (e.g. a previously identified mental disorder).

What to do if I suspect it?

A key decision for staff is to assess whether a child experiencing these symptoms sees them as an ally, or whether their presence make them feel less safe. As soon as staff reach a point where calming and defusing is clearly not working, they need to consider the following steps.

Immediate Response – De-escalation

- Make an initial attempt to de-escalate. Do not argue with the child or contradict them. They will absolutely believe what they are experiencing, however irrational that may be. Any attempt to correct them may make them see you as part of the problem or their perceived danger.
- If possible, encourage the child to move to a non-stimulating environment and/or de-clutter any equipment that has the potential to cause injury. Intense body heat is a side effect of acute behavioural disturbance; therefore, an environment with a cool temperature is preferable along with access to water.
- Do not restrain unless the child or other children are at risk. If restraint is attempted, follow your agency's internal procedures and/or individual plans for the child based on previous behaviour.
- It is important to keep parents/carers updated on the situation.

Immediate Response – Contacting Emergency Services

- Ring 999 – Ambulance. In the call to Ambulance, describe the symptoms and behaviour, that you suspect Acute Behavioural Disturbance and details of any injuries already caused.
- Ring 999 – Police. Regardless of whether the Ambulance service is going to call the Police, it is important that you do so as well in order to give a first hand account. Describe the violence, the danger to staff and pupils, any injuries already caused, emphasise that the child is violent beyond the control of staff, that you suspect Acute Behavioural Disturbance. Police will expect teaching staff to manage low level poor behaviour; you will need to make it clear that this incident is beyond that.
- If possible, arrange someone to meet Police and Ambulance on arrival, and away from the child. Brief the emergency services on how the child is behaving and the current situation, and allow them time to come up with a plan.

Immediate Response – Evacuation and/or Containment

- The best method of responding to this situation is to allow emergency services opportunity to formulate a plan and get the right help.
- To minimise risk to others and to the affected child, assess the best way to contain the situation. This may involve evacuating other children well away from the area in line with the school's procedures.
- Once other pupils are safe, send an appropriate number of staff to assist with supporting the child until emergency services arrives.
- Stay at a safe distance and attempt to keep the child from danger as much as possible without resorting to actual restraint. Always ensure that staff members can retreat to safety if required. Do not allow staff members to become backed into a corner with no escape route.

Secondary Response – Restraint

- Section 93 of the Education and Inspections Act (2006) enables school staff under statutory power to use such force as is reasonable and proportionate to prevent a pupil from causing personal injury to, or damage to the property of, any person (including the pupil himself/herself).
- Children with symptoms of acute behavioural disturbance can display significant physical strength. In these circumstances, restraint carries a potential risk to the child and staff; therefore, it should be considered as a last resort.
- If you do have to restrain to protect life, follow Hampshire Educational Psychology

guidance on use of physical intervention:

<http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/educational-psychology/heps-policies.htm>

- Do not bend arms behind back or force wrists, arms or legs against a joint. **It is almost certain the child will not feel pain in a normal way** and there is a high risk of injury, dislocation or fracture. Keep pressure off the chest and abdomen and do not hold down the torso, head or neck unless absolutely necessary to preserve life.
- Have one person to monitor breathing. If you have someone who is medically trained, ideally they should adopt this role in order to resuscitate if required.