

## TRAINING BUREAU

### NOTICE

November 28, 2023

1.12

**TO:** All Department Personnel

**FROM:** Commanding Officer, Training Bureau

**SUBJECT:** RENDERING MEDICAL AID AND THE REMOVAL OF HANDCUFFS

#### **PURPOSE:**

The purpose of this Notice is to reiterate the Department's policies and expectations related to the rendering of medical aid and the handcuffing of individuals who have sustained injuries resulting from the use of force by Department personnel while performing their law enforcement duties.

#### **RENDERING MEDICAL AID:**

The Department's policy on the use of force (*Department Manual, Volume 1, Section 556.10*) requires that after any use of force, officers shall immediately request a rescue ambulance for any person injured and promptly provide basic and emergency medical assistance to all members of the community to the extent of the officer's training and experience, and the equipment available at the time to the officer.

The requirement to render medical aid includes individuals who previously posed a threat to the officer or another person and have sustained injuries resulting from the use of force by the officer to stop that threat. In these incidents, officers should assess the scene and the condition of the subject of the use of force to determine if it is safe and feasible to render medical aid and request a rescue ambulance. If the scene is safe and the subject of the use of force is either handcuffed or is no longer a threat due to the nature of their injuries, officers should immediately render medical aid, including basic life support, which includes the following:

- Cardiopulmonary resuscitation (CPR)
- Rescuing breathing
- Treating airway obstructions
- Bleeding control
- Treating for shock
- The use of an Automated External Defibrillator (AED)

If the subject is in cardiac arrest, officers should immediately request a rescue ambulance and initiate CPR as soon as it is safe and feasible to do so. If the subject has also sustained a penetrating wound, gunshot wound, or blunt force trauma, which is causing substantial bleeding, officers should control the bleeding and then initiate CPR, or both when feasible to do so.

**Note:** CPR is most effectively administered when the subject is lying flat in a supine position on a hard surface. Typically, this will require officers to remove the handcuffs prior to initiating CPR.

### HANDCUFFING:

The Department's policy on the use of handcuffs (*Department Manual, Volume 4, Section 217.30*) does not provide rigid criteria because of the varied nature of police work. While felony arrestees shall normally be handcuffed, this is not mandated by policy and could inhibit an officer's ability to render medical aid. Factors involved in making the decision to handcuff an individual should include, but are not limited to:

- The possibility of the arrestee escaping.
- The possibility of the incident escalating.
- Potential threat to officers and other persons.
- Knowledge of the arrestee's previous encounters with law enforcement.

Depending upon the circumstances of the incident and the nature of the injuries sustained by the subject of the use of force, officers may initially handcuff the subject to assess the scene, search the subject, secure weapons in close proximity to the subject, assess the physical condition of the subject to determine what type of medical aid is appropriate, and then remove the handcuffs when it is safe, feasible, and necessary to provide first aid or basic life support.

If you have any questions regarding this matter, please contact Training Bureau, at (213) 486-7090.



MARC R. REINA, Deputy Chief  
Commanding Officer  
Training Bureau

APPROVED:



DANIEL RANDOLPH, Deputy Chief  
Chief of Staff  
Office of the Chief of Police

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