PROTECTING AGAINST ARREST-RELATED AND IN-CUSTODY DEATH

TRAINING MANUAL
PROTECTING AGAINST ARREST-RELATED AND IN-CUSTODY DEATH

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A set of review questions follows each section, 2 through 8.
**Section 1 - INTRODUCTION**

As a Security Professional, you may encounter situations in which it's necessary for you to restrain or arrest someone. When you do so, you will take care to obey the law and Universal Protection Service policies. In these situations, the legality of your actions, use of effective control tactics and personal safety are very important considerations that, as a professional, are foremost in your mind.

You also must consider the physical well-being of the person being restrained, arrested or who is in your custody. You should know and follow important practices meant to reduce the risk of death or serious injury to the arrestee. These practices are the subject of this training module.

**Arrest-related Death** is a term which means a person died while in physical custody or physical restraint of law enforcement or security personnel.

Study of the causes of arrest-related death has been underway by medical professionals. There is still much to be discovered regarding causes. In some instances, arrestees have died while being restrained or in custody with no obvious cause and, sometimes, despite prompt emergency medical attention. Experts believe that some people have a variety of conditions that, when combined with the physical exertion that resisting restraint involves, predispose them to serious medical emergencies and death.

If some people are predisposed to serious medical consequences, including death, while being restrained, arrested or in custody, this should fill you with caution because:

- Many predisposing factors are not obvious or even evident.
- Your actions, combined with a predisposing factor, can elevate the level of risk.
- In the midst of the very dynamic events that arrest situations can be, you must stay alert to signs of predisposing factors and be ready to respond, which can involve changing the application of tactics.
- Suddenly, an arrest situation also can become a medical emergency with the arrestee’s physical well-being and, even, life at stake.

You must employ awareness and the practices described in this training module during arrest, restraint and in-custody situations to reduce the hazard of serious injury or death to arrestees because:

- Foremost, the life and well-being of other people are involved. At the heart of our shared, professional values is the safety and protection of others. Despite the interpersonal conflict inherent in any arrest situation, we strive to preserve the arrestee from harm.

**Why is this important?**

- Some people are pre-disposed to serious medical consequences, even death, during arrest situations.
- You must learn and apply practices to protect against arrest-related death or serious injury.
There is considerable liability exposure in any situation in which the arrestee does suffer physical harm even when this is a result of his or her own choice to act unlawfully, to not comply with directions and, in some instances, to resist necessary restraint. The potential negative consequences are significant, including criminal prosecution, lawsuits, monetary compensation, damaged reputations and, even, the resulting mental and emotional conditions of the Security Professionals involved.

As you see, what is at stake in arrest and in-custody situations is extremely serious. Please study, learn and apply the information and practices presented in this training module with a correspondingly serious attitude and level of attention.
Section 2 - OVERARCHING GUIDELINES

Although some distinct information and practices are presented in this training module, not every way an arrestee might experience a medical emergency can be anticipated. Therefore, in addition to specific practices, follow the overarching guidelines, below.

1. **If you suspect the arrestee is suffering from any form of medical emergency, whether a negative physical condition or an injury, contact emergency medical responders immediately.**

2. An arrestee’s statement or complaint of a negative physical state (e.g., complaint of pain, imminent injury or “I can’t breathe”) or condition (e.g., tells you he or she suffers from a medical condition) must be taken seriously with an appropriate response.
   - If police are already on scene and have taken custody of the arrestee, alert the police immediately of the arrestee’s complaint and document that you did so in your incident report.
   - If the arrestee complaining of a physical, medical emergency is in security custody, contact emergency medical responders. Remember, you are not a medical professional. Your role is not to diagnose the arrestee’s physical condition.
   - If you are applying control techniques to the arrestee and the arrestee complains that you are causing pain or injury, assess and adjust your technique, if needed.
   - Assume “I can’t breathe” really means “I can’t breathe.” Especially, if while applying physical restraint techniques or while the arrestee is in custody and restrained, you hear the arrestee state, “I can’t breathe,” immediately assess the situation and change your actions or the arrestee’s physical positioning, as called for. Be prepared to call for emergency medical responders, in such situations, as needed.

3. Pay attention to the A-B-C’s (Airway, Breathing, Circulation) and to any changes in the arrestee’s consciousness.
   - Conditions pre-disposing an arrestee to suffer a medical emergency might not be obvious or readily identifiable by you.
   - Watch for any changes to the arrestee’s apparent physical condition and respond promptly if you notice what might be a medical emergency.
   - Avoid placing the arrestee in any physical position, posture or restraint that seems likely to interfere with open airways and drawing breath.

Why is this important?

- Although you will learn about specific pre-disposing conditions in this training module, not every such condition can be identified in advance.
- Your overarching goal is to keep arrestees preserved from harm to the extent possible.
- These overarching guidelines will help you do this.
A change of consciousness – a suddenly impaired state of consciousness or unconsciousness – should prompt an immediate call by you to emergency medical responders.

Any indication of a cardiac emergency should prompt a call to emergency medical responders immediately accompanied by appropriate lifesaving techniques that you have been trained to perform.

4. Realize that many medical conditions may necessitate an emergency medical response for an arrestee. These conditions might be unrelated to any of your restraint techniques.

- Some medical conditions can worsen due to the physical stress of the arrest situation.
- An arrestee’s pre-existing medical condition could worsen coincidentally while the arrestee happens to be in your custody.
- Be prepared to transition from dealing with solely an arrest situation to an additional medical emergency situation at the earliest indication of such.
Can you correctly answer the following questions? Check your answers by looking back at the information in this section.

1. As an overarching guideline during any arrest or in-custody situation, if you suspect the arrestee is suffering from any form of medical emergency, whether a condition or injury, what should you immediately do?

2. While physically applying control tactics to a person, he or she states, “I can’t breathe!” or complains of pain or injury that you are causing, what should this trigger you to do?

3. What does “pay attention to the A-B-C’s” during an arrest or in-custody situation mean?

4. If a person being arrested or in your custody suddenly displays of change of consciousness – an impaired mental state or becomes unconscious – what should this prompt you to do?
Section 3 - EXCITED DELIRIUM SYNDROME AWARENESS

TOPICS

1. MEDICAL EMERGENCY & PERSONAL SAFETY HAZARD
2. OVERARCHING GUIDELINES
3. KEY SYMPTOMS
4. DEADLY MEDICAL CONDITION
5. CHALLENGES TO RESPONDERS
6. AT THE SCENE
7. WHAT TO DO
8. EMERGENCY MEDICAL AND POLICE RESPONSE

**Why is this important?**

- Excited delirium syndrome is a deadly medical condition requiring rapid care.
- Persons experiencing excited delirium syndrome can pose extreme danger to security professionals.

1 - MEDICAL EMERGENCY & PERSONAL SAFETY HAZARD

Excited delirium syndrome is a deadly medical condition. The person experiencing excited delirium syndrome may have only minutes to live.

Unfortunately, a person experiencing excited delirium syndrome often can be very dangerous to responders and others.

Handling an excited delirium syndrome incident can be difficult and dangerous. Knowing what excited delirium syndrome is, how to recognize and respond to a suspected case of it and how to maximize safety for all involved is vital for security professionals.

2 - OVERARCHING GUIDELINES

If excited delirium syndrome is suspected:

1. Realize you potentially are dealing with a critical, medical emergency. Rapid emergency medical responder attention is vital.
2. Realize that you and others are in danger. Do not interact with or engage the person unless necessary to defend yourself or others.
3. IMMEDIATELY, call paramedics and police and tell them you suspect excited delirium syndrome.
4. Attempt to isolate others from the scene for their protection.
5. Let emergency responders – police and paramedics – handle interaction with the person rather than security professionals doing so, if at all possible.

3 - KEY SYMPTOMS

Excited delirium syndrome typically occurs suddenly. A person experiencing it may display some or all of the following symptoms:

- Bizarre/psychotic behavior.
- Shouting.
- Paranoia.
- Panic.
4 - DEADLY MEDICAL CONDITION

An incident involving excited delirium syndrome is a critical, medical emergency.

- Up to 10% of people experiencing it die.
- They often die within 1 hour although death can occur within minutes.
- 75% of these deaths occur at the scene or during transport.

The causes of excited delirium syndrome are not precisely known. Medical experts believe some instances of it are drug related (cocaine or “crack,” PCP, methamphetamine, amphetamine); however, non-drug users can experience it, as well.

Some medical authorities believe that during excited delirium syndrome, the person’s brain is no longer sending signals to various body systems to calm down. Further, because persons experiencing excited delirium syndrome are not fully aware of reality, they can’t consciously decide to stop exerting themselves. They are able, therefore, to push themselves past physical exhaustion into a potentially fatal medical condition (metabolic acidosis) that consists of a chemical imbalance in their blood. This can cause heart failure, respiratory failure and resulting death.

5 - CHALLENGES TO RESPONDERS

Excited delirium syndrome poses significant challenges to responders because:

- Identifying it for what it is can be difficult. Each of its symptoms can seem like something else: disorderly conduct, criminal violence, drug intoxication or an emotionally disturbed subject, for instance.
- It frequently features aggressive behavior and physical violence, insensitivity to pain and unexpected physical strength which pose extreme safety hazards.
- Defending against the person can be difficult due to the combination of a delirious mental state and increased physical strength.
- Being delirious, the person will not respond to standard interaction techniques, such as strong verbalization warnings.
- The act of restraining the person can make the physical conditions worse, even hastening death, and the person often continues struggling even if effectively restrained.
- Excited delirium syndrome is often fatal even when prompt and appropriate police and emergency medical care is provided.

6 - AT THE SCENE

Often, an incident featuring excited delirium syndrome will begin as a service call for a disturbance involving someone acting in a bizarre, loud, aggressive, violent and destructive manner. The onset of excited delirium syndrome many times has occurred suddenly.
The following is a list of commonly reported aspects of an excited delirium syndrome incident that might be present at the scene.

- The person is usually male. The average age is 36.
- The person is highly agitated, both physically and mentally and displays hyperactive behavior and shouting, incoherent speech or guttural sounds, paranoia, panic or fear.
- The person may act aggressively and violently towards others.
- The person may exhibit unusual strength (described as “superhuman strength” in some studies) and stamina.
- The person may be overheating, possibly sweating profusely (regardless of environmental temperature) or with hot, dry skin (if already dehydrated).
- The person may have taken off some or all clothing or wear clothing inappropriate to the location or setting.
- The person may attack inanimate objects.
- The person may fail to recognize or respond to a uniformed security or police presence (due to delirium).
- The person may be insensitive to pain.
- Even if restrained or injured, the person may continue struggling.
- The person may be attracted to glass or other reflective surfaces. (This has been reported, but less commonly than other factors.)
- The person suddenly may become calm. This often precedes sudden death.

7 - WHAT TO DO

Security professionals fulfill a key and vital role during an excited delirium syndrome incident by:

- Recognizing suspected excited delirium syndrome.
- Rapidly calling for emergency medical and police responders.
- Providing for personal safety and the safety of others.

If excited delirium syndrome is reasonably suspected, then security professionals should treat it as such.

It is preferable to treat the situation as excited delirium syndrome and later find that it wasn’t than to not act upon suspicions that it could be excited delirium syndrome and later find that it was.

- Excited delirium syndrome is a critical medical emergency. Rapid medical attention from paramedics is vital. Call for emergency medical responders immediately. Do not delay!
- A person experiencing excited delirium syndrome can be extremely dangerous. Do not interact with the person. Do not physically engage the person, unless it’s necessary for defense of self or others. Call for police immediately.

Response Guidelines:

- Act rapidly upon any suspicion that this might be excited delirium syndrome.
- Alert fellow security professionals that this might be excited delirium syndrome.
- Immediately call emergency medical services and police. Tell them during this call that excited delirium syndrome is suspected.
• Immediately tell arriving police officers and emergency medical personnel that you suspect excited delirium syndrome even if this was relayed already to emergency dispatchers.
• Call for back-up security professionals. This is both for personal protection and for assistance in managing the scene.
• Prioritize protecting yourself and others. Do not put yourself at greater risk of physical harm.
• Try to avoid confronting the person.
• Keep some distance from the subject for personal safety.
• Try to contain the scene rather than physically engaging with the subject. Physical engagement should be for defense, not for arrest.
• Try to keep bystanders safe by directing them away from the scene.
• If the person is restrained, attempt to minimize the level of struggling during and after the restraint process. Physical restraint can worsen the effects of excited delirium syndrome.
• Do not leave the restrained person lying prone and face down. Avoid pressing down upon the person with significant body weight against the floor or ground. These measures are to minimize the risk of positional asphyxia (suffocation due to body positioning).

**8 - EMERGENCY MEDICAL AND POLICE RESPONSE**

Police and emergency medical responders will take charge of the incident, upon their arrival.

Guidelines for their coordinated interaction often feature emergency medical responders staging nearby the scene, ready to move in rapidly to provide care as soon as police restrain the person.

Security professionals should be prepared to assist by directing people away from the scene and by following directions given by police or emergency medical personnel.
REVIEW QUESTIONS

SECTION 3 – EXCITED DELIRIUM SYNDROME AWARENESS

Can you correctly answer the following questions? Check your answers by looking back at the information in this section.

1. Why does a person experiencing excited delirium syndrome pose significant incident response challenges to security professionals?

2. If you suspect, but don’t actually know, that a person is experiencing excited delirium syndrome, what should you do?

3. What are key symptoms of excited delirium syndrome?

4. Why is calling for medical emergency responders so important a step when dealing with a suspected case of excited delirium syndrome?
Section 4 - HOBBLING/HOGTYING PROHIBITED

TOPICS

1. HOBBLING AND HOGTYING ARE PROHIBITED
2. HOBBLING AND HOGTYING, DEFINED
3. ASSOCIATED HAZARDS
4. CONSEQUENCES
5. ALTERNATE TACTICS

1 - HOBBLING AND HOGTYING ARE PROHIBITED

UPS security professionals are prohibited from hobbling subjects and from hogtying subjects.

1. No UPS security professional shall hobble (apply leg or ankle restraints) or hogtie (connect restrained wrists to legs or ankles) any person.
2. Any UPS security professional who observes another UPS security professional employing hobbling or hogtying shall intervene immediately to prevent or discontinue hobbling or hogtying.
3. Any UPS security professional who observes another UPS security professional hobbling or hogtying, or attempting or intending to hobble or hogtie, shall report it to his or her supervisor or above.

Any UPS security professional who hobbles or hogties any person may be subject to disciplinary action, up to and including termination of employment.

2 - HOBBLING AND HOGTYING, DEFINED

Hobbling consists of securing a subject’s legs together, usually at the ankles.

Hogtying consists of:

1. Handcuffing or otherwise securing a subject’s wrists together; and
2. Handcuffing or otherwise securing a subject’s legs/ankles together; and, then
3. Connecting the secured wrists to the secured legs/ankles, usually by connecting the handcuffs to the leg or ankle restraints.

3 - ASSOCIATED HAZARDS

Hobbled or Hogtied subjects can face an unacceptable risk of serious injury or death.

- Hobbling restricts a subject’s ability to balance, whether while standing or moving. This impaired balance may make the subject more susceptible to falling which poses an injury hazard, especially because the subject’s arms will likely be restrained, also, preventing the subject from breaking his or her fall.
Hogtying strains a subject’s body so that a variety of serious injuries might result. Hogtying poses a risk of positional asphyxia (inability to breathe adequately to avoid suffocation due to physical pressure or strain on the rib cage and diaphragm), which can result in death. Further, when a hogtied subject is lying face down, the risk of positional asphyxia increases.

4 - CONSEQUENCES

Any UPS security professional who employs, or attempts to employ, hobbling or hogtying faces a variety of potential, negative consequences:

- Disciplinary action up to and including termination of employment.
- Civil and/or criminal action and penalties, in the event of serious injury or death.

5 - ALTERNATE TACTICS

Sometimes, law enforcement personnel have used hobbling and hogtying for subjects who are kicking in an attempt to damage property or injure people. Many agencies have discontinued use of these techniques. Hobbling and hogtying are prohibited for UPS security professionals. Alternate tactics can include:

- Allowing police officers to perform arrest and restraint of the subject, when feasible.
- Promptly turning over a subject under arrest to police custody.
- Maintaining an appropriate distance from a handcuffed subject to avoid being kicked.
- Moving a handcuffed subject away from physical objects that he or she is attempting to kick and damage.
- Using defensive tactics control holds, such as a rear wristlock or other such techniques, to inhibit the handcuffed subject’s overall freedom of movement and, possibly, application of these techniques by two security professionals.
REVIEW QUESTIONS

SECTION 4 – HOBBLING/HOGTYING PROHIBITED

Can you correctly answer the following questions? Check your answers by looking back at the information in this section.

1. Describe the prohibition against hobbling or hogtying a person for UPS security professionals?

2. What constitutes hobbling?

3. What constitutes hogtying?

4. What are hazards for a subject associated with hobbling and/or hogtying and what are the consequences of performing either for a UPS security professional?
Section 5 - NECK RESTRAINT PROHIBITIONS

TOPICS
1. NECK RESTRAINT PROHIBITIONS
2. NECK RESTRAINT, DEFINED
3. ASSOCIATED HAZARDS
4. CONSEQUENCES
5. DEADLY FORCE ATTACKER EXCEPTION

1 – NECK RESTRAINT PROHIBITIONS

Unless actively defending oneself or another against a deadly force attacker, UPS security professionals are prohibited from applying any form of neck restraint technique upon any person. What constitutes a neck restraint technique is explained in this bulletin.

1. No UPS security professional shall apply a neck restraint technique to any person, except in active defense against a deadly force attacker.
2. Any UPS security professional who observes another UPS security professional violating neck restraint prohibitions shall intervene immediately to attempt to prevent or discontinue the neck restraint.
3. Any UPS security professional who observes another UPS security professional violating neck restraint prohibitions shall report it to his or her supervisor or above.

Any UPS security professional who applies a neck restraint on any person, in violation of these prohibitions, may be subject to disciplinary action, up to and including termination of employment.

2 – NECK RESTRAINT, DEFINED

Neck restraint consists of any type of grabbing, holding or encircling a person’s neck using hand(s), arm(s), a device (e.g., baton) or any combination of these for purposes of either controlling the subject’s freedom of movement, rendering the subject unconscious or both.

3 – ASSOCIATED HAZARDS

Some neck restraint techniques have been legitimately taught and used by law enforcement. Examples include Lateral Vascular Neck Restraint, Carotid Restraint and Vascular Restraint. These techniques sometimes are referred to as “blood choke holds” because they impair the flow of blood to a subject’s brain, rendering the subject unconscious.

However, many law enforcement agencies have prohibited the use of such techniques due to the unacceptable risk of serious injury or death to subjects. Reasons for these prohibitions include:

- When not properly applied, neck restraints have resulted in death or paralysis.
In order to maintain proficiency in these techniques frequent, time-intensive training is required.

During dynamic struggles with subjects, personnel have difficulty correctly applying these techniques.

Some unexplained deaths have followed the application of these techniques even when the techniques appear to have been applied correctly.

Any similar neck restraint, even if not intended to impair the flow of blood, poses similar risks of serious injury or death to subjects.

Subjects may suffer serious injury to the neck, which includes the throat and spine.

Subjects may have airways blocked, through either direct compression by a hand or arm or indirect compression by forcing the head at an angle, which can result in asphyxiation.

Subjects may suffer from having blood flow to the brain impaired or stopped.

4 – CONSEQUENCES

Any UPS security professional who applies, or attempts to apply, any form of neck restraint technique, unless in active defense against a deadly force attacker, faces a variety of potential, negative consequences:

Disciplinary action up to and including termination of employment.

Civil and/or criminal action and penalties, in the event of any form of injury or death.

5 – DEADLY FORCE ATTACKER EXCEPTION

In the UPS “Use of Force Policies and Procedures” is stated:

“Deadly force is the force used only when an imminent threat of death or serious bodily injury to any person and the use of such force is likely to cause or serious bodily injury to the subject.”

This describes a situation in which a UPS security professional is defending against a deadly force attacker. In such a situation, neck restraint techniques are not prohibited.
REVIEW QUESTIONS

SECTION 5 – NECK RESTRAINT PROHIBITIONS

Can you correctly answer the following questions? Check your answers by looking back at the information in this section.

1. What is neck restraint, defined?
2. What are hazards associated with neck restraint for a person having it applied to him or her?
3. What statement accurately reflects UPS prohibitions regarding neck restraint being performed by security professionals?
4. If a UPS security professional violates prohibitions against applying neck restraint, what are potential consequences?
Section 6 - OC EFFECTS AWARENESS

TOPICS

1. USUAL EFFECTS OF OC
2. ASSOCIATED HAZARDS & MEASURES

1 - USUAL EFFECTS OF OC

OC (Oleoresin Capsicum), also known as pepper spray, is an effective, defensive security tool. The usual effects of OC application inhibit a subject’s abilities to attack. These effects include:

- Eyes Swelling Shut.
- Impeded Ability to Draw Breath.
- Skin Discomfort.
- Disorientation.

Knowing what the usual effects of OC are will help UPS security professionals notice when a subject might be experiencing a complication from OC past its usual effects.

UPS security professionals should call emergency medical responders whenever OC has been applied to a person. The following symptoms and signs often are cited as indicating medical care is needed:

- Complaints of an inordinate amount of pain.
- Symptoms that show for more than 30 minutes.
- Reports of a pre-existing respiratory condition, such as asthma.
- Requests of medical care at any time.
- Has sustained an injury due to falling, colliding or other cause.

2 - ASSOCIATED HAZARDS & MEASURES

OC application usually causes no injury to a subject; however, sometimes, medical attention is needed. Major studies have found that incidents involving OC application resulted in subjects sustaining some form of minor injury in 3.7% to 10% of cases. Not all the injuries were necessarily a direct effect of OC’s active ingredients.

UPS security professionals should call emergency medical responders as soon as possible after applying OC to any person. This is in addition to also calling for police. When calling medical responders, advise them that a person has been sprayed with OC. Also, tell medical responders this when they arrive. A person sprayed with OC may face some additional hazards, which are described below. UPS security professionals should be aware of these hazards and follow appropriate measures.

Increasing Positional Asphyxia Risk
Positional asphyxia occurs when a person’s body position impedes his or her ability to draw breath to the extent that suffocation and death can occur. Handcuffed behind the back and lying prone on the stomach and chest is an example of an at risk position.

Why is this important?
- OC application can cause a need for medical care.
- OC exposure poses a number of hazards in addition to its usual effects.
- UPS security professionals should be aware of these hazards and be prepared to respond appropriately.
Currently, experts are uncertain whether OC worsens the risk of positional asphyxia. UPS security professionals should follow required practices (see UPS Training Awareness Bulletin “Positional Asphyxia Awareness”) regardless whether someone has been sprayed with OC or not. Essentially, move a restrained person out of a face down prone position as rapidly as possible.

**Asthma and Pre-existing Respiratory Conditions**

Many experts agree that some deaths have occurred due to asthma, triggered by OC application. A UPS security professional will not know prior to applying OC whether or not the subject suffers from asthma. This is a key reason to call emergency medical responders as soon as possible after applying OC.

**Falling, Colliding**

Subjects who have been sprayed with OC can be disoriented, lack coordination and, due to eyes swelling shut, not see hazards that would contribute to tripping, slipping, falling or colliding with an object. Although many subjects stand still after OC application, some may attempt to run from the scene.

UPS security professionals should assess the immediate surroundings for obvious hazards prior to spraying OC. For instance, if the subject is next to vehicular traffic, near the top of an escalator bank, on a rooftop or accessible drop-off from an upper to lower level, OC application may be too hazardous.

UPS security professionals should attempt to control the subject’s movement, either through verbal or physical means, in order to minimize the risk of slipping, falling and colliding with an object even if no significant falling hazard is present.

**Flammability of Alcohol-based Carrier OC**

Some OC products contain alcohol as a carrier or solvent. Alcohol is flammable. Subjects have caught fire after being sprayed with OC containing alcohol when then exposed to a flame, spark or electric current. Examples include lit cigarettes and electronic immobilization devices, such as Tasers.

UPS security professionals should use only OC devices that have been issued to them, and should check that the OC device does not contain alcohol. Major OC manufacturers often label OC devices as “electronic immobilization device compatible” when alcohol is not an ingredient.

**Fear and Renewed Violence**

Studies have reported instances of subjects sprayed with OC experiencing intense fear that then triggers renewed violence which can lead to injuries to the subject and the security professionals. In order to calm such fear, recommendations include making statements to the subject, such as “No one is going to hurt you” and “Stay calm. I’ve called for people to help get the agent out of your eyes.”
REVIEW QUESTIONS

SECTION 6 – OC EFFECTS AWARENESS

Can you correctly answer the following questions? Check your answers by looking back at the information in this section.

1. As soon as possible after applying OC to a subject, what two calls should security professionals make?

2. Why should security professionals move a person to whom OC has been applied out of a face down, prone position as rapidly as possible?

3. If a person to whom OC has been applied requests medical attention at any time, what should a security professional do?

4. Why should security professionals assess the immediate environment/surroundings prior to applying OC to a subject?
Section 7 - POSITIONAL ASPHYXIA AWARENESS

TOPICS

1. POSITIONAL ASPHYXIA HAZARDS
2. CAUSES OF POSITIONAL ASPHYXIA
3. CONTRIBUTING FACTORS
4. HAZARDOUS POSITIONS TO AVOID
5. CONSEQUENCES

Why is this important?
- Positional asphyxia poses a significant risk of death for restrained subjects.
- Security professionals can protect against the risk of positional asphyxia for restrained subjects by following basic guidelines.

1 - POSITIONAL ASPHYXIA HAZARDS

Positional asphyxia occurs when a restrained subject’s body position interferes with the subject’s breathing to the extent that the subject suffocates, becoming unconscious or dying.

Security professionals should be aware of positional asphyxia, the hazard of placing a restrained subject in a position that could cause it and how to avoid this.

This is very important! Positional asphyxia is a real hazard. A restrained subject could die as a result of how security professionals position him.

- Security professionals who observe a subject in a physical position that is increasing the risk of positional asphyxia shall intervene immediately for the safety of the subject.
- Security professionals who observe a fellow employee failing to respect guidelines to avoid positional asphyxia shall report this to a supervisor or higher.

2 - CAUSES OF POSITIONAL ASPHYXIA

Positional asphyxia can happen when:

- The subject is positioned in a way that prevents his chest from expanding sufficiently to draw in breath.
- The subject’s head position obstructs his breathing.

A subject who has been restrained (e.g., with handcuffs or actively restrained by security professionals using defensive tactics techniques) can be positioned in ways that negatively impact breathing and which also prevent the subject from repositioning himself to aid breathing. For example:

- When a subject is handcuffed behind his back and is lying on his stomach, the weight of his body can prevent breathing.
- When a subject is on the ground and being pressed down upon by people restraining him, the weight of these people can prevent the subject from breathing.

3 - CONTRIBUTING FACTORS

Some subjects may face an increased risk of positional asphyxia. Be aware of and watch for any of the following indicators.
• Alcohol Intoxication.
• Drug Intoxication (cocaine and other controlled substances, especially).
• Obesity, Large Belly.
• Mental Conditions – such excited delirium syndrome (bizarre, psychotic, hyperactive behavior), schizophrenia, psychosis.
• Respiratory conditions – such as asthma or emphysema.

If a subject has been sprayed with OC (pepper spray), this can aggravate pre-existing respiratory conditions such as asthma which is a contributing factor to positional asphyxia.

4 - HAZARDOUS POSITIONS TO AVOID

• Pay attention to any restrained subject, watching for any position that would negatively affect his airway and breathing.
• As a rule of thumb, if the subject can speak without difficulty then his airway is open and breathing is occurring freely.

Do not leave a restrained subject lying on his stomach or back for any prolonged time past the moments required to apply handcuffs.

Immediately after handcuffs are applied to a subject in a prone position on his stomach, reposition the subject by rolling the subject onto his side and then assisting him into a sitting position or, further, to a standing position. Do not position or allow a subject to reposition onto his back while handcuffed.

Do not apply weight onto a subject’s back while the subject is on the ground for any prolonged time.

Positional restraint asphyxia (or positional compression asphyxia) is a variation of positional asphyxia in which the weight of someone restraining the subject against the ground further impedes breathing.

A subject who is being actively restrained by security professionals pressing him down onto the ground is at risk. This position should not be maintained and is not a safe form of prolonged, physical restraint.

Security professionals may find themselves in a situation with a resistant subject in which the subject is being pinned against the ground, perhaps with a knee, hands or other form of body weight. This is a particularly hazardous situation. If the subject cannot adequately breathe, he may struggle to free himself from this position. The security professionals may interpret this as increased resistance and apply greater weight or downward pressure further inhibiting breathing which, in turn, causes the subject to struggle even more. This can lead to positional restraint asphyxia.
Do not restrain a subject’s hands and legs together.
Applying hand and leg restraints and connecting the two is sometimes called hogtying and is prohibited in all instances. Restraining and connecting hands and feet together poses a significant positional asphyxia hazard. Do not connect a subject’s restrained hands and feet together with the subject in a sitting position, either, as this also poses a positional asphyxia hazard.

Additional positions that would inhibit breathing are possible.
For instance, a restrained subject who has been positioned or has repositioned himself in a vehicle wedged between front and back seat could be at risk. In another instance, a subject who is handcuffed and lying on his back with his lower body propped higher than his upper body which can force his chin hard against his chest could also face increased risk.

5 - CONSEQUENCES
Security professionals who do not follow these guidelines and place or leave subjects in positions at risk for positional asphyxia or who restrain subjects in a manner increasing the risk of positional restraint asphyxia may face:

- Civil and/or criminal prosecution if the subject comes to harm.
- Disciplinary action up to and including termination of employment.
REVIEW QUESTIONS

SECTION 7 – POSITIONAL ASPHYXIA AWARENESS

Can you correctly answer the following questions? Check your answers by looking back at the information in this section.

1. What are positional asphyxia and positional compression (or restraint) asphyxia?

2. A subject is handcuffed and lying face down. What should a security professional do at the earliest possible moment to reduce the risk of positional asphyxia?

3. What are three hazardous positions guidelines involving what to do or not do with a subject to reduce the risk of positional asphyxia or positional restraint asphyxia?

4. What are cited as possible contributing factors increasing the risk of positional asphyxia?
Section 8 - SUSPECTED MENTAL ILLNESS AWARENESS

TOPICS

9. SUSPECTED MENTAL ILLNESS
10. CARE AND EMPATHY
11. SAFETY
12. AS MEDICAL EMERGENCIES
13. IDENTIFYING THE INCIDENT
14. TACTICS FOR DEALING WITH

1 - SUSPECTED MENTAL ILLNESS

Security professionals will occasionally interact with a person who they suspect is experiencing mental illness. Security professionals are not medical doctors; and even medical doctors can face difficulties in accurately identifying mental illness and telling it apart from other ailments that can appear similar.

The role of the security professional in such instances is to:

- Attempt to maintain personal safety and the safety of others.
- Contact police and emergency medical responders, when needed.
- Disperse bystanders by directing them away from the scene.

Given that accurately identifying the mental ailment is outside the role of a security professional, throughout this bulletin “mental illness” will include “emotionally disturbed” and any other conditions consisting of a disordered mental state.

2 - CARE AND EMPATHY

Security professionals, as professionals, should understand that a mentally ill person is deserving of care, respect and consideration. As with any other medical related incident, security professionals should treat mentally ill persons with empathy.

3 - SAFETY

Personal safety always should be a security professional’s first priority.

Some types of mental illness feature aggression, violence and unpredictable behavior.

Security professionals should not put themselves at greater risk when interacting with a suspected mentally ill person.

It is preferable to let police and emergency medical responders interact directly with a suspected mentally ill person as opposed to security professionals doing so if any indication of potential violence is noted.

4 - AS MEDICAL EMERGENCIES

A person experiencing mental illness can be at greater risk for harm.

Why is this important?

- Persons experiencing mental illness are in need of professional care.
- Security professionals have a role in providing for safety while engaging police and emergency medical responders when dealing with suspected mental illness incidents.
Some physical, medical conditions can impair mental functioning. Dozens of serious medical conditions - low blood sugar, very high blood sugar, severe vitamin deficiencies, low blood oxygen, head injuries and many more – can seem like mental illness. Also, drugs, whether illegal or prescription, can cause reactions easily mistaken for mental illness.

For instance, excited delirium syndrome is easily mistaken for mental illness although it is actually a critical and deadly medical condition.

For these reasons, any incident of suspected mental illness should be assessed as a potential medical emergency. Emergency medical responders should be contacted rapidly if any indication of medical ailment is noted.

5 - IDENTIFYING THE INCIDENT

Realizing that security professionals are not trained or qualified to identify accurately what is or is not actual mental illness, any incident involving a subject in an overall mentally disordered state can be considered a suspected mental illness incident.

Additionally, indicators of suspected mental illness include, but are not limited to:

- Confusion.
- Disorientation.
- Withdrawal.
- Unresponsiveness.
- Paranoia.
- Inappropriate or bizarre speech or behavior.
- Self-destructive behavior.

6 - TACTICS FOR DEALING WITH

Following are tactics for dealing with a suspected mentally ill person or emotionally disturbed person.

1. Prioritize safety for all concerned. Realize that mentally ill persons can act aggressively.
2. Request back up security professionals.
3. Notify police immediately, when needed.
4. Notify emergency medical responders, if needed. Remember that some physical conditions and ailments can make a person seem mentally ill.
5. Avoid physical contact and confrontation, if possible.
6. Attempt to calm the situation:
   - If possible, do not use emergency lights on vehicles.
   - Disperse bystanders by directing them away.
   - Act in a quiet manner so as not to seem threatening.
   - Move slowly so as not to excite the person.
7. If communicating with the person:
   - Attempt to de-escalate the situation.
   - Provide reassurance that help and care are on the way.
- Do not threaten arrest or state anything that will add to the person’s fright, stress and potential aggression.
- Avoid topics that agitate the person.
- Allow the person to state what he is feeling, even if he is venting.
- Express appropriate concern for his feelings.
- Attempt to be truthful. If the person senses deception, it may create distrust and anger.
- Determine if a family member or caregiver is present or immediately available.
REVIEW QUESTIONS

SECTION 8 – SUSPECTED MENTAL ILLNESS AWARENESS

Can you correctly answer the following questions? Check your answers by looking back at the information in this section.

1. What describes the role of security professionals when dealing with someone suspected of suffering mental illness?

2. Are there any increased risks of harm for a person suspected of suffering a mental illness; and, if so, what are these increased risk factors?

3. An incident of suspected mental illness should prompt security professionals to do what?

4. Given that security professionals are not medical experts and not qualified to identify accurately or diagnose mental illness, what sort of overall mental state can be considered suspected mental illness?
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