

## ***Independent Advisory Panel on Deaths in Custody***

### ***Common principles for safer restraint***

#### **General**

- a. Physical restraint is the lawful use of force using approved physical touching and holding techniques which results in the restriction of movement of one person by another.
- b. Staff working in custodial establishments or dealing with members of the public have a primary responsibility to safeguard all those with whom they have professional contact.
- c. Staff must work to establish and foster a culture of non-violence where possible.
- d. The use of any form of restraint must be the last resort and must be limited to those situations where de-escalation and other non-physical diversion techniques have failed to resolve the situation.
- e. Every episode of restraint must be necessary, justifiable and proportionate to the perceived threat
- f. Whenever physical restraint is used it can have significant psychological and emotional effects upon everyone involved, everyone who witnesses the events and also upon the wider establishment.
- g. Physical restraint can occasionally result in the death of the individual being restrained.

#### **Training**

- h. Only techniques that have been approved and taught may be used to apply physical restraint.
- i. Only trained and authorised staff may apply restraint.
- j. Staff must understand the non-physical and the physical techniques that they will use.
- k. They must have been trained in the safe application of those techniques.
- l. Their skills in both de-escalation and all of the approved techniques must be maintained through regular training.

#### **Management**

- m. If three<sup>1</sup> or more staff are actively involved in a restraint then one of those staff must be in control of the restraint (Controller) and it must be clear at all times, to all those involved in the restraint who the Controller is.

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<sup>1</sup> *Complications of restraint are exceedingly rare if only one or two officers are involved; complications appear to be increasingly common as more officers are actively involved.*

- n. At the start of an episode of restraint the staff member responsible for protecting the detainee's head, neck and breathing will assume the role of Controller regardless of rank.
- o. The Controller will be confirming their role to colleagues as soon as possible after the start of the restraint using a designated phrase. (e.g. "I now have control of this incident")
- p. If a suitably trained member of staff not involved in the actual restraint process is present they should become the Controller of the restraint as soon as practical.
- q. Control of the restraint will pass between Controllers only when offered and positively accepted using designated phrases. (eg "I now have control of this incident" / "You have control")
- r. During a period of restraint the techniques being applied must be frequently reviewed with the aim to safely remove all forms of physical restraint in the shortest time practical.
- s. The Controller must have the authority to order the alteration or release of any of the restraint hold(s).

### **Medical**

- t. In some environments the specific health risks of detainees may be known, in other environments they will not be known. All approved restraint techniques must take into account the possibility that underlying disease(s) may render an individual more susceptible to adverse effects and possibly death.
- u. The vital signs (**A**irways, **B**reathing, **C**irculation) of the restrained individual must be assessed as soon as possible after the commencement of restraint by a member of the team nominated to do so by the Controller.
- v. These assessments of vital signs must be repeated frequently throughout the period of restraint and the results made known to the Controller. Medical advice must be obtained if any concerns are expressed.
- w. If the restraint is a planned intervention in an institution with trained healthcare staff then they must be present throughout the period of restraint.

### **Governance**

- x. All episodes of restraint should be video recorded if at all possible.
- y. Detailed and accurate records of all incidents of restraint must be maintained and analysed locally and centrally. These data should be used to review techniques and practices and to inform staff appraisals, training and development.
- z. Debriefing procedures must be established and followed for all those involved (including if possible the detainee). If three or more officers are involved in any single episode of restraint there must be a formal face to face debriefing procedure by a trained member of staff.