



**Lakewood Police Department
Policy and Procedure**

**Policy Number: PP-4800
PRISONER ARREST
CONTROL/TRANSPORT**

**Effective Date:
04/16/2026**

A. Policy

The safety of the public, police agents and arrestees shall be the primary concern in the securing, handling, transporting, and processing of prisoners.

LPD sworn personnel should only use the prone restraint technique as an option to safely control a subject during situations where an individual's behavior or nature of the call poses a danger to themselves, officers, or others. Upon taking an individual into custody, arresting officers have the duty to exercise reasonable care for the subject's health and welfare.

Definitions:

1. Prone Position - A position in which a person is lying on a solid surface with the person's chest and abdomen positioned downward, even if the person's face is turned to the side, or the person has one shoulder lifted.
2. Prone Restraint - A use of physical force, including, but not limited to, the use of a mechanical restraint, in which the person who is being restrained is in a prone position.
3. Medical-Behavioral Emergency - An incident in which a medical situation (often drug-induced or drug enhanced) can at times be misinterpreted as a solely behavioral issue.
4. Recovery Position - A position other than a prone position that allows the person to breathe normally.
5. Respiratory Compromise - A person's body position that interferes with their normal respiration that could result in asphyxiation.
6. Mechanical Restraint - A physical device used to involuntarily restrict the movement of a person or the movement or normal function of a portion of a person's body. The Wrap is an example of a mechanical restraint.

B. Procedure:

1. Per § 18-1-707 (1), C.R.S., peace officers, in carrying out their duties, shall apply nonviolent means, when possible, before resorting to the use of physical force. A peace officer may use physical force only if nonviolent means would be ineffective in effecting an arrest, preventing an escape, or preventing an imminent threat of injury to the peace officer or another person.
2. In the application of physical force, peace officers should note per the same statute: "When physical force is used, a peace officer shall:
 - a. Use only a degree of force consistent with the minimization of injury to others;
 - b. Ensure that assistance and medical aid are rendered to any injured or affected persons as soon as practicable.

3. Agents should use the prone position and prone restraint tactics in an objectively reasonable manner in accordance with statute and periodic training delivered by the department. This training will be delivered at least every five years to ensure best practices are being used.
4. Agents have a duty to provide a reasonable level of care for an arrestee's health and welfare. Due to the risk of respiratory compromise, once an arrestee is secured with mechanical restraints, agents should avoid unnecessary pressure to the back, head, neck, abdomen, or chest of the subject.
5. After the scene is safe and the subject is under control, render first aid as soon as possible following any law enforcement action in which injuries have been sustained. Emergency medical services are summoned through Jeffcom911 Dispatch Center by radio or phone, if not already on scene.
6. Combative subjects may require the use of additional restraints to prevent escape or injury to the agent, arrestee, or the public. The primary field application for combative subjects will be the WRAP restraint system.
7. Considerations for the use of The WRAP include:
 - a. Assaultive, violent, or combative behavior is indicated;
 - b. To immobilize a violent or combative subject;
 - c. To limit a violent or combative subject from causing injury to themselves or others;
 - d. To limit violent or combative subjects from causing property damage by kicking;
 - e. When conventional methods of restraint are not effective;
 - f. In transportation of any high-risk subjects;
 - g. To assist with cell extraction of violent or combative subjects.
8. The WRAP device shall be applied by a minimum of three agents to ensure control of the subject, reducing the risk of injury, and in accordance with industry standards for the device, and recommended training principles for the WRAP system.
9. Only sworn personnel who have received training in the proper use of the device may apply it in the field. Agents will notify a sergeant prior to deployment of any part of the WRAP system. In exigent circumstances, agents may deploy any part of the WRAP without prior notification, provided they notify dispatch and a sergeant as soon as practicable. A sergeant will respond to the scene when feasible and ensure appropriate monitoring and review of the application.
10. Agents are encouraged to deploy the leg wrap strap to the legs of the subject to reduce the violent behavior of the subject as soon as needed, while waiting for the full restraint system to arrive.
11. The shoulder harness should never be tightened to the point that it interferes with the subject's ability to breathe. As soon as practicable, following the application, the subject will be placed in an upright or seated position and continuously monitored. Agents will ensure that the WRAP is applied in a manner that does not restrict the subject's ability to breathe.

Specifically, agents will check:

- a. The subject is breathing.
- b. The subject is leaning back.
- c. There is a gap between the harness and the subject's chest and abdomen to allow for normal respiration.

12. The primary agent transporting the subject will be responsible for observation and monitoring the subject once the device is deployed. The subject shall not be left unattended.
13. If any agent on scene observes subject behaviors that lead them to reasonably believe a medical event may be occurring, appropriate medical personnel shall be notified or summoned.
14. When transporting the subject to the jail while in the WRAP restraint system, the primary agent, or their designee, will contact the intake staff and communicate the incoming transport of a subject restrained by The WRAP device. Once at the jail, the subject will be moved by Lakewood agents from the police vehicle to the jail intake lobby, where detention personnel will take over control of the prisoner.
15. The WRAP restraint device is a temporary restraining device. The leg wrap strap and shoulder harness should be checked for tightness and re-tightened or loosened as necessary until the WRAP is removed.
16. When The WRAP restraint device is deployed, the primary agent will document its use in their report. Information should include:
 - a. Summary of events leading up to the use of the device.
 - b. Agents that took part in the application of the device.
 - c. Observations of the subject's behavior.
 - d. Reporting whether the West Metro Fire Department responded for medical circumstances.
17. Leg wrap straps will be maintained in patrol vehicles as issued equipment. Replacement of any damaged or missing components will be coordinated through patrol equipment technicians.
18. Members will not deploy any WRAP device that is damaged, defective, or otherwise unserviceable. Damaged devices will be removed from service until repaired or replaced.
19. Any WRAP device contaminated with blood, vomit, feces, or other biohazardous material will be taken out of service until properly cleaned and disinfected.
20. EMS should be requested if there is any complaint of, or obvious sign of injury, especially involving prone restraint. If there is obvious sign of injury, or the subject stops breathing, the peace officers on scene shall render emergency first aid measures. These measures may include, but are not limited to, basic first aid, tourniquet, CPR, AED, or Narcan (Naloxone). When obvious severe injuries have occurred, when medical distress is apparent, or an individual is unconscious or was unconscious at any time:
 21. Paramedics shall be summoned for medical assistance.
 22. The person will be transported by ambulance to a medical facility for examination and medical clearance.
 23. When less lethal systems are used, arrangements shall be made for the treatment and/or decontamination of the person.
 24. Injuries shall be documented and photographed.
 25. Ensure hospital or appropriate medical facility is notified of prisoner transports.

26. In full-custody arrest or detention situations, patrol agents in the field shall search and restrain prisoners normally by handcuffing them behind their back. Agents taking custody of prisoners from other agencies, for transport or other purposes shall search the prisoner and shall not assume that a prisoner has previously been searched.
27. When transporting prisoners in City vehicles, prisoners shall be secured in the vehicle by use of seat belts. Prisoners shall not be handcuffed to any part of the vehicle. Transporting agents shall not lose sight of their prisoners.
28. Agents shall not engage in pursuit, high speed, or erratic driving when transporting prisoners. Agents shall not make traffic stops nor cause delays when transporting prisoners unless such stop or delay is unavoidable to protect life or prevent extreme property damage.
29. Transporting of transgender arrestees: Whenever practical, transgender arrestees shall be transported separately.

C. Rule

1. As soon as practical after an individual has been handcuffed, or otherwise secured, the individual shall be brought into a position on their side (recovery position) or into a sitting position as quickly as possible, so long as the individual's actions no longer place peace officers or community members at risk of imminent injury, or injury to the subject. Peace officers will make all reasonable efforts to ensure that the individual is not left in a prone position for longer than necessary to gain control over the subject.
2. Prior to transport, a combative arrestee shall be released from a prone restraint device when the arresting officer believes that it is safe to do so.
3. A prisoner, who is restrained by the use of a prone restraint, shall be transported while positioned in a seated, upright position or while lying on his side.
4. When using the prone restraint technique, Agents should be vigilant in monitoring the subject's condition and address any signs that could indicate a medical-behavioral emergency. Indicators of a subject experiencing a medical-behavioral emergency may include, but are not limited to:
 - a. Extreme agitation;
 - b. Elevated heart rate;
 - c. Rapid breathing, shallow breathing, or no breathing at all;
 - d. Altered mental state, or confusion;
 - e. Inappropriate or excessive sweating;
 - f. Temperature extremes (subject feels very cold or hot to the touch);
 - g. Erratic or irrational behavior;
 - h. Publicly naked or insufficiently attired for the weather conditions;
 - i. Pain tolerance, or;
 - j. Actual law enforcement knowledge of consumption of alcohol, drugs, or both, especially stimulants (Cocaine, PCP, Methamphetamines).
5. Peace officers need to be cognizant of other factors that may affect normal breathing such as physical limitations, body size, weight distribution, position of the body as it relates to the diaphragm and its movement, as well as outside influences all dictate how one breathes normally. This reinforces the importance of constant observation, assessing the status of the subject, and reacting accordingly to signs of distress.

6. Peace officers should provide a comprehensive general report whenever prone restraint is utilized.
7. Any use of force application intended to gain control of a subject by restricting blood flow to the brain for the purpose of incapacitation such as CAROTID CONTROL HOLDS AND CHOKE HOLDS are illegal and not allowed.
8. Agents shall only use department approved The Wrap restraint devices and will receive training in their use by department approved instructors and shall only use the devices in a manner consistent with the approved training.
9. If a peace officer observes another peace officer use physical force which exceeds the degree of physical force permitted pursuant to § 18-1-707, C.R.S., they must report the use of force in compliance with § 18-8-802, C.R.S.