



TRAINING BULLETIN

Los Angeles Police Department

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HANDCUFFING

The principle reason for handcuffing is to maintain control of an individual and to minimize the possibility of a situation escalating to a point that would necessitate using a higher level of force or restraint. The decision to use restraining procedures and devices depends on common sense and good judgment. While felony arrestees shall normally be handcuffed, the restraining of detainees and misdemeanants is discretionary. The purpose of this Bulletin is to examine discretion and safety considerations in handcuffing.

Discretion in Handcuffing

The decision to handcuff a person is not based on rigid criteria. It is determined by the nature of each situation as perceived by the officer. To ensure the effective and appropriate use of handcuffs, it is necessary to place the responsibility for handcuffing with the involved officers. Officers should evaluate all available facts and circumstances concerning each person prior to determining whether or not to use handcuffs. The varied nature of each situation makes it unrealistic to provide specific and detailed guidelines for handcuffing.

When determining whether or not to handcuff a person, the following factors should be considered: the possibility of escape or the incident escalating, the potential threat to the officers and other persons, the positional advantage or disadvantage of the officer during searching procedures, the size, relative strength, and skill level of the officer versus the person, and the knowledge of the individual's previous encounters with law enforcement.

People with Mental Illness: Officers shall handcuff a person with mental illness taken into custody when the person is not restrained by means of a straitjacket or restraining straps. Officers may refrain from handcuffing if the person with mental illness has a physical impairment or other medical condition such that handcuffing is not feasible or appropriate, and the safety of others is not jeopardized.

Officers who have identified and referred arrestees with mental health needs shall ensure that treatment and basic health services be provided by qualified staff. Qualified staff will verify that coordinated health services and care are integrated, an arrestee's medical and mental health needs are met, and identifying the impact of the medical and

mental health needs on each other are adequately addressed. (State of California, Board of State and Community Corrections, Title 15, Section 1209)

Restraints and Pregnant Arrestees: Officers who have identified an arrestee to be pregnant or in recovery after delivery shall not restrain the arrestee by the use of leg irons, waist chains, or handcuffs behind the body.

Note: If it becomes necessary due to violent behavior to restrain a pregnant arrestee behind their body, the watch commander shall be notified by arresting officers.

A pregnant arrestee in labor, during delivery, or in recovery after delivery, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the arrestee, the staff, or the public.

If the use of restraints on a pregnant arrestee is required, they shall be removed when a professional who is currently responsible for the medical care of the pregnant arrestee during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of the restraints is medically necessary. Officers shall advise a pregnant arrestee, orally or in writing, of the policy pertaining to pregnant arrestees. (State of California, Board of State and Community Corrections, Title 15, Section 1058.5)

Safety Considerations

Handcuffs are meant to be a temporary restraint and are not escape-proof. Officers should always remain alert for an attempted escape. It is not uncommon for a person to conceal a handcuff key or metal shim to assist in escaping from custody. Additionally, people may attempt to slip the handcuffs off their hands, or underneath their legs. Officers should also be aware that some people may be able to remove weapons from their front or rear waistband area and pant pockets even while handcuffed. Officers should not assume that handcuffing removes the possibility of the person using a weapon against them. Officers should continue to monitor the individual after being handcuffed, including during transportation, while at a hospital for medical treatment and while an arrestee is in a holding tank prior to booking. Remember that an arrestee who is seated on a holding bench should be properly handcuffed and secured to the bench.

Injuries

While minor injuries such as abrasions and contusions are sometimes unavoidable even when the handcuffs are properly applied, officers should attempt to minimize serious injuries by checking to ensure the handcuffs are not too tight. The handcuffs should be just loose enough that they do not cut off the circulation. If the handcuffs are so tight that they cannot slide on the skin at all, they may be too tight. Conversely, the handcuffs should not be so loose that they can slide over the protruding bone of the wrist in either direction. If the handcuffs are too loose, the person may be able to

escape by slipping the handcuffs over their hands; some people can make the diameter of their hand smaller than their wrist bone. The handcuffs shall be double locked prior to transportation to ensure that they do not tighten inadvertently.

If body weight is used to gain control of an individual, officers should only apply direct weight to the suspect's back for as long as reasonable to control and secure the individual. Once the person is handcuffed, officers shall immediately search the waistband area and then immediately place the individual in an upright, seated position or on his or her left side (left lateral recumbent position). If this is not possible due to medical or tactical issues, then placing the individual on his/her right side is an acceptable substitute. This minimizes the time the suspect spends on his/her stomach after being restrained.

Officers should monitor the individual for signs of medical distress. Generally, the passenger/cover officer is responsible for monitoring the individual's condition and shall request a rescue ambulance if the individual shows signs of medical distress, such as unconsciousness or has difficulty breathing.

Handcuffing Techniques

Handcuffing techniques include speed cuffing, handcuffing with the hands behind the head, handcuffing from the high risk prone and high risk kneeling positions, handcuffing from a rear arm finger flex, and handcuffing on the ground from the back-control position. The specific technical procedures for each of these techniques can be found in the LAPD Arrest and Control Manual.



Basic Handcuffing Procedures: When there is a need to use handcuffs, officers should remember the basic procedures for proper application. The hands should be handcuffed behind the back with palms together, or back-to-back. Attempt to avoid injury to the wrists when applying the handcuffs and check to ensure the handcuffs are not too loose or too tight. Handcuffs should be double-locked.

Speedcuffing: An effective way to quickly secure a person's hands. With the person in the pat down position, the handcuffs are drawn and held by the chain. The handcuffs are pressed onto one wrists, then onto the other wrist in one fast, crisp motion. The handcuffs are immediately adjusted to firmly secure the hands.



Plastic Handcuffs: The plastic handcuff is a disposable restraining device provided to officers for use as an alternate or reserve means of restraint. Officers should carry two of these handcuffs as part of their field equipment. This will allow the control and transportation of arrestees when there are not enough steel handcuffs available.



The plastic handcuff is prepared for use by inserting the serrated tips of the straps through the eyelets located between the two straps, forming two loops. The person's hands should be placed behind the back, palms out, with the thumbs up. The cuffs are placed over hands and tightened to secure the wrists. The one-way locking action in the head of the plastic handcuff prevents the restraint from being loosened once applied. Therefore, care should be taken not to tighten the restraint more than is necessary. The restraint is removed by using Department cutters which are available in the Area watch commanders' offices and in some supervisors' vehicles.

Plastic handcuffs should not be used to restrain combative persons or persons with mental illness. These restraints can be difficult to apply while attempting to gain physical control of a person. Additionally, if a person continues to struggle and resist these restraints once they have been applied, it may cause abrasions or contusions to their wrists.

When two people have been handcuffed, they may be secured together by using a plastic handcuff around their upper arms. One loop of the plastic handcuff is secured on the first person's upper arm, and the other loop secures the second individual's upper arm.



The plastic handcuff can also assist officers in controlling an already handcuffed person by preventing them from slipping the handcuffs underneath their legs. The person's handcuffed hands can be secured to the belt by utilizing a plastic handcuff looped around the handcuffs' linking chain and belt.



When a person is in custody at a Non-Secure Contract Hospital, and an MRI or CT Scan procedure is needed, officers will need to remove Department issued handcuffs, due to the prohibition of metallic objects during these procedures. Plastic cuffs should be used to replace handcuffs for officer safety during the scan. Handcuffs should not be removed until the plastic cuffs have been applied. Once the medical procedure is complete, the handcuffs should be placed back on before removing the plastic cuffs.

Hobble Restraint Device: The Hobble Restraint Device may be used as an alternative to handcuffs on a non-violent person with an arm injury or full arm cast. The officer places the hobble loop just above the elbows. The loop is slowly tightened until it appears the person cannot escape.

This technique can also be used for removing handcuffs from a violent person for fingerprinting, medical treatment, or to place the person into a holding cell with a minimal chance for an altercation. While the person is still handcuffed, the officer places the hobble loop just above the elbows. The loop is slowly tightened until it appears the person cannot escape. The officer can now safely remove the cuffs for medical treatment or fingerprinting. Additionally, if the officer intends to place the person into a cell, this method allows control of the person at the elbows. The officer then directs the person into the cell. As the person moves forward into the cell, the officer releases the hobble and pulls it free from the person's arms.



The hobble can also assist officers in controlling already handcuffed people by preventing them from slipping the handcuffs underneath their legs. The hobble can be looped around the person's waist and clipped to the handcuffs' linking chain. After locking the hobble around the arrestee's waist, any excess must be wrapped around the handcuffs' linking chain or person's wrist before it is clipped to the handcuffs.



Carabiner Hook: The carabiner hook is a 2" x 3 1/2" aluminum alloy device that has a safety locking mechanism. The primary use of the carabiner hook is to assist officers in controlling handcuffed people by preventing them from slipping the handcuffs underneath their legs.

To utilize the carabiner hook, twist open the safety lock. Press open the carabiner and hook it onto the handcuff chain. Attach the open end to the person's belt or belt loop and twist the safety lock tightly closed to secure the hook. The carabiner hook is to be used only to control handcuffed persons as described above and must only be placed on the handcuffs and through the person's belt or belt loop. Generally, the carabiner hook shall not be used as a striking weapon or as a tool for attaching suspects to other suspects, to fences, vehicles, or any other object.



Removal of Handcuffs from Gravely Injured Persons at the Request of the Los Angeles Fire Department or Other Medical Personnel: The use of handcuffs to control a person is meant to prevent a situation from escalating to where a higher level of force would be necessary. Situations may arise when an officer uses force to control a person, up to and including deadly force. The person may need immediate medical treatment, in an attempt to prevent the loss of human life. In such instances, the responding employees from the Los Angeles Fire Department, or other attending medical personnel, may request the removal of handcuffs from the person to render immediate medical treatment.

To adhere to the Los Angeles Police Department's guiding principle of Reverence for Human Life, officers should use good judgment and discretion, and if safe to do so, remove handcuffs from a gravely injured person to allow for immediate medical treatment. Prior to the removal of handcuffs, officers should ensure that the person does not have access to weapons that could harm medical personnel, officers or themselves. This can be achieved by a thorough search of the suspect and the surrounding area. Once the handcuffs are removed, the officers shall remain vigilant and maintain a position that will allow them to visually observe the person and intervene, if necessary, to prevent injury to all involved parties.

CONCLUSION

Officers must be aware of the Department's discretionary handcuffing policy and how this policy influences handcuffing and restraining people. Handcuffing is not based on rigid criteria. Rather, it is determined by the unique nature of each situation, the officer's evaluation of the incident, and a concern for the wellbeing of all involved persons. Even though a person is handcuffed, a high degree of vigilance is still required of the officers.

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