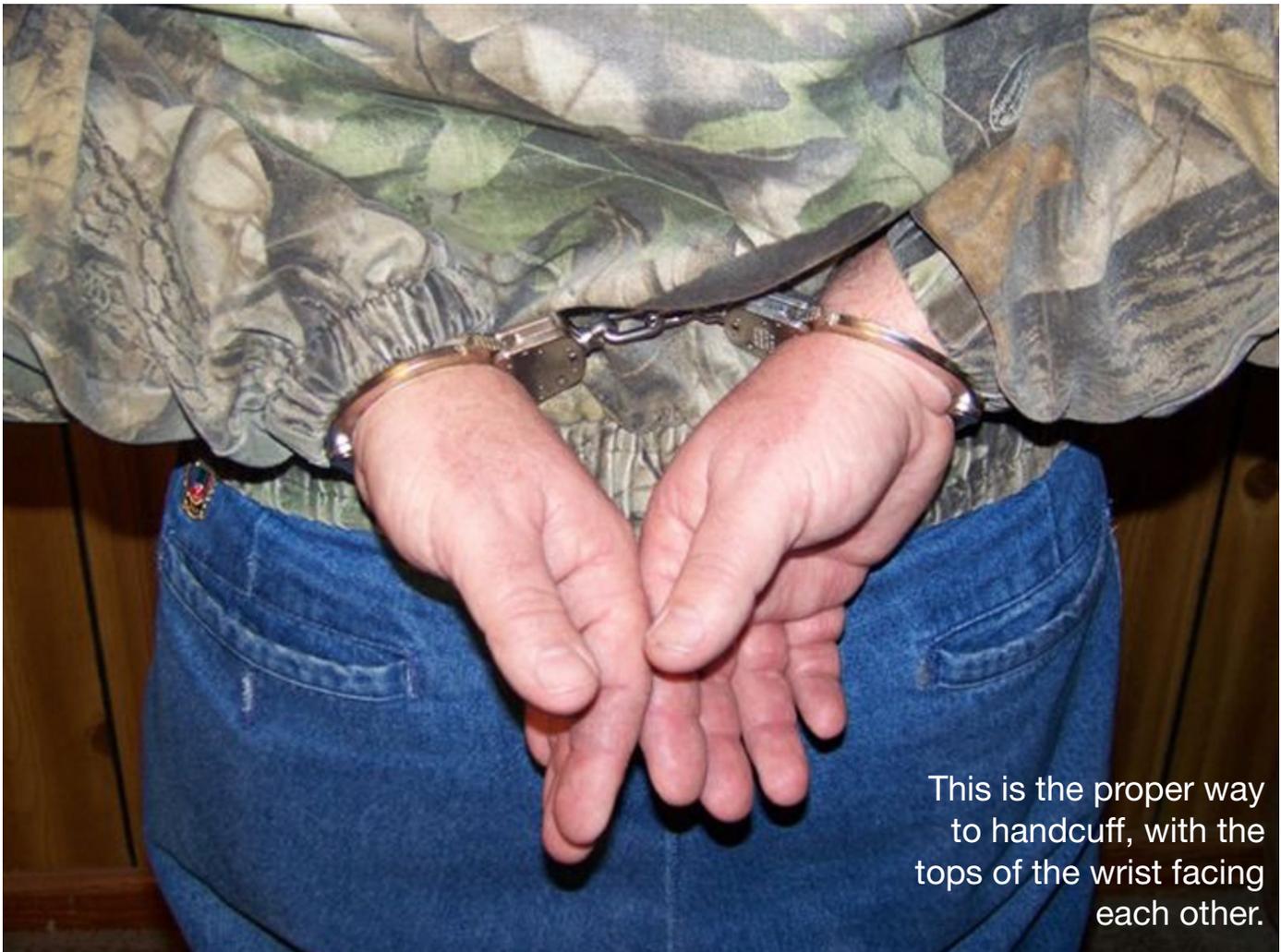


HANDCUFFING PROCEDURES

BY R.K. CAMPBELL



This is the proper way to handcuff, with the tops of the wrist facing each other.

Handcuffs are less glamorous than other police equipment but perhaps these are the tools we use most. Some of us use our cuffs every day, some far less often. But practice with handcuffs is often not undertaken on a regular basis. Handcuff skills are not something to simply learn in the academy. It is an ongoing

process. Proper handcuff use is important, a mistake may have lethal consequences.

First, do you sometimes inspect your handcuffs? I don't mean playing with the cuffs and crossing the gears for that familiar ratchet sound, but real inspection and maintenance. Cuffs are



It is a very bad idea to handcuff the subject in the front! Use proper techniques even when the subject seems calm and mild mannered, as your safety is at risk.



It is never correct procedure to handcuff with the palms facing each other.



In this incorrect position, a subject can maneuver a weapon



Always double lock the handcuffs for safety and security

mechanical devices and sometimes break. The cuffs should be cleaned every few months or so, and they should be inspected daily. Air may be used to blow out some material but aerosol solvent works for grit and grime. Cuffs can be cracked or broken. Remember, they are relatively thin and ride between the seat or chair and a 200 pound cop. Any mechanism can wear. Now, once we have a good functioning set of handcuffs you are ready to approach the proper procedure.

The situation sometimes controls handcuff procedure, but nothing should compromise your safety. We have all patted down subjects that we have not arrested. We do this for proper safety procedure. However, if you have made the decision to arrest the person it may be preferable to handcuff him before a search. You have an advantage if you do so. You must be behind the subject and have him in a disadvantageous situation that favors your safety. Do not draw the cuffs until you are ready to execute the cuff procedure. Many subjects become violent and attempt to resist after the cuffs are out, so if they do not see them it is best. Cuff from the back and do so quickly and efficiently. When you approach the cuff situation you need to place the tops of the subject's wrist facing each other. And double lock the cuffs! A double lock prevents injury to the subject and aids in retention. The cuffing movement must be quick and smooth. With practice you will be able to place the cuffs on the wrist and quickly close them over the subject. A partner is needed to do this practice. It doesn't hurt a thing for officers to know what it is like to be handcuffed. This helps us in understanding how a subject may escape and also in giving humane treatment- and I realize most offenders are not humane to others.

A caution is to be especially careful in handcuffing obese offenders. On one occasion a female offender who slipped out of the cuffs injured me. As a young man I had a natural reluctance to deal aggressively with female offenders. This individual was obese and the arms tapered to small wrists. Even 200 pound females may have small bones and we must be certain the cuffs are properly secured. This individual slipped her cuffs and engaged in a struggle in which she attempted to gain control of my flashlight and broke one of my fingers. I would have dealt with a man quite differently but had I handcuffed her properly I would not have been injured.

On more than one occasion a subject will seethe with anger at being handcuffed and plan an attack as they are released in the jail. As such you need to be especially carefully when removing the handcuffs. When removing the handcuffs you may control the subject in the same manner you have controlled him when applying the handcuffs. When you approach the subject, he must have his back to you and affecting some form of compliance before you apply the handcuffs. Attempting to include compliance by handcuffing will result in a battle in which handcuffs are not the proper tool.

When approaching the subject take his hand and turn the wrist. You do not have to apply much pressure if they are not resisting you are simply ready for resistance. With the tops of the wrists and hands facing one another you are ready to apply pressure if need be but handcuff quickly to avoid that problem. When removing the handcuffs you will apply the same hand position in case you have to react to an attack. I prefer to see my crew practice often with their life saving gear. Handcuffs are detention devices that should be understood, maintained, and respected.

PREVENTING RESTRAINT ASPHYXIA

By Charly D. Miller

An Officer who assumes the responsibility of applying restraint is ALSO responsible for doing so in a manner that does NOT result in injury or Restraint Asphyxia death. There are two “Vital Tips” for how law enforcement officers can avoid causing restraint asphyxia deaths.

VITAL TIP #1

Be aware of situations that commonly precede Restraint Asphyxia Deaths

The First Vital Tip is Simple but “expensive” requiring all personnel to be adequately educated (during initial training, and during periodic “refresher” training) so that they can immediately recognize situations that cause an individual to be at High Risk for Restraint Asphyxia. Thus, when encountering any of the following six(6) situations, educated restrainers (as well as observers) will know to be Extra Careful.

1. Anytime someone has been running around in an abnormal (“crazy”) manner, expending extreme physical energy for any period of time before you respond (even only “a few minutes”) – that person is at High Risk for Restraint Asphyxia.



2. Anytime you have to chase and/or tackle someone, then also have to wrestle with them while they're on the ground to get them minimally restrained and “controlled”

– that person is at High Risk for Restraint Asphyxia.

3. All “overweight” individuals (people with “big bellies”) are at far greater Risk for Restraint Asphyxia than are slender individuals – in any situation, and in any restraint position.

4. Anytime a subject seems “immune” to pepper spray, or Freeze-Plus P (a combination of pepper spray and CS – tear gas), or the like that person is at high Risk for Restraint Asphyxia

5. Anytime a subject seems “immune” to TASER® strikes, that person is at High Risk for Restraint Asphyxia.

6. When a subject's wrists have been handcuffed behind her/his back (with or without ankle restraint), but that does not seem to be “enough restraint” to protect citizens and providers from the individual's violent combativeness – that person is at High Risk for Restraint Asphyxia.

Any situation involving even only one of those six criteria is a situation that could result in restraint asphyxia, if the excited delirium victim is subjected to forceful-prone-restraint for more

than a minute or two.

Any situation involving more than one of those six criteria is a situation that will result in Restraint Asphyxia, if the excited delirium victim is forcefully-prone-restrained beyond the parameters of Vital Tip number Two.

VITAL TIP #2

The moment a subject is placed in a forceful-prone-restraint, the person “in charge” of the restraint should begin to hold her/his breath! The moment the breath-holding person needs to breathe, the restrained subject is in or almost in Respiratory Arrest

1. For instance: The officer who is applying the handcuffs should hold his/her breath, beginning at the moment the subject is placed prone! If the handcuffing-officer needs to breathe before the handcuffs have successfully been applied, the restrained subject is in or almost in Respiratory Arrest

2. If the handcuffs have not been successfully applied when the handcuffing-officer needs to breathe, before breathing, the officer should immediately stop the procedure and command that the subject be rolled to her/his side.

3. The subject should immediately be assessed for respiratory arrest. If the subject is not breathing, rescue breathing should immediately be performed. (Do not delay artificial respiration provision to obtain a “barrier” device.) And, emergency medical services should immediately be summoned.

4. If the side-positioned subject is still breathing (is conscious and attempting speech), two or more minutes should be allowed for the subject (and the handcuffing-officer) to become re-oxygenated. Other officers should maintain manual restraint of the side-positioned individual during this time.

5. After two or more minutes of re-oxygenation, the handcuffing procedure should begin again, with the handcuffing-officer again holding his/her breath while doing so. ... And so on!

6. Once handcuffing is accomplished, the subject must immediately be rolled to her/his side, and kept on her/his side.

7. If other forms of additional restraint application require returning the subject to a prone position, the “hold your breath” rule applies to those restraint procedures, as well!

Assigning an arbitrary “time” limit for the length of time that a forceful-prone-restraint procedure (such as handcuffing) can be performed does not work. In real life situations, restrainers are entirely unable to accurately judge the amount of time that is passing, especially when involved in a violent struggle with a subject. Furthermore, not every “subject” can survive for the same amount of forceful-prone-restraint application time. Remember, the people who take the longest amount of time to successfully handcuff are violently-struggling obese subjects. Simply being obese makes those individuals even more at High Risk for restraint asphyxia. Only by adopting Vital Tip #2 as a protocol can law enforcement officers avoid causing restraint asphyxia during handcuffing procedures.