

Handcuffing and Restraints

305.1 PURPOSE AND SCOPE

This policy provides guidelines for the use of handcuffs and other restraints during detentions and arrests. This policy does not apply to the KCSO Corrections Division. Corrections Officers should consult the Kitsap County Sheriff's Office Custody Manual for the handcuffing and restraint policy for inmates.

305.1.1 DEFINITIONS

Definitions related to this policy include (Washington State Office of the Attorney General Model Use of Force Policy):

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.

305.2 POLICY

The Kitsap County Sheriff's Office authorizes the use of restraint devices in accordance with this policy, the Use of Force Policy and office training. Restraint devices shall not be used to punish, to display authority or as a show of force.

305.3 USE OF RESTRAINTS

Only members who have successfully completed Kitsap County Sheriff's Office-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, deputies 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.

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305.3.1 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 deputies and others. When deciding whether to remove restraints from a detainee, deputies should continuously weigh the safety interests at hand against the continuing intrusion upon the detainee.

305.3.2 RESTRAINT AND TRANSPORT OF SICK, INJURED OR DISABLED PERSONS

If a prisoner becomes sick or is injured incident to arrest and is in need of medical treatment, the arresting officer must seek medical treatment for the prisoner at that time. Prisoners with life threatening medical conditions or injuries must be transported to a medical facility by ambulance. In such instances, an officer may be designated to accompany the prisoner during transport or follow the ambulance in a patrol car. The need for restraining devices will be determined upon consultation with the medical personnel providing the immediate treatment to the prisoner. If a prisoner is transported to a medical facility, a supervisor should be notified as soon as practical.

Disabled or handicapped prisoners may require special procedures. The transporting officer will:

- Make every legally required effort to ensure that any special equipment or medicine required by the prisoner is transported along with the prisoner; and
- Request assistance when needed in order that the transport may be completed in a manner that is safe for the prisoner and the officer.
- Specially equipped vehicles may be requested to transport handicapped persons whose condition prohibits transport in police vehicles. When feasible, these arrangements will be made prior to the arrest taking place.
- The application of restraint devices on a handicapped prisoner is governed by the subject's physical capabilities, seriousness of the charge and threat level of the prisoner. Officer will use discretion and sound judgment when determining whether restraining devices are necessary for physically handicapped prisoners.

305.3.3 RESTRAINT OF PREGNANT PERSONS

Persons who are known to be pregnant should be restrained in the least restrictive manner available and reasonable under the circumstances, but in no case shall leg irons or waist chains be used. Handcuffs behind the body should not be used unless the deputy has a reasonable suspicion that the person may resist, attempt escape, injure herself or others, or damage property (RCW 70.48.500).

When the person is in labor no restraints of any kind shall be used. This does not prohibit a treating physician licensed under Title 18 RCW from requesting the use of hospital restraints for the medical safety of the person (RCW 70.48.500).

305.3.4 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 deputy has a reasonable suspicion that the juvenile may resist, attempt escape, injure him/herself, injure the deputy or damage property.

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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).

305.3.5 NOTIFICATIONS

Whenever a deputy transports a person with the use of restraints other than handcuffs, the deputy shall inform the jail staff upon arrival at the jail that restraints were used. This notification should include information regarding any other circumstances the deputy 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.

305.4 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 Office. Deputies should consider handcuffing any person they reasonably believe warrants that degree of restraint. However, deputies 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, deputies 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.

305.5 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. Deputies shall only use office-issued spit guards (Washington State Office of the Attorney General Model Use of Force Policy).

Spit guards may be placed upon persons in custody when the deputy 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, a deputy shall warn the individual and provide a reasonable time for the person to comply with the deputy's commands.

Deputies 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

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can breathe normally. After application of a spit guard and when safe to do so, deputies shall move the individual into a seated or side recovery position. Deputies shall 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. Deputies should provide verbal reassurance and dynamically assess the situation to remove the spit guard as soon as appropriate. Deputies 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.

Those who have been placed in a spit guard shall be continually monitored and shall 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.

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

305.7 APPLICATION OF LEG RESTRAINT DEVICES

Leg restraints (e.g., hobble 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 office shall be used.

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

- (a) Whether the deputy 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 deputy while handcuffed, kicking at objects or deputies).
- (c) Whether it is reasonably necessary to avoid damage to property (e.g., kicking at windows of the patrol vehicle).

305.7.1 GUIDELINES FOR USE OF LEG RESTRAINTS

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

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- (a) If practicable, deputies 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 deputy 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 a deputy while in the leg restraint (Washington State Office of the Attorney General Model Use of Force Policy). The deputy should ensure that the person does not roll onto and remain on the person's stomach.
- (e) The deputy 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 a deputy when requested by medical personnel. The transporting deputy should describe to medical personnel any unusual behaviors or other circumstances the deputy reasonably believes would be potential safety or medical risks to the person (e.g., prolonged struggle, extreme agitation, impaired respiration).

Deputies shall not connect 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).

305.8 REQUIRED DOCUMENTATION

If a person is restrained and released without an arrest, the deputy 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.

Deputies shall document the following information in reports, as appropriate, when restraints other than handcuffs are used on a person (Washington State Office of the Attorney General Model Use of Force Policy):

- (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.

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305.8.1 SCHOOL RESOURCE OFFICERS

Members working as school resource officers shall prepare a report pursuant to RCW 28A.600.485 and provide a copy to the school administrator whenever a student is restrained in a room or other enclosure or restrained by handcuffs or other restraint devices during school-sponsored instructions or activities.

305.9 TRAINING

Subject to available resources, the Training Officer should ensure that deputies 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 Office.
- (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.
- (d) Options for restraining amputees or those with medical conditions or other physical conditions that may be aggravated by being restrained.

305.10 POSITIONAL ASPHYXIATION AND COMPRESSION ASPHYXIATION

Consistent with training, deputies shall take the following actions to reduce the risk of positional asphyxiation and compression asphyxiation (Washington State Office of the Attorney General Model Use of Force Policy):

- (a) As soon as safe and feasible after handcuffing or otherwise restraining a person taken to the ground, roll the person to the 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 deputies shall place the person in that position unless doing so poses a substantial risk of safety to the individual, deputies, or others.
- (b) Do not put prolonged pressure on the chest, neck, or back, including by sitting, kneeling, or standing.
- (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.