3-10/175.00 Total Appendage Restraint Procedure (TARP)

A Total Appendage Restraint Procedure (TARP) consists of simultaneously securing all of a person's limbs (arms and legs). The individual's arms (wrists) are immobilized with handcuffs, and their legs are immobilized with the Ripp Hobble restraint device. The clip end of the hobble restraint is then connected to the chain on the handcuffs.

TARP Procedures

Because all circumstances cannot be planned for and persons under the influence of certain illicit drugs may be at higher risk of sudden cardiac arrest during extreme physical exertion and stress, the following is required in all situations when the TARP is applied. Any deviation from these procedures shall be under the most compelling of circumstances, and the reason(s) for such action shall be clearly articulated in the Force Review Package, watch commander's memorandum (refer to section 3-10/111.00):

- Except for Department-approved training purposes, only those personnel who have received Department-authorized training in the use of the TARP may employ it on a person;
- When possible, a field supervisor shall respond to the scene, prior to the TARP being applied. Otherwise, the field supervisor shall immediately be summoned to the scene whenever a person has been TARPed;
- A person who has been TARPed shall remain TARPed until it appears their behavior no longer poses a serious or significant threat to their own safety, the safety of others, or the potential of damage to property;
- Except in exigent circumstances, a deputy shall be assigned and remain in close audible and visual observation and continuously monitor the respiratory status and level of consciousness of all persons restrained with the TARP;
- Every effort shall be made to ensure that a TARPed person either remains on their side (the left side is preferable) or is seated upright;
- When possible, emergency medical services personnel shall be requested to the scene, prior to the TARP being applied. Otherwise, emergency medical services personnel (e.g., paramedics, jail medical staff, etc.) shall immediately be requested to the scene whenever a person has been TARPed. This includes situations in which the person has been removed from the TARP prior to the summoning or arrival of emergency medical services personnel;
- Medical clearance for booking the TARPed person may be obtained from the emergency medical services personnel on scene~~,~~ unless they recommend the TARPed person be evaluated at a medical facility. In these instances, the TARPed person shall be transported to a medical facility for a booking clearance;
- Every effort shall be made to videotape a TARPing incident including, but not limited to, the person's behavior prior to the TARPing, the actual application of the TARP, and the person's position and behavior after they have been TARPed;

- 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 services personnel. Sufficient back-up deputies should be present in case the person regains consciousness and becomes violent; and

- If a person must remain TARPed, they shall be transported via ambulance. Deputy personnel shall always follow the instructions of the emergency medical services personnel when securing a TARPed person for ambulance transport.

A deputy should either remain in the ambulance to provide security or, if this is not possible, follow the ambulance via radio car.

Application of the TARP is considered “Category 2 Force.” Refer to section 3-10/038.00 for additional information. Therefore, all force reporting procedures outlined in that section shall be followed.

The following information shall be documented in the watch commander’s memorandum (Force Review Package) for a TARPing incident:

- The start and end times the subject was restrained in the TARP position;

- The emergency medical services agency that responded to the scene of the TARPing;

- How the subject was transported, and in what body position(s) they were placed during the transport;

- The length of time of the transport phase; and

- The observations of the subject’s visible physical condition while TARPed and during the transport phase.

Additionally, if available, the following information shall be documented in the watch commander’s memorandum (Force Review Package) for a TARPing incident:

- The observations of the subject’s psychological condition while TARPed and during the transport phase; and

- Any alleged recent drug usage by the subject or indications by them that they suffer from cardiac or respiratory diseases (e.g., asthma, bronchitis, emphysema, etc.).