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Dr ME Hassell
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Our ref: [REDACTED]
Your ref: [REDACTED]

14 November 2013

Dear Dr Hassell

Michael James Sweeney – Prevention of Future Deaths report

Thank you for your letter dated 23 September 2013 enclosing a Prevention of Future Deaths report made under the Coroners and Justice Act 2009, paragraph 7, Schedule 5, and the Coroners (Investigations) Regulations 2013, Regulations 28 and 29. The report brings to my attention the issues and recommendation for consideration by the London Ambulance Service NHS Trust (LAS) from the inquest touching the death of Michael James Sweeney under the Preventing Future Death Powers of Her Majesty's Coroners:

*From the evidence I have heard, the safest and most effective way to deal with a person exhibiting such an acute behavioural disturbance seems to be simply to use the term "extreme agitation". This **would require London Ambulance Service to amend its protocols and training to recognise extreme agitation as a medical emergency and to prioritise appropriately.***

We have carefully considered this recommendation and, in doing so, we have discussed with colleagues in the Police Services in London and we have reviewed guidance from other bodies and sought to engage others in the process. The term 'excited delirium' is in common use between the police and the London Ambulance Service, and is commonly used by specialist clinicians involved in the management of these patients.

The London Ambulance Service NHS Trust (the LAS) remains of the view that '*acute behavioural disturbance*' is the term that most accurately reflects the presentations of this group of patients as well as being recognised by the appropriate bodies and we do not consider that the recommendation can be agreed unless / until the change in terminology accords with national guidance for UK ambulance services.

The LAS has worked consistently over the last 10 years to raise the profile of patients with markedly deranged behaviour, and the associated risk profile that exists for these patients.

We recognise that this clinical condition is often associated with catastrophic outcome which requires a careful multi-disciplinary strategy to ensure optimum care.

We welcome the approach that you have taken in recognising that there are a number of terms used to describe such patients, and the confusion that may subsequently occur as a result of this. The terms used include but are not limited to: excited delirium, extreme agitation and acute behavioural disturbance.

The LAS alongside our colleagues in the Police Services in London currently use the term acute behavioural disturbance (ABD) to describe the clinical manifestation of disturbed behavior, which is often associated with recreational drug use and / or some aspects of mental health. The term is described by the Faculty of Forensic and Legal Medicine of the Royal College of Physicians (England) in their helpful guidelines paper dealing with the recognition and treatment of this clinical presentation¹. It is from these guidelines, produced by this leading clinical authority on the subject, that the LAS have taken the view that the term "*acute behavioural disturbance*" (ABD) is appropriate to describe this group of patients and have used this term in the education of our staff.

The term "*excited delirium*" has also been used historically within the LAS and as such our recent communications with staff have included reference to both ABD and excited delirium. The LAS takes the view that the term ABD is now in common use between the police and the LAS and by specialist clinicians involved in the management of these patients. The LAS is also using the term of acute behavioural disturbance within the patient group direction that is currently going through the clinical governance processes of the LAS to allow certain paramedics to use midazolam in assisting in the pre-hospital treatment of acute behavioural disturbance.

We recognise that the evidence you heard was that some Emergency Department staff were not familiar with the term ABD and as such we will share this response with the Pan-London Emergency Department Consultants Group in order to disseminate the use of the term ABD to the Emergency Departments in London.

On 18th October 2013 at the meeting of the Metropolitan Police Clinical Advisory Group, there was consensus that the term ABD was already in common use by paramedics, Emergency Medical Technicians, police officers and the forensic clinicians. The Group has senior medical and clinical representation from the LAS, the Metropolitan Police Forensic Medical Services, and the Education and Training Departments of both organisations. The group's view was that to re-educate our staff on the use of a different term would be challenging, and may well present a greater risk by using terminology that the pre hospital multi-disciplinary team may not be familiar with. It was felt that the term "*extremely agitated*" does not adequately describe this particular clinical presentation, is open to wide interpretation, and would not prompt the appropriate timely response. In essence, it is the use of the word "*acute*" that is felt to be key. Since April 2013 the LAS has been upgrading the triage category (to our highest level of response) of calls from the police where there is information which notes the patient is suffering from acute behavioural disturbance, cocaine toxicity, or is being physically restrained.

The subject of acute behavioural disturbance has been a developing area of medicine and since the April 2011, and the time of Mr. Sweeney's death, there has been a considerable increase in the literature on this subject including the above guidance from the Faculty of Forensic and Legal Medicine.

The terms acute behavioural disturbance/excited delirium or extreme agitation do not appear within the Joint Royal College Ambulance Liaison Committee / Association of Ambulance Chief Executives National Clinical Guidelines (2013). There is a single reference to the term

¹ Norfolk G, Stark M, Travis M Acute behavioral disturbance: guidelines on management in police custody (2011) Faculty of Forensic & Legal Medicine,

excited delirium, which specifically relates to police incapacitant devices (TASERS). We have raised this issue through the national Ambulance Service Mental Health Working Group, asking them to look both at the appropriate terminology and guidance around the subject matter itself. The national Ambulance Service Mental Health Working Group has confirmed that they will issue a position statement about the use of an appropriate term following a response to their proposal from the Royal College of Psychiatrists.

I hope that you will be assured by the consideration the LAS has given to your report, and by the actions taken to explore this with the police services, and to ask the national Ambulance Service Mental Health Working Group to review the terminology and guidance on excited delirium. Meanwhile we believe that by sharing this response with the Pan London Emergency Department Consultants Group and with my Chief Executive colleagues the term ABD can be disseminated and better communicated across the emergency departments in London.

Yours sincerely

A handwritten signature in black ink, appearing to read "Ann Radmore". The signature is fluid and cursive, with a large initial "A" and "R".

Ann Radmore
Chief Executive