

Controlling Prone, Handcuffed, and Resistant Subjects



Fremont Police Department

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Goal

Dealing with suspects in the prone position can have several complications:

- Visibility of their hands, waistband, pockets, etc.
- Obtaining sufficient control*
- Medical emergencies
- Public perception

The goal of this training is to provide Defensive Tactics recommendations on how to deal with these types of suspects.



Defensive Tactics Recommendations

- Officer safety is paramount for everyone involved. These incidents can be very volatile and dangerous for officers and suspects.
- Remain professional at all times. All eyes/cameras are on you.
- Continually look for opportunities to de-escalate, when feasible and safe.
- Be mindful of high-risk populations:
 - Subjects who are confined/compressed in a prone position
 - Subjects who are overweight/obese
 - Subjects who are under the influence of drugs or alcohol
 - Subjects who have been violently struggling
- Can the call for service be appropriately handled in another way?



Defensive Tactics Recommendations

- When body weight is needed to control the suspect, use only *reasonable* weight while avoiding pressure on the head and neck.
- Avoid prolonged body weight on the torso/back.
- Overcome resistance/threat and handcuff quickly if possible. Avoid prolonged struggles or “dog-piling” on suspects.
- Remove weight once active resistance ends and/or the subject is sufficiently controlled*.
- If a handcuffed suspect is kicking/grabbing, consider standing up and backing away. Re-evaluate if suspect tries to stand up or flee.
- Consider the person may be trying to trick/ruse officer(s) through statements, but don't ignore claims of labored breathing.
- Designate a **Medical Officer**. Broadcast over radio.
- Narrate your body-cam, especially with suspect resistance.
- For higher levels of control, consider utilizing the WRAP



Medical Officer's Role

- If needed, request EMS and Fire immediately.
- Sole job is to monitor subjects' medical needs (i.e.- respiration)
- Maintain constant visual on subject
- Coordinate initial medical aid by officers until advanced care arrives
 - Better position for respiration (i.e.- recovery position, seated, etc.)
 - AED, CPR, bag-valve mask, Narcan, etc. as needed.
- Vocalize what accommodations that are being made
 - Add additional handcuffs to allow for more mobility and/or handcuff in front if safe
- Subjects experiencing a serious medical emergency should be transported by ambulance to hospital.
- Consider the possibility of a drug overdose. Advise EMS and deploy Narcan.
- Depending on seriousness of medical needs, consider removing handcuffs
- Subjects experiencing or claiming respiratory distress shall be transported to hospital to medical clearance before jail booking (policy 446.5).



Additional Considerations

- The Primary Officer involved in a prolonged and/or serious fight should be replaced by another officer once sufficient units have arrived, and it is safe to do so
- Broadcast over the radio if the subject states they can't breathe and what safe and reasonable accommodations (extra handcuffs, recovery position, etc.) are being made
- Supervisor should respond to scene
- Consider appropriate disposition: arrest, medical, or 5150
- Inform jail of subject's behavior, restraints used, and/or force used
- Report writing: DOCUMENT DOCUMENT DOCUMENT!!



Summary

- Avoid prolonged struggles and attempt to handcuff quickly
- As soon as it is safe to do so, move the suspect into a recovery position, seated position, or other supported position
- Consider the 4 categories of highest risk:
 - Subjects who are confined/compressed in a prone position
 - Subjects who are overweight/obese
 - Subjects who are under the influence of drugs or alcohol
 - Subjects who have been violently struggling
- Continually monitor the suspect's positional & medical condition



Analysis

- When handcuffing a suspect, do not place weight on his neck, shoulders and back *unless reasonably necessary* to gain control of a resistant suspect. Once the suspect is handcuffed, move the suspect into the recovery position (e.g., on their side, sitting up, or standing up) ASAP.
- Monitor breathing for *the entire time*, before and after handcuffing, while struggling with a facedown suspect.
- Be aware that an obese suspect is at risk for breathing problems when facedown, as their stomach is pushed up into the diaphragm and impedes breathing. Be aware that the suspect may have medical issues not apparent to officers (e.g., meth, bad heart, etc.) that increase risk of death.
- In the Alameda PD case, the focus was not on the suspect's medical issues, but on the fact that the suspect was on the ground while handcuffed for 3.5 minutes. The pathologist opined that Gonzalez's positioning was a contributing cause of the death. *Any pathologist will undoubtedly always say that the weight on back contributed*, so officers must get their weight off the suspect immediately after they are handcuffed.



Questions

Thank You