New Psychoactive Substances & Acute Behavioural Disturbance

Guidance for Health Settings

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Date:	20/10/2016
Version No.	1

Purpose

The purpose of this document is to provide health providers with key information in relation to Acute Behavioural Disturbance/Excited Delirium/Excited Delirium Syndrome, which describes a set of symptoms that can be caused by New Psychoactive Substances (often incorrectly called 'legal highs').

This guidance has been produced to support the development of local procedures and is not prescriptive.

Legislation

The start date of the Psychoactive Substances Act was 26th May 2016. The act makes it an offence to produce and/or supply any substance intended for human consumption that is capable of producing a psychoactive effect.

Click here for further information

The Royal College of Emergency Medicine has produced a document entitled 'Guidelines for the Management of Excited Delirium/Acute Behavioural Disturbance (ABD)', which can be found here:

http://fflm.ac.uk/publications/guidelines-for-the-management-of-excited-deliriumacute-behavioural-disturbance/

What are New Psychoactive Substances?

New psychoactive substances can contain one or more chemical substances which produce similar effects to cocaine, cannabis and ecstasy. New psychoactive substances are sold in different forms such as powders, pills, smoking mixtures, liquids, capsules, or on perforated tabs.

The packaging is usually designed to get your attention using a catchy brand name and bright colours. It might describe a list of ingredients but you can't be sure that this is what's inside.

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 (Community Health Settings)

- 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 patients/visitors, any injuries already caused, emphasise that the child is violent beyond the control of staff, that you suspect Acute Behavioural Disturbance. Police will expect 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 – Contacting Emergency Services (Hospital Settings)

- Call security and follow your agency's procedures.

- Ring 999 if required. Describe the violence, the danger to staff and others, any injuries already caused, emphasise that the child is violent beyond the control of staff, you suspect Acute Behavioural Disturbance.

- If possible, arrange someone to meet Police on arrival, and away from the child. Brief the Police 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 patients/visitors well away from the area in line with the organisation's procedures.

- Once staff and patients/visitors 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

- 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 your agency's guidance on use of physical intervention.

- 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.

- Deprivation of liberty should be considered, in-line with your agency's procedures, where staff believe it is not safe for a child to leave the premises on his/her own.