

Handcuffing and Restraints

306.1 PURPOSE AND SCOPE

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

306.2 POLICY

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

306.3 USE OF RESTRAINTS

Only members who have successfully completed Union City 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 to the front in order to allow the person to sign or write notes.
- Whether the person has any other apparent disability.

306.3.1 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 the safety interests at hand against the continuing intrusion upon the detainee.

306.3.2 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 irons, 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 self 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

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determination that such restraints are necessary for the safety of the arrestee, officers, or others (Penal Code § 3407; Penal Code § 6030).

306.3.3 RESTRAINT OF JUVENILES

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

306.3.4 NOTIFICATIONS

Whenever an officer transports a person with the use of restraints other than handcuffs, the officer shall inform the jail staff upon arrival at the jail that restraints were used. This notification should include information regarding any other circumstances the officer reasonably believes would be potential safety concerns or medical risks to the person (e.g., prolonged struggle, extreme agitation, impaired respiration) that may have occurred prior to, or during, transportation to the jail.

306.4 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.

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.

306.5 APPLICATION OF SPIT HOODS

Spit hoods are temporary protective devices designed to prevent the wearer from biting and/or transferring or transmitting fluids (saliva and mucous) to others.

Spit hoods 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.

Officers utilizing spit hoods should ensure that the spit hood is fastened properly to allow for adequate ventilation and so that the restrained person can breathe normally. Officers should provide assistance during the movement of a restrained person due to the potential for impairing or

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distorting that person's vision. Officers should avoid comingling those wearing spit hoods with other detainees.

Spit hoods 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, such as difficulty breathing or vomiting. In such cases, prompt medical care should be obtained. If the person vomits while wearing a spit hood, the spit hood 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 hood.

Those who have been placed in a spit hood should be continually monitored and shall not be left unattended until the spit hood is removed. Spit hoods shall be discarded after each use.

306.6 APPLICATION OF AUXILIARY RESTRAINT DEVICES

Auxiliary restraint devices include transport belts, waist or belly chains, transportation chains, leg irons, 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.

306.7 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).

306.7.1 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.

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- (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 his/her stomach for an extended period, as this could reduce the person's ability to breathe.
- (d) The restrained person should be continually monitored by an officer while in the leg restraint. The officer should ensure that the person does not roll onto and remain on his/her stomach.
- (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.
- (f) When transported by emergency medical services, the restrained person should be accompanied by an officer when requested by medical personnel. The transporting officer should describe to medical personnel any unusual behaviors or other circumstances the officer reasonably believes would be potential safety or medical risks to the person (e.g., prolonged struggle, extreme agitation, impaired respiration).

306.8 PRONE-SPECIFIC TECHNIQUES

Restraint

Restraint of individuals can take various forms: physical means, handcuffs, and/or restraint devices. The restrained individual may be sitting, standing, laying on the ground in a prone position, laying on the ground in a supine position, or laying on the side. Prone position is laying face-down (on one's stomach); supine position is laying face-up (on one's back).

Restraint may include the holding of an individual through body force, leverage, mass, and/or through weight distribution after a struggle. It also includes physical restraint through the WRAP, gurneys, and/or hospital beds.

Department members should be mindful of how overall mass and weight distribution in various positions may affect a restrained individual. This is especially true in instances where several department members are attempting to control a combative, or dangerous subject.

Prone Containment

Prone containment is the brief physical holding of an individual in a prone position, usually on the ground, for the purpose of effectively gaining quick control of an aggressive individual.

306.8.1 RISK FACTORS

Compression Asphyxiation

Compression asphyxia is a death that occurs when external pressure on the body interferes with breathing. Compression asphyxia may occur when a subject's chest is restricted from expanding properly or the position of the subject's head obstructs the airway.

During the process of subduing and/or restraining an individual, Department members should be mindful that if an individual's respiration and/or ventilation are compromised, there can be an

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insufficient amount of oxygen in the blood, and the individual's body can be unable to meet its oxygen needs or demands (hypoxia). Hypoxia may result in a disturbed heart rhythm (cardiac arrhythmia).

The risk of compression asphyxia could increase when any of the following conditions exist:

- Prolonged struggle
- Alcohol intoxication
- Drug influence
- Any pressure placed on the head, neck, chest, or back
- Pre-existing physical ailments
- Excited Delirium
- Respiratory illnesses
- Poor circulation
- Obesity
- Recent head trauma
- Restraint of person of small stature

Those under restraint, or those having been restrained should be closely monitored and observed for any of the following warning signs:

- The subject has difficulty with breathing.
- The subject has a sudden increase or decrease in aggression.
- The subject begins feeling or becomes sick.
- The subject becomes limp and/or unresponsive.
- The subject experiences an altered level of consciousness.
- The subject completely loses consciousness.
- The subject experiences respiratory or cardiac arrest.
- The subject develops swelling to the face and/or neck areas.
- The subject develops small blood spots to the head, neck and chest areas.
- You observe a marked expansion of the veins in the subject's neck.
- Although the subject can talk, doesn't necessarily mean the subject can breathe.

Although most officers have no reason to expect death to result from restraining a subject, death may occur. Once a subject is physically restrained and no longer deemed a threat, department members should attempt to transition to the least intrusive means of restraint possible. Furthermore, department members should aim to effectively communicate during and after such

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instances and should consolidate their efforts accordingly. Exercising caution and common sense may lessen the potential for in-custody deaths due to compression asphyxia.

306.8.2 PREVENTION

How to limit risks associated with compression asphyxia:

- If the person being handcuffed is on the ground or in a prone position, officers should, as soon as practicable, place the person in an upright sitting position or on their side for respiratory recovery and to mitigate the potential for compression asphyxia.
- If a subject is in need of emergency medical care (i.e. chest pain, breathing problems, etc.) request Emergency Medical Services (EMS).
- Continually monitor the person's behavior (circulation, airway, and breathing).
- Maintain constant communication with the person, if practicable, to help them into an effective recovery position.

306.9 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 of restraint use.
- (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.

306.10 TRAINING

Subject to available resources, the Training Manager should ensure that officers 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 irons, waist chains, or handcuffs behind the body.

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- (d) Options for restraining amputees or those with medical conditions or other physical conditions that may be aggravated by being restrained.

306.11 REVISIONS

Revised: January 17, 2020

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