

Handcuffing and Restraints

302.1 PURPOSE AND SCOPE

This policy provides guidelines for the use of handcuffs and other restraints during detentions and arrests.

Because restraint devices are designed to compel, control, constrain, or restrain a person's movement, use of these devices may be considered physical force, and considerations governing uses of physical force detailed in this policy and the Use of Force Policy may apply to their use. However, physical force does not include compliant handcuffing where there is no complaint of physical pain or injury (RCW 10.120.010).

302.1.1 DEFINITIONS

Definitions related to this policy include:

Compression asphyxia - An inadequate oxygen level in the blood and/or an excessive increase of carbon dioxide in the blood causing unconsciousness or death brought on by mechanically limiting expansion of the lungs through compressing of the chest and/or abdomen, interfering with breathing.

Positional asphyxia - An inadequate oxygen level in the blood and/or an excessive increase of carbon dioxide in the blood causing unconsciousness or death brought on by a person being placed in a body position which compresses the person's airway and does not allow the person to breathe freely.

302.2 POLICY

The Richland Police Department authorizes the use of restraint devices in accordance with this policy, the Use of Force Policy, the Transporting Persons in Custody Policy, and department training. Restraint devices shall not be used to punish, to display authority, or as a show of force.

302.3 USE OF RESTRAINTS

Only members who have successfully completed Richland Police Department-approved training on the use of restraint devices described in this policy are authorized to use these devices.

When deciding whether to use any restraint, officers should carefully balance officer safety concerns with factors that include but are not limited to:

- The circumstances or crime leading to the arrest.
- The demeanor and behavior of the arrested person.
- The age and health of the person.
- Whether the person is known to be pregnant.
- Whether the person has a hearing or speaking disability. In such cases, consideration should be given, safety permitting, to handcuffing in the front in order to allow the person to sign or write notes.

Handcuffing and Restraints

- Whether the person has any other apparent disability.

Restrained persons should be monitored while in law enforcement custody.

302.3.1 RESTRAINT OF DETAINEES

Situations may arise where it may be reasonable to restrain a person who may, after brief investigation, be released without arrest. Unless arrested, the use of restraints on detainees should continue only for as long as is reasonably necessary to ensure the safety of officers and others. When deciding whether to remove restraints from a detainee, officers should continuously weigh safety interests against the continuing government intrusion upon the detainee.

302.3.2 RESTRAINT OF PREGNANT PERSONS

Persons who are known to be pregnant should be restrained in the least restrictive manner that is effective for officer safety. Leg restraints, waist chains, or handcuffs behind the body should not be used unless the officer has a reasonable suspicion that the person may resist, attempt escape, injure themselves or others, or damage property.

No person who is in labor, delivery, or recovery after delivery shall be handcuffed or restrained except in extraordinary circumstances, and only when a supervisor makes an individualized determination that such restraints are necessary for the safety of the detainee, officers, or others. See the Transporting Persons in Custody Policy for guidelines relating to transporting pregnant persons.

302.3.3 RESTRAINT OF JUVENILES

A juvenile under 14 years of age should not be restrained unless suspected of committing a dangerous felony or when the officer has a reasonable suspicion that the juvenile may resist, attempt escape, injure themselves, injure the officer, or damage property.

Members who are school resource officers should only use restraints on a student participating in school-sponsored instruction or activity when there is an imminent likelihood of serious harm and pursuant to the school policy for students and staff (RCW 28A.600.485).

302.4 APPLICATION OF HANDCUFFS OR PLASTIC CUFFS

Handcuffs, including temporary nylon or plastic cuffs, may be used only to restrain a person's hands to ensure officer safety.

Although recommended for most arrest situations, handcuffing is discretionary and not an absolute requirement of the Department. Officers should consider handcuffing any person they reasonably believe warrants that degree of restraint. However, officers should not conclude that in order to avoid risk every person should be handcuffed regardless of the circumstances.

In most situations handcuffs should be applied with the hands behind the person's back. When feasible, handcuffs should be double-locked to prevent tightening, which may cause undue discomfort or injury to the hands or wrists.

Handcuffing and Restraints

In situations where one pair of handcuffs does not appear sufficient to restrain the person or may cause unreasonable discomfort due to the person's size, officers should consider alternatives, such as using an additional set of handcuffs or multiple plastic cuffs.

Handcuffs should be removed as soon as it is reasonable or after the person has been searched and is safely confined within a detention facility.

Upon receiving any complaint, concerning the application of handcuffs, officers should assess and evaluate the application of handcuffs and ensure proper application. This should occur at the earliest safe opportunity to do so. The complaint and the action taken will be documented.

302.5 APPLICATION OF SPIT GUARDS

A spit guard (sometimes referred to as spit hood, spit mask, or spit sock) is a woven mesh device which can be placed over a person's head and face with the intent of preventing or reducing the transmission of infectious disease through saliva, mucous, and blood. Officers shall only use department-issued spit guards.

Spit guards may be placed upon persons in custody when the officer reasonably believes the person will bite or spit, either on a person or in an inappropriate place. They are generally used during application of a physical restraint, while the person is restrained, or during or after transport.

Prior to application of a spit guard, an officer should warn the individual and provide a reasonable time for the person to comply with the officer's commands. If applied, the officer should remove the spit guard as soon as the threat of spitting or biting has ended, or the officer observes that the spit guard is no longer necessary.

Officers utilizing spit guards should ensure that the spit guard is fastened properly according to the manufacturer's instructions to allow for adequate ventilation and that the restrained person can breathe normally. After application of a spit guard and when safe to do so, officers should move the individual into a seated or side recovery position. Officers should provide assistance during the movement of a restrained person due to the potential for impairing or distorting that person's vision. For individuals in mental health crisis, application of a spit guard may provoke an elevated level of distress. Officers should provide verbal reassurance and dynamically assess the situation to remove the spit guard as soon as appropriate. Officers should avoid commingling those wearing spit guards with others and detainees.

Spit guards should not be used in situations where the restrained person is bleeding profusely from the area around the mouth or nose, or if there are indications that the person has a medical condition that affects their breathing, or the person demonstrates symptoms of labored or distressed breathing. In such cases, prompt medical care should be obtained. If the person vomits while wearing a spit guard, the spit guard should be promptly removed and discarded. Persons who have been sprayed with oleoresin capsicum (OC) spray should be thoroughly decontaminated including hair, head, and clothing, prior to application of a spit guard.

Handcuffing and Restraints

Those who have been placed in a spit guard should be continually monitored and should not be left unattended until the spit guard is removed. In the event of a medical emergency, spit guards should be removed immediately. Spit guards shall be discarded after each use.

302.6 APPLICATION OF AUXILIARY RESTRAINT DEVICES

Auxiliary restraint devices include the WRAP restraints, transport belts, waist or belly chains, transportation chains, leg restraints, and other similar devices. Auxiliary restraint devices are intended for use during long-term restraint or transportation. They provide additional security and safety without impeding breathing, while permitting adequate movement, comfort, and mobility.

Only department-authorized devices may be used. Any person in auxiliary restraints should be monitored as reasonably appears necessary.

302.7 APPLICATION OF LEG RESTRAINT DEVICES

Leg restraints may be used to restrain the legs of a violent or potentially violent person when it is reasonable to do so during the course of detention, arrest, or transportation. Only restraint devices approved by the department shall be used.

In determining whether to use the leg restraint, officers should consider:

- (a) Whether the officer or others could be exposed to injury due to the assaultive or resistant behavior of a person.
- (b) Whether it is reasonably necessary to protect the person from his/her own actions (e.g., hitting his/her head against the interior of the patrol vehicle, running away from the arresting officer while handcuffed, kicking at objects or officers).
- (c) Whether it is reasonably necessary to avoid damage to property (e.g., kicking at windows of the patrol vehicle).

302.7.1 GUIDELINES FOR USE OF LEG RESTRAINTS

When applying leg restraints, the following guidelines should be followed:

- (a) If practicable, officers should notify a supervisor of the intent to apply the leg restraint device. In all cases, a supervisor shall be notified as soon as practicable after the application of the leg restraint device.
- (b) Once applied, absent a medical or other emergency, restraints should remain in place until the officer arrives at the jail or other facility or the person no longer reasonably appears to pose a threat.
- (c) Once secured, the person should be placed in a seated or upright position, secured with a seat belt, and shall not be placed on the person's stomach for an extended period, as this could reduce the person's ability to breathe.
- (d) The restrained person shall be continually monitored by an officer while in the leg restraint (Washington State Office of the Attorney General Model Use of Force Policy). The officer should ensure that the person does not roll onto and remain on the person's stomach.

Handcuffing and Restraints

- (e) The officer should look for signs of labored breathing and take appropriate steps to relieve and minimize any obvious factors contributing to this condition.

Officers shall not connect or assist with connecting a leg restraint to handcuffs or other types of restraints (i.e., hog-tie an individual) (Washington State Office of the Attorney General Model Use of Force Policy; RCW 10.116.022).

302.8 REQUIRED DOCUMENTATION

If a person is restrained and released without an arrest, the officer shall document the details of the detention and the need for handcuffs or other restraints.

If a person is arrested, the use of handcuffs or other restraints shall be documented in the related report.

Officers should document the following information in reports, as appropriate, when restraints other than handcuffs are used on a person:

- (a) The factors that led to the decision to use restraints.
- (b) Supervisor notification and approval (if obtained) of restraint used when the restraint applied was more than handcuffing.
- (c) The types of restraint used.
- (d) The amount of time the person was restrained.
- (e) How the person was transported and the position of the person during transport.
- (f) Observations of the person's behavior and any signs of physiological problems.
- (g) Any known or suspected drug use or other medical problems.

302.8.1 SCHOOL RESOURCE OFFICERS

Members working as school resource officers who use isolation or restraint on a student during school-sponsored instruction or activities should prepare a report pursuant to RCW 28A.600.485, inform the building administrator or building administrator's designee as soon as possible, and request the written report be disseminated to the district office within two business days.

302.9 TRAINING

Officers will receive periodic training on the proper use of handcuffs and other restraints, including:

- (a) Proper placement and fit of handcuffs and other restraint devices approved for use by the Department.
- (b) Response to complaints of pain by restrained persons.
- (c) Options for restraining those who may be pregnant without the use of leg restraints, waist chains, or handcuffs behind the body.
- (d) Options for restraining amputees or those with medical conditions or other physical conditions that may be aggravated by being restrained.

Handcuffing and Restraints

- (e) Proper placement of safely secured persons into an upright or seated position to avoid placement on the stomach for an extended period, as this could reduce the person's ability to breathe.

302.10 POSITIONAL ASPHYXIATION AND COMPRESSION ASPHYXIATION

Consistent with training, officers should take the following actions to reduce the risk of positional asphyxiation and compression asphyxiation:

- (a) As soon as safe and feasible after handcuffing or otherwise restraining a person taken to the ground, roll the person to their side and move the person to an upright position that does not impede the mechanism of normal breathing, except if the person is unconscious. This requirement is especially important when the person is handcuffed in the prone position.
 - 1. An exception is if the person is conscious and expresses a desire to be placed in a different position, the officers should place the person in that position unless doing so poses a substantial risk of safety to the individual, officers, or others.
- (b) Do not put prolonged pressure on the chest or back, including by sitting, kneeling, or standing. Pressure should not be applied to the neck.
- (c) Continuously monitor the person's condition while being restrained, as death can occur suddenly and develop beyond the point of viable resuscitation within seconds. Monitoring includes but is not limited to assessing the adequacy of the individual's breathing, color, and any impairment as verbalized by the individual.
- (d) Officers shall monitor the health and welfare of the person until:
 - 1. Responsibility is transferred to a health care professional (e.g., emergency medical technician (EMT), paramedic); or
 - 2. The person is placed in a seated position in a transport vehicle and verbalizes to the officer that the person feels okay, and the person appears to the officer to be well and speaking normally.
- (e) If any officer becomes aware of an issue with the person's breathing, color, or any impairment, the officer shall ensure corrective action is taken (e.g., reposition the suspect, request medics) and notify the supervisor when feasible.
- (f) Do not transport a restrained person in the prone position, if at all possible. If transport cannot be done in any other manner, ensure a second officer can provide constant monitoring of the subject.