
Two VITAL TIPS to Help Law Enforcement Officers Avoid Causing Restraint Asphyxia

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Miller CD; Two vital tips to help law enforcement officers avoid causing restraint asphyxia. Restraint Asphyxia Newz Directory; January 1, 2007 (<http://www.charlydmiller.com/RA/LEvitalTips.pdf>).

Law Enforcement Officers (security and correctional officers), Fire and EMS personnel are responsible for the protection of citizens, the protection of ourselves, *and* the reasonable protection of individuals threatening the safety of citizens and ourselves! In order to provide such protection, we often must employ restraint. But, anyone who assumes the responsibility of applying restraint is ALSO responsible for doing so in a manner that does NOT result in injury or Restraint Asphyxia death.

There are Two “VITAL TIPS” for how **Law Enforcement Officers** can avoid causing restraint asphyxia deaths. If any law enforcement, security, or correctional (prison) service adopts these two Vital Tips as part of their restraint protocol, their risk of personnel causing restraint asphyxia will become almost non-existent.

Vital Tip #1.

BE AWARE of SITUATIONS that Commonly Precede RESTRAINT ASPHYXIA Deaths

This first VITAL TIP is Simple, but “Expensive.”

All personnel must be adequately educated (during initial training, and during periodic “refresher” training) so that they can immediately recognize situations that cause an individual to be at High Risk for Restraint Asphyxia. Thus, when encountering any of the following six (6) situations, educated restrainers (as well as observers) will know to be Extra Careful.

1. Anytime someone has been running around in an abnormal ("crazy") manner, expending extreme physical energy for any period of time before you respond

(even only “a few minutes”) – **that person is at High Risk for Restraint Asphyxia.**

2. Anytime you have to chase and/or tackle someone, then also have to wrestle with them while they're on the ground to get them minimally restrained and “controlled” – **that person is at High Risk for Restraint Asphyxia.**
3. All “overweight” individuals (people with “big bellies”) **are at far greater Risk for Restraint Asphyxia than are slender individuals – in ANY situation, and in ANY restraint position.**
4. Anytime a subject seems “**immune**” to pepper spray, or Freeze-Plus P (a combination of pepper spray and CS – tear gas!), or the like* – **that person is at High Risk for Restraint Asphyxia.**
5. Anytime a subject seems “**immune**” to TASER® strikes(!)† – **that person is at High Risk for Restraint Asphyxia.**
6. When a subject’s wrists have been handcuffed behind her/his back (with or without ankle restraint), but that does not seem to be “**enough restraint**” to protect citizens and providers from the individual's violent combativeness – **that person is at High Risk for Restraint Asphyxia.**

Any situation involving even only ONE of those six criteria is a situation that COULD result in restraint asphyxia, if the excited delirium victim is subjected to forceful-prone-restraint for more than a minute or two.

Any situation involving MORE than one of those six criteria is a situation that WILL result in restraint asphyxia, if the excited delirium victim is forcefully-prone-restrained beyond the parameters of Vital Tip number Two.

Vital Tip #2. HOLD YOUR BREATH!

**VITAL TIP number Two is SO very simple,
I’m ashamed to admit that I didn’t think of it until sometime in 2004!**

Only in movies (or on TV) are significantly violent people handcuffed with their wrists in front of their body. In “real life,” someone who has been handcuffed with their wrists in

* See Part Two of my “**Restraint Asphyxia – Silent Killer**” article:
<http://www.charlydmiller.com/LIB06/2004RASKparts1&2.pdf>

† See my TASER information Collection:
<http://www.charlydmiller.com/LIB07/2006TaserCollection.html>

front of their body has just been given a very lethal WEAPON to use against officers and others. So, in real life, a significantly violent individual must be forcefully-prone-restrained in order to be handcuffed with his **wrists behind his back**.

Given that FACT, here is the explanation of **VITAL TIP number Two**:

The MOMENT a subject is placed in a forceful-prone-restraint, the person “in charge” of the restraint should begin to HOLD HER/HIS BREATH! The moment the breath-holding person needs to breathe, **guess who is IN – or ALMOST IN (if you’re lucky) – RESPIRATORY ARREST?!**

1. For instance: The officer who is applying the handcuffs should **HOLD HER/HIS BREATH**, beginning at the **MOMENT** the subject is placed **PRONE!** If the handcuffing-officer needs to breathe *before* the handcuffs have successfully been applied, **guess who is IN – or ALMOST IN (if you’re lucky) – RESPIRATORY ARREST?!**
2. If the handcuffs have not been successfully applied when the handcuffing-officer needs to breathe, **BEFORE** breathing, the officer should immediately **STOP** the procedure and command that the subject be rolled to her/his side.
3. The subject should immediately be assessed for respiratory arrest. If the subject is not breathing, rescue breathing should immediately be performed. (Do not delay artificial respiration provision to obtain a “barrier” device.) And, emergency medical services should immediately be summoned.
4. If the side-positioned subject is still breathing (is conscious *and* attempting speech), two or more minutes should be allowed for the subject (and the handcuffing-officer) to become re-oxygenated. Other officers should maintain manual restraint of the side-positioned individual during this time.
5. After two or more minutes of re-oxygenation, the handcuffing procedure should begin again, with the handcuffing-officer **AGAIN HOLDING HER/HIS BREATH** while doing so. ... And so on!
6. Once handcuffing is accomplished, the subject must immediately be rolled to her/his **SIDE**, and **KEPT ON** her/his **SIDE**.
7. If other forms of additional restraint application require returning the subject to a prone position, the **“HOLD YOUR BREATH”** rule applies to **THOSE** restraint procedures, as well!

This is **NOT** an “unusual” kind of protocol. Paramedics and other Advanced Life Support Providers have been trained – since before the early 80’s (when I was first trained) – to

HOLD THEIR BREATH while performing INTUBATION: the procedure required to place a breathing tube into someone's airway! If the "intubater" needs to breathe before intubation is accomplished, the patient has been without ventilation and oxygenation for TOO LONG. The intubater must stop the procedure, ventilate and oxygenate the patient for two or more minutes, then begin the intubation procedure again.

[From the above, you can understand why I'm so ashamed of failing to recognize that this same oxygenation-protection "rule" applies to law enforcement handcuffing procedures prior to 2004!]

Assigning an arbitrary "time" limit for the length of time that a forceful-prone-restraint procedure (such as handcuffing) can be performed does NOT work. In real life situations, restrainers are entirely unable to accurately judge the amount of time that is passing, especially when involved in violent struggle with a subject. Furthermore, not every "subject" can survive for the same amount of forceful-prone-restraint application time. Please remember; the people who take the longest amount of time to successfully handcuff are violently-struggling OBESE subjects. And, simply being OBESE makes those individuals even more at High Risk for restraint asphyxia.

Only by adopting Vital Tip #2 as a protocol can law enforcement officers avoid causing restraint asphyxia during handcuffing procedures.

ASSOCIATED READING:

Miller, CD. "Restraint Asphyxia – Silent Killer" Parts One & Two:
<http://www.charlydmiller.com/LIB06/2004RASKparts1&2.pdf>

Miller, CD. "All Tied Up & No Place To Go":
<http://www.charlydmiller.com/RA/alltiedup1.html>

Miller CD. A restraint asphyxia "near-death" case study. Restraint Asphyxia Newz Directory; August 30, 1998 (<http://www.charlydmiller.com/RA/neardeath01.html>).
 Updated posting; January 1, 2007 (<http://www.charlydmiller.com/RA/neardeath.pdf>).

TASER information Collection:
<http://www.charlydmiller.com/LIB07/2006TaserCollection.html>

The Restraint Asphyxia Library: <http://www.charlydmiller.com/RA/RAlibrary.html>