National Offender Management Service

Home Office Manual for Escorting Safely

Redacted Version – Physical Restraint Techniques

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Introduction

The effective management of non-compliant detainees is one of the most demanding and challenging aspects of the escort process. It is an area where good interaction and effective communication skills are required.
When managing a non-compliant detainee the objective should always be to prevent the potential for physical violence. Situations containing a potential for violence are best managed through the early recognition of warning signs and use of communication skills to decelerate the situation.

The term 'Use of Force' (UoF) means:

- **Any type of physical intervention used on another person.**

The use of force to restrain a detainee **must always** be viewed as the last available option.

When the use of physical restraint techniques is deemed necessary, consideration must also be given as to whether it is reasonable and proportionate. In addition to this, there are two questions a DCO should always ask themselves before using any physical intervention on a detainee:

- Have I exhausted all reasonable options?
- Am I acting in the best interests of either the detainee or others?

The application of physical techniques is to be used only when:

- Other methods not involving use of force have been tried and failed, or are judged unlikely to succeed
- Action needs to be taken to prevent injury or serious damage to:
  - the detainee / DCOs / other persons
  - property

- or to prevent escape or to enforce a removal order

The rare circumstances in which physical intervention is required can be determined with a reasonable degree of clarity. Relevant factors may include:

- The failure of less invasive alternatives to decelerate the situation
- The urgency of the situation
- The credibility of the threat
- The risk of harm (to the detainee and others)
- The severity of harm
- The probability of averting the harm by using physical intervention

There is no automatic assumption that disruptive or threatening behaviour is ultimately best met by force. It is the intervention strategy offering the most appropriate response which should be selected and will involve a range of decelerating and calming techniques. The option should be at the lowest level possible but there may be occasions when it is necessary to use a higher level, but for a very short time. Instructors should emphasise and integrate the strategies outlined in previous sessions at every opportunity. Behaviour management continues throughout any incident where restraint is used. They are elements to be worked together at all times.

The description of restraint techniques and procedures contained within this section of training reflect their use in a controlled training environment. Operational incidents will not always mirror situations simulated in training; though every effort has been made to capture them in this manual. The unpredictable behaviour and ability of the detainee may require the DCO to overcome and problem solve dynamically when applying these techniques in a live incident. However, this should never be through the use of unapproved techniques or the misapplication of the techniques within this manual.

Other impact factors such as the geography of the incident area may require them to adapt techniques, but remain within the principles of any holds to enable them to gain effective control of the detainee. An example of this could be the inverted wrist hold which refers to the detainee's elbow being blocked by either the hand or body of the DCO. The adapted version may include blocking the elbow on the floor of a vehicle or aircraft.

All DCOs involved in the intervention, whether it is planned or unplanned, play a role in ensuring any use of force is necessary, reasonable and proportionate. Incidents must be

constantly assessed and any medical emergency must be dealt with immediately and in the correct manner.

Aim

To provide learners with physical skills and techniques that can be used to manage a detainee when methods to avoid the use of restraint have been unsuccessful. The application of these techniques must be in a way that limits injury or serious damage to:

- The detainee / DCOs / other persons
- Property
- Or to enforce a removal order

This training manual will assist in the delivery of each particular technique and associated position and procedure. However, it is important for instructors to follow the advice below to ensure best practice:

- Demonstrate the technique described
- Reiterate and refresh all key points
- Repeat demonstration with another learner
- Allow learners time to practise
- Alternate learners within the group at regular intervals when practising (change of size / flexibility)
- Address the question, ‘”what could go wrong?”
- Observe learners and identify any faults
- Address common faults collectively or on an individual basis
- Identify and resolve potential hazards
- Halt practice immediately if needed to prevent injury
- Remind staff that techniques should not be misapplied and unapproved techniques are not permitted

When instructors are delivering the relevant techniques they will involve learners in a discussion to evaluate the risk of potential harm: life threatening ABC or significant risks such as fractures / dislocation, nerve damage, ligament / tendon damage, soft tissue swelling, muscle damage or bruising.

During all demonstrations of UoF techniques the instructor will take every opportunity to draw attention to the detainee's feelings and perceptions. DCOs playing the role of a detainee will be required to imagine how a detainee would feel and express those feelings to the group. There will always be moments during restraint where responses to specific situations could either decelerate or escalate an event and DCOs must be aware when these occur. Communicating with the detainee throughout, explaining what is going to happen and why, must be an integral and conscious part of any restraint procedure wherever possible.

The restraint syllabus contains **12 identified techniques** which can be applied in different positions and procedures and **4 additional restraints.** Some positions can increase the risk of harm or medical emergency to individuals. Refer to the Medical Advice session for further information. If restraint techniques are required, the objective for DCOs should be to gain and maintain control at the lowest level of technique application with a view to constant de-escalation and ultimately release from restraint.

Core Techniques:

1. Guiding hold
2. Figure of four arm hold
3. Isolating the arm
4. Head hold
5. Arm hold
6. Inverted wrist
7. Mandibular angle
8. Wrist flexion
9. Thumb flexion
10. Detainee on the ground – Supine
11. Detainee on the ground – Prone
12. Restraint recovery position

Additional restraints:

1. Waist restraint belt
2. Leg restraint
3. Rigid Bar handcuffs

4. Mobile chair

Core techniques can be applied in a number of positions and procedures:

Position	Procedure
Standing	Reactive
Supine	Escorting
Prone	Relocation
Lateral	
Seated	

NB: Whenever someone is in the prone / supine / seated position, an increased risk is present.

The techniques contained within this section have been designed for use during the escort process and on detainees whose ages range from 18yrs upwards. Within this age group lie a broad range of physical sizes and strengths; different health, disability and language issues as well as differences in gender which can affect how DCOs gain and maintain control during any restraint.

Restraint will only be used when all deceleration strategies have been explored. The rationale for the selection of techniques and/or equipment used during restraint must be evidenced within the UoF reporting documentation.

Further information can be found in the Use of Force Report Writing session

Note to instructor: For the purposes of this training, ‘acceleration’ and ‘deceleration’ relate to communication strategies that can be applied to manage the behaviour of a detainee. ‘Escalation’ and ‘de-escalation’ relate to the application / release from various physical restraint techniques.

Note to instructor: As you work through this manual, space has been left within the session plans for you to make your own notes to support your delivery.

Risk of injury / Harm

It is extremely important that DCOs involved in restraining a detainee are made aware of the potential for injury or harm and the associated signs and symptoms that may indicate that the detainee is in distress. They also need to be aware of any pre existing medical conditions.

Instructors must ensure that all learners know that the application of restraint techniques in some positions may increase the risks to the detainee during restraint. DCOs should understand the medical symptoms, signs and what actions to take. It may be that an incident where restraint has used becomes a medical emergency; this then takes priority and should be responded to in an appropriate manner.

Instructors will discuss the consequences of practical application of the techniques and the associated positions, such as potential injuries, under the following identified medical problems:

- **A**irway obstruction
- **B**reathing difficulties
- **C**irculation disorders
- Fracture / dislocation
- Nerve injury
- Ligament / tendon, damage
- Soft tissue swelling
- Muscle damage
- Bruising

All of the above areas will be discussed at the end of each technique to ensure learners are aware of the potential medical implications of their actions.

The approved techniques, including their application in different positions, have been risk assessed by independent medical advisors:

Dr Ian Maconochie FRCPCH, FCEM, FRCPI, PhD
Dr Fenella Wrigley QHP (c), BSc (Hons), MRCPCH, Dip IMC RCS (Ed), FCEM

The Home Office's use of force monitor will collate data on the types of restraint used, and the scenarios in which they are used, through the use of force reports that are submitted. This data will be monitored and analysed to consider safety, effectiveness, de-escalation techniques and medical advice. The data will also be used to consider whether the current risk assessment correctly reflects the real possibilities of harm from the restraint techniques used.

Warning symptoms and signs of medical complications / asphyxia

Warning symptoms include:

- Complaints of difficulty in breathing
- Complaints of feeling sick
- Complaints of dizziness

Warning signs include:

- Feeling sick or vomiting
- Anxiety
- Suddenly becoming pale
- Becoming suddenly quiet or restless
- Reduced or loss of consciousness
- Blueness of the lips or fingernail
- Excitability

Warning signs of low oxygen levels in the blood include:

- Cyanosis (blueness) of the lips or fingernails
- Reduced consciousness or loss of consciousness

These are all such important warnings that, in every case, DCOs must take them seriously and they must urgently reassess both the detainee's airway and their breathing during any restraint. The position of the individual and the position of the DCO involved must also be looked at and if there is any reason why the airway or breathing may be affected by the restraint, this must be altered immediately. The detainee's airway and breathing must be reassessed to see if there is improvement.

Actions:

- Immediately release or modify the restraint to achieve an instant improvement in the symptoms or signs. This may include stopping the restraint
- Call for medical help to attend urgently
- Remove anything which may be blocking the airway and open the airway
- Check for breathing for 10 seconds

- Provide appropriate first aid

Remember – if an individual suddenly and completely stops struggling and becomes passive and limp, this is not a sign of a successful restraint. It is the sign of impending death of that individual and **immediate action is required.**

Monitoring for symptoms or signs of medical distress includes making sure that the detainee's airway is clear and that their breathing pattern is regular, without any signs of inadequate oxygenation of the body – see above.

Instructors must refer to the Medical Advice session (reference: potentially life threatening conditions and significant complications) and the Incident Management session to assist in delivery of the practical training. When instructors are teaching the relevant techniques and the associated positions, they should constantly refer the learners to the warning signs and actions to take.

Restraint principles and responsibilities

The use of force to restrain a detainee must always be viewed as the last available option.

When the use of physical restraint techniques is deemed necessary, consideration should be given to whether it is reasonable and proportionate. **The health and wellbeing of the detainee should always be paramount during any restraint incident.**

Any person using force must be prepared to establish that the force used followed these principles:

- Honestly perceived that the use of force is **necessary** in the circumstances

- The degree of force used is **reasonable** in the circumstances
- The use of force is **proportionate** to the seriousness of the circumstances

It is often impossible to predict how a detainee will react when basic physical techniques are initially applied. DCOs must be fully prepared for any change in the detainee's behaviour. If the DCO deems the threat or risk of their planned approach is too high, then an alternative course of action should be considered and taken.

For this reason DCOs must be confident in their own ability to deal with the situation and that the techniques when applied will have a positive effect in managing the incident.

The responsibilities of all DCOs when applying any restraint techniques are to:

- Assess the need and type of physical intervention keeping in mind the health and wellbeing of the detainee or others
- Initiate and maintain non-threatening dialogue creating opportunities for deceleration
- Monitor the behaviour, language and non verbal signs from the detainee
- Monitor the medical condition of the detainee, identifying any specific warning signs as outlined in the Medical Advice session and take appropriate action
- Continually assess the need for physical intervention

1. Guiding Hold

The Guiding hold is the lowest level technique that can be applied by one or two DCOs to enable them to escort a detainee through or away from an area in order to prevent a situation from escalating. This hold should not be used as a matter of routine and only in direct response to any warning signs or behaviours that a detainee exhibits (verbal or non-verbal) where risk to others or the DCO is considered possible.

All DCOs who are involved in performing and / or monitoring a detainee during any restraint must be aware of the signs of actual or potential harm to the detainee and know what actions to take.

If the detainee complains of pain or discomfort when pain inducement is not intended, DCOs should take the following action:

- Check hold(s) is applied appropriately and readjust as necessary

These 2 photographs have been redacted. They depict the application of the guiding hold to a detainee.

The Instructor will:	Key points
Introduce session to learners Monitor the detainee's welfare	Include the reason for application, set the scene

	Emphasise need for ongoing assessment of behaviour and associated risks presented
Select 1 learner to play the role of the detainee	Ensure other learners can see
Approach from rear / side of the detainee's arm	Discuss angles of approach Maintain awareness of the environment Emphasise responsibilities
Place inside hand on the detainee's nearside elbow	Assess resistance on contact Clear communication / instructions with the detainee in a non threatening manner
Place outside hand on the lower forearm above the wrist (simultaneously with above)	Overhand grip palm facing down Ensure the detainee's palm faces down
Position the detainee's forearm parallel to the ground	Arm held slightly away from the detainee's body Bent at the elbow Maintain safe reactionary position
Guide the detainee away	Maintain dialogue – continued deceleration
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken
Repeat demo using 2 DCOs to 1 detainee	

De-escalation– hold release

During the physical application of the guiding hold, it may be necessary to release the hold or select an alternative course of action.

The following should be considered:

- Is the detainee safe and their behaviour decelerated to a manageable level that does not require any further physical contact?

The Instructor will:	Key points
Introduce session to learners – emphasise deceleration communication	Set the scene Discuss the reasons for application / release Continue to emphasise deceleration and calming dialogue
Select 1 learner to play the role of the detainee	Ensure other learners can see Brief as to no resistance
Adopt the 'guiding hold'	Reinforce knowledge (as described above)
Release control of the detainee's arm Step to the side of the detainee	Discuss speed of release Discuss reasons for release will dictate stance etc Maintain dialogue
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

Instructors session plan			
Time	**Content**	**Student activity**	**Assessment**
2 mins	Intro	Listen	
2 mins	Demo 1 Guiding hold	Observe	
3 mins	Practice 1	Practical	Observation
3 mins	Demo 2 hold release	Observe	Q & A
3 mins	Practice 2	Practical	Observation
2 mins	Medical advice, implications	Discussion	Q & A
Notes:			

2. Figure of four arm hold

The application of this technique allows DCOs to maintain control in situations that are more challenging than incidents that require a guiding hold. This technique is applied with two DCOs to one detainee.

These 2 photographs have been redacted. They depict the application of the figure of four arm hold.

The Instructor will:	Key points
Introduce session to learners Question learners on role/responsibilities	Explain why and when used Discuss circumstances for selection of the technique and deceleration options
	Previous history and impact factors will assist in determining if the technique is necessary Highlight all health and safety considerations
Select 2 learners to play the role of DCO	Ensure all learners can clearly see

and the detainee	demonstration
Stand alongside the detainee	Facing the same direction (standing position) Inside foot against the detainee's foot This position is for **demonstration purpose only**
Place the outside hand on the detainee's forearm	Explain palm up grip
Pass inside hand under the detainee's shoulder and wrap over the detainee's forearm, fixing off onto own forearm	Hands are positioned to limit the detainee's range of movement Ensure the detainee's palm is facing downward Hip in close proximity / head tilted out of range
Ensure the detainees forearm is placed between the hip and lower rib and control the limb back to a comfortable position	
Report **"arm secure"**	
Repeat demo	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

2.1 Guiding hold to figure of four arm hold

The Instructor will:	Key points
Introduce session to learners	Explain that a guiding hold may not be enough or secure enough
Select 2 learners to play the role of the detainee and DCO	Ensure all learners can clearly see the demonstration
Starting position will be with the detainee in	

a guiding hold	
Take inside hand off the detainee's elbow and pass through on the inside of the detainee's arm	Maintain grip on the detainee's wrist with outside hand
Rotate outside hand on the detainee's wrist maintaining contact until in an underhand grip	It is important not to lose contact with the detainee's wrist during rotation
Inside hand wraps over the detainee's forearm, fixing off onto outside forearm	Hands are positioned to limit the detainee's range of movement Ensure the detainee's palm is facing downward Hip is in close proximity / head tilted out of range
Ensure the detainee's forearm is placed between the hip and lower rib and control the limb back to a comfortable position	
Report **"arm secure"**	
Repeat demo	Explain this can be done at the same time
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response/ treatment should be taken

2.2 De-escalation – hold release

During the physical application of the figure of four, it may be necessary to release the hold or select an alternative course of action. The following should be considered:

- Is the detainee safe and their behaviour decelerated to a manageable level that does not require any further physical contact?

The Instructor will:	Key points

Introduce session to Learners – emphasise deceleration communication	Set the scene Discuss the reasons for application / release Continue to emphasise deceleration and calming dialogue
Select 2 learners to play the role of the DCO and the detainee	Vary the height and size Ensure other learners can see Brief as to no resistance
Adopt the figure of four	Reinforce knowledge (as previously taught)
Rotate outside hand into an overhand grip on the detainee's forearm	Discuss speed of release Discuss reasons for release will dictate stance etc Maintain dialogue
Inside hand will release forearm and move onto the detainee's elbow into a guiding hold	Emphasise need for a reactionary gap Constant threat assessment
DCO to repeat demo	
Further de-escalation can be achieved by releasing the detainee's arm as previously taught	Maintain communication Select / discuss alternative courses of action
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

Instructors session plan			
Time	**Content**	**Student activity**	**Assessment**
2 mins	Intro	Listen	
3 mins	Demo 1 figure of four	Observe	
4 mins	Practice 1	Practical	Observation
3 mins	Demo 2 Guiding hold to figure of four	Observe	Q & A
5 mins	Practice 2	Practical	
2 mins	Demo 3 Guiding hold to figure four two DCOs	Observe	

3 mins 3 mins 3 mins 2 mins	Practice 3 Demo 4 Figure of four to release Practice 4 Medical advice, implications	Practical Observe Practical Discussion	
Notes:			

3. Isolating the arm

The application of this technique allows DCOs to maintain control in situations where there is a perceived threat or potential for violence. This restraint technique will be applied by two DCOs with the option of a third DCO taking control of the head to assist in gaining control. At all times DCOs will engage in dialogue with the detainee and use the deceleration strategies previously taught.

This photograph has been redacted. It depicts the application of the isolating the arm technique.

The Instructor will:	Key points
Introduce session to learners Question learners on role/responsibilities	Include the reason for intervention / application and initial assessment of the incident
Select 1 learner to play the role of the detainee	Explain various angles of approach and position of the detainee in relation to DCO /

Position to the front, then rear of the detainee	access points to the scene and differing arrival times
Adopt a protective stance	Side on stance Left / right leg forward Hands held chest height Elbows tucked in Discuss importance of protective stance
Approach the detainee from any of the previously mentioned positions and identify which arm they are responsible for securing	Emphasise role of the team member on the other arm
Discuss the range of movement the detainee has – adopt high guard position if required. Make contact on the upper and lower arm of the detainee and continue by wrapping the detainees arms in close to body	Protection (high guard) is essential to fend off strikes and maximise DCOs protection Emphasise health and safety implications of ensuring no pressure is applied through elbow joint Discuss the vulnerability of DCOs if performing the technique from the rear – safety of the head
State **"arm secure"** when in control Once arm is secure – reassess level of threat	Discuss who is responsible for communication Behaviour will dictate whether to escalate or de-escalate
Discuss the options available to DCOs at this point	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

3.1 Isolating the arm (front) to figure of four arm hold

Where it is judged that continued physical control is required, then communication between DCOs is imperative (particularly where there are only two DCOs involved) in order to establish who will take the role of the team leader **in these initial stages.**

To maintain control, one arm will remain isolated until the other arm has been transferred to the figure of four arm hold.

The Instructor will:	Key points

Introduce session to learners	Include the reason for application Emphasise responsibilities of DCOs
Select 1 learner to play the role of the detainee	Ensure all learners can clearly see demonstration
Isolate the detainee's arm from the front	As per isolating the arm
Move outside hand to secure the detainee's lower forearm	Maintain contact and control of the detainees arm
Place the palm of the inside hand to block the detainee's elbow	Will restrict the movement of the detainees arm during transfer
Position the detainee's hand in towards the detainee's side, allowing the arm to bend naturally	The detainees hand placed just above their hip Palm of the detainees hand facing in towards their body Move the learner to a position in order to avoid a blind demo
Move the inside hand from the detainee's elbow onto the detainee's lower forearm just above the wrist	Allow space on the detainees lower forearm prior to movement Palm up grip – thumb to thumb
Step slightly out to the side	Avoid danger from detainees elbow
Apply the figure of four arm hold	As described in the figure four arm hold
Report **"arm secure"**	
Demo with 2 DCOs in place	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation,	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	

3.2 Isolating the arm (rear) to figure of four arm hold

The Instructor will:	Key points
Select 1 learner to play the role of the detainee	Ensure all learners can clearly see demonstration
Isolate the detainee's arm from the rear	As per isolating the arm
Move outside hand to secure the detainee's lower forearm	Maintain contact and control of the detainees arm Palm up grip, thumb on top of lower forearm

Position the detainee's hand in towards the detainee's side, allowing the arm to bend naturally	Key points as per Isolating the arm front to fig 4 arm hold Continue to decelerate via good communication Establish a rapport with the detainee Discuss circumstances for selection of technique and de-escalation options
Step slightly out to the side	
Move the inside hand onto the lower forearm just above the wrist	
Apply the figure of four arm hold	
Report **"arm secure"**	
Demo with 2 DCOs in place	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

Instructors session plan			
Time	**Content**	**Student activity**	**Assessment**
2 mins	Intro	Listen	
1 mins	Demo 1 Isolating the arm	Observe	Observation
3 mins	Practice 1	Practical	Q & A
3 mins	Demo 2 isolating the arm to figure of four - front	Observe	Observation
5 mins	Practice 2	Practical	Q & A

3 mins	Demo 3 Isolating the arm to figure of four - rear	Observe	
5 mins	Practice 3	Practical	
2 mins	Medical advice, implications	Discussion	
Notes:			

4. Introduction to the head hold

This restraint technique can be applied after assessment by the first person on the scene. The remaining DCOs will be responsible for isolating the arms. The application of this technique will assist DCOs in gaining control of a detainee whose behaviour could compromise the safety of themselves or others. *This sentence has been redacted. It describes how DCOs will take hold of and control the detainee's head and chin without applying undue pressure.*

The Head Support Position had been associated with complaints from people where they have had difficulty in breathing when it had been applied operationally. This may have been due to the possible misapplication or positioning of the trail hand which is in close proximity to the throat area. The duration of application may also have been a contributing factor.

Instructors must at all times emphasise the correct position of the hands on the chin ensuring that they do not interfere with or compromise breathing and continue to emphasise communication with a view to removing the hand from the chin at the earliest opportunity. **Instructors should also bear in mind that bringing the head forward or down also decreases the angle between the chest and lower limbs which can affect lung inflation and may contribute toward breathing difficulties.**

Note to instructor: A head hold from the rear in the seated position **should not be used** as this has a high risk to the detainee and the potential for serious injury or death.

There are also other medical conditions which may increase the risk of complications associated with the airway and breathing. DCOs should be aware, whenever possible; of any associated health conditions that a detainee may have which can affect how their body responds to increased exertion.

Medical considerations

These include:

- Asthma

- Chronic obstructive pulmonary disease (COPD)
- Musculoskeletal conditions
- Blood diseases, including sickle cell, thalassaemia and haemophilia
- Diabetes
- Epilepsy
- Obesity / low body weight
- Drug and / or alcohol withdrawal / intoxication
- Pre-existing heart conditions
- Pregnancy
- Past surgical procedures
- Frailty

Chest infections or colds may also affect the body's ability to cope with increased oxygen demands during prolonged restraint, particularly if there is an associated respiratory condition such as asthma. These conditions along with the concerns of misapplication and the decreased angle between the chest and lower limbs, can contribute toward an increased risk of a medical emergency.

If a detainee complains of breathing difficulties or feeling sick, DCOs must take these claims seriously and they must urgently reassess both the detainee's airway and their breathing. Breathing must be checked **for 10 seconds** each time. The position of the individual, and the position of the DCO involved, must also be looked at and if there is any reason why the airway or breathing may be affected by the restraint, this must be altered immediately. The detainee's airway and breathing must be reassessed to see if there is any improvement.

If the symptoms or signs are of concern to the person holding the head, the supervisor or team leader or if the detainee continues to exhibit symptoms or signs of distress, the restraint must be stopped. Further information can be found in the Medical Advice section. Instructors must ensure learners are made aware of the risks and medical conditions associated with the application of this technique and the actions to take.

4.1 Responsibilities of the Head Support Officer (HSO) – head hold

The DCO charged with protecting and supporting the head and neck will become the HSO of the team and will assume the role of team leader. They must ensure that the airway and breathing are not compromised and that any warning symptoms or signs are managed appropriately.

The responsibilities of the HSO are:

- To be in charge of the team
- Assess the need and type of physical intervention
- Protect and support the head and neck of the detainee
- Initiate and maintain dialogue with the purpose of de-escalation
- Monitor the medical condition of the detainee, identifying any specific warning signs as outlined in the *medical advice session* and take appropriate action
- Monitor the condition of other DCOs involved
- Continually assess the need for physical intervention
- Instigate movement of the other DCOs

These 4 photographs have been redacted. They depict how a DCO will take hold of the detainee's head and chin without applying undue pressure whilst ensuring neck and spine alignment and maintaining the airway

The Instructor will:	Key points
Introduce session to learners, including responsibilities	Set the scene accordingly – unplanned incident
Select 3 learners to play the role of the detainee and DCOs	Discuss options if control of the head is a priority - first on scene
DCOs isolating the arms from the front	
Adopt the role of HSO	

Adopt a protective stance	
This sentence has been redacted. It describes how DCOs will take hold of and control the detainee's head and chin without applying undue pressure whilst ensuring neck and spine alignment and maintaining the airway.	This sentence has been redacted. It describes how DCOs will take hold of and control the detainee's head and chin without applying undue pressure whilst ensuring neck and spine alignment and maintaining the airway.
This sentence has been redacted. It describes how DCOs will take hold of and control the detainee's head and chin without applying undue pressure whilst ensuring neck and spine alignment and maintaining the airway.	Verbal instruction to the detainee to 'bring their head down' may assist in the process Emphasise the importance of neck and spine alignment Offers protection from spitting or kicks
This sentence has been redacted. It describes how DCOs will take hold of and control the detainee's head and chin without applying undue pressure whilst ensuring neck and spine alignment and maintaining the airway.	Emphasise that the trail hand does not move until such time that the head has been lowered to a position of safety – may already be there if arm holds are applied. **Emphasise to keep all fingers away from the throat area and mouth.**
This sentence has been redacted. It describes how DCOs will take hold of and control the detainee's head and chin without applying undue pressure whilst ensuring neck and spine alignment and maintaining the airway.	Emphasise the importance of not covering the ears, nose or throat
This sentence has been redacted. It describes how DCOs will take hold of and control the detainee's head and chin without applying undue pressure whilst ensuring	

neck and spine alignment and maintaining the airway.	
Initiate dialogue with the detainee	Emphasise the continuous requirement for communication with a view to deceleration Practising communication skills in training will assist operationally.
This sentence has been redacted. It describes how DCOs will take hold of and control the detainee's head and chin without applying undue pressure whilst ensuring neck and spine alignment and maintaining the airway.	Aides de-escalation and reduces the risk of breathing difficulties – should the detainees behaviour increase the risk to the team, consideration to re-apply the hand onto the chin should be given
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

a. Head support - seated position

This photograph has been redacted. It depicts how a DCO will take hold of the detainee's head and chin without applying undue pressure whilst ensuring neck and spine alignment and maintaining the airway.

The Instructor will:	Key points
Introduce session to learners, including responsibilities	Set the scene accordingly – Head support seated position

Select 2 learners to play the role of the detainee and DCO	Discuss options for control of the head Re emphasis the importance of keeping the detainee seated in the upright position
This sentence has been redacted. It describes how DCOs will take hold of and control the detainee's head and chin without applying undue pressure whilst ensuring neck and spine alignment and maintaining the airway.	
DCO's will sit either side of the detainee controlling the arms and legs	
This sentence has been redacted. It describes how DCOs will take hold of and control the detainee's head and chin without applying undue pressure whilst ensuring neck and spine alignment and maintaining the airway.	Emphasise the importance of not covering the ears, nose or eyes
Working together support the head to stop movement, initiate dialogue with the detainee	Emphasise the continuous requirement for communication with a view to deceleration Practising communication skills in training will assist operationally Aides de-escalation and reduces the risk of breathing difficulties
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

Note: A head hold from the rear in the seated position should not be used as this has a high risk to the detainee and the potential for serious injury or death.

Instructors session plan			
Time	**Content**	**Student activity**	**Assessment**
1 mins	Intro	Listen	
4 mins	Demo 1 & 2 (One DCO)	Observe	
5 mins	Practice 1 & 2	Practical	Observation
2 mins	Demo 3 & 4 (Two DCOs)	Observe	Q & A
5 mins	Practice 3 & 4	Practical	

1 min 4 mins 6 mins 5 mins	Intro Demo 5 & 6 Practice 5 & 6 Medical advice, implications	 Observe Practical Discussion	
Notes:			

5. Introduction to straight arm holds

The aim of applying arm holds is to quickly establish control of a detainee in order to minimise any threat posed and resolve the incident in a quick and safe manner.

The elbow is a hinged joint and can be hyper-extended, which is not only painful but will cause damage that may be long lasting or even permanent. For this reason the application of arm holds must be carefully controlled and monitored to minimise the risk of any potential injury to a detainee. DCOs must be aware of any medical implications when considering and applying arm holds. The differing flexibilities and pain thresholds of detainees **must** also be taken into account. Some detainees may have suffered upper limb injuries previously that have left them with a restricted range of movement at the elbow. For them, forced movement into a “normal” position may cause great damage.

Arm holds will be applied by DCOs on assessment of the behaviour of the detainee and the associated risks. Arm holds can be applied without causing pain. However, DCOs should be made aware that heightened resistance level of the detainee may also cause increased pressure to their own elbow area thus increasing the risk of applying pain when not intended.

DCOs will have to judge for themselves the amount of gradual, controlled pressure required in order to gain and maintain control without intentionally inducing pain. It must be noted that not all detainees have the same levels of flexibility or pain thresholds and this must be considered prior to and during the application of the technique described in this section.

There are three basic principles that must be applied in order to achieve a straight arm hold, they are:

- Wrist end of arm fixed
- Shoulder end of arm fixed
- Pressure applied through the elbow joint / lower tricep region

It must be noted that situations requiring the application of straight arm holds as part of a three escort team are quite different to that of a personal safety application. The DCOs must ensure that gradual controlled pressure is applied minimising any risk of injury to the detainee.

NB – The application of straight arm holds will assist in bringing the head of the detainee down. Should the HSO arrive on scene last, this position will maximise their safety when applying the head hold.

These 2 photographs have been redacted. They depict how a DCO will apply a straight arm hold whilst monitoring and minimising any potential risk of injury.

5.1 Straight arm hold from the front

If the HSO has initiated contact and is in control of the head, straight arm holds will always be applied relevant to the position of the detainee's head.

When practising the technique described in this section, learners must be instructed to gradually apply pressure through the elbow to the point where control is gained and maintained but pain is not induced. Instructors must monitor this procedure carefully ensuring pressure is not applied in a manner which could cause injury. Learners are encouraged to alert their partner if pain is induced either by signalling verbally or physically.

The Instructor will:	Key points
Introduce session to learners Question learners on role responsibilities	Include the reason for application including an assessment of the incident and the general principles for using force
Select 1 learner to play the role of the detainee – ask them to inform you if too much pressure is applied	Check and assess prior learning Emphasise application is as part of a three person team
Isolate the detainee's arm from the front	
This sentence has been redacted. It describes how a DCO will take hold of and control a detainee's arm without applying undue pressure.	Maintain contact and control of limb during movement
This sentence has been redacted. It describes how a DCO will take hold of and control a detainee's arm without applying undue pressure.	
This sentence has been redacted. It describes how a DCO will take hold of and control a detainee's arm without applying undue pressure.	**Conduct these simultaneously** Maintain balance and remain in close proximity Detainees palm face up prior to movement Emphasise control required, not pain inducing
This sentence has been redacted. It describes how a DCO will take hold of and control a detainee's arm without applying undue pressure.	
Report **"arm secure"**	Emphasise the continuous requirement for team communication
Repeat demo as 3 officer team with instructor acting as HSO	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or	Discuss with learners what the medical risks of the technique are; what response /

significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	treatment should be taken

5.2 Straight arm hold from the rear

This photograph has been redacted. It depicts the application of a straight arm hold from the rear.

The Instructor will:	Key points
Introduce session to learners Question learners on role/responsibilities	Emphasise the importance of Health &Safety factors
Select 1 learner to play the role of the detainee. Ask them to inform you if too much pressure is applied	Ensure all learners can clearly see demonstration
Isolate the learner's arm from the rear	Check and assess previous learning points

This sentence has been redacted. It describes how a DCO will take hold of and control a detainee's arm without applying undue pressure.	Maintain contact and control of the limb during movement Ensure overhand grip
This sentence has been redacted. It describes how a DCO will take hold of and control a detainee's arm without applying undue pressure.	**Conduct these simultaneously** Use outside edge of forearm Maintain contact and control of limb during movement Arm hold must be sympathetic to the detainee's head Emphasise control required, not pain inducing
Report **"arm secure**"	Emphasise the continuous requirement for team communication
Repeat demo with instructor acting as HSO	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

Instructors session plan			
Time	**Content**	**Student activity**	**Assessment**
2 mins	Intro	Listen	
3 mins	Demo 1 Straight arm front – 1 on 1	Observe	
4 mins	Practice 1	Practical	Observation
2 mins	Demo 2 Straight arm front – 2 on 1	Observe	Q & A
3 mins	Practice 2	Practical	Observation

3 mins	Demo 3 Straight arm rear – 1 on 1	Observe	Q & A
3 mins	Practice 3	Practical	
2 mins	Demo 4 Straight arm rear – 2 on 1	Observe	
4 mins	Practice 4	Practical	
4 mins	Medical advice, implications	Discussion	
Notes:			

6. Introduction to inverted wrist hold

The application of the technique described in this section provides DCOs with a greater degree of maintaining control in situations that are more challenging than incidents that require previously taught techniques.

This technique can, and in all cases should, be applied without causing pain. However, DCOs should be made aware that heightened resistance level of the detainee may also cause increased pressure to their own wrist area thus increasing the risk of applying pain when not intended.

DCOs will have to judge for themselves the amount of gradual, controlled pressure required in order to gain and maintain control without intentionally inducing pain. It must be noted that not all detainees have the same levels of flexibility or pain thresholds and this **must** be considered prior to and during the application of the technique described in this section.

All DCOs who are involved in performing and / or monitoring a detainee during any physical restraint must be aware of the signs of actual or potential harm occurring to the detainee and know what actions to take.

If the detainee complains of pain / discomfort, when pain inducement is not intended, DCOs should take the following action:

- Check hold(s) being applied appropriately and readjust as necessary

There are three basic principles that are required in order to achieve an inverted wrist:

This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold.

Instructors should allow learners to practice these three principles.

6.1 Inverted wrist hold

When practising the technique described here, learners must be instructed to gradually apply flexion to the point where control is maintained but pain is not induced. Instructors must monitor this procedure carefully ensuring flexion is not applied in a manner which could cause injury. Learners are encouraged to alert their partner if pain is induced either by signalling verbally or physically.

This photograph has been redacted. It depicts how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold.

The Instructor will:	Key points
Introduce session to learners Question learners on responsibilities	Previous history and impact factors will assist in determining if the technique is necessary Discuss circumstances for the selection of the technique and de-escalation options
Select 1 learner to play the role of the detainee	Ensure all learners can clearly see demonstration

Stand alongside the detainee	Facing the same direction (standing position) Inside foot against the learner's foot Hip in close proximity This position is for **demonstration purpose only**
This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold.	This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold.
This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold.	Ensure the learner's 'knuckle line' is visible Ensure the learner's fingers point upwards and are clear of any clothing
This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold.	Emphasise control is required, not pain inducing Reinforce 'principles' of wrist flexion
Report **"arm secure"**	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

6.2 Figure of four arm hold to inverted wrist hold

There may be occasions due to the increased levels of risk that a detainee's behaviour presents, when DCOs have deemed it necessary to escalate from the figure of four hold into inverted wrist hold.

The Instructor will:	Key points
Introduce session to learners	Previous history and impact factors will assist in determining if flexion is necessary Highlight all health and safety considerations

Select 1 learner to play the role of the detainee	Ensure all learners can clearly see demonstration
Adopt figure four arm hold	
This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold.	Palm up grip Maintain control of the arm, ensuring elbow secured against body
This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold.	Palm shadowing the detainee's hand This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold.
This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold.	Fingers pointing towards the detainee's body
This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold.	This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold. Reinforce additional control measures if applicable Below knuckle line – principles of inverted wrist
This sentence has been redacted. It describes how DCOs will take hold of the	Maintain contact with the arm

detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold.	Ensure control of the detainee's arm
This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold.	Control only not pain inducing
Report **"arm secure"**	Emphasise the continuous requirement for communication with a view to deceleration
Discuss options for reversal of the procedure when the application is no longer necessary	Ongoing assessment of threat as per Use of Force principles – reasonable, necessary, proportionate
Repeat demo with 2 DCOs in place	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response/ treatment should be taken

6.3 Straight arm hold (front) to inverted wrist

The Instructor will:	Key points
Introduce session to learners Question learners on responsibilities	Continued restraint requires this type of hold prior to any movement
Select 1 learner to play the role of the detainee	HSO instigates movement
Isolate and apply front arm hold	Question learners on previous learning
This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying	Principles of both straight arm hold and wrist flexion

undue pressure or pain when employing the inverted wrist hold.	
This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold.	This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold. Turn in toward the detainee
This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold.	May require two hands dependent on grip
This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold.	This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold.
State **"arm secure"** when in inverted wrist	This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold.
Repeat demo acting as HSO	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

6.4 Straight arm hold (rear) to inverted wrist

The Instructor will:	Key points
Introduce session to learners Question learners on responsibilities	Continued restraint requires this type of hold prior to any movement
Select 1 learner to play the role of the detainee	This will be done within a 3 DCO team - HSO instigating movement
Isolate and apply straight arm hold from rear	QA previous learning
This sentence has been redacted. It describes how DCOs will take hold of the detainee's arm and hand without applying undue pressure or pain when employing the inverted wrist hold.	Releases any hold of clothing Principles of both straight arm and wrist flexion Thumb/ forefinger in toward own body

This sentence has been redacted. It describes how DCOs will take hold of the detainee’s arm and hand without applying undue pressure or pain when employing the inverted wrist hold.	These actions are to be conducted simultaneously. This sentence has been redacted. It describes how DCOs will take hold of the detainee’s arm and hand without applying undue pressure or pain when employing the inverted wrist hold. Maintain principles of wrist flexion
Allow the learners arm to bend naturally in toward their body	
This sentence has been redacted. It describes how DCOs will take hold of the detainee’s arm and hand without applying undue pressure or pain when employing the inverted wrist hold.	This sentence has been redacted. It describes how DCOs will take hold of the detainee’s arm and hand without applying undue pressure or pain when employing the inverted wrist hold.
This sentence has been redacted. It describes how DCOs will take hold of the detainee’s arm and hand without applying undue pressure or pain when employing the inverted wrist hold.	This sentence has been redacted. It describes how DCOs will take hold of the detainee’s arm and hand without applying undue pressure or pain when employing the inverted wrist hold.
This sentence has been redacted. It describes how DCOs will take hold of the detainee’s arm and hand without applying undue pressure or pain when employing the inverted wrist hold.	This sentence has been redacted. It describes how DCOs will take hold of the detainee’s arm and hand without applying undue pressure or pain when employing the inverted wrist hold.
State **“arm secure”** when inverted wrist is applied	Ensure learners arm bent at 90 degree angle to their body (forearm parallel with ground)
Repeat demo taking role of HSO	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage,	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

Soft tissue swelling, Muscle damage, Bruising	

Instructors session plan			
Time	**Content**	**Student activity**	**Assessment**
2 mins	Intro	Listen	
3 mins	Demo 1 Inverted wrist -1 on 1	Observe	
3 mins	Practice 1	Practical	Observation
3 mins	Demo 2 Figure of four to inverted wrist - 1 on 1	Observe	Q & A
4 mins	Practice 2	Practical	
2 mins	Demo 3 Figure of four to inverted wrist - 2 on 1	Observe	

4 mins	Practice 3	Practical	
4 mins	Demo 4 Straight arm front to inverted wrist - 1 on 1	Observe	
5 mins	Practice 4	Practical	
3 mins	Demo 5 Straight arm front to inverted wrist - 2 on 1	Observe	
5 mins	Practice 5	Practical	
4 mins	Demo 6 Straight arm rear to inverted wrist - - 1 on 1	Observe	
5 mins	Practice 6	Practical	
3 mins	Demo 7 Straight arm rear to inverted wrist - 2 on 1	Observe	
5 mins	Practice 7	Practical	
5 mins	Medical advice, implications	Discussion	
Notes:			

7. Rigid Bar Handcuffs

Introduction

It is recognised that the application of handcuffing techniques may be required to manage or gain control of a detainee. This is particularly the case with physically stronger detainees whose behaviour could lead to a more prolonged and exhausting restraint that could compromise the safety of the detainee being restrained, DCOs or others.

The application of a handcuffing technique should never be used where alternative techniques can safely achieve the same objective. However, the use of a handcuffing technique may be justifiable if that is the only viable and practical way of dealing with a potentially violent incident which poses a risk of serious physical harm to themselves, the DCOs or others. It may also be appropriate to apply handcuffs where their risk assessment strongly suggests there is a real risk that the detainee may escape or cause damage to property.

To aid the application of the waist restraint belt the application of the cuffs can also be used as a **transitional stage** until the waist restraint belt has been applied or other deceleration strategies used then the cuffs will be removed.

The cuffs can be applied to a detainee that is in the standing position, seated position or on the ground. The method in which the handcuffs are applied will be dependent upon the detainee's actions, past and present, their demeanour and on occasions the number of escorts to detainee ratio.

Single Bar

When the single bar is pushed against the outside of the detainee's wrist it will pass through the double bar and encircling the wrist. It is important therefore that the inside of the single bar is free of any sharp burrs that could possibly cause an injury, and that the teeth are not worn down which could compromise the DCO's safety. If the handcuff does not function properly it should be returned to the manufacturer.

Double Bar

The double bar is part of the frame of the handcuff and is separated by the single bar. Again it is important that there are no sharp burrs that could possibly cause injury and that the frame is not bent which could compromise the DCO's safety.

Key Holes

The keyholes are located on the side of the handcuff grip, where the handcuff key is inserted to unlock the cuff. To unlock the cuffs turn the key towards the double bar until it comes to a stop.

Double lock pin

When the cuff has been applied onto the detainee's wrist the cuff needs to be locked off to avoid the cuff continuing to tighten.

To engage the double lock pin, the pointed tip of the handcuff key or a similar object should be used by inserting it into the double lock pinhole until it comes to a stop. In order to unlock the double lock pin it is necessary to insert the handcuff key into the keyhole and turn the key a quarter turn in the direction of the single bar and then turn towards the double bar release.

Back strap

When the handcuff is held this part of the handcuff will fit into the fleshy **webbing** of the DCO's hand between the base of the thumb and the heel of the hand. When the handcuff is held the fingers of the DCO's hand will wrap around the finger grooves with the thumb on top of the keyhole.

Maintenance

It is important that handcuffs are checked routinely and in accordance with the manufacturer's instructions. If the handcuff has come into contact with blood that it is cleaned with an appropriate cleanser which will prevent the spread of blood borne bacteria and viruses.

Medical implications

Due to the nature of the cuffs being applied there may be occasions when a mark is left on the detainee's wrist. DCO's should be aware of the following injuries.

a) Soft Tissue Injuries

Movement of the detainee's wrists within the handcuff or the handcuff being too tight may cause the following soft tissue damage:

- Erythema (reddening of the skin)
- Abrasions
- Bruising – usually to the outside and inside of the wrist
- Small lined cuts (radius and ulna borders)
- Swelling to the hand.

These injuries sometimes extend a few centimetres away from the wrist.

b) Handcuff Neuropathy

Injuries to the median, ulna and radial nerves can occur from direct compression by the handcuffs. Single or multiple nerves can be affected. The injury in most cases is bruising to the nerves.

Those detainees who are either intoxicated or under the influence of a controlled substance or have a high pain threshold are most at risk to injury as their ability to feel pain is lessened.

Nerve damage can cause:

- Sensory disturbances E.g. Numbness and tingling
- Pain
- Loss of flexion in fingers
- Weakness

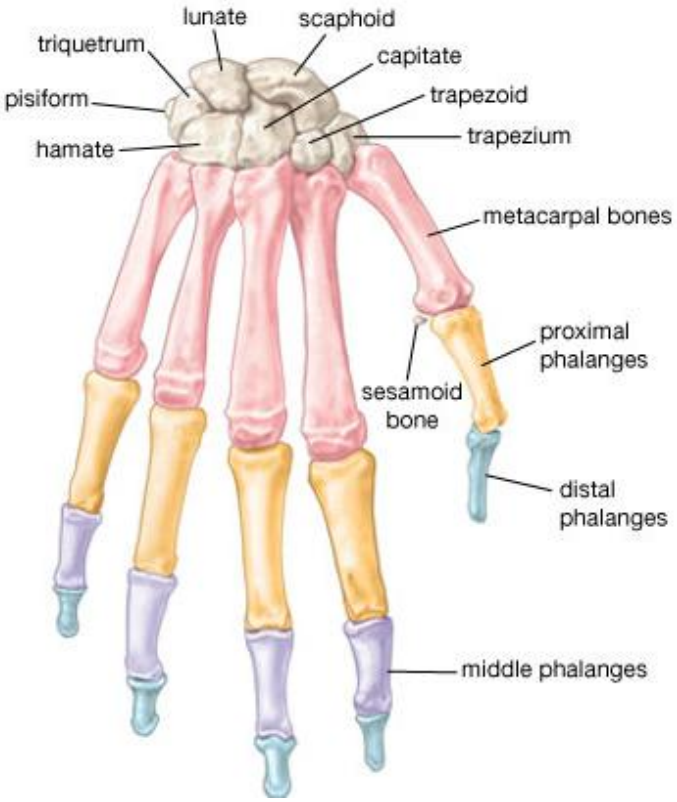
Damage can be temporary or permanent, and can last in some cases for up to six weeks.

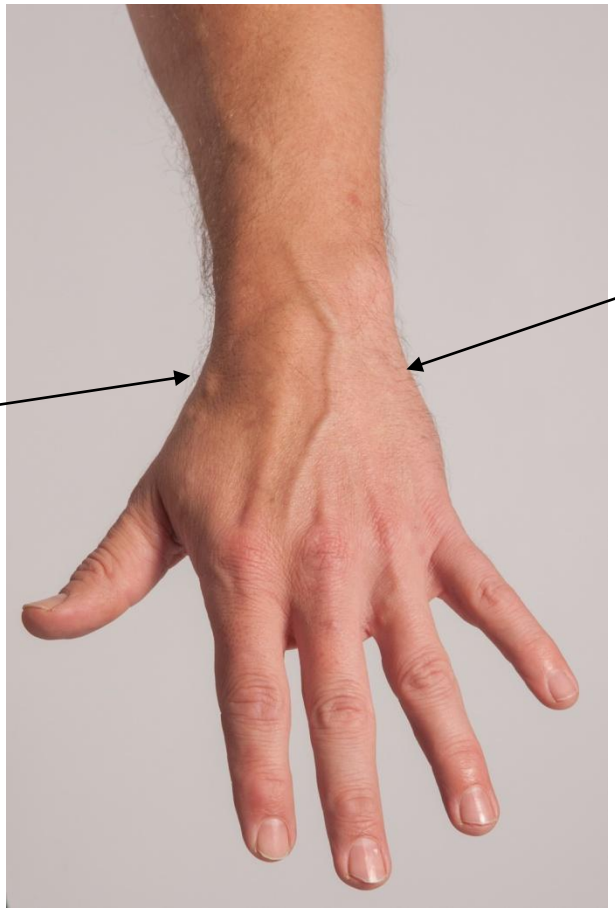
c) Fractures

These are rare but if the wrist area is severely bruised, tender and there is loss of movement, it may have occurred.

Vulnerable areas:

- Styloid process ulna (The styloid process ulna is more likely of the two to break)
- Styloid process radius
- Scaphoid fracture





Styloid process of ulna

Styloid process of radius

Correct application of handcuffs

The guidelines below should be followed on all occasions as far as is reasonably practicable.

- Ensure that the handcuffs are not double locked prior to use.
- Adopt a safe approach where possible, considering the environmental and any situational triggers.
- When applying the handcuff to the detainee's wrist, the DCO should place the single bar of the cuff between the hand and the wrist bone knuckle where the wrist bends.
- Touch and cuff (reduces the possibility of the detainee's behaviour escalating).
- A double push-pull principle should be utilized (to avoid injuries) where not only is the handcuff pushed onto the wrist, but the wrist is also pushed or pulled into the handcuff.
- If the handcuff protrudes downwards from the palm of the hand. The detainee will be located in 'stacked' position.

7.1 Stacking to the front

The following technique is **for training purposes**. The objective is to understand the stacking process. There may be instances where the rigid cuff may be applied to a compliant detainee and for whom the waist restraint belt is not appropriate. The rigid bar handcuff will more often be applied to a non-compliant detainee when it has been assessed using the decision making process as being reasonable, necessary and proportionate.

This photograph has been redacted. It depicts the application of rigid bar handcuffs.

The Instructor will:	Key points
Introduce session Select 1 learner to play the role of the detainee	
Approach from the side of detainee	
Place the top cuff to the wrist (little finger side)	Handcuff extending from the palm side of the hand
Use free hand to close the ratchet	
Instruct the detainee to place their free hand palm down across the front of their chest	
Bend handcuffed arm towards the detainee's chest and apply bottom cuff	Hands are now in the stacked position

Check for tightness and lock	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response/ treatment should be taken

In the event of a detainee being handed over to the escorting team from an authority that apply handcuffs to the rear, the escorting team will move the handcuff into the front stack before any movement can take place. This is achieved by applying one cuff to the rear, removing the current handcuffs and stepping to the side, extending the detainee's arm. The detainee will then be asked to present their other arm to the front where the handcuffs will be secured in the front stack as previously taught.

7.2 Application of rigid bar cuffs in the palm to palm position

At times it may be necessary to apply the rigid bar cuffs in a 'palm to palm' position to the front of the detainee.
If an alternative can be achieved (ie front stack) then that option should be taken.
A dynamic risk assessment by the DCO will need to take place to ensure that using the rigid bar cuffs in the 'palm to palm' position is necessary, reasonable and proportionate to the circumstances and that all other options have been exhausted.
Examples of this technique could be cuffing a compliant detainee through the hatch of a vehicle or the short term escort of a detainee in an unsecure area.

The instructor will -	Key Points
Select 1 learner to play role of detainee	
Ask the detainee to place 1 arm forward, open handed with the palm facing down	Explain to the group that this is to simulate a detainee placing an arm

	through the hatch of a vehicle.
Apply rigid cuff to the detainees wrist with the cuff facing down	Explain to the detainee what is happening to ensure no adverse reaction
Ask the detainee to place their other arm forward, open handed with the palm facing up	
Apply the rigid cuff to the wrist and instruct the detainee to move their arms back through the hatch	Once both cuffs have been applied make sure the cuffs are locked off
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response/ treatment should be taken

Instructors session plan			
Time	**Content**	**Student activity**	**Assessment**
5 mins	Intro	Listen	Observation
5 mins	Demo 1 & 2	Observe	Q & A
10 mins	Practice 1 & 2	Practical	Observation
3 mins	Demo 3	Observe	Q & A
5 mis	Practical 3	Practical	Observation
4 mins	Medical advice, implications	Discussion	Q & A
Notes:			

8. Application of pain – considerations, guidelines and recording

Introduction

The application of a pain inducing technique should never be used where a non-painful alternative can safely achieve the same objective. However, the use of a pain inducing technique may be justifiable if that is the only viable and practical way of dealing with a violent incident which poses an **immediate risk of serious physical harm** to the detainee, DCOs or others.

The application of a pain inducing technique may initially be successful in preventing serious physical harm from occurring. However, it must be recognised that the risk of harm to the detainee or others may fluctuate throughout a restraint incident and it may therefore be necessary to re-apply a pain inducing technique.

Pain inducing techniques may not always be successful in preventing serious physical harm from occurring. If this is the case, the DCO must assess whether the technique is being applied correctly and re-apply **only** if necessary. If it is evident that the chosen technique is not successful DCOs must **cease the application immediately** and consider an alternative course of action.

DCOs must be able to explain their reasons for using a pain inducing technique as part of their decision making process and be able to set out their approach in their subsequent UoF report.

They must have considered the following prior to the application of pain.
Was there:

- An **immediate risk** of **serious physical harm** to the detainee?
- An **immediate risk** of **serious physical harm** to others or DCOs?

Two questions a DCO should always ask themselves before using any physical intervention on a detainee are:

- Have I exhausted all reasonable options?
- Am I acting in the best interests of either the detainee or others?

Guidelines:

Whenever possible DCOs should follow the guidelines listed below before applying any form of pain inducing technique:

- Refer to responsibilities
- Prior to application use verbal reasoning – appropriate deceleration dialogue
- Give the detainee a clear simple verbal instruction of what is required – ensure they understand
- If they continue to refuse, give a clear statement that they are leaving you with few options i.e. one of those is that they may feel pain in a specified area
- Give a further clear simple verbal instruction of what is required
- Apply technique, and continue to give verbal instructions in a controlled tone (the application of pain with instruction is more likely to result in the detainee following the instruction) – the pitch and tone is crucial – assertive not aggressive
- This technique should be applied for no more than 5 seconds.

Whenever possible DCOs should follow the guidelines listed above prior to re-applying any form of pain induction.

NB: It is accepted that in certain situations these guidelines will not be possible due to the immediate risk to DCOs, the detainee or others. In these situations DCOs will give clear instructions whenever possible during the application of pain inducing techniques.

Recording

Each application must be recorded within the UoF reporting system.

As with any UoF, the application of pain-inducing techniques and procedures followed within a restraint incident must be:

- Honestly perceived that the use of force is **necessary** in the circumstances
- The degree of force used is **reasonable** in the circumstances
- The use of force is **proportionate** to the seriousness of the circumstances

Remind all learners of the legal, policy and practical considerations when considering or using force, and how the application of pain inducing techniques should be recorded. It would be impractical for the manual to give detailed accounts of when and where the techniques within this section should be applied. The lawful use of force should be raised and discussed with the students again when taking part in scenarios.

8.1 Mandibular Angle

The location of this pressure point is behind the base of the ear lobe, between the mastoid and the mandible. For this technique to be effective the head must be stabilised prior to application.

It can be activated by touch pressure, gradual increase of the pressure with the tip of the thumb / finger with an open or closed hand. In order to separate a detainee from another person or object, the DCO can apply the technique from the rear.

Prior to this demonstration you may ask the learners to locate and apply pressure on the specified area on themselves.

This photograph has been redacted. It depicts how a DCO will practically apply the mandibular angle technique to a detainee.

The Instructor will:	Key points
Introduce session to learners	Emphasise the law and ethical issues Discuss the circumstances for selection of the technique and deceleration options
Select 1 learner to play the role of the detainee	Explain to learners that the application of the technique in this position is for learner **delivery purposes only**
Ask the detainee to adopt a kneeling position facing the class – hands on thighs	
Stand to the rear of the detainee	Ensure remaining learners can see
This sentence has been redacted. It describes the practical application of the mandibular angle technique to a detainee.	Emphasise stability is required Forearm running up side of head
Locate the mandibular angle with the tip of the thumb	This sentence has been redacted. It describes the practical application of the mandibular angle technique to a detainee. Emphasise DCOs can use finger or knuckle dependent on length of finger nails
Reiterate the guidelines listed above prior to	Important for all DCOs to understand the

the physical application	guidelines of application
Ask the detainee to place their arms onto their chest	Also ask the learner to resist this activity until they feel the pain element
Apply pressure inward and upward at a 45 degree angle This sentence has been redacted. It describes the practical application of the mandibular angle technique to a detainee.	Emphasise controlled clear verbal instruction of requirements and steady build up of pressure
Cease delivery of the pressure on notification from the detainee	Demonstrates to the class the effectiveness of this technique – discuss duration of application Discuss situations of repeated applications and the requirement to keep it to a minimum This technique can also be applied in a standing position from the rear
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

8.2 Mandibular Angle technique application in a standing position

The mandibular angle technique can be applied by the HSO whilst standing. It can also be used if the DCOs are having difficulty in applying controlling holds, or when the levels of violence are likely to result in potential injury to DCO or detainee.

This photograph has been redacted. It depicts how a DCO will practically apply the mandibular angle technique to a detainee in the standing position.

The Instructor will:	Key points
Introduce session to learners	As above
Select 3 learners to play the role of the detainee and DCOs	One will play the part of a detainee; the others will isolate the arms – attempting to control the detainee. Brief the learner as to no resistance
Play the part of HSO in control of the head –	Reiterate application / circumstances

hand on chin	guidelines as before
This sentence has been redacted. It describes the practical application of the mandibular angle technique to a detainee in the standing position.	This sentence has been redacted. It describes the practical application of the mandibular angle technique to a detainee in the standing position. Reiterate DCOs can use finger or knuckle dependent on length of finger nails
Continue to support and control the head by the lead arm	As previously taught
This sentence has been redacted. It describes the practical application of the mandibular angle technique to a detainee in the standing position.	During application the detainee may involuntarily struggle
Cease delivery of the pressure on notification from the detainee Return the hands to the correct position	Deal appropriately dependent on the number of DCOs present. This technique can also be applied in a standing position from the rear as per first demo. Consider varying sizes and whether it can be safely achieved. Discuss follow up actions of limb control and hand placement of the HSO
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

8.3 Mandibular angle application prone, supine and on side

When prone, supine or if the detainee is on their side, the HSO can apply the technique to assist the DCOs in controlling the limb on their respective side and / or to assist in the removal of a weapon, **only if it is reasonable in the circumstances, necessary and proportionate.**

This photograph has been redacted. It depicts how a DCO will practically apply the mandibular angle technique to a detainee in the prone, supine or side position.

The Instructor will:	Key points
Introduce session to learners	As above Emphasise that this may be delivered as part of a three escort team
Select 1 learner to play the role of the detainee	Ensure remaining learners can see Discuss options for application in a three DCO team

Position the detainee in a prone position	Undue pressure on the torso and / shoulder area **must** be avoided Delivered one on one to maximise view Emphasise stability is required
Play the part of HSO and This sentence has been redacted. It describes the practical application of the mandibular angle technique to a detainee.	
This sentence has been redacted. It describes the practical application of the mandibular angle technique to a detainee.	
Locate the Mandibular angle with the tip of the thumb	Reiterate guidelines of application
This sentence has been redacted. It describes the practical application of the mandibular angle technique to a detainee.	During application the detainee may involuntarily struggle
Cease delivery of the pressure on notification from the detainee	Deal appropriately dependent on the number of DCOs present
Repeat the demonstration with the detainee in the supine position	As above Cease delivery of the pressure on notification from detainee Reiterate application guidelines at every opportunity Discuss follow up actions of limb control Discuss situations of repeated applications and the requirement to keep it to a minimum
Repeat the demonstration with the detainee on their side, control of the head will be achieved as above (prone)	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

8.4 Wrist flexion – principles and application

There are three basic principles that are required in order to achieve wrist flexion, they are:

This sentence has been redacted. It describes the practical application of wrist flexion to a detainee.

Note to instructor:

- Question learners at every opportunity on considerations and application guidelines

- Ask the learner why and in what incidents might this technique be applicable **(exceptional circumstances)**
- Challenge any inappropriate comments re application of pain
- Demonstrate isolating arm (front and rear) through to figure of four and application of wrist flexion
- Demonstrate application from arm hold front and rear with HSO supporting the head.
- Allow learners to practise in groups of three or four where applicable – one playing the detainee
- Question the learners on how to apply wrist flexion during the wrap around arm hold phase, to gain control of an aggressive and violent detainee or, prevention of a prolonged or dangerous restraint.

NB: When practising in groups of three or four, ensure pain application is monitored, the guidelines are being followed and pain is only being administered on one limb at a time.

Halt practice immediately if needed to prevent injury.

The Instructor will:	Key points
Introduce session to learners Question learners on role responsibilities	Explain why and when used Discuss circumstances for selection of the technique and deceleration options Previous history and impact factors will assist in determining if the technique is necessary
Select 1 learner to play the role of the	Ensure all learners can clearly see

detainee	demonstration
Stand alongside the detainee	Face the same direction (standing position) Inside foot against the detainee's foot This position is for demonstration purpose only
This sentence has been redacted. It describes the practical application of wrist flexion to a detainee.	This sentence has been redacted. It describes the practical application of wrist flexion to a detainee. Continue to attempt good positive communications
This sentence has been redacted. It describes the practical application of wrist flexion to a detainee.	Thumbs underneath wrist – minimise hyper-flexion This sentence has been redacted. It describes the practical application of wrist flexion to a detainee.
This sentence has been redacted. It describes the practical application of wrist flexion to a detainee.	Maintain and state the principles of wrist flexion Discuss options of two handed control
This sentence has been redacted. It describes the practical application of wrist flexion to a detainee.	Highlight application of pain guidelines (listed previously) – exceptional circumstances This sentence has been redacted. It describes the practical application of wrist flexion to a detainee.
Cease delivery of the pressure on notification from detainee	As per use of force principles – reasonable, proportionate - no more than necessary – Discuss situations of repeated applications and the requirement to keep it to a minimum

Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

8.5 Inverted Wrist hold – flexion

This photograph has been redacted. It depicts the practical application of wrist flexion to a detainee within the inverted wrist hold.

The application of pain through flexion whilst in the inverted wrist hold offers a greater degree of maintaining control. This is useful when confronted with a detainee whose behaviour could lead to a more prolonged restraint and compromise the safety of themselves or DCOs. This sentence has been redacted. It describes the practical application of wrist flexion to a detainee within the inverted wrist hold

This sentence has been redacted. It describes the practical application of wrist flexion to a detainee within the inverted wrist hold hand **will** be released when the risks are reduced or where the application of pressure is judged to be ineffective.

The Instructor will:	Key points
Introduce session to learners Question learners on responsibilities	As described above – emphasise the objective for using these procedures is to reduce the potential for violence, pain and damage
Select 1 learner to play the role of the detainee	Ensure all learners can clearly see the demonstration
Adopt inverted wrist hold on the detainee	Check and assess prior learning
This sentence has been redacted. It describes the practical application of wrist flexion to a detainee within the inverted wrist hold	**Highlight application of pain considerations and guidelines** This sentence has been redacted. It describes the practical application of wrist

Cease delivery of the pressure on notification from the detainee	flexion to a detainee within the inverted wrist hold Discuss situations of repeated applications and the requirement to keep it to a minimum Emphasise the continuous requirement for communication with a view to deceleration
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

8.6 Inverted Wrist hold - rotation

The application of pain induction using this procedure can increase the risk of fracture or dislocation if not applied correctly. It may only be considered and used when the resistance levels of the detainee have escalated and where DCOs need to minimise the threat to everyone involved. This will help resolve the incident in a timely manner, thus potentially reducing the duration a detainee is held under restraint.

The Instructor will:	Key points
Introduce session to learners Question learners on responsibilities	As described above – Exceptional circumstances
Select 1 learner to play the role of the detainee	Ensure all learners can clearly see demonstration
Adopt inverted wrist hold position	Check and assess prior learning
This sentence has been redacted. It describes the practical application of wrist flexion to a detainee within the inverted wrist hold	

This sentence has been redacted. It describes the practical application of wrist flexion to a detainee within the inverted wrist hold	Emphasise application guidance
Cease delivery of the pressure on notification from the detainee	Allows the learners to understand the level of pressure required Discuss situations of repeated applications and the requirement to keep it to a minimum Emphasise the continuous requirement for communication with a view to deceleration
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

8.7 Thumb flexion

Thumb flexion is an effective technique for DCOs to use in a number of different circumstances. It may be used from the inside of a detainee's arm if, for example, the DCOs are required to remove a weapon from the detainee's hands. Although not necessarily from the weapon side, the DCO holding onto the arm with the weapon may continue to control the arm whilst their colleague on the opposite side applies the thumb flexion. It can be used from the outside of a detainee's arm if the DCOs need to remove the detainee's hands from a DCO, another detainee or fixtures, such as arm rests.

Constant communication is an important part of administering these techniques; explaining what is happening and what you want the detainee to do. Emphasis should be made on DCOs maintaining control of the detainees arm whilst the technique is being applied and to be aware of the involuntary movement of the detainee after the application of the thumb

flexion. Once the release has been achieved DCOs will use techniques previously taught in order to manage the situation.

The thumb flexion works on three basic principles:

This sentence has been redacted. It describes the practical application of thumb flexion to a detainee.

This photograph has been redacted. It depicts the practical application of thumb flexion to a detainee.

The Instructor will:	Key points
Introduce session to learners	Previous history and impact factors Emphasise the different reasons for application - weapons, furniture etc Discuss circumstances for selection of the technique and de- escalation options
Select 1 learner to play the role of the detainee	Ensure remaining learners can see Brief them as to no resistance
Stand alongside the detainee to the outside of the arm	Explain to learners that the application of the technique in this position is for learner **delivery purposes only**

This sentence has been redacted. It describes the practical application of thumb flexion to a detainee.	Emphasise correct starting position and personal safety Reiterate guidelines of application – Exceptional circumstances
This sentence has been redacted. It describes the practical application of thumb flexion to a detainee.	
This sentence has been redacted. It describes the practical application of thumb flexion to a detainee.	
This sentence has been redacted. It describes the practical application of thumb flexion to a detainee.	During application the detainee may involuntarily struggle
Assess what is the necessary next method of control, if any	Emphasise the requirement to continually attempt de-escalation
Repeat demo, this time position to the inside of the detainee	Cease delivery of the pressure on notification from the detainee Discuss follow up actions of limb control
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

8.8 Thumb flexion prone, supine and on side

Thumb flexion can be applied whilst DCOs are attempting to control a detainee on the ground. It can be applied by a DCO on either side of the body **only if it is reasonable in the circumstances, necessary and proportionate.**

The Instructor will:	Key points
Introduce session to learners	As above

Select a learner to play the role of the detainee	Ensure remaining learners can see
Position the detainee in a prone position and allow access to their arm / hand	Brief them as to no resistance Emphasise the different reasons for application, as before
Immobilise the detainee's arm / hand	
This sentence has been redacted. It describes the practical application of thumb flexion to a detainee in a prone, supine or side position.	Undue pressure on the torso and / shoulder area **must** be avoided Reiterate guidelines of application
This sentence has been redacted. It describes the practical application of thumb flexion to a detainee in a prone, supine or side position.	During application the detainee may involuntarily struggle Cease delivery of the pressure on notification from the detainee Communicate with DCOs until objective has been achieved
Assess what is the necessary next method of control, if any	Emphasise the requirement to continually attempt de-escalation
Repeat the demonstration with the detainee in the supine position	Brief them as to no resistance Emphasise the different reasons for application, weapons / furniture etc
Repeat the demonstration with the detainee on their side	Cease delivery of the pressure on notification from learner Discuss follow up actions of limb control
Involve learners **in evaluating the risk of**	Discuss with learners what the medical risks

potential harm, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	of the technique are; what response/ treatment should be taken

8.9 Pain compliance using rigid bar handcuffs

The following techniques are used in extreme or stressful situations where the waist restraint belt cannot be applied or the ratio between detainee and DCOs will not allow other forms of control. It may be the safest option to gain control of a detainee in both open and confined spaces.

NOTE: All DCOs must be aware that it is possible to apply pressure to the wrist area of the detainee with minimal force being applied. If the DCO decides to implement this technique, all effort and care should be exhibited to place the bar of the handcuff onto the wrist so that the cuff sits between the detainee's hand and the wrist bone where the wrist bends.

Top cuff control

This paragraph has been redacted. It describes the practical application of pain using rigid bar handcuffs.

Bottom cuff control

This paragraph has been redacted. It describes the practical application of pain using rigid bar handcuffs.

These 2 photographs have been redacted. They depict the application of pain through the use of rigid bar handcuffs.

Instructors session plan			
Time	**Content**	**Student activity**	**Assessment**
3 mins 2 mins	Intro Demo 1 – Mandibular angle – kneeling	Listen Observe	

3 mins	Practice 1	Practical	Observation
2 mins	Demo 2 – Mandibular angle - standing	Observe	Q & A
3 mins	Practice 2	Practical	Observation
2 mins	Demo 3 – Mandibular angle – prone, supine, side	Observe	Q & A
3 mins	Practice 3	Practical	
3 mins	Medical advice, implications	Discussion	
2 mins	Intro	Observe	
2 mins	Demo 4 wrist flexion		
3 mins	Practice 4	Practical	
2 mins	Demo 5 – inverted wrist flexion	Observe	
3 mins	Practice 5	Practical	
2 mins	Demo 6 – inverted wrist flexion	Observe	
3 mins	Practice 6	Practical	
4 mins	Medical advice, implications	Discussion	
2 mins	Intro	Observe	
3 mins	Demo 7 thumb flexion		
3 mins	Practice 7	Practical	
2 mins	Demo 8 – thumb flexion – prone, supine, side	Observe	
3 mins	Practice 8	Practical	
4 mins	Medical advice, implications	Discussion	
3 mins	Intro	Observe	

4 mins	Demo 9 – Top cuff control		
5 mins	Practice 9	Practical	
4 mins	Demo 10 – bottom cuff control	Observe	
5 mins	Practice 10	Practical	
4 mins	Medical advice, implications	Discussion	

Notes:

Each application of a pain inducing technique must not exceed 5 seconds

9. Detainee on the ground - supine

When a detainee is physically held or restrained, there is always a risk of serious physical harm or death occurring to that person. **These risks can be increased if restraint is conducted on the ground.**

Do not cover the airway (nose / mouth) e.g. by clothing, towels. If the detainee is lying in the supine (face up) position and spits at DCOs there may be a temptation to cover their face but this must be avoided as it reduces the detainee's ability to breathe. **Refer to Medical Advice session** - potentially life threatening and significant medical complications.

Therefore DCOs should always attempt to control a detainee in a standing position.

Consideration of using a pain inducing technique to prevent a detainee going to the ground may be required but **only** if there is an **immediate danger** of **serious physical harm** occurring which therefore necessitates the use of this type of technique. Any use must follow the prior guidance given on pain induction.

It should be noted that the levels of resistance offered by the detainee can often affect their balance and that of DCOs during the initial attempted control phase, causing everyone involved to inadvertently go to the ground. If this is the case the DCO controlling the detainee should maintain contact and control whilst the HSO protects the head, and ensures neck and spine alignment. Should a detainee vomit whilst being restrained in this position there will be an increased risk of choking and DCOs should react accordingly to minimise further harm.

Communication between DCOs, as well as meaningful dialogue with the detainee is essential in order to attempt to decelerate the situation and manage the incident appropriately. **Refer to Medical Advice session** - potentially life threatening and significant medical complications.

If the detainee is unable or unwilling to enter into dialogue, DCOs should still communicate to help deceleration of the situation.

All DCOs must continually assess:

- The health and wellbeing of the detainee or others
- The appropriateness of any other lower level responses
- The appropriateness of the techniques in operation and associated risks of the position where they are applied
- The duration of restraint on the ground ensuring it is kept to a minimum
- The application of pain inducing techniques and ensure they are kept to a minimum

Environmental awareness and constant threat assessment are also essential elements in order to reduce any potential risk of injury to detainees and DCOs.

The Waist Restraint Belt **must only** ever be applied to a detainee who is compliant or kneeling and never in the prone or supine position.

Attention is drawn to the restraint related deaths of Jimmy Mubenga and Gareth Myatt. Gareth Myatt was 15 years old when he died in a secure training centre following the application of restraint in a seated position. Jimmy Mubenga died on an aircraft following a period of restraint in a seated position. **Restriction of breathing can occur when a detainee is in a seated position.** Therefore, when moving from a supine or prone position to standing, the time spent seated should be kept to an absolute minimum.

9.1 Managing an unplanned descent

The following procedure may only be applied when there are three DCOs present.

There are a number of factors that must be considered prior to using this procedure to ensure it is safe for all concerned. **The starting position described below is for demonstration purposes** and is designed to set the scene, painting a realistic picture for learners in order for them to see and discuss the potential hazards, difficulties and considerations whilst also maximising learner safety.

The Instructor will:	Key points
Introduce session to learners	Discuss reasons for assisting a detainee to ground
Select 1 learner to play the role of the detainee	Learner will bend the arms at the elbow and position across the chest – **demonstration purposes only** – (explain to class)
Re-iterate the roles of the DCOs	Brief the learner and DCOs as to no resistance, immobilise limbs – no control Discuss hazards, positioning and difficulties. Emphasise that as a team we do not instigate this movement
Stand to the rear of the detainee Place the lead hand on the shoulder/ back area and the trail hand in a high guard position	Emphasise the continuous requirement for communication with a view to deceleration Communication is essential to ensure that as a team overall control is maintained and the safety of the detainee is maximised
Explain that the HSO will control the descent of the detainee on receipt of the head on the downward movement	
Take the role of DCO, supporting one of the detainee's arms. This will be to the side of the detainee	Emphasise that the contact must be maintained when moving to the ground and that the arm position is for **training purposes only** Emphasise that the detainee's body weight must be supported to maximise safety ensuring neck and spine alignment
Take control of the detainee's arm, which should be bent at the elbow and positioned across the chest	
Immobilise the limb ensuring personal and	

learner safety	Ensure learners can see
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

9.2 Detainee going to the ground

The Instructor will:	Key points
Select 3 learners to play the role of the detainee and DCOs	The starting position for this demonstration is as managing an unplanned descent
Adopt the role of HSO	Brief detainee as to no resistance – but to move backward and down
Alert the team of movement by stating '**going to the ground**' (controlled measured tone)	Teamwork is essential – control the pace of downward movement by the detainee Brief detainee that once in supine position, allow DCOs to manoeuvre both arms away from body

	Ensure other learners can see
Step to the rear whilst maintaining contact with the lead hand	Emphasise neck and spine alignment
As the detainee moves back and down – Move the trail hand to a position where the head fits snugly into the palm of the hand	Move with the detainee whilst supporting and protecting the head. Forearm to contact the floor first
Place the detainee's head between your knees	Knees not to impede the detainee's hearing
DCOs to isolate arms utilising bodyweight	Initially isolate the limb then assess whether the arm holds or figure four arm holds are applicable Discuss various positions of the arm and the harm that may be caused when attempting to gain control Reiterate medical issues of body weight
DCOs to report **"arm secure"**	Concise clear pitch and tone Informing the HSO that the arm is secure **Emphasise no bodyweight near torso / shoulder area – constantly assess position of team**
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

This photograph has been redacted. It depicts the head support position with the detainee in the supine position.

9.3 Figure of four arm hold - Supine

There may be occasions when a DCO will have to initially control a detainee who is already in a position on their back (supine). DCOs must assess the levels of threat offered by the detainee and take the most appropriate action when deciding whether to apply controlling holds, straight arm holds or wrist holds / flexion.

The application of restraint techniques **and** the time spent on the ground **must be kept to a minimum**. DCOs must avoid pressing on or applying any pressure on the detainee's chest and must ensure the head is protected at all times.

The ability of the detainee to fully expand their rib cage in order to take in adequate oxygen is severely limited when in the supine position. This is made worse if there is added weight from the restraining DCOs as well.

It is worth reminding learners of these at this point as well as the warning symptoms and signs of a medical emergency.

This photograph has been redacted. It depicts the figure of four arm hold in the supine position.

The Instructor will:	Key points
Introduce the session to learners	As above
Select 1 learner to play the role of the detainee	Ask them to adopt a supine position
Act as a DCO, isolating the arm with your bodyweight	
Place the outside hand onto forearm, inside hand onto bicep then come up onto knees securing the detainees arm	Face towards the head Do not apply excess weight onto the detainee's arm
Take hold of the detainee's wrist, turn palm down	Rotate the arm towards the detainee's feet

Bring wrist in towards the body at a right-angle	Bodyweight over the top of the arm Maintain control
Inside hand slides to forearm, outside hand to elbow	Maintain contact with arm
Move body position, rotate hand on forearm, thumb to thumb	Inside knee blocks the elbow Keep bodyweight over the arm
Pass inside hand palm down under the detainee's shoulder and wrap over the detainee's forearm, fixing off onto their own forearm Report **''arm secure''**	Inside knee maintains block against back of the elbow Ensure good balance Emphasise the continuous requirement for communication with a view to deceleration.
Discuss the option of wrist flexion if the detainee is showing signs of aggression or the restraint could be prolonged Place the outside hand over the back of the detainee's hand thumb to thumb	Maintain and state the principles of wrist flexion Highlight the application of pain guidelines (listed previously) Direction of pressure towards learners elbow
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

9.4 Figure of four arm hold supine to standing

If the abdomen becomes squashed against the thighs then the movement of the diaphragm is restricted and the lungs cannot inflate properly. It is therefore critical that this is avoided during the application of this technique.

This photograph has been redacted. It depicts the figure of four arm hold in the supine position.

The Instructor will:	Key points
Select 3 learners to play the role of the detainee and DCO	Starting position with the detainee in a figure of four arm hold and head support
Adopt the role of HSO	Ensure other learners can see Emphasise the continuous requirement for communication with a view to deceleration
Instruct DCOs to prepare to sit up	DCOs will raise the outside leg – remind learners of breathing restrictions whilst in the seated position.
On the instruction **"sit up"**, control the back	DCOs will use their inside arms to support

of the detainee's head and raise it forward	the detainee's body weight
Take up a standing position behind the detainee and place the lead hand on the nape of the detainee's neck	Lead leg side on, position running up the length of the detainee's spine. DCOs to remain in close proximity
Instruct the detainee to bring their knees up to their chest	Level of compliance shown by the detainee will influence de-escalation options on completion
Move around to the front of the team placing inside foot alongside the detainee's	Maintain control of head with the lead hand
Instruct the team to **"stand up"**	DCOs to roll forward stepping with their inside leg HSO to take no active part in the lift, but to protect their face until the detainee is stood up
Adopt control of the head	
Continue dialogue to decelerate the incident	Verbal dialogue is important as an aid to deceleration
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

9.5 Straight arm hold - Supine

Depending on the levels of violence presented by the detainee, consideration should be given as to whether to move to a straight arm hold. The principles of applying a straight arm hold whilst the detainee is in the supine position remain the same as that in a standing position.

Learners should be reminded of the points raised above in relation to the supine position.

This photograph has been redacted. It depicts how DCOs will apply the straight arm hold in the supine position without applying undue pressure or pain to the limb.

The Instructor will:	Key points
Introduce session to learners	
Select 1 learner to play the role of the detainee – ask them to lay face up allowing access to the inside of the arm	Demonstrated one on one for **training purposes only** Discuss options of isolating the arm and the various angles of approach
Adopt the role of the DCO	
This sentence has been redacted. It describes how DCOs will take hold and control the detainee's arm without applying undue pressure or pain.	Use bodyweight to secure the detainee's elbow Avoid undue pressure on the torso and/ or shoulder area
This sentence has been redacted. It	

describes how DCOs will take hold and control the detainee's arm without applying undue pressure or pain.	
This sentence has been redacted. It describes how DCOs will take hold and control the detainee's arm without applying undue pressure or pain.	Detainee's palm uppermost Over hand grip of the wrist is used
This sentence has been redacted. It describes how DCOs will take hold and control the detainee's arm without applying undue pressure or pain.	Trap the upper arm of the detainee in between the bicep and forearm – control is required not pain induction
This sentence has been redacted. It describes how DCOs will take hold and control the detainee's arm without applying undue pressure or pain.	Emphasise communication between the DCOs Monitor the condition of the detainee Discuss variety of positions for arm hold application
	Fractures, dislocation and also breathing difficulties if weight is applied to the chest / torso
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response/ treatment should be taken

Note to instructor: The application of pressure through the elbow to gain control in this position must be carefully monitored as the risk of fracture / dislocation may be increased. If the application of pain is required, DCOs should also consider application of techniques previously taught, these may include wrist flexion, thumb flexion or mandibular angle.

9.6 Straight arm hold to wrist flexion

The aim of DCOs is to move into this position as quickly and as safely as possible. This will allow the HSO to assess the situation and attempt to initiate and maintain positive communication whilst monitoring the condition of DCOs and the detainee.

These 2 photographs have been redacted. They depict the application of wrist flexion in the supine position.

The Instructor will:	Key points
Introduce session to learners	Explain reasons for moving from straight arm hold Initiate decelerating communication QA medical warning signs
Select 1 learner to play the role of the detainee	Demonstrated one on one for **training purposes only**
Adopt the role of the DCO	Starting position is the straight arm hold supine
Remove control of the elbow area and place the detainee's arm onto the ground	This sentence has been redacted. It describes the practical application of a movement from straight arm hold to a wrist

	flexion.
This sentence has been redacted. It describes the practical application of a movement from straight arm hold to a wrist flexion.	This sentence has been redacted. It describes the practical application of a movement from straight arm hold to a wrist flexion.
This sentence has been redacted. It describes the practical application of a movement from straight arm hold to a wrist flexion.	This sentence has been redacted. It describes the practical application of a movement from straight arm hold to a wrist flexion. Maintain bodyweight over the limb Shoulders above the detainee's wrist
This sentence has been redacted. It describes the practical application of a movement from straight arm hold to a wrist flexion.	This movement needs to be controlled to avoid undue pressure being placed on the detainee's arm / elbow
This sentence has been redacted. It describes the practical application of a movement from straight arm hold to a wrist flexion.	Maintain wrist flexion principle Emphasis the continuous requirements for communication to decelerate
This sentence has been redacted. It describes the practical application of a movement from straight arm hold to a wrist flexion.	
Secure elbow / forearm with the outside hand Raise outside leg with foot flat on the floor Report **"arm secure"**	Consider flexibility of the learners Importance of HSO monitoring

Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

9.7 Wrist flexion to inverted wrist hold (seated)

This photograph has been redacted. It depicts the inverted wrist hold in a seated position.

The Instructor will:	Key points
Introduce session to learners	Discuss the dangers of seated restraint **This is a transient position which may affect breathing – do not prolong the duration of this procedure**
Select 3 learners to play role of the detainee and DCOs	Starting position for this demonstration is as a three person team
Adopt the role of HSO	
Instruct the DCOs to prepare to **"sit up"**	Ensure that all learners are made aware of lifting under the arm pit and not on the wrist that is being flexed
On the instruction **"sit up"**, control the back	

of the detainee's head and raise it forward	Remind learners of the dangers of seated restraint, as outlined above Detainee's legs to remain flat on the floor at this point
Take up a standing position behind the detainee and place the lead hand on the nape of the neck	The head **will not** be forced toward the knees DCOs will tuck in tight to the detainee – inside knee / thigh making contact with the detainee's back This sentence has been redacted. It describes the practical application of a movement from wrist flexion to inverted wrist in the seated position.
Take the role of DCO	
This sentence has been redacted. It describes the practical application of a movement from wrist flexion to inverted wrist in the seated position.	This sentence has been redacted. It describes the practical application of a movement from wrist flexion to inverted wrist in the seated position.
This sentence has been redacted. It describes the practical application of a movement from wrist flexion to inverted wrist in the seated position.	This sentence has been redacted. It describes the practical application of a movement from wrist flexion to inverted wrist in the seated position.
This sentence has been redacted. It describes the practical application of a movement from wrist flexion to inverted wrist in the seated position.	This sentence has been redacted. It describes the practical application of a movement from wrist flexion to inverted wrist in the seated position.

Once in position report **“arm secure”**	Alerts the HSO to instigate the same process on the other limb
Repeat demo adopting the role of HSO	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

9.8 Inverted wrist to standing

The Instructor will:	Key points
Select 3 learners to play the role of the detainee and DCOs	Starting point for this demonstration will be with the detainee sat up in inverted wrist Discuss requirement to gain a standing position at the earliest opportunity
Adopt the role of HSO	
Take up a standing position behind the detainee and place the lead hand on the nape of the detainee’s neck	This sentence has been redacted. It describes the position adopted by the DCO when applying this technique.
Instruct detainee to bring their knees up to their chest*	DCOs remain in close contact Compliance by the detainee will influence

	de-escalation options on completion ****This is a transient position which may affect breathing – do not prolong the duration of this procedure.**
Move around to the front of the team placing inside foot to the side of the detainee's feet	Maintain control of the head with the lead hand, alternatively, assistance may be sought from those controlling the arms
Instruct DCOs to **"stand up"**	DCOs to roll forward stepping with their inside leg
Adopt control of the head	HSO to take no active part in lift, and must protect their face until the detainee is stood up
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

9.9 Extremely heavy detainee

In some operational incidents, a support DCO can be deployed to assist in getting the detainee to a standing position only. DCOs must remember the risk of positional asphyxia is increased with excessively heavy people – refer to medical advice session / obese person section.

There is, as in all cases, a requirement to do nothing which would damage the detainee's dignity, self-esteem or standing with peers and others. This may require that DCOs allow the detainee to determine the pace of action or pause to facilitate recovery. This is not always achievable but DCOs should do all they can to be tolerant, patient and non-discriminatory of a detainee based on size or stature and care should be taken in the selection of language and terminology they use.

These 2 photographs have been redacted. They depict the position of DCOs when moving an extremely heavy detainee.

The Instructor will:	Key points
Introduce the session to the learners	Emphasise the medical considerations
Select 4 learners to play the role of the detainee and DCOs	Starting position prior to standing up i.e. HSO still at the rear
Select 1 DCO to be the support officer	
Play the part of HSO	
Ask the support DCO to approach and take	HSO position prior to standing

up position to the front	
Change body position, place both hands in a comfortable area on the detainee's back	Maintain balance Bend knees Principles of manual handling Support DCO and HSO exchange roles
Bring detainee to a standing position by assisting and rolling the detainee forward and up	Working as a controlled team
Emphasise the HSO will continue dialogue	Emphasise communication between DCOs
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

9.10 Leg control

If it is necessary to control the legs of a violent detainee then an extra DCO may be used to assist. When control of the detainee has been achieved, the legs will be released when it is safe to do so.

These 2 photographs have been redacted. They depict how DCOs will employ and subsequently release the leg control technique to a supine detainee without applying undue pressure or pain.

The Instructor will:	Key points
Introduce session to learners	Include reasons for application / who makes the decision to deploy support DCOs Discuss circumstances for selection of the technique and deceleration options
Select 4 learners to play the role of the detainee and DCOs	Starting position for demonstration is with learner in supine position with arms isolated
Adopt the role of leg support DCO	Brief as to no resistance Ensure other learners can see

	demonstration Discuss activity of the detainee and risks Discuss whether pain application would assist
This sentence has been redacted. It describes how DCOs will employ and subsequently release the leg control technique to a supine detainee without applying undue pressure of pain.	Face the direction of the HSO Emphasise circumstances may dictate angle of approach
This sentence has been redacted. It describes how DCOs will employ and subsequently release the leg control technique to a supine detainee without applying undue pressure of pain.	Point of contact above the knees
This sentence has been redacted. It describes how DCOs will employ and subsequently release the leg control technique to a supine detainee without applying undue pressure of pain.	This movement to be done quickly
This sentence has been redacted. It describes how DCOs will employ and subsequently release the leg control technique to a supine detainee without applying undue pressure of pain.	Ensure own legs are appropriately positioned to assist Face the HSO
This sentence has been redacted. It describes how DCOs will employ and subsequently release the leg control technique to a supine detainee without applying undue pressure of pain.	Discuss options on when the leg control is no longer required – detainee calm / requirement to stand up
Release grip, reversing earlier movement	Constant threat assessment

and maintaining a protective stance, move away from the detainee's legs	Legs will be released when it is safe to do so
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

Instructors session plan			
Time	**Content**	**Student activity**	**Assessment**
2 mins	Intro	Listen	
3 mins	Demo 1 unplanned descent – 3 on 1	Observe	
4 mins	Practice 1	Practical	Observation
2 mins	Demo 2 – going to ground	Observe	Q & A
4 mins	Practice 2	Practical	
2 mins	Medical advice, implications	Discussion	
3 mins	Demo 3 – figure of four supine 1 on 1	Observe	

4 mins	Practice 3	Practical	
2 mins	Demo 4 – figure of four 2 on 1	Observe	
4 mins	Practice 4	Practical	
2 mins	Demo 5 – figure of four to standing - 3 on 1	Observe	
4 mins	Practice 5	Practical	
2 mins	Medical advice, implications	Discussion	
3 mins	Demo 6 Straight arm hold – 1 on 1	Observe	
4 mins	Practice 6	Practical	
2 mins	Demo 7 straight arm hold – 3 on 1	Observe	
4 mins	Practice 7	Practical	
2 mins	Medical advice, implications	Discussion	
3 mins	Demo 8 straight arm to wrist flexion – 1 on 1	Observe	
4 mins	Practice 8	Practical	
2 mins	Demo 9 straight arm to wrist flexion – 2 on 1	Observe	
4 mins	Practice 9	Practical	
4 mins	Demo 10 wrist flexion to inverted wrist – 3 on 1	Observe	
8 mins	Practice 10	Practical	
2 mins	Medical advice, implications	Discussion	
2 mins	Demo 12 inverted wrist to standing - 3 on 1	Observe	

4 mins	Practice 12	Practical	
2 mins	Demo 13 obese to standing	Observe	
3 mins	Practice 13	Practical	
3 mins	Medical advice, implications	Discussion	
3 mins	Demo 14 leg control	Observe	
4 mins	Practice leg control	Practical	
2 mins	Medical advice, implications	Discussion	

Notes:

10. Detainee on the ground - prone

When detainees are prone on the ground the same considerations need to be borne in mind as when they are supine. The ability of the detainee to fully expand their rib cage in order to take in adequate oxygen is severely limited when in the prone position. This is made worse if there is added weight from the restraining DCOs as well. The prone position is potentially more dangerous than supine for most detainees.

It is worth reminding learners of these at this point as well as the warning symptoms and signs of a medical emergency.

Therefore DCOs should always attempt to control a detainee in a standing position.

This photograph has been redacted. It depicts the position of the DCO and detainee when in the prone position.

The Instructor will:	Key points
Introduce session to learners	Discuss reasons for assisting a detainee to ground as per intro
Select 3 learners to play the role of the detainee and DCOs	Once starting position has been outlined, learners playing 2 DCOs can return to group Ensure other learners can see

	Learner will bend the arms at the elbow and position across the chest of the detainee – **demonstration purposes only – (explain to class)**
Adopt the role of HSO	
Discuss hazards, positioning and difficulties Emphasise that as a team we do not instigate this movement	Discuss the position of the HSOs hands and the necessity to move back to the chin if not already there.
Ask the detainee to support themselves with their hands as they are taken to ground	Brief learner and DCOs as to no resistance, immobilise arms – no control Communication is essential to ensure that as a team we maintain overall control and maximise the safety of the detainee
Alert the team of movement by stating "**going to the ground**" (controlled, measured tone)	Emphasise **controlled movement** Detainee's head remains in a neutral position sympathetic to position of learner
Ensure forearm makes contact with the ground first to protect the detainee's head.	Emphasise support and protection of learner's head / face – neck and spine alignment
Turn the detainee's head to the side ensuring there is a gap between the chin and the shoulder	Emphasise this is only done when the detainee is in prone position Monitor breathing
This sentence has been redacted. It describes how DCOs will secure and protect the detainee's head in the prone position.	This sentence has been redacted. It describes how DCOs will secure and protect the detainee's head in the prone position.

This sentence has been redacted. It describes how DCOs will secure and protect the detainee's head in the prone position.	Ensure hands do not interfere with the detainee's hearing Emphasise no undue pressure on the neck and spine **Constantly assess position of the DCOs – away from chest / torso** Emphasise meaningful dialogue with detainee
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

10.1 Role of the DCOs

On receiving the instruction from the HSO, DCOs will assist in supporting the bodyweight of the detainee ensuring that the descent is controlled.

The Instructor will:	Key points

Select 3 learners to play the role of the detainee and DCOs	Brief as to no resistance but drop bodyweight to initiate downward movement **Controlled** Brief learner that once in prone position, allow DCOs to manoeuvre both arms away from body (90 degree angle) Ensure other learners can see
Adopt role of DCO	
Ask the HSO to give the instruction **"going to the ground"**	When going to the ground, DCO's controlling arms should manoeuvre themselves to face the same direction as the detainee
Control the descent of the detainee maximising safety	Explain for **demonstration purpose only** DCOs will ensure health and safety of self and others by supporting the detainee's bodyweight to the ground Emphasise isolation of arms during movement
This sentence has been redacted. It describes the positioning of DCOs in relation to this technique.	Emphasise health and safety – neck and spine alignment **Emphasise no bodyweight near torso / shoulder area – constantly assess position** Re-enforce medical considerations (refer to Medical Advice session) **Question learners on warnings and action points**

	Re-enforce communication and constant threat assessment Describe variety of arm positions on the ground
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

10.2 Figure of four arm hold – Prone

here may be occasions when DCOs will have to initially control a detainee who is already in a prone position. DCOs must assess the levels of threat presented by the detainee and select the most appropriate technique for the risk presented.

The application of restraint techniques **and** the time spent in the prone position must only be used if absolutely necessary. Any time spent in this position **must be kept to a minimum**. DCOs must avoid pressing on or applying any pressure on the detainee's chest and must ensure the head is protected at all times.

NB: DCOs must be aware that the amount of time that restraint is applied is as important as the form of restraint and the position of the detainee. Prolonged restraint and prolonged struggling will result in exhaustion, and in rare cases, could result in life threatening situations.

These 2 photographs have been redacted. They depict the positioning of DCOs in relation to the application of the figure of four arm hold in the prone position.

The Instructor will:	Key points
Select 1 learner to play the role of the detainee, adopting the prone position	Ensure other learners can see

Act as DCO isolating the arm on the ground	
Inside hand onto tricep, outside hand to forearm. Adopt a kneeling position	Close proximity to the detainee's arm Maintain balance
This sentence has been redacted. It describes how DCOs will apply this technique.	Maintain control of the arm Maintain contact and control throughout the movement Ensure the learner's hand is palm downwards
Move hand towards the head	Palm facing down
This sentence has been redacted. It describes how DCOs will apply this technique.	90 degree angle at the elbow Lower arm running parallel to the detainee's body Allow slight rotation at the elbow area
This sentence has been redacted. It describes how DCOs will apply this technique.	Inside knee maintains block against the back of the detainee's elbow Ensure good balance
Raise their outside leg, foot flat on floor	Communication is essential to ensure that as a team we maintain overall control and maximise the safety of the detainee Explain this process is repeated on opposite side, on instruction from the HSO
Report "**arm secure"**	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or	Discuss with learners what the medical risks of the technique are; what response /

significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	treatment should be taken

10.3 Figure of four arm hold to standing

The application of restraint techniques in the prone position must only be used if absolutely necessary. Any time spent in this position **must be kept to a minimum**. The HSO should

emphasise the need to get the detainee to a standing position with a view to de-escalation at the earliest opportunity.

The Instructor will:	Key points
Select 3 learners to play the role of the detainee and DCOs	Starting position for this demonstration is as a 3 person team No undue pressure on torso
Adopt the role of HSO	
Place the palm of one hand onto the forehead of the detainee	This will protect the detainee's head when turned
Turn the detainee's head face down, placing free hand onto the back of the detainee's head	Ensure the detainee's head remains in a neutral position sympathetic to the body position Ensure the detainee's face is clear of the ground. **This is a transient position which may affect breathing – do not prolong the duration of this procedure**
Instruct the detainee to bring their knees up to their chest	DCOs support bodyweight underneath the detainee's armpit using their inside forearm Level of compliance shown by the detainee will influence de-escalation options on completion
Instruct the detainee and DCOs to "**kneel up"**, adopting control of the head on completion of movement	Can be achieved either in a standing or kneeling position depending on the size disparity

	Discuss hand positioning of the HSO
Give the instruction to **"stand up"**	DCOs support detainee's bodyweight
Instruct DCOs to step forward with their inside leg	The HSO will not participate in the lift Explain correct angle for standing
Discuss options for deceleration	Maintain control of the head Maintain figure of four arm hold
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

10.4 Straight Arm Hold

Once the detainee is on the ground it is the responsibility of DCOs to control the detainee's arms. This may include applying a straight arm hold.

As the detainee is in a prone position, DCOs should not apply any undue pressure to the detainee's shoulder area and / or apply any bodyweight to the detainee's torso.

The Instructor will:	Key points
Introduce session to learners	Other known factors will assist in determining appropriateness of selected technique
Select 1 learner to play the role of the detainee	Brief as to no resistance Demonstrated one on one for **training purposes only**
Adopt the role of DCO	Emphasise detainee's arm positioned at 90 degree angle to their body
This sentence has been redacted. It describes how a DCO will take hold of and control a prone detainee's arm without applying undue pressure in the prone position.	This sentence has been redacted. It describes how a DCO will take hold of and control a prone detainee's arm without applying undue pressure in the prone position. Undue pressure on the torso and / or shoulder area must be avoided
This sentence has been redacted. It describes how a DCO will take hold of and control a prone detainee's arm without applying undue pressure in the prone position.	Explain that the detainee's arm can be palm up or down – control required
Once in position report **"arm secure"**	Emphasise communication between DCOs – process of events etc Monitor condition of the detainee

	Discuss variety of positions for arm hold application
	Fractures, dislocation, breathing difficulties **The time spent in the prone position must be kept to a minimum**
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

The application of pressure through the elbow to gain control in this position must be carefully monitored as the risk of fracture / dislocation may be increased. If the application of pain is required to reduce the duration of restraint in a prone position, DCOs should also consider application of techniques previously taught. These may include wrist flexion, thumb hold or mandibular angle.

10.5 Straight arm hold to inverted wrist

The aim of DCOs is to move into the standing position as quickly and as safely as possible. This will allow the HSO to assess the situation, initiate and maintain positive communication with the detainee and monitor the condition of both DCOs and the detainee. Remember that the application of restraint techniques and the time spent in the prone position must be kept to a minimum.

This photograph has been redacted. It depicts the inverted wrist in the prone position.

The Instructor will:	Key points
Introduce session to learners	Reasons for moving Initiate decelerating communication

	QA medical warning signs
Select 1 learner to play the role of the detainee	Start position will be with the detainee in a straight arm hold
Adopt the role of DCO	Demonstrated one on one for **training purposes only**
Remove fingers from wrist area Maintain control of the limb on the ground with body weight	Ensure the detainee's palm is face up May require the application of pain dependent on resistance
This sentence has been redacted. It describes how the DCO will move from the prone straight arm hold to the inverted wrist without applying undue pressure to the limb.	This sentence has been redacted. It describes how the DCO will move from the prone straight arm hold to the inverted wrist without applying undue pressure to the limb.
This sentence has been redacted. It describes how the DCO will move from the prone straight arm hold to the inverted wrist without applying undue pressure to the limb.	The elbow should be secured without undue pressure
This sentence has been redacted. It describes how the DCO will move from the prone straight arm hold to the inverted wrist without applying undue pressure to the limb.	DCO's elbow is kept low to ground Maintain the principles of wrist flexion
This sentence has been redacted. It describes how the DCO will move from the prone straight arm hold to the inverted wrist without applying undue pressure to the limb.	Maintain contact with the detainee's arm The DCO's arm to remain low to ground
This sentence has been redacted. It describes how the DCO will move from the prone straight arm hold to the inverted wrist without applying undue pressure to the limb.	Be aware that detainee's will have differing levels of flexibility At time there may be a need for the detainee's forearm to be moved away from

Report **“arm secure”**	the detainee’s body to pass under the arm pit
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

10.6 Straight arm hold to standing

DCOs must bear in mind that the application of restraint techniques and the time spent in the prone position **must be kept to a minimum**.

The Instructor will:	Key points
Introduce session	Starting position in straight arm hold in prone position This is a transient position which may affect breathing – do not prolong the duration of this procedure
Select 3 learners to play the role of the detainee and DCOs Adopt the role of HSO	
Instruct 1 DCO to apply inverted wrist hold "arm secure" position Repeat for 2nd DCO	As per previous session taught
This sentence has been redacted. It describes the practical application of the straight arm hold and moving into a standing position.	Ensure hand is between the detainee's forehead and the floor
This sentence has been redacted. It describes the practical application of the straight arm hold and moving into a standing position.	DCOs to assist the detainee
Bring the detainee into a seated position	Dependant on size of the detainee, either remain kneeling or move to a standing position
Bring the detainee to standing position	DCOs to assist with lift supporting underneath arm pit
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response/ treatment should be taken

10.7 Leg control

If it is necessary to control the legs of a violent detainee then an extra DCO may be used to assist. When control of the detainee has been achieved, the legs will be released when it is safe to do so.

These 2 photographs have been redacted. They depict how DCOs will employ and subsequently release the leg control technique on a detainee without applying undue pressure or pain.

The Instructor will:	Key points
Introduce session to learners	Include reasons for application / who makes the decision to deploy support DCOs

	Discuss circumstances for selection of the technique and de-escalation options
Select 4 learners to play the role of the detainee and DCOs	Starting position for demonstration is with learner in prone position with arms **isolated** Brief as to no resistance Ensure other learners can see demonstration Discuss activity of the detainee and risks Discuss whether pain application would assist
Adopt the role of leg support DCO	
This sentence has been redacted. It describes how DCOs will employ and subsequently release the leg control technique on a prone detainee without applying undue pressure or pain.	Emphasise circumstances may dictate angle of approach
This sentence has been redacted. It describes how DCOs will employ and subsequently release the leg control technique on a prone detainee without applying undue pressure or pain.	Point of contact is the calf area
This sentence has been redacted. It describes how DCOs will employ and subsequently release the leg control technique on a prone detainee without applying undue pressure or pain.	This movement to be done quickly
This sentence has been redacted. It describes how DCOs will employ and subsequently release the leg control	Ensure own legs are appropriately positioned Face the HSO

technique on a prone detainee without applying undue pressure of pain.	Discuss options on when the leg control is no longer required – detainee calm / requirement to stand up
This sentence has been redacted. It describes how DCOs will employ and subsequently release the leg control technique on a prone detainee without applying undue pressure of pain.	
This sentence has been redacted. It describes how DCOs will employ and subsequently release the leg control technique on a prone detainee without applying undue pressure of pain.	Constant assessment – behaviour and risks Legs will be released when it is safe to do so
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response/ treatment should be taken

Instructors session plan			
Time	**Content**	**Student activity**	**Assessment**
2 mins	Intro	Listen	

2 mins	Demo 1 going to ground - 1 on 1	Observe	
4 mins	Practice 1	Practical	Observation
3 mins	Medical advice, implications	Discussion	Q & A
2 mins	Demo 2 going to ground – 3 on 1	Observe	
4 mins	Practice 2	Practical	
3 mins	Demo 3 figure of four arm hold – 1 on 1	Observe	
4 mins	Practice 3	Practical	
2 mins	Demo 4 figure of four arm hold 3 on 1	Observe	
4 mins	Practice 4	Practical	
3 mins	Demo 5 figure of four to standing – 3 on 1	Observe	
5 mins	Practice 5	Practical	
2 mins	Demo 6 straight arm hold 1 on 1	Observe	
4 mins	Practice 6	Practical	
2 mins	Demo 7 straight arm hold – 3 on 1	Observe	
3 mins	Practice 7	Practical	
2 mins	Demo 8 Straight arm hold to inverted wrist – 1 on 1	Observe	
4 mins	Practice 8	Practical	
3 mins	Medical advice, implications	Discussion	
2 mins	Demo 9 straight arm hold to standing – 3 on 1	Observe	
5 mins	Practice 9	Practical	

3 mins 4 mins 2 mins	Demo 10 leg control Practice 10 Medical advice, implications	Observe Practical Discussion	

Notes:

11. Restraint Recovery Position

During any intervention when a detainee is physically held or restrained, there is always a risk of serious physical harm or death occurring to that person.

If at any stage a detainee displays symptoms or signs of any medical difficulties or distress, the Team Leader (or the HSO if they have assumed that role) is **responsible** for instructing DCOs to **immediately release** or modify the restraint as far as practicable to achieve an immediate reduction in any restriction of breathing or to deal appropriately with a medical emergency.

The team leader should consider terminology such as ‘’Medical Emergency’’ to alert DCOs of potential medical warning signs or symptoms and the appropriate action to take. **Refer to Medical Advice session**

All DCOs who are involved in performing and / or monitoring a detainee during their physical restraint must be aware of, and communicate to team members the symptoms and signs of actual or potential harm occurring to the detainee and know what actions to take.

During the restraint a detainee may

- Complain of difficulty in breathing
- Complain of feeling sick

The minimum step to take in these circumstances is to alter the method of restraint so that there are no longer any concerning symptoms or signs. DCOs should ask the detainee if the situation has improved. **If the symptoms or signs are of concern to the person holding the head or the team leader, or if the detainee continues to exhibit worrying symptoms or signs, the restraint must be stopped.**
The HSO must check the detainee’s breathing for at least 10 seconds every time and to continually inform team members “breathing ok” or otherwise.

This photograph has been redacted. It depicts the restraint recover position.

The Instructor will:	Key points
Select 3 learners to play the role of the detainee and DCOs Act as HSO	Starting position with the detainee's arms secured and HSO in place
Report **"Medical emergency"** and instruct DCOs and the detainee to go onto their knees	Provide support to the detainee's head DCOs to support the detainee's movement down onto their knees
Place hand on the detainee's forehead Instruct DCOs to open up the detainee's chest by controlling the detainee's arms outwards	DCOs to control movement of the arms
HSO check for breathing	Initiate dialogue to assess whether this aids breathing for the detainee Continue to observe and monitor breathing
Continue to assess need to move to restraint recovery position on the ground	

If the change of hand position removes the problem of breathing difficulties, continue the restraint in this position. Also maintain positive dialogue and continue to decelerate with a view to releasing the head.

Should resistance escalate, consideration must be given in returning the trail hand from the head, back to the chin to regain control. If the level of resistance by the detainee places DCOs or others in the vicinity at risk and there are continued complaints of breathing difficulties or feeling sick, the HSO may feel it necessary to adopt the following process: **If the symptoms or signs are of concern to the person holding the head or the Team Lead, or if the detainee continues to exhibit symptoms or signs, the restraint must be stopped.**

Instructors session plan			
Time	**Content**	**Student activity**	**Assessment**
2 mins	Intro	Listen	
4 mins	Demo	Observe	
10 mins	Learner practice	Practical	Observation
5 mins	Medical advice, implications	Discussion	Q & A
Notes:			

11.1 Supine recovery position

When a detainee is physically held or restrained, there is always a risk of serious physical harm or death occurring to that person, especially when supine or prone.

DCOs must be able to monitor and respond to symptoms or signs of medical distress in the restrained detainee. The detainee needs to be observed until they have returned to a more manageable state and the concerns have been addressed. If a detainee displays any of the previously mentioned symptoms or signs but still poses a significant threat to themselves, DCOs or others, the following procedure may be adopted:

This photograph has been redacted. It depicts the recovery position adopted when a detainee is supine.

The Instructor will:	Key points
Introduce session Discuss signs and actions for unconsciousness	Reasons and importance of observing the detainee – medical
Select 3 learners to play the role of the detainee and DCOs	Start position as a restrained detainee in supine Question the learners on warning signs and actions to take
Adopt the role of intended open side DCO	
Raise the arm above the head, palm upper most	
Adopt the role of the blind side DCO	
Move the detainee's blindside arm, placing back of the hand to opposite cheek. Provide	Dependent on the level of resistance this may be achieved by simply moving the arm

support by blocking the elbow	
Adopt the role of HSO - DCO to adopt the role of intended open side DCO Ask DCO on the intended blind side to move the detainee's arm	Emphasise the requirement for communication Emphasise the role of the HSO
Support and turn the detainee's head to the side. DCOs to assist in rolling the detainee into the recovery position HSO check for breathing for at least 10 seconds and continue to monitor and observe	Emphasise these tasks will be achieved simultaneously Communication is essential to ensure that as a team we maintain overall control and maximise the safety of the detainee Emphasise open side to protect themselves against kick / bites The head can be supported on the HSOs thighs – neck / spine alignment Raise the knee of the detainee – Medical recovery position
Generate discussion on next steps	Medical Emergencies / Continued Restraint Get to standing / kneeling

Instructors session plan			
Time	**Content**	**Student activity**	**Assessment**
2 mins	Intro	Listen	
4 mins	Demo	Observe	
5 mins	Learner practice	Practical	Observation
2 mins	Medical advice, implications	Discussion	Q & A
Notes:			

Remember – if an individual suddenly and completely stops struggling and become passive and limp this is not a sign of a successful restraint - it is the sign of impending death of that individual and **IMMEDIATE ACTION IS REQUIRED**.

11.2 Prone recovery position

The Instructor will:	Key points
Introduce session Select 3 learners to play the role of the detainee and DCOs	Reasons and importance of observing the detainee – medical Discuss signs and actions for unconsciousness
Ask DCO to adopt the role of HSO	Start position is as per under restraint prone. Question the learners on warning signs
Adopt the role of the intended open side DCO	
Move the detainee's wrist away from the body then raise the elbow and control the wrist under the arm pit through to the front by the head in a controlled manner – state	Dependent on the level of resistance this may be achieved by simply moving the arm

"**arm secure"** Consider changing the leg they are kneeling on and provide further protection	
Adopt the role of HSO	Emphasise the requirement for communication Emphasise the role of HSO
Ask the DCO on the intended blind side to maintain control of the limb	Good communication required Emphasise these tasks will be achieved simultaneously Control maintained throughout
Support and turn the head to the side	Emphasise open side to protect themselves against kick / bites The head can be supported on the HSOs thighs – neck / spine alignment
Generate discussion on next steps.	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

Instructors session plan			
Time	**Content**	**Student activity**	**Assessment**
2 mins 4 mins	Intro Demo	Listen Observe	

5 mins mins	Practice Medical advice, implications	Practical Discussion	Observation Q & A

Notes:

Remember – if an individual suddenly and completely stops struggling and become passive and limp this is not a sign of a successful restraint - it is the sign of impending death of that individual and **IMMEDIATE ACTION IS REQUIRED**.

12. Application of the waist restraint belt

Introduction

One of the challenges concerning escorting detainees was how to do this in a way that preserves the dignity of the detainees; carrying it out discreetly, particularly in public locations. This had to be balanced against maintaining the safety of detainees, DCOs and others.

The ‘waist restraint belt’ has been manufactured in accordance with EU standards but also has the added bonus of not containing any metal parts. The belt is a fabric design with easy to use lockable clips. The wrist cuffs consist of Velcro straps with a clip on top that can be locked off for extra security. To assist the detainee, the wrist cuffs are extendable thus giving the individual more arm movement for eating and drinking. Likewise the cuffs can be drawn into the belt limiting arm movement should it be appropriate. To restrict hand movement there is a fabric mesh at the front which clips up and over the hands and can be secured.

Prior to any escort all detainees will have an explanation from the escorting team leader explaining the waist restraint belt and how it will be used.

An individual risk assessment will decide whether the waist restraint belt is applied to the detainee at the start of the escort. This assessment may change during the journey, due to any change of behaviour of the detainee.

When the waist restraint belt is applied it will be worn in one of 3 ways:

- Free
- Restricted
- Secured

Free: The waist restraint belt is applied but the hands remain totally free allowing complete arm movement.

Restricted: The waist restraint belt is applied and the wrist cuffs are applied. The arm straps are free allowing the arms to move, but only to the length of the extensions. This enables the detainee to eat and drink.

Secured: The waist restraint belt is applied with the wrist straps and secured to the side of the belt leaving no arm movement for the detainee.

The waist restraint belt must only be applied when the detainee is compliant or kneeling. **It must never be applied in the prone or supine positions.**

If a leg restraint is to be applied, then this must be loosened or removed as soon as possible in order to prevent the development of a deep vein thrombosis (DVT).

This photograph has been redacted. It depicts the waist restraint belt in position.

12.1 Application of the waist restraint belt – compliant detainee - (free)

The Instructor will:	Key points
Introduce session to learners	Explain the detainee will have thorough briefing from the escorting team leader

Select 3 learners to play the role of the detainee and DCOs	
Instruct the detainee to put arms out straight in front of them and interlink fingers	Make sure the hands are positioned correctly
This sentence has been redacted. It describes the practical application of the waist restraint belt in the “free” position.	Only light pressure to be placed on elbow and linked fingers Be aware of sudden movements from the detainee
This sentence has been redacted. It describes the practical application of the waist restraint belt in the “free” position.	Maintain dialogue with the detainee throughout
This sentence has been redacted. It describes the practical application of the waist restraint belt in the “free” position.	Keep distance, make sure DCOs when taking hold of handles don’t get too close
Instruct the detainee to place their arms by their side	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

12.2 Application of the waist restraint belt – compliant detainee - (restricted)

This photograph has been redacted. It depicts the waist restraint belt in the restricted position.

The Instructor will:	Key points

Select 3 learners to play the role of the detainee and DCOs and apply waist restraint belt	Position as per previously taught
This sentence has been redacted. It describes the practical application of the waist restraint belt in the restricted position.	DCO places only light pressure on elbow and linked fingers
This sentence has been redacted. It describes the practical application of the waist restraint belt in the restricted position.	Maintain dialogue, beware of any sudden movements
This sentence has been redacted. It describes the practical application of the waist restraint belt in the restricted position.	Beware of any reaction from the detainee
This sentence has been redacted. It describes the practical application of the waist restraint belt in the restricted position.	Keep distance, make sure DCOs when taking hold of handles don't get too close
Instruct the detainee to place arms by side	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

12.3 Application of the waist restraint belt – compliant detainee - (secure)

This photograph has been redacted. It depicts the waist restraint belt in the secure position.

The Instructor will:	Key points
Select 3 learners to play the role of the detainee and DCOs	
This sentence has been redacted. It describes the application of the waist restraint belt in the secure position.	As per previously taught
This sentence has been redacted. It describes the application of the waist restraint belt in the secure position.	DCO maintains control of opposite arm Avoid sudden jerking action when drawing in the strap
Repeat action on opposite arm	Beware of any reaction from the detainee
This sentence has been redacted. It describes the application of the waist restraint belt in the secure position.	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

12.4 Application of the waist restraint belt - detainee under restraint

The Instructor will:	Key points
Introduce session to learners, including team responsibilities	Explain reasons for placing detainee in

	waist restraint belt
Select 4 learners, to play the role of the detainee and DCOs Place the detainee in inverted wrist hold & head support in the standing position	Ensure all other learners can see Maintain dialogue with detainee
HSO will instruct the detainee to go onto their knees, assisted by DCOs	Make sure DCOs assist the detainee onto their knees
Adopt the role of the 4th DCO and go to the rear of the detainee and apply the waist restraint belt	Check on positioning, make sure it is correctly secured Beware of any reaction from the detainee
Once the belt is applied, the HSO will pass control of the detainee's head back Take control of the detainee's head and support	Maintain correct head support
Take the role of HSO. This sentence has been redacted. It describes the application of the waist restraint belt whilst the detainee is under restraint.	This sentence has been redacted. It describes the application of the waist restraint belt whilst the detainee is under restraint. Ensure clips are locked off
Take role of 4th DCO and pass control of the head back to the HSO This sentence has been redacted. It describes the application of the waist	DCOs move hands one at a time prior to the straps being secured Make sure clips are firmly secured to stop cuff strap movement

restraint belt whilst the detainee is under restraint.	
To stand the detainee up, the inside hand of the DCOs will come under the detainee's armpit onto the shoulder. Outside hand on strap HSO will lead the stand	DCOs to support the detainee throughout the standing movement
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

Detainee prone and supine to standing

When it has been deemed necessary to apply the waist restraint belt, the application will be the same whether the detainee is standing, in the prone position (on front) or in the supine position (on back).

If the detainee is in the prone or supine position the detainee will be brought to their feet as previously explained. The detainee will then be taken to their knees as shown in the previous session.

There may not be four DCOs available to apply the waist restraint belt. When only three DCOs are present the belt may still be applied. Although this is achievable the risk does increase and DCOs need to be aware of this at all times.

The Instructor will:	Key points
Select 3 learners to play the role of the detainee and DCOs	Starting position will be with the detainee in inverted wrist holds and head support.
Acting as HSO, get the detainee to go to their knees	Ensure DCOs support the detainee as they are taken to their knees
This sentence has been redacted. It describes the application of the waist restraint belt whilst the detainee is under restraint.	This head support stops the detainee throwing themselves forward
This sentence has been redacted. It describes the application of the waist restraint belt whilst the detainee is under restraint.	Protect yourself from the detainee kicking up
Move to the rear and secure the cuffs with the assistance of the DCOs (At this stage, if the leg restraint belt needs to be applied it will be done now)	Whilst the arms are being drawn in the DCO may need to move their hand off the detainee's head
Move to the front of the detainee and regain control of the detainee's head. The detainee is now in a position to be stood up	
Involve learners **in evaluating the risk of**	Discuss with learners what the medical risks

potential harm, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	of the technique are; what response / treatment should be taken

12.5 Transfer from rigid bar handcuffs to the waist restraint belt

Two DCO's : One Detainee

In extreme circumstances it may not be possible to gain control of the detainee by simply applying the handcuffs. For the safety of the public, DCOs and the detainee, pain compliance may be required to assist in the application of the waist restraint belt. At all times the detainee should be monitored and communication is vital. Due to the extreme circumstances there is a possibility that injury could be caused to the detainee where the handcuffs have been applied.

NOTE: All DCOs must be aware that it is possible to apply pressure to the wrist area of the detainee with minimal force being applied. If the DCO decides to implement this technique, all effort and care should be used to place the bar of the handcuff onto the wrist so that the cuff sits between the detainee's hand and the wrist bone where the wrist bends.

The instructor will:	Key Points
Select 2 learners to play the role of the detainee and DCO	
Apply the first cuff to This sentence has been redacted. It describes the process and positioning of DCOs when transferring from rigid bar cuffs to waist restraint	This sentence has been redacted. It describes the process and positioning of DCOs when transferring from rigid bar cuffs to waist restraint
Whilst using the cuff This sentence has been redacted. It describes the process and positioning of DCOs when transferring from rigid bar cuffs to waist restraint belt. and use the team leader	Monitor and communicate with the detainee throughout. This is an effective This sentence has been redacted. It describes the process and positioning of DCOs when transferring from rigid bar

to apply the waist restraint belt	cuffs to waist restraint but great care must be taken due to the area where the cuff has been applied
Instruct detainee to This sentence has been redacted. It describes the process and positioning of DCOs when transferring from rigid bar cuffs to waist restraint belt.	DCO to assist the detainee into a kneeling position
Ask DCO to apply waist restraint belt from the rear of detainee	Beware of the detainee kicking out Maintain dialogue with the detainee
Once belt secure, instruct DCO to apply wrist cuff onto supporting wrist Detainee may need to be instructed to move arm closer to their body	
Once secure, instruct DO to apply wrist cuff to detainee's other wrist	Ensure a wrist cuff is not applied over the rigid bar handcuffs
Once secure, This sentence has been redacted. It describes the process and positioning of DCOs when transferring from rigid bar cuffs to waist restraint belt. Instruct DCO to bring wrist cuff on the detainee's free arm into the secured position	Maintain communication Ensure the detainee is in a kneeling position before applying a wrist cuff
Instruct the detainee to stand and guide them to a secure area	DCO to assist the detainee to a standing position
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture /	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	

12.6 Application of the leg restraint belt

After the application of the waist restraint belt it may be necessary to apply the leg restraint belt to assist in the movement of a totally non-compliant detainee.

These 2 photographs have been redacted. They depict the waist restraint belt and leg restraint in position.

The Instructor will:	Key points
Select 4 learners to play the role of the detainee and DCOs	Starting position will be with the detainee in the waist restraint belt and in the kneeling position
Acting as the 4th DCO apply the leg restraint belt from the rear of the detainee ensuring the belt goes above the detainee's knees	Protect yourself as the detainee may kick up. Buckle always to go on right hand side of detainee
Team will assist in getting the detainee to their feet	Lift from underneath detainee's armpit
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

Instructors session plan

Time	Content	Student activity	Assessment
2 mins	Intro	Listen	Observation
5 mins	Demo 1	Observe Practical	Q & A
10 mins	Practice 1	Discussion	
2 mins	Medical advice, implications	Listen	
3 mins	Demo 2	Observe Practical	
5 mins	Practice 2	Discussion	
2 mins	Medical advice, implications	Listen Observe	
5 mins	Demo 3	Practical Discussion	
10 mins	Practice 3	Listen	
2 mins	Medical advice, implications	Observe Practical	
5 mins	Demo 4	Discussion	
5 mins	Practice 4	Observe	
2 mins	Medical advice, implications	Practical	
1 min	Intro	Observe	
5 mins	Demo 5	Practical	
5 mins	Practice 5	Discussion	
7 mins	Demo 6		
10 mins	Practice 6		
5 mins	Medical advice, implications		

13. Escorting a detainee under restraint

This section of the syllabus covers the various methods of escorting a detainee during the removal process.

The team leader in conjunction with the DCOs will decide on the most appropriate method of escort. This will be determined by the behaviour displayed by the detainee concerned, his or her previous history and the impact of other relevant factors, such as any medical issues.

The aim in all cases will be to attempt deceleration with a view to a restraint free escort. The movement of a detainee will primarily be dictated by the demeanour of the detainee.

All DCOs involved in the movement of a detainee during an escort will constantly monitor the detainee's condition throughout the journey for any signs of medical distress. Refer to Medical Advice session for information on warning signs and symptoms. If at any time a DCO assesses that the continued use of any restraint method presents a medical risk, then this must be acted upon. DCOs should always be prepared to relax their existing restraint holds or release them immediately.

We have already covered movement of a detainee in a guiding hold with one or two DCOs and a figure of four arm hold with two DCOs.

This section covers escorting a detainee who is non-compliant and looks at the way the detainee will be moved through doorways and up and down stairs. These techniques are primarily designed for three or more DCOs to one detainee. This moving procedure is based on three DCOs escorting the detainee.

It is recognised that in some circumstances a detainee will be moved under restraint with only two DCOs present. In this situation the risk is increased for the detainee and DCOs. The support of the detainees head will be assisted from either one of the DCOs. The HSO will be continually assessing the situation and maintaining dialogue with a view to the de-escalation of physical techniques.

The Instructor will:	Key points

Introduce session to learners	Requirements of moving in this manner Emphasise the need to decelerate at every opportunity
Select 3 learners to play the role of the detainee and DCOs	
Ask the DCOs to apply inverted wrist holds	Check previous learning of correct application
Play the part of HSO. Adopt control of the head	Positive communication toward deceleration
Instruct the DCOs to move over a distance of 8 – 10 feet	Emphasise clear communication and awareness of area Discuss options of who is responsible for opening doors etc
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

13.1 Moving a detainee through doorways under restraint

Whilst escorting the detainee it may be necessary to negotiate doorways or gates. DCOs should continually risk assess which method of entering / exiting will be used. Every effort should be made to reduce the levels of restraint, the objective being a restraint free escort.

This photograph has been redacted. It depicts the positions adopted by DCOs as they move a detainee through doorways.

The Instructor will:	Key points
Introduce session to learners	Those responsible for controlling arms will apply inverted wrist hold
Select 3 learners to play the role of the detainee and DCOs	
Select an appropriate doorway for the DCOs to enter	Discuss the various widths of doors Discuss the various geographical layouts – i.e. corners/ adjoining walls etc

Play the part of HSO and adopt control of the head – protective stance / close proximity	Emphasise the role of protecting the head against any surfaces / door jambs etc
Approach the selected doorway and take up a position close to the door	Discuss opening outward / inward doors and the need to position the team correctly
This sentence has been redacted. It describes the positioning of DCOs and a detainee during movement through a doorway.	This sentence has been redacted. It describes the positioning of DCOs and a detainee during movement through a doorway. As a HSO you may need to extend the arms dependent on the width of the doorway
This sentence has been redacted. It describes the positioning of DCOs and a detainee during movement through a doorway.	
This sentence has been redacted. It describes the positioning of DCOs and a detainee during movement through a doorway.	May require a repositioning of hands dependent on the individuals lead or trail hand protecting against the doorway
Maintain dialogue with DCOs whilst conducting this procedure	Emphasise requirement for HSO to verbally decelerate
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage,	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

Bruising	

13.2 Moving a detainee under restraint whilst negotiating stairs (including physical resistance)

There may be instances where DCOs are required to move a detainee up or down stairs. This can be extremely challenging for DCOs depending on the levels of resistance displayed. Consideration should be given to finding a safer route.

Health and safety: By their nature stairways present an increased risk to movement particularly when DCOs are restraining a detainee. If required, extra DCOs should be used to assist in ensuring a safe controlled movement. The process outlined below can be used for ascending or descending stairs.

The Instructor will:	Key points
Introduce session to learners	Select an appropriate training area that has stairs to perform this demonstration
Select 4 learners to play the role of the detainee and DCOs	Those responsible for controlling arms will apply inverted wrist holds
Position the team near the top of the stairway	Discuss the various stairways – widths / steepness etc that DCOs are likely to encounter
Adopt the role of the support DCO	Discuss the roles of the Supervisor in regards to ensuring all parties are prepared to commence moving downstairs
Take up position 2-3 steps down placing detainee's back against the wall / handrail	Emphasise the importance of being in position prior to the movement of the team Discuss the options of having two support DCOs in extreme circumstances
Ask DCOs to approach on the same side as the support DCO	All DCOs and the detainee, should have their backs against the wall / handrail
Lean in toward DCOs using bodyweight to assist in the controlled movement down the stairs	Discuss types of stairways and the different options for supporting the team i.e. grab handrail opposite / grab handrail same side – do not grab DCO
Ask DCOs to move down the stairs in a controlled manner, 3-4 steps only – one	Operationally the HSO dictates the pace and communication

step at a time	DCOs to maintain balance – positioning of feet
Halt the demonstration and swap positions with the HSO	Re-iterate the role of the HSO
Control the movement as HSO of the DCOs – i.e. verbally inform them to move one step at a time	Emphasise the position of the HSO - side on stance facing in the direction of travel where possible Movement should be conducted in alignment with the detainee
Continue the control of the DCOs movement whilst maintaining dialogue throughout	Emphasise the requirement for good communication at all times to both DCOs and the detainee
Ensure the support DCO remains in position until such time as **all** DCOs have safely descended the stairs	All DCOs must be off the stairs before the support DCO task is completed
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

Excessive physical resistance on stairs

Negotiating stairways can be dangerous for DCOs and detainees. Should the detainee's behaviour place themselves or any of the DCOs at risk, the HSO will assess the situation and take appropriate action to reduce the risk.

The Instructor will:	Key points
Introduce session to learners	Discuss levels of resistance etc Emphasise the importance of communication during the process
Select four learners to play the role of the detainee, DCOs responsible for controlling the arms and support DCO	Those responsible for controlling arms will apply inverted wrist holds
Play the part of HSO Take up position at the top of the stairs	Monitor and check previous learning
Instruct the DCOs to descend the stairs Halt the DCOs when they are all on the stairs	Check and emphasise the DCOs role
Discuss the options available if the detainee displays resistance/ violence which may place the DCOs at risk	Emphasise that all are in a dangerous position when using stairs Discuss whether the application of pain is required – this may cancel out the need to adopt a kneeling position Options include wrist flexion / mandibular angle / thumb flexion
Instruct the DCOs to go into a crouched position on the instruction **'down'** Discuss the need for extra DCOs for the support role	**This is a transient position which may affect breathing – do not prolong the duration of this procedure** Question learners on warnings and action points
Bring the detainee to standing, safe	Re-iterate importance of communication

movement can then be continued	and identifying any warning signs
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

13.3 Carrying a detainee against their will

There may be occasions where the detainee may have to be carried from one location to another. If the waist restraint belt is available the detainee will be carried in the following manner. Never attempt this procedure operationally if the difference in size between the DCOs and detainee is too great.

The Instructor will:	Key points
Introduce session	Reasons as to why – decision making process Pain induction not effective
Select 4 learners to play the role of the detainee and DCOs	Ensure selected learner is of average size – smaller than the lifters
Adopt the role of DCO controlling an arm Position DCO as HSO and other to rear of the detainee	******You may wish to show the lift without the HSO present or alternatively ask them to issue the instruction to **'lift'** and brief them to move to the side **(training only)** Protective wrist protectors can be made available to learner who is to be lifted
On receipt of the instruction **'lift'**, place inside hand through the crook of the detainee's bent arm	Operationally HSO to issue the instruction DCO on other arm to mirror movements simultaneously
Place outside hand underneath the detainee's knee joint	DCO to mirror movements simultaneously HSO will move to the side – away from the raised legs
Lift the detainee by using your legs to generate the power and maintain a neutral spine	Use correct manual handling procedure DCO to mirror movements simultaneously
Clasp your own hands where possible when in a standing position	Ensures safety from the legs kicking
Ask the DCO stood to the rear to control the	Instructor may wish to demonstrate this

head – lead hand on the forehead and allow the head to fit snugly into the palm of the trail hand	separately Discuss hand positions away from airways etc
Repeat the demonstration playing the role of the HSO	Important to demonstrate the role of the HSO becoming the support DCO
On instructing the DCOs to **'lift'** step to the side away from the danger of the detainee's raised feet	Maintain personal safety Support DCOs to the rear controls the head in the same manner
Move toward the raised legs lead arm offering protection	Be aware of kicking legs Discuss options for an extra DCO to be present for control of each leg
Wrap lead arm around the legs of the detainee and grasp trail arm/ hand	Should be facing the direction of travel – not facing the HSO
Move over a distance of 6-8 feet	Discuss options for DCO changeovers etc Discuss achievable distances and routes for escorting in this manner
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

13.4 Moving a non-compliant detainee in a mobile chair

In extreme circumstances it may be necessary to move a totally non-compliant detainee with the use of a mobile chair. This should always be done with four DCOs.

The Instructor will:	Key points
Introduce session to learners Select 4 learners to play the role of the detainee and DCOs Adopt the role of team leader	Starting position – Waist restraint belt and leg restraint applied with the detainee in a kneeling position
HSO to instruct the detainee to stand supported by DCOs	Pain compliance may be needed to encourage the detainee to stand and sit Care must be taken when placing the detainee into the chair to avoid injury to the detainee's Achilles tendon on the foot plate
Move the mobile chair to rear of the detainee	
Instruct the detainee to sit in chair supported by the DCOs	
DCO to apply safety straps	DCOs need to protect themselves from the detainee striking out when applying straps
Move the detainee to required location	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

Instructors session plan			
Time	**Content**	**Student activity**	**Assessment**
2 mins 2 mins	Intro Demo 1 escorting under restraint	Listen Observe	

4 mins	Practice 1	Practical	Observation
3 mins	Demo 2 Moving through doorways under restraint	Observe	Q & A
4 mins	Practice 2	Practical	
4 mins	Demo 3 moving under restraint on stairs and excessive resistance	Observe	
6 mins	Practice 3	Practical	
3 mins	Demo 4 carrying against will	Observe	
4 mins	Practice 4	Practical	
3 mins	Intro to mobile chair	Observe	
5 mins	Demo 5 into chair		
8 mins	Practice 5	Practical	
2 mins	Medical advice, implications	Discussion	

Notes:

NB: Anyone with existing back, knee or shoulder injuries are not to participate in this session

Ensure all working groups are of similar size, weight and strength

14. Relocation to holding / reception room

The Supervisor / team leader in conjunction with the HSO will decide on the most appropriate method of relocation. The decision making process will be influenced by the detainee's current behaviour, his or her previous history, and various other known factors.

Every effort should be made to reduce the levels of restraint, the objective being a restraint free relocation.

All DCOs involved in relocating a detainee will constantly monitor their condition throughout the move for any signs of medical distress (refer to Medical Advice session). If at any time a member of the healthcare team assesses that the continued use of any restraint method presents a medical risk, then this advice must be acted on. DCOs should always be prepared to relax their existing restraining holds or release them immediately.

14.1 Relocation of a detainee under restraint – on their side

If it is judged by the Supervisor / team leader / HSO that the detainee presents a significant threat to themselves or DCOs, consideration should be given whereby they are positioned on their side. The size and any known medical condition of the detainee may assist in the decision making process.

These 2 photographs have been redacted. They depict the process of locating a detainee into a room whilst under restraint and placing them on their side.

The Instructor will:	Key points
Introduce session to learners	Previous history and any other relevant known factors will assist in determining appropriateness of relocation method
Set up relocation area	
Select 3 learners to play the role of the detainee and DCO DCOs to apply inverted wrist hold (Right limb, intended open side)	Brief detainee to offer no resistance Constantly evaluate the need and type of physical intervention

Maintain control of the head and instruct both the DCO and learner to enter relocation area	Discuss options for positioning – furniture etc
This sentence has been redacted. It describes the process of locating a detainee into a room whilst under restraint and placing them on their side.	This sentence has been redacted. It describes the process of locating a detainee into a room whilst under restraint and placing them on their side this also assists in placing on their left side
This sentence has been redacted. It describes the process of locating a detainee into a room whilst under restraint and placing them on their side.	Control the head (either standing or kneeling), dependent on size disparity Do not force the head in toward the body Ensure DCOs support the detainee's body weight
This sentence has been redacted. It describes the process of locating a detainee into a room whilst under restraint and placing them on their side.	Positive communication with the detainee with a view to de-escalation Intended open sided learner (Right limb) to maintain inverted wrist
This sentence has been redacted. It describes the process of locating a detainee into a room whilst under restraint and placing them on their side.	DCO on left limb will finish on blind side They will also kneel on both legs to assist in control/ trapping of elbow
This sentence has been redacted. It describes the process of locating a detainee into a room whilst under restraint and placing them on their side.	Done simultaneously as the detainee is placed on their side Control maintained throughout
Ask DCO on open side to This sentence has been redacted. It describes the process	May have to change positions to demonstrate this process

of locating a detainee into a room whilst under restraint and placing them on their side.	Open side to protect themselves against kicks and biting
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

14.2 Withdrawal of the team

The Instructor will:	Key points
Select 3 learners to play the role of the detainee and DCOs	Starting position for this demonstration is from the end of positioning the detainee described above
Adopt the role of HSO	

This sentence has been redacted. It describes the process of locating a detainee into a room whilst under restraint and placing them on their side.	Maintain control of limb and head simultaneously Emphasise not to impair hearing / breathing
This sentence has been redacted. It describes the process of locating a detainee into a room whilst under restraint and placing them on their side.	Safety of position i.e. in close proximity, side on to the detainee
This sentence has been redacted. It describes the process of locating a detainee into a room whilst under restraint and placing them on their side.	Ensure principles of wrist flexion are maintained until the team is ready to exit
Instruct DCO on open side to leave room / area	Movement is around the head/ blind side away from the detainee's legs On exit alert others as to door clear
Instruct DCO on blind side to leave room / area	On exit alert others as to door clear
This sentence has been redacted. It describes the process of locating a detainee into a room whilst under restraint and placing them on their side.	Explain this will assist in regaining a standing position **This is a transient position which may affect breathing – do not prolong the duration of this procedure**
Exit the room / area whilst maintaining personal safety	Exit in close proximity to the other DCOs Visual contact on exit
Ensure the door to the room / area is secured by a suitable person	Discuss who should be responsible for this Detainee will be observed at this point

Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

14.3 Relocation of a violent detainee – Prone

Every effort should be made at all times to minimise procedures which involve placing detainees in a prone position – refer to Medical Advice session - restraint asphyxia. The decision to relocate a detainee as described below will be made by the team leader in conjunction with the HSO. This method of relocation will only be considered and used

when all other alternatives are judged to be unsafe for all concerned due to the level of threat posed by the detainee.

DCOs are once again reminded of the need to constantly monitor the condition of the detainee and to act accordingly if any of the related medical symptoms or signs are displayed.

The Instructor will:	Key points
Introduce session to learners Duration of restraint in a prone position kept to a minimum	Constantly evaluate the need and type of physical intervention
Set up relocation area	Use designated room or use pads to simulate doorway
Select 3 learners to play the role of the detainee and DCOs	Brief the detainee to offer no resistance for this scenario
Adopt the role of HSO	
Maintain control of the head and instruct both the DCOs and the detainee to enter relocation area	Reiterate key points of doorway negotiation and monitor / evaluate learning
Instruct both the DCO and the detainee to adopt a kneeling position	
This sentence has been redacted. It describes the process and positions DCOs will adopt when locating a detainee into a room whilst under restraint and placed in the prone position.	Palm to forehead maximises detainee protection on contact with the ground
This sentence has been redacted. It describes the process and positions DCOs will adopt when locating a detainee into a	Head remains in a neutral position Back of hand makes contact with floor first

room whilst under restraint and placed in the prone position.	Ensure DCOs simultaneously support / lower the detainee's forearms to the floor **This is a transient position which may affect breathing – do not prolong the duration of this procedure**
This sentence has been redacted. It describes the process and positions DCOs will adopt when locating a detainee into a room whilst under restraint and placed in the prone position.	Ensure head remains in neutral position. Forearms of the detainee and DCO flat on the floor Ensure legs will not impede closure of door
Position the detainee's head to the side	As per prone control of the head
Ask DCO to place the detainee's arm into the rest position	Although this is a new procedure it is a complete reversal Communication of HSO instigating movement – one limb at a time DCOs report **"arm secure"**
Ask the DCO on the opposite arm to place the detainee's in the rest position	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

14.4 Application of figure of four leg hold - prone

Prior to instructing this element of training the instructor must ensure they select a learner who does not have leg or knee injury.

The application of this technique should be for the shortest time possible – the position of the legs in conjunction with prone restraint is a contributing factor which affects the body's ability to breathe normally.

This photograph has been redacted. It depicts the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint and placed in the prone position.

The Instructor will:	Key points
Select 3 learners to play the role of the detainee and DCOs	The starting position for this demonstration is the rest position as described previously
Play the part of the HSO	

Question learners on previous learning covered	Positive communication with the detainee with a view to de-escalation Emphasise medical monitoring
This sentence has been redacted. It describes the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint and placed in the prone position.	Hand position is palm down and does not impede vital areas (hearing, sight, and breathing)
This sentence has been redacted. It describes the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint and placed in the prone position.	Personal safety on approach No contact at this point
Return the DCOs controlling the arms back into the group to view procedure	**All learners were for scene setting only** Ensure all learners can see demonstration
Place knee nearest the detainee's feet onto base of calf of the nearest leg	Prepare for any sudden reaction from the detainee
This sentence has been redacted. It describes the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint and placed in the prone position.	This sentence has been redacted. It describes the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint and placed in the prone position.
This sentence has been redacted. It describes the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint and placed in the prone position.	Manipulate the leg into the correct position This sentence has been redacted. It describes the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint

	and placed in the prone position.
This sentence has been redacted. It describes the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint and placed in the prone position.	Ensure the ankle / foot of the detainee is not in a position where injuries can occur
This sentence has been redacted. It describes the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint and placed in the prone position.	This sentence has been redacted. It describes the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint and placed in the prone position.
This sentence has been redacted. It describes the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint and placed in the prone position.	This sentence has been redacted. It describes the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint and placed in the prone position.
This sentence has been redacted. It describes the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint and placed in the prone position.	Forward body position will assist in control of the detainee's legs The position of the raised leg should remain parallel with the detainee's body
This sentence has been redacted. It describes the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint and placed in the prone position.	Emphasise that it should not be allowed to slip diagonally into a position which may cause injury **This is a transient position which may affect breathing – do not prolong the duration of this procedure**
Position the detainee's foot of the raised leg in a comfortable area	
This sentence has been redacted. It describes the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint and placed in the prone position.	This frees the hands in order to complete the next element of this procedure Ensure own body is stabilised on balls of feet in preparation for exit

Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

14.5 Withdrawal of team – Prone

The Instructor will:	Key points
Select 3 learners to play the role of the detainee and DCOs	The starting position for this demonstration is when figure of four leg hold has been

DCOs to control the arms	applied
Adopt the role of HSO applying leg hold	**Transient position which may affect breathing**
This sentence has been redacted. It describes the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint and placed in the prone position.	
This sentence has been redacted. It describes the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint and placed in the prone position.	The controlled limb remains on the lower back
This sentence has been redacted. It describes the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint and placed in the prone position.	Open side DCO to monitor breathing of the detainee
This sentence has been redacted. It describes the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint and placed in the prone position.	The controlled limbs remain on the lower back
Take control of the arm as above	
Instruct the DCO on the blind side to leave the room / area	Importance of monitoring the detainee – open side On exit alert others as to door clear.
Instruct the DCO on the open side to leave the room / area	Emphasise the close timing of each learner exiting the room / area Remain in close proximity
This sentence has been redacted. It	Forward and back motion will assist in

describes the practical application of the figure of four leg hold process when locating a detainee into a room whilst under restraint and placed in the prone position.	regaining a standing position
Exit the room / area whilst maintaining personal safety	Emphasise visual contact on exit
Ensure the door to the room / area is secured by a suitable person	Discuss who should be responsible for this. Detainee will be observed at this point
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

NB: The application of this procedure should be for the shortest time possible – **the position of the legs in conjunction with prone restraint and positioning of the detainee's arms is a significant factor which adversely affects the body's ability to breathe normally.**

14.6 Search of a detainee under restraint

Before a detainee is escorted, whether it is in-country or overseas, they must be searched to ensure the safety of staff, the general public and the detainee. There have been occasions when detainees have produced razor blades whilst being escorted so it is

essential that a thorough search is conducted. Circumstances such as the detainee's behaviour or space confinement will dictate what type of search is carried out.
The following technique will outline the basic search procedure. Unique circumstances may vary in the level of the search.

The Instructor will:	Key points
Select 4 learners to play the role of the detainee and DCOs Adopt the role of the HSO	The starting position will be with the detainee standing, under restraint with the DCOs controlling the arms applying inverted wrist holds. Emphasise justification for search and level of resistance demonstrated
Instruct both of DCOs and the detainee to adopt a kneeling position	Ensure the descent is under control. DCOs keep outside knee up. Communication should be maintained with the detainee throughout
The other DCO position to rear	
Pass control of the detainees head to the DCO at the rear	Ensure the detainees eyes, nose and mouth are not covered
Carry out search	The level of search will vary, but ensure as thorough search as possible is conducted. This will include asking the detainee to open their mouth.
Once search is complete regain control of the detainees head	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

tissue swelling, Muscle damage, Bruising	

Instructors session plan			
Time	**Content**	**Student activity**	**Assessment**
2 mins	Intro	Listen	
3 mins	Demo 1 relocation into holding room / reception	Observe	Observation
4 mins	Practice 1	Practical	Q & A
2 mins	Medical advice , implications	Discussion	
3 mins	Demo 2 withdrawal of team	Observe	
4 mins	Practice 2	Practical	
2 mins	Demo 3 relocation prone	Observe	
2 mins	Medical advice, implications	Discussion	
4 mins	Practice 3	Practical	
2 mins	Demo 4 Figure of four leg hold - 1 to 1	Observe	
4 mins	Practice 4	Practical	
2 mins	Demo 5 Figure of four leg hold - 3 on 1	Observe	
4 mins	Practice 5	Practical	
2 mins	Demo 6 withdrawal of team	Observe	
3 mins	Medical advice, implications	Discussion	
4 mins	Practice 6	Practical	
3 mins	Medical advice, implications	Discussion	
3 mins	Demo 7		

4 mins	Practice 7		

Notes:

15. Relocation onto a vehicle

Detainees will be given every opportunity to board a vehicle of their own accord. When a detainee refuses, becomes non-compliant, then the waist restraint belt and leg restraint may be applied.

15.1 Onto a vehicle with 4 DCOs whilst non-compliant and wearing waist restraint belt

The Instructor will:	Key points
Part 1: Select 4 learners to play the role of the detainee and DCOs	Apply the waist restraint belt and leg restraint to the detainee as previously described under application of the waist restraint belt under restraint
Acting as the HSO stand to the rear of the detainee 2 DCOs to stand either side of the detainee and one at the foot of the detainee facing in towards the vehicle	Remind learners of the key points of kinetic/manual lifting
This sentence has been redacted. It describes how DCOs will move a non-compliant detainee into the vehicle wearing a waist restraint belt.	Check learners in correct position Reinforce neutral spine Ensure the detainee's spine / head in neutral position
Maintain control of the head whilst stepping into the vehicle	This must be done with caution as moving backwards up the stairs
This sentence has been redacted. It describes how DCOs will move a non-compliant detainee into the vehicle wearing a waist restraint belt.	The movement needs to be controlled. It may be at this point that the detainee needs to be moved along the seat into the middle seat.

	This sentence has been redacted. It describes how DCOs will move a non-compliant detainee into the vehicle wearing a waist restraint belt.
If the detainee remains non compliant it may be possible for the extra DCO to support the detainees head from the front or to assist the DCOs in applying the seat belt on the detainee.	
The DCOs will sit either side of the detainee	Leg restraints must be loosened or removed as soon as possible to prevent the development of a DVT
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

15.2 Onto a vehicle whilst non-compliant wearing waist restraint belt

This technique has been broken down into 3 components to aid teaching. The instructor adopts three roles.

These 2 photographs have been redacted. They depict the movement of a non-compliant detainee onto a vehicle whilst in the waist restraint belt.

The Instructor will:	Key points
Part 1: Select 3 learners to play the role of the detainee and DCOs	Apply the waist restraint belt and leg restraint to the detainee as previously described under application of the waist restraint belt under restraint
Acting as the HSO stand to the rear of the detainee 2 DCOs to stand either side of the detainee	Remind learners of the key points of kinetic/manual lifting

This sentence has been redacted. It describes how DCOs will move a non-compliant detainee into the vehicle wearing a waist restraint belt.	Check learners in correct position Reinforce neutral spine
This sentence has been redacted. It describes how DCOs will move a non-compliant detainee into the vehicle wearing a waist restraint belt.	Ensure the detainee's spine / head in neutral position This sentence has been redacted. It describes how DCOs will move a non-compliant detainee into the vehicle wearing a waist restraint belt.
Maintain control of the head whilst stepping into the vehicle, ensure that the head is kept in a neutral position.	This must be done with caution as moving backwards up the stairs
Part 2: Go through the process previously taught to get to starting position for progression	
Take the position of the DCO closest to the front of the vehicle DCO to support the detainee's head Along with the DCO holding the handles, slide the detainee onto the seat This sentence has been redacted. It describes how DCOs will move a non-compliant detainee into the vehicle wearing a waist restraint belt.	The movement needs to be controlled Encircling the legs stops the detainee from kicking
Part 3: Go through the process previously taught to get to starting position for progression	
Take the role of the DCO furthest from the front of the vehicle	Continually remind learners of manual lifting

Other DCOs to take up the head support role and carrying positions	
When the detainee is in supine position on vehicle seat, step into the vehicle This sentence has been redacted. It describes how DCOs will move a non-compliant detainee into the vehicle wearing a waist restraint belt. Move to the rear of the seat	
This sentence has been redacted. It describes how DCOs will move a non-compliant detainee into the vehicle wearing a waist restraint belt. This sentence has been redacted. It describes how DCOs will move a non-compliant detainee into the vehicle wearing a waist restraint belt.	This needs to be controlled ensuring the body is rotated and not the head
The DCOs will sit either side of the detainee Once they are in position, leave the vehicle	Leg restraints must be loosened or removed as soon as possible to prevent the development of a DVT
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

Note: A head hold from the rear in the seated position should not be used as this presents a high risk of harm to the detainee and the potential for catastrophic consequences.

Ensure that detainee remains in a seated upright position.

15.3 Onto a vehicle whilst non compliant in a mobile chair

Where it is not possible to place a detainee into a vehicle in the waist restraint belt and leg restraint alone, the detainee may be placed in the chair to board the vehicle.

These 3 photographs have been redacted. They depict the movement of a non-compliant detainee into a vehicle wearing a waist restraint belt and sitting in a mobile chair.

The Instructor will:	Key points
Introduce session to learners Select 4 learners to play the role of the detainee and DCOs Adopt the role of team leader	Starting position - the detainee is in the chair with a waist restraint belt and leg restraint applied
DCOs and team leader take hold of the 4 carrying handles	All DCOs facing towards inside of the vehicle

As team leader, position at head end of chair on right hand side Driver to be positioned at the foot end behind the team leader	Detainee faces outwards
Instruct DCOs to lift the chair	Correct manual handling techniques
Head end DCOs place outside leg onto first step and then enter vehicle Leg support DCOs remain outside vehicle	
Place chair on vehicle floor Rotate chair to face forwards	2 DCOs will now be inside the vehicle with 2 DCOs outside
This sentence has been redacted. It describes how DCOs will move a non-compliant detainee from a chair into a vehicle whilst wearing a waist restraint belt.	DCO to enter the vehicle to slide the detainee onto the seat
Detainee moved to the centre seat with a DCO sat each side	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

15.4 Removal from a vehicle whilst non-compliant wearing a waist restraint belt

When a detainee does not comply or refuses to come out of a vehicle, the following technique can be applied. The instructor adopts three roles.

The Instructor will:	Key points
Select 1 learner to play the role of the detainee and apply the waist and leg	

restraint belts	
Select 2 learners to be DCOs	
Starting position - the detainee is sat in the seat with DCOs sat either side Take the role of the driver positioning outside the vehicle by the door	
Get the DCOs to take hold of the handles and slide the detainee to the end seat	
This sentence has been redacted. It describes how DCOs will move a non-compliant detainee from vehicle whilst wearing a waist restraint belt.	Controlled movement throughout When taking hold of legs beware that the detainee could kick out DCO nearest to the front of the vehicle needs to support the head throughout avoiding any twisting of the head / neck
Take the role of the DCO nearest to front of vehicle Maintain head support with one hand and place the other under the detainee's shoulder This sentence has been redacted. It describes how DCOs will move a non-compliant detainee from vehicle whilst wearing a waist restraint belt. Instruct the DCOs to slowly move away	Take extra care when the head support DCO is leaving the vehicle

from the vehicle holding the detainee Once at the steps support the detainee's head as you go down the steps	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

15.4.1 Removal from a vehicle whilst non-compliant wearing a waist restraint belt (alternative version)

The Instructor will:	Key points
Select 3 learners to play the role of detainee, DCO and driver	Place the detainee in waist restraint belt and apply the leg restraint belt

Sit in the seat nearest the window with the detainee in the middle seat and the DCO on the end seat	
This sentence has been redacted. It describes how DCOs will move a non-compliant detainee from vehicle whilst wearing a waist restraint belt.	Ensure spine is kept in a neutral position
Move the detainee to the end seat	When moving the detainee it is essential to bend the legs, keeping spine in a neutral position
This sentence has been redacted. It describes how DCOs will move a non-compliant detainee from vehicle whilst wearing a waist restraint belt.	Rotate 90 degree angle towards the exit
This sentence has been redacted. It describes how DCOs will move a non-compliant detainee from vehicle whilst wearing a waist restraint belt.	Lifting and lowering positions are essential to avoid injury
DCOs will leave the vehicle keeping hold of the detainee	Due to space restrictions it may be the DCOs leave the vehicle separately
The detainee will now be either stood up and taken to an area to be placed in the mobile chair or lifted directly from the step into the chair	DCOs to use a dynamic risk assessment to see which is the safest option taking into account the safety of the detainee and DCOs
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

15.5 Removal from a vehicle whilst non-compliant in a mobile chair

The Instructor will:	Key points
Introduce session Select 4 learners to play the role of the	Starting position - detainee in the waist restraint and leg restraint belt, sat in the

detainee and DCOs Take the role of team leader Driver to be positioned outside vehicle with the chair	middle seat, DCO either side, team leader at the rear
DCOs slide the detainee to the end seat using the waist restraint belt handles	Beware of the detainee kicking Maintain communication throughout
This sentence has been redacted. It describes how DCOs will move a non-compliant detainee from vehicle whilst wearing a waist restraint belt and using a mobile chair.	
This sentence has been redacted. It describes how DCOs will move a non-compliant detainee from vehicle whilst wearing a waist restraint belt and using a mobile chair.	
Take control of the detainee's head	
Detainee moved into a standing position and placed into the chair	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

15.6 Application of rigid bar handcuffs in a vehicle

The following section looks at gaining control of a detainee that has become non-compliant during the escort process.

When the risk assessment shows that the detainee is a low risk and has no previous history of disturbance, the waist restraint belt will not be applied.

When seated it becomes very difficult to achieve control of a non-compliant detainee without the use of rigid bar cuffs. The rigid bar cuffs can be used as part of de-escalation and / or as a transitional position in the act of placing the waist restraint belt onto a detainee at the earliest opportunity.

When there are only two DCOs and a driver it may be necessary to place the detainee in the seat by the window with a DCO sat on the end seat of the same row. The team leader will be sat on the row behind.

Handcuffs must never be applied with the detainee's hands behind their back.

The instructor will:	Key Points
Select 3 learners to play the role of the detainee, DCO and driver	
Position the detainee on the vehicle in the seat by the window; place the DCO on the end seat of the same row	This will be the starting position Explain now that the detainee is refusing to come off the vehicle Maintain dialogue, be aware of any sudden

Acting as the team leader sit in the rear seat	movements
With the rigid cuffs in hand move round towards the detainee. This sentence has been redacted. It describes the practical application of rigid bar handcuffs to a detainee in a vehicle.	Ensure the DCO is applying pressure to the side of the detainee Beware of the detainee's legs kicking out Support the detainee's head as necessary
This sentence has been redacted. It describes the practical application of rigid bar handcuffs to a detainee in a vehicle.	This sentence has been redacted. It describes the practical application of rigid bar handcuffs to a detainee in a vehicle.
This sentence has been redacted. It describes the practical application of rigid bar handcuffs to a detainee in a vehicle.	Beware of any leg movement from the detainee. Ensure the hand goes underneath the armpit Bend legs to avoid any unnecessary strain on the back Observe the detainee, if head support is required (and driver not available) place hand onto side of the detainee's forehead
This sentence has been redacted. It describes the practical application of rigid bar handcuffs to a detainee in a vehicle.	Protect yourself whilst putting on the belt, ensure the belt is applied above the detainee's knees
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response/ treatment should be taken

NB: Ensure that detainee remains in a seated upright position.

15.7 Removal from a vehicle wearing rigid bar handcuffs and leg restraint

When the vehicle has reached its destination the waist restraint belt will need to be applied at the earliest opportunity. The following techniques will apply when the detainee has been moved into the middle seat prior to arrival.

The Instructor will:	Key points

Select 3 learners to play the role of the detainee, DCO and driver	
Sit in the seat nearest the window with the detainee in the middle seat and the DCO on the end seat	Place the detainee in rigid bar handcuffs and apply the leg restraint belt
Taking hold of the leg restraint belt handle and placing other hand underneath detainee's armpit stand up instructing the DCO to do the same	Ensure spine is kept in a neutral position
Move the detainee to the end seat	When moving the detainee it is essential to bend the legs, keeping spine in a neutral position
This sentence has been redacted. It describes the movement of a detainee from a vehicle wearing rigid bar handcuffs and leg restraints.	Rotate 90 degree angle towards the exit
This sentence has been redacted. It describes the movement of a detainee from a vehicle wearing rigid bar handcuffs and leg restraints.	Lifting and lowering positions are essential to avoid injury
The detainee will then be brought into the standing position, before being placed into the kneeling position for the waist restraint belt to be applied	An appropriate place needs to be sought to take the detainee onto their knees where the waist restraint belt can be applied
This sentence has been redacted. It describes the movement of a detainee from a vehicle wearing rigid bar handcuffs and leg restraints.	
This sentence has been redacted. It describes the movement of a detainee from a vehicle wearing rigid bar handcuffs and leg restraints.	HSO remains in charge of rigid bar cuff Detainees head is supported by DCO

This sentence has been redacted. It describes the movement of a detainee from a vehicle wearing rigid bar handcuffs and leg restraints.	
HSO takes control of head.	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

If a detainee refuses to leave the vehicle or becomes non-compliant when exiting the vehicle the application of the rigid bar cuffs and leg restraint belt will be the same as outlined above.

To move the detainee off the vehicle the starting position for the move will have the detainee sat in the seat nearest the window. The detainee will now be moved to the end seat as described above.

15.8 Onto a cellular vehicle whilst under restraint

The Instructor will:	Key points
Introduce session to learners	Discuss types of vehicles Reasons of moving in this manner Set the scene – starting point – detainee

	under restraint
Select three learners to play the role of the detainee and DCOs	
Adopt the role of the HSO	
Discuss options for approach to the location area of the vehicle	Discuss DCO positions in regards to entering the doorway Discuss the width of the corridor will dictate how the head of the detainee will be controlled – may be raised – HSO may have to move position – facing another team member
Move the team along the simulated corridor toward the doorway	
This sentence has been redacted. It describes the process of locating a detainee onto a cellular vehicle whilst under restraint using previously taught techniques.	
This sentence has been redacted. It describes the process of locating a detainee onto a cellular vehicle whilst under restraint using previously taught techniques.	This sentence has been redacted. It describes the process of locating a detainee onto a cellular vehicle whilst under restraint using previously taught techniques.
Simulate that role now becomes that of the DCO opening and closing the door	
In training only – Adopt the role of the DCO nearest the door	Ask the learner playing that part to return to view Operationally, they would remain at the door as HSO
This sentence has been redacted. It describes the process of locating a detainee onto a cellular vehicle whilst under restraint using previously taught techniques.	This sentence has been redacted. It describes the process of locating a detainee onto a cellular vehicle whilst under restraint using previously taught techniques.
This sentence has been redacted. It describes the process of locating a detainee onto a cellular vehicle whilst under restraint using previously taught techniques.	Use body weight to assist **This is a transient position which may affect breathing – do not prolong the duration of this procedure**
This sentence has been redacted. It describes the process of locating a detainee onto a cellular vehicle whilst under restraint	Allows a greater range of movement This sentence has been redacted. It describes the process of locating a detainee

using previously taught techniques.	onto a cellular vehicle whilst under restraint using previously taught techniques. Discuss levels of resistance Discuss options/ timings for securing the door
Discuss options of exit i.e. when the door is being closed	
In training only – Swap roles with the DCO furthest from the door	This sentence has been redacted. It describes the process of locating a detainee onto a cellular vehicle whilst under restraint using previously taught techniques. Discuss operational needs of remaining in close proximity Remain in tight configuration
This sentence has been redacted. It describes the process of locating a detainee onto a cellular vehicle whilst under restraint using previously taught techniques.	Discuss and emphasise body weight is required to maintain the detainee in a seated position – **Transient position**
Exit area as the door is closing	Timing is essential for the remaining 2 team members On door close, check/ view the detainee
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

15.9 Onto a cellular vehicle whilst under restraint – cell at rear

The Instructor will:	Key points
Introduce session to learners	Set the scene – starting point – detainee under restraint
Select three learners to play the role of the	

detainee and DCOs	
Adopt the role of the HSO	
Discuss options for approach to the location area of the vehicle	Discuss DCO positions in regards to entering the doorway Discuss the width of the corridor will dictate how the head of the detainee will be controlled – may be raised – HSO may have to move position – facing another team member
Move the team along the corridor toward the doorway	
On reaching the door, DCOs move wrist flexion from front to rear.	Place detainee's hands in the small of the back as previously taught
Pass control of the head to the DCO nearest the door.	The DCO controls the head with their free hand whilst maintaining wrist flexion at the rear.
HSO opens and takes control of the door.	
In training only – Adopt the role of the DCO nearest the door	Ask the learner playing that part to return to view Operationally, they would remain at the door as HSO
This sentence is redacted. It describes the process and positions DCOs adopt in order to move a detainee into a cellular vehicle whilst under restraint.	
This sentence is redacted. It describes the process and positions DCOs adopt in order to move a detainee into a cellular vehicle whilst under restraint.	
This sentence is redacted. It describes the process and positions DCOs adopt in order to move a detainee into a cellular vehicle whilst under restraint.	Timing is essential for the remaining 2 team members
This sentence is redacted. It describes the process and positions DCOs adopt in order	

to move a detainee into a cellular vehicle whilst under restraint.	
Once door is closed, check / view detainee.	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response/ treatment should be taken

Removal from a cellular vehicle of a non compliant detainee

This can be difficult due to space restrictions both in the cell and on the cellular vehicle. This sentence is redacted. It describes the process and positions DCOs adopt in order to move a detainee into a cellular vehicle whilst under restraint. and apply a rigid bar handcuff as previously taught on a vehicle once the door is opened .The rigid bar cuffs can be used as part of de-escalation and/ or as a transitional position in the act of placing the waist restraint belt onto the detainee at the earliest opportunity.

There may be occasions when it is necessary for DCOs to use physical force to remove a detainee from a cellular vehicle. The circumstances will dictate how this will be planned and resolved by the team leader in conjunction with team members.
The confined space in which DCOs are forced to operate in (particularly in the initial stages) is a major factor when considering how the incident can be safely dealt with.

DCOs will endeavour to remove the detainee from the cellular vehicle at the earliest opportunity by taking hold of the detainee's limbs, and/or clothing. The aim is to place the detainee into an area whereby they can be controlled in a safe manner as previously taught by three DCOs.

15.10 Removal from a coach

When a charter flight has been commissioned to remove a large number of detainees, a coach will be used to transport detainees to the airport.

If at any stage there is a need to remove a detainee from the coach, then they will be placed in a vehicle which routinely follows every coach.

If a detainee becomes disruptive on arrival at an airport the following techniques will be used to remove them:

This photograph has been redacted. It depicts the position to be adopted should a detainee become disruptive on arrival at the airport.

The Instructor will:	Key points
Select 3 learners to play the role of the DCOs and the detainee	
Position the detainee on the coach in the seat by the window	This will be the starting position Explain now that the detainee is refusing to

DCO to sit in the aisle seat	come off the coach
This sentence has been redacted. It depicts the positions and practical application of techniques to assist in the removal of a non-compliant detainee from a coach.	Maintain dialogue, beware of any sudden movements Ensure DCO is applying pressure to side of the detainee. Emphasize that hand support on the detainee's head is only a support
This sentence has been redacted. It depicts the positions and practical application of techniques to assist in the removal of a non-compliant detainee from a coach.	Constant communication with the detainee
Manoeuvre the detainee out of the seat so that they are in the aisle in a sideward stance	
Stand to the front of the detainee facing the same way as the detainee. The other DCO will be stood alongside the detainee to the rear	Support underneath the detainee's armpit Keep head away
This sentence has been redacted. It depicts the positions and practical application of techniques to assist in the removal of a non-compliant detainee from a coach.	Pain compliance is only required if the detainee is resisting
Maintaining a sideward stance move down the stairs. Ensure the anchor DCO supports movement down the stairs	The DCO supporting must make sure they stop DCOs and the detainee from falling
Once off the vehicle assess whether the waist restraint belt needs to be applied	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response/ treatment should be taken

Instructors session plan			
Time	**Content**	**Student activity**	**Assessment**
2 mins	Intro	Listen	
5mins	Demo 1 Onto vehicle 4 DCOs	Observe	
7mins	Practice 1	Practical	Observation

			Q & A
5 mins	Demo 2 Relocation onto vehicle, non-compliant in waist restraint belt and leg restraint	Observe	
10 mins	Practice 2	Practical	
2 mins	Medical advice, implications	Discussion	
5 mins	Demo 3 relocation from chair to vehicle	Observe	
10mins	Practice 3	Practical	
5 mins	Demo 4 Removal from vehicle, non-compliant wearing waist restraint belt , leg restraint	Observe	
10 mins	Practice 4	Practical	
5 mins	Demo 5 removal from vehicle onto chair	Observe	
5 mins	Practice 5	Practical	
5 mins	Demo 6 Rigid bar cuffs vehicle	Observe	
5 mins	Practice 6	Practical	
2 mins	Medical advice, implications	Discussion	
5 mins	Demo 7 Removal non-compliant from vehicle in cuffs and leg restraint	Observe	
10 mins	Practice 7	Practical	
2 mins	Medical advice, implications	Discussion	
5 mins	Demo 8 Onto cellular vehicles	Observe	
7 mins	Practice 8	Practical	
5 mins	Demo 9 Onto cellular vehicles – cell at rear	Observe	

7 mins 5 mins 10 mins 2 mins	Practice 9 Demo 10 Removal from coach Practice 10 Medical advice, implications	Practical Observe Practical Observe Practical Discussion	
Notes:			

16. Relocation onto an aircraft

This section deals with moving detainees up the stairs onto an aircraft. This can be one of the major trigger points for a detainee refusing to be removed so it is vitally important the team assess the detainee's behaviour prior to and during any movement. The risk assessment should state if the detainee has any history of refusals onto an aircraft or if there is any history of violence or non-compliance under escort. This will assist the team in deciding the safest and securest option of moving the detainee onto the aircraft.

16.1 Relocation onto an aircraft – compliant

The Instructor will:	Key points
Select 3 learners to play the role of the detainee, DCO and driver	
Acting as the team leader walk to the top of the stairs	Discuss role of team leader identifying area for medical emergency and area for applying restraint belts
Once at the top, instruct the detainee to walk up the stairs	Maintain dialogue, beware of any sudden movements
Instruct the DCO and driver at the foot of the steps to move with the detainee	Come to the front of detainee trying to maintain a protective stance

ensuring they are either side of the detainee	
Continue dialog with detainee until at the top of the steps	Ensure the detainee looks forward Communicate at all times
Relocation onto aircraft – non-compliant on stairs	
Should the detainee suddenly become non-compliant on the stairs, This sentence has been redacted. It describes the practical application of techniques in order to maintain the safety and security of the detainee and DCOs. Team leader will make dynamic risk assessment as to the appropriate technique to apply. This could include rigid cuff or pain compliance.	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

16.2 Moving a non-compliant detainee up aircraft stairs in a mobile chair

If a detainee becomes totally non-compliant, refuses to move or becomes very violent when moving up the stairs onto an aircraft, both the detainee and the DCOs are put in a high risk situation.

Before commencing any movement both the waist restraint belt and leg restraints should be fitted. The detainee should then be securely placed into the mobile chair. The DCOs must ensure that the detainee is securely fastened into the chair. This ensures lifting the detainee is managed as safely as is practicably possible.

It is essential to stress to DCOs the importance of manual lifting when carrying out any training in this technique to reduce any risk of injury.

This photograph has been redacted. It depicts the practical application of a technique to move a non-compliant detainee up aircraft steps whilst in a mobile chair.

The Instructor will:	Key points
Introduce session to learners	
Select 4 learners to play the role of the detainee and DCOs Adopt the role of team leader	
3 DCOs and team leader positioned at each corner of chair holding handles of chair	Starting position – detainee is in the mobile chair with safety straps applied facing away from the stairs, waist and leg restraint belt are applied
DCOs face direction of travel	Team leader co-ordinates manoeuvre

Instruct DCOs to lift mobile chair and manoeuvre up the stairs	Remind learners of kinetic manual handling If the detainee starts to move head about, DCOs holding foot end to use their outside hand to support side of detainee's head to prevent injury
Instruct DCOs to lower the mobile chair to the floor on reaching the galley of the aircraft	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

It may be that due to the resistance of the detainee or the fact that a DCO may need a rest that the chair is lowered onto the steps whilst moving up onto an aircraft. This position should be kept to a minimum for the safety of DCOs and the detainee.
It is important to apply the breaking mechanism to stop the chair from moving (ideally this should be done prior to the chair being lifted at the foot of the stairs).

16.3 Moving onto an aircraft whilst non-compliant wearing waist restraint belt with 4 DCOs

The Instructor will:	**Key points**
Select 4 learners to play the role of the detainee and DCOs	Explain role of HSO and positioning. All DCOs to be facing in the direction of aircraft stairs
Acting as HSO stand to the rear of the	

detainee preparing to receive the head	
Place 2 DCOs either side of the detainee and 1 DCO at the foot end of the detainee	Highlight manual lifting stressing not to bend back, use legs, neutral spine
This sentence has been redacted. It describes the positioning of a non-complaint detainee onto an aircraft whilst wearing a waist restraint belt with 4 DCOs.	DCOs to bend their legs, keep spine in neutral position
This sentence has been redacted. It describes the positioning of a non-complaint detainee onto an aircraft whilst wearing a waist restraint belt with 4 DCOs.	Support the head keeping the detainee's spine in as neutral position as possible
Lead the team up the stairs with the detainee's head first	Maintain control, continued dialogue with the detainee
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

16.4 Moving a detainee onto an aircraft whilst wearing a waist restraint belt

The Instructor will:	Key points
Select 3 learners to play the role of the detainee and DCOs	When taking hold of the handle make sure your arm is in front of the detainee to provide a block in case of sudden movement by the detainee
Acting as team leader stand to the front of the detainee and take hold of the handle at the side of belt	

Ask DCO to take hold of the other handle and to stand to the rear of the detainee	Arm behind the detainee to provide a block
The final DCO will place their hands on the rails either side positioned slightly below the DCO	DCO will need to lean forward and be prepared to brace themselves if the detainee lunges backwards
Guide the detainee up the stairs maintaining hold of handle	The detainee will be at a 45 degree angle
The team will move up the stairs under the guidance of the team leader	Observe the detainee at all times and maintain communication
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

16.5 Moving a detainee against their will onto an aircraft whilst wearing a waist restraint belt

If a detainee becomes totally non-compliant, refuses to move or becomes very violent when moving up the stairs onto an aircraft, both the detainee and the DCOs are put in a high risk situation.

Before commencing any movement both the waist restraint belt and leg restraints need to be applied. This ensures lifting the detainee is managed as safely as is practicably possible.

It is essential to stress to DCOs the importance of manual lifting when carrying out any training in this technique to reduce any risk of injury.

This photograph has been redacted. It depicts the practical application of a technique to move a non-compliant detainee up aircraft steps whilst wearing a waist restraint belt..

The Instructor will:	Key points
Select 3 learners to play the role of the detainee and DCOs	Explain role of HSO in supporting the head
Acting as HSO stand to the rear of the detainee preparing to receive the head	
Take role of one of the DCOs at either side of the detainee Both DCOs take hold of the handles on the waist and leg restraint belts	Highlight manual lifting stressing not to bend back, use legs, neutral spine
Direct the DCO to lift the detainee into a horizontal position (supine). (Both DCOs do this simultaneously)	DCOs to bend their legs, keep spine in neutral position The detainee will be at 40 degree angle, head uppermost

The HSO supports the head, ensure that the head is kept in a neutral position	Work as a team and don't move until both the DCOs are ready
Revert to HSO lead by taking the head This sentence has been redacted. It describes how the detainee's head is supported during a move onto an aircraft.	Support the head keeping the detainee's spine in as neutral position as possible
Lead the team up the stairs with the detainee's head first	Maintain control, continued dialogue with the detainee
Demonstrate the whole process in the position of the HSO	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

16.6 Moving along the aisle of an aircraft

General movement on an aircraft is restricted so when a detainee has to be moved against their will the movement process becomes extremely difficult.

These 2 photographs have been redacted. They depict the movement of a detainee along the aisle of an aircraft whilst wearing the waist restraint belt.

The Instructor will:	Key points
Select 1 learner to play the role of the detainee and apply the waist and leg restraints	Manual lifting, making sure legs are bent keeping spine in as neutral position as possible
Select a learner to play the role of the DCO	
DCOs move to either side of the detainee Take hold of waist and leg restraint handles	
Instruct the DCO to lift so that you both lift simultaneously, lifting the detainee into a vertical position	Clear communication to ensure both DCOs lift at the same time
Move, carrying the detainee, to a	

designated point	Controlled movement throughout
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

16.7 Moving down the aisle of an aircraft using a mobile chair

The Instructor will:	Key points
Introduce session to learners	
Select 4 learners to play the role of the detainee and DCOs Adopt the role of team leader	Starting position with the detainee in waist and leg restraint belts and sat in chair
Wheel detainee down aisle to the allocated row	Team leader co-ordinates the manoeuvre
1st DCO to enter row 2nd DCO to enter adjacent row	
Instruct DCOs to remove safety straps	Be aware of the detainee kicking
Using handles on the restraint belts, 2	Remind learners of kinetic manual handling

DCOs lift the detainee	
Team leader removes the mobile chair	
2 DCOs slide the detainee into the centre seat and secure the detainee	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

Ensure that detainee remains in a seated upright position

16.8 Moving against the detainee's will into an aircraft seat

The Instructor will:	Key points
Select 2 learners to play the role of the detainee and DCO Place the detainee in the waist restraint belt and leg restraint belt	Manual lifting key points
Lift the detainee as previously taught	
This sentence has been redacted. It describes the movement of a detainee into an aircraft seat.	Arm behind the detainee to provide a block in case of sudden movement

Move along the seats sideways until at the designated seat; lower the detainee into their seat	Lean forward and be prepared to brace yourself if the detainee lunges backwards Loosen or remove the leg restraint belt as soon as possible
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

Ensure that detainee remains in a seated upright position

16.9 Leg control – Seated on an aircraft

Once a detainee is seated on an aircraft they are still in a strong position to get into a standing position. To enable DCOs to maintain control and keep the detainee seated the following technique will take place:

This photograph has been redacted. It depicts the position adopted by staff to control a detainee's legs whilst seated on an aircraft.

The Instructor will:	Key points
Select 2 learners to play the role of the detainee and DCO	Seat them in a row of 3 seats. The detainee will sit in the middle seat
This sentence has been redacted. It describes the practical application of leg control on an aircraft.	Explain that both DCOs would be carrying out the technique This sentence has been redacted. It describes the practical application of leg control on an aircraft.
This sentence has been redacted. It describes the practical application of leg control on an aircraft.	Crossing ankles will secure the detainee's leg

Repeat the technique with the other DCO securing the leg	Talk through the technique as the DCO is moving Constant assessment of any threats
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

16.10 Application of a leg restraint belt on an aircraft

To gain even more control and to assist in controlling a disruptive detainee it may be deemed necessary to apply the leg restraint belt.

The Instructor will:	Key points
Select 2 learners to play the role of the detainee and DCO	
Position the DCO and detainee into a row of 3 seats, sit next to the detainee. Go into the leg control position as per previous session	
Take hold of the leg restraint belt, place	Place belt above the knee

over the top of the detainee's legs	It may be necessary to control the detainee's head
Ask the other DCO to pass the buckle strap underneath the detainee's legs	Caution needs to be taken to avoid the detainee's knee coming up
Take hold of the strap and secure the buckle.	Ensure the buckle is secured correctly
As the strap is tightened withdraw your outside leg	Observe the detainee at all times and maintain communication
Keep inside leg in position	
Ask DCO to place their inside leg underneath yours	Move the detainee's legs forward Constant assessment of threat Loosen or remove restraint as soon as possible to prevent DVT
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

16.11 Application of rigid bar handcuffs on an aircraft

A detainee that has been rated as a low risk will be placed in the window seat with no restraint applied. The following procedures are based on the worst case scenario that only 2 DCOs are on the flight. A DCO will be sat beside the detainee with another DCO either sat in front or beside them. If the detainee becomes disruptive or non-compliant, the rigid bar cuffs will be applied to gain control. They can then be used to de-escalate or as a transitional restraint until the waist restraint belt can be applied.

The instructor will:	Key Points
Select 2 learners to play the role of the	

detainee and DCO	
Position the detainee on the aircraft in the seat by the window, take the role of the DCO sat next to the detainee	It is important to stress that the cuffs will be worn to the side furthest away from the detainee
DCO either sits in the seat in front or in the end seat of the row	
When the detainee becomes disruptive, This sentence has been redacted. It describes the process of applying rigid bar handcuffs to a detainee in an aircraft.	Ensure DCO is applying pressure to the side of the detainee Beware of the detainee's legs kicking out
Once this section has been demonstrated, change roles with the other DCO	
This sentence has been redacted. It describes the process of applying rigid bar handcuffs to a detainee in an aircraft.	This cuff is applied first to enable pain compliance if needed
This sentence has been redacted. It describes the process of applying rigid bar handcuffs to a detainee in an aircraft.	Monitor and communicate with the detainee throughout
This sentence has been redacted. It describes the process of applying rigid bar handcuffs to a detainee in an aircraft. as previously taught	
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

It may be at this stage that the detainee becomes compliant, if this is the case the detainee can be walked into an open area at the rear of the aircraft. The waist restraint belt can then be applied and the cuffs removed.

The area of the aircraft that this will take place in will have been identified by the team leader (see Incident Management session – role of team leader)

Ensure that detainee remains in a seated upright position

16.12 Application of rigid bar handcuffs (central seats) on an aircraft

Circumstances may dictate that the central row of seats are the only seats available. In this situation the detainee will sit in the middle of the DCOs. If the detainee becomes disruptive or non-compliant the detainee will be placed into rigid bar cuffs at the earliest opportunity.

The instructor will:	Key Points
Select 2 learners to play the role of the detainee and DCO	
DCO sits in the end seat with the detainee in the middle seat with DCO on the other side	Rigid bar handcuffs to be worn on the side furthest away from the detainee

Take control of the detainee's arm, instructing the DCO to do the same	This may be a fig 4 or inverted wrist hold
This sentence has been redacted. It describes the process of applying rigid bar handcuffs to a detainee in an aircraft.	* At this point a dynamic risk assessment would take place dependant on the detainee's demeanour. This would include either placing the cuffs into the stack position or if this is not achievable using the cuffs for pain compliance as previously taught

Ensure that detainee remains in a seated upright position

16.13 Detainee on the floor in the aisle of an aircraft

When a detainee goes onto the floor in the aisles of an aircraft it poses many problems. The main problem is space. All the techniques that are taught require some form of space. It may be in circumstances like this that the positions the DCOs get into to control a detainee are adapted to achieve compliance. Unapproved techniques, or the misapplication of approved techniques, are not permitted.

It may take time to gain control, which will increase the risk to the detainee's breathing capabilities as they will be in the supine or prone position. For the safety of passengers, DCOs and the detainee it may be deemed necessary to apply a cuff to use pain compliance to get the detainee onto their feet and moved to a more open area to be able to apply the waist restraint belt. (Refer to Medical Advice session – restricted ventilation).

This photograph has been redacted. It depicts the practical application of techniques to a detainee whilst on the floor in the aisle of an aircraft.

The instructor will:	Key Points
Select 2 learners to play the role of the detainee and DCO	
Position the detainee in the prone position in the aisle of an aircraft	Check with the learner playing the role of the detainee that they are comfortable going in the prone position in a confined area *This position will be dependant on where the detainee is. Adjust position and practice at varying angles
Adopt a position to the head end of the detainee*	
This sentence has been redacted. It describes the practical application of techniques to a detainee whilst on the floor of an aircraft to ensure their safety and security.	Beware of detainee's legs kicking out

Giving instructions to the detainee to get them to the standing position	Be aware of the detainee's head and avoid sudden movements
Instruct the DCO to support the detainee's movement	Due to the limitations of space this may be minimal
This sentence has been redacted. It describes the practical application of techniques to a detainee whilst on the floor of an aircraft to ensure their safety and security.	Pain compliance may be required dependant on the nature of the detainee
This sentence has been redacted. It describes the practical application of techniques to a detainee whilst on the floor of an aircraft to ensure their safety and security.	

16.14 Transfer from rigid bar handcuffs to the waist restraint belt on an aircraft

In extreme circumstances it may not be possible to gain control of the detainee by simply applying the handcuffs. For the safety of the public, DCOs and the detainee, pain compliance may be required to assist in the application of the waist restraint belt. At all times the detainee should be monitored and communication is vital. Due to the extreme circumstances there is a possibility that injury could be caused to the detainee where the handcuffs have been applied.

The instructor will:	Key Points
Select 2 learners to play the role of the detainee and DCO	
Position the detainee on the aircraft in the seat by the window, take the role of the	It is important to stress that the cuffs will be worn to the side furthest away from the

DCO sat next to the detainee	detainee
Team leader either sits in the seat in front or in the end seat of the row	
This sentence has been redacted. It describes the process and positioning of DCOs when transferring from rigid bar cuffs to waist restraint belt on an aircraft.	Ensure DCO is applying pressure to side of detainee Beware of the detainee's legs kicking out
Team leader to assist by moving in towards the detainee	This may involve head support
This sentence has been redacted. It describes the process and positioning of DCOs when transferring from rigid bar cuffs to waist restraint belt on an aircraft.	This sentence has been redacted. It describes the process and positioning of DCOs when transferring from rigid bar cuffs to waist restraint belt on an aircraft.
This sentence has been redacted. It describes the process and positioning of DCOs when transferring from rigid bar cuffs to waist restraint belt on an aircraft.	Monitor and communicate with the detainee throughout. This is an effective pain compliance technique but great care must be taken due to the area where the cuff has been applied
This sentence has been redacted. It describes the process and positioning of DCOs when transferring from rigid bar cuffs to waist restraint belt on an aircraft.	
This sentence has been redacted. It describes the process and positioning of DCOs when transferring from rigid bar cuffs to waist restraint belt on an aircraft.	DCO to assist the detainee into a kneeling position
Ask DCO to apply waist restraint belt from the rear of detainee	Beware of the detainee kicking out Maintain dialogue with the detainee
This sentence has been redacted. It describes the process and positioning of DCOs when transferring from rigid bar cuffs to waist restraint belt on an aircraft.	
This sentence has been redacted. It	This sentence has been redacted. It

describes the process and positioning of DCOs when transferring from rigid bar cuffs to waist restraint belt on an aircraft.	describes the process and positioning of DCOs when transferring from rigid bar cuffs to waist restraint belt on an aircraft.
This sentence has been redacted. It describes the process and positioning of DCOs when transferring from rigid bar cuffs to waist restraint belt on an aircraft.	Maintain communication Ensure the detainee is in a kneeling position before applying a wrist cuff
This sentence has been redacted. It describes the process and positioning of DCOs when transferring from rigid bar cuffs to waist restraint belt on an aircraft.	DCO to assist the detainee to a standing position
Involve learners **in evaluating the risk of potential harm**, Life threatening ABC or significant risks, Fracture / dislocation, Nerve injury, Ligament / tendon damage, Soft tissue swelling, Muscle damage, Bruising	Discuss with learners what the medical risks of the technique are; what response / treatment should be taken

Instructors session plan			
Time	**Content**	**Student activity**	**Assessment**
2 mins	Intro	Listen	
2 mins	Demo 1 relocation onto aircraft compliant	Observe	
5mins	Practice 1	Practical	Observation Q & A
2 mins	Demo 2	Observe	
5 mins	Practice 2	Practical	
5 mins	Demo 3 compliant detainee who becomes non-compliant on stairs	Observe	
5 mins	Practice 3	Practical	

2 mins	Medical advice, implications		
3 mins	Demo 4 onto aircraft whilst in waist restraint belt – compliant	Observe	
5 mins	Practice 4	Practical	
5 mins	Demo 5 Moving a detainee against their will onto aircraft in waist restraint belt and leg restraint	Observe	
8 mins	Practice 5	Practical	
2 mins	Medical advice, implications	Discussion	
5 mins	Demo 6 moving a detainee against their will in waist restraint belt, leg restraint and chair	Observe	
5 mins	Practice 6	Practical	
2 mins	Medical advice, implications	Discussion	
5 mins	Demo 7 Movement along aisle of aircraft	Observe	
5 mins	Practice 7	Practical	
2 mins	Medical advice, implications	Discussion	
5 mins	Demo 8 Movement against will into aircraft seat	Observe	
8 mins	Practice 8	Practical	
2 mins	Medical advice, implications	Practical	
3 mins	Demo 9 leg control seated in aircraft	Observe	
5 mins	Practice 9	Practical	
3 mins	Demo 10 application of leg restraint	Observe	

5 mins	Practice 10	Practical	
2 mins	Medical advice, implications		
5 mins	Demo 11 Applying rigid bar cuffs on aircraft	Observe	
10 mins	Practice 11	Practical	
2 mins	Medical advice, implications		
3 mins	Demo 12 Applying rigid bar cuffs in central seats	Observe	
10 mins	Practice 12	Practical	
2 mins	Medical advice, implications	Discussion	
10 mins	Demo 13 Transfer from cuffs to waist restraint belt on aircraft	Observe	
5 mins	Practice 13	Practical	
2 mins	Medical advice, implications		
5 mins	Demo 14 Detainee on floor of aircraft	Observe	
10 mins	Practice 14	Practical	
2 mins	Medical advice, implications	Discussion	

Notes: