

# Chapter 7:

## Limb Restraints

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# Chapter 7

## Procedures and Guidance Regarding the Application of Limb Restraints

### Introduction

- 7.1 There are several types of limb restraints commercially available. This section deals specifically with the 'Velcro' strap type carried in a pouch.
- 7.2 The restraints are not designed to be a replacement for rigid handcuffs but rather are designed for use in conjunction with them. The purpose of restraints is to gain control of a violent subject as quickly as possible with the minimum risk of injury to all involved, and subsequently to assist the restrained person into a safe position.

### Tactics

- 7.3 The basic principles on the use of limb restraints are contained in the NPCC Personal Safety Manual. The manual also refers to the medical implications associated with the use of limb restraints, and the potential for injury.
- 7.4 Guidance on Police Use of Limb Restraint Devices:
- The term 'limb restraint' indicates a device that is designed and used to restrict the range of movement of the arms and/or legs. Its application should prevent a person from kicking and/or punching and allow for safe transportation of the person in a vehicle to a place of safety.
  - Once applied the device should:
    - ◆ Restrict the movement of the arms and/or legs to the extent where the person cannot use gross motor actions.
    - ◆ Render a person unable to punch, kick, offer substantial resistance or initiate an assault.
    - ◆ Permit officers to move the person by walking them (aided) or to carry them.
    - ◆ Permit the removal and re-application of handcuffs with a device applied to the upper body.
    - ◆ With devices applied (to upper and/or lower body) permit officers to place the person safely into a vehicle, transport them, and then remove them to a place of safety.

- Limb restraints should only be used by those officers (includes Civilian Detention Officers) who have received appropriate training. Training must include the medical implications associated with the use of the device as well as the risks related to the conditions known as positional asphyxia and acute behavioural disturbance. (See 7.5 below.)
- The equipment is one of a number of tactical options available to an officer faced with violence or the threat of violence. Its use must be lawful in all the circumstances and include consideration of an individual's human rights. The decision to use the equipment is an individual one for which the officer will be accountable. The impact factors referred to in the 'National Decision Model' may assist officers in making such judgments.
- There are a number of scenarios in which it is acknowledged that the devices may be of use. These include the following, which is not an exhaustive list:
  - ◆ Moving a person from the scene of an arrest to a vehicle.
  - ◆ Placing a person into a vehicle or cell.
  - ◆ Transporting a person to a location (custody suite or place of safety).
  - ◆ Removing a person from a vehicle or cell.
- Wherever possible, a van or ambulance, if appropriate, should be used to transport a person who has been restrained by means of a limb restraint device on their legs. This will enable easier access and minimise the risk of injury.
- It is essential that the restraint methods used after a person has been sprayed with Irritant Spray (e.g. handcuffs and/or limb restraints) and the physical position they are placed in do not adversely affect breathing. Individuals must not remain in, nor be transported in the prone (face down) position.
- When a person has been restrained using limb restraints it is essential that they should be carefully monitored at all times to ensure their wellbeing and to also ensure that they are not capable of releasing the restraint.
- If the individual experiences difficulties in resuming normal breathing, then medical assistance must be sought immediately and must be given precedence over conveying the individual to the police station.

## Positional Asphyxia and Acute Behavioural Disturbance

7.5 These are two conditions identified as risks during arrest and restraint procedures which must be considered following the use of physical restraint and/or use of force on an individual.

## 7.6 Positional Asphyxia

Positional Asphyxia is a form of asphyxia (a state of deficient supply of oxygen to the body that arises from abnormal breathing) which occurs when someone's position prevents the person from breathing adequately.

There is a risk of Positional Asphyxia when restraining a person (in prone restraint). There is a risk also in a seated position pushed forward with the chest on or close to the knees, reducing the ability to breath. In simple terms, a subject can stop breathing (i.e. asphyxiate) because of the position they have been held in. Positional Asphyxia is likely to occur when a subject is in a position that interferes with their inhalation and/or exhalation and they cannot move from that position. In relation to COVID-19 that causes severe respiratory distress in severe cases, there is a possible increased risk of respiratory distress.

## 7.7 Acute Behavioural Disturbance

When a subject exhibits confused, fearful, agitated, violent psychotic and/or aggressive behaviour, it is a spectrum from mild, to moderate, to severe. Not all signs may be present and to varying severity. There may be no signs exhibited if the subject is exhausted and close to collapse. Subjects with ABD are usually fearful, confused and paranoid. Intoxicated subjects are more likely to be aggressive and not paranoid. Historically, there have been various names for these symptoms - drug induced psychosis or excited delirium. This does not always mean ABD and vice versa. It is not a cause of death. It is an umbrella term for a collection of symptoms and behaviours. **The correct Police and NHS term is Acute Behavioural Disturbance (ABD).** These outdated terms should not be used when dealing with a subject suffering from ABD.

## 7.8 Officers and Staff should treat both these conditions as a medical emergency.

7.9 Officers and Staff should read the further guidance on Positional Asphyxia and Acute Behavioural Disturbance which is contained in Appendix E Conflict Management Manual and available on POINT. This appendix also contains information on restraint techniques, monitoring, medical response and transportation of subjects.

7.10 Officers and Staff should also make themselves aware of the LEARN online course 'Acute Behavioural Disturbance' which should be completed prior to attending mandatory PSP refresher training.

## Contaminated Limb Restraints

7.11 Officers must be aware of the possibility of limb restraints becoming contaminated by blood or urine. In such circumstances, care should be taken not to come in direct contact with the limb restraints. They should be handled

using gloves or other suitable material and placed in a plastic bag or receptacle. Contaminated limb restraints should not be returned to the carrying pouch. In the event of contaminated limb restraints coming into contact with the pouch, both items will be treated as contaminated and similarly dealt with. The contaminated items will be double wrapped and clearly labelled **'CONTAMINATED LIMB RESTRAINTS'** or **'CONTAMINATED LIMB RESTRAINTS AND POUCH'** as appropriate. The name, rank and number of the officer responsible for using the restraints will be clearly indicated. The member concerned will make a notebook entry of the circumstances surrounding the contamination. Unless required for evidential purposes, arrangements will be made to have the contaminated items returned to Weapon Control by first available free transport for sterilization or disposal, and application made for replacement items.

- 7.12 When limb restraints are used, officers will record the circumstances surrounding the incident in their official notebooks and report the matter to their immediate supervisor in accordance with Chapter 2 - Accountability and Training.