

21-17 - Positional Asphyxia

Los Angeles County Sheriff's Department

NEWSLETTER

Field Operations Support Services



POSITIONAL ASPHYXIA

PURPOSE

The purpose of this newsletter is to educate Department members on the risk factors related with positional asphyxia and how to minimize the associated liability.

BACKGROUND

One aspect of law enforcement that distinguishes it from other professions, is the tremendous level of responsibility placed on deputies. Much of this responsibility involves split-second decisions that could have life and death consequences. Department personnel are responsible for the safety, welfare, and security of persons who are in our custody. Failure to adequately provide care exposes the Department and Department personnel to criminal and civil liabilities.

DEFINITION

“Positional asphyxia” means situating a person in a manner that compresses their airway and reduces the likelihood that they will be able to breathe normally. This includes, without limitation, the use of any physical restraint technique, device or position that causes a person’s respiratory airway to be compressed or impairs the person’s breathing or respiratory capacity. This also includes any technique in which pressure or bodyweight is unreasonably applied against a restrained person’s neck, torso, or positioning a restrained person in a prone or supine position without proper monitoring for signs of asphyxia. ([AB 490 Positional Asphyxia](#))

Considerations

Common risk factors to consider include but are not limited to alcohol and drug use, excited delirium, obesity, and medical conditions such as an enlarged heart and asthma. These risk factors coupled with physical restraint after a violent encounter, and physical stress, can put a suspect at a higher risk of death from positional asphyxia.

Application

Our shared goal is to stop the threat and gain safe control of a suspect while mitigating risks to the suspect.

Simple strategies to help minimize potential positional asphyxia during a use of force incident are as follows:

- During a force incident, continue to give clear and concise verbal commands to de-escalate and quickly gain compliance to prevent and minimize a person being in a restrained position for a prolonged period of time; and
- After gaining safe control and handcuffing the suspect, **immediately remove any unnecessary pressure from their body by placing them in a recovery or seated position.**

Monitor the suspect for signs of asphyxia, which may include:

- A complete loss of or a reduced level of consciousness;
- Swelling, redness or blood spots to the face or neck;
- A person verbalizing they are having difficulty breathing;
- A subject's behavior suddenly changes from 'active' to 'passive' i.e., from loud and violent to quiet and tranquil;
- Panic;
- Gurgling or gasping sounds; and/or
- A blue discoloration of facial skin (cyanosis).

If the suspect appears to be in distress, render aid and/or obtain medical treatment.

In the event a suspect has been handcuffed and continues to display resistive or assaultive behavior, the application of the Hobble or Total Appendage Restraint Procedure (TARP) is an option.

Note: Upon application of the TARP, Department personnel should remove weight from the suspect's back and place the suspect in a recovery or seated position, monitor for signs of respiratory distress and request an emergency medical response and a sergeant.

Under no circumstances should any suspect (especially TARPed suspects), be transported in a face-down or prone position.

If a TARPed person stops breathing, they shall be removed from the TARP and the handcuffs taken off their wrists, leaving only the legs hobbled. Cardiopulmonary Resuscitation (CPR) procedures shall immediately be started and continued until relieved by emergency medical service's personnel. Sufficient back-up deputies should be present in case the person regains consciousness and becomes violent. Refer to MPP Section 3-01/110.22 Total Appendage Restraint Procedure for additional information.

For further force related information, contact the Force Training Unit at [REDACTED TEXT]

If you require further information, contact Field Operations Support Services Unit at [REDACTED TEXT]

