



HRCJTA TB 2020-1

DATE: June 9, 2020
TO: Hampton Roads Criminal Justice Training Academy Member Agencies
FROM: Scott Barlow, Executive Director
SUBJECT: HRCJTA Training Bulletin 2020-1(Positional Asphyxia)

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Positional Asphyxia (Postural Asphyxia) Definition: Is a form of asphyxia which occurs when someone's position prevents the person from breathing adequately. Positional asphyxia also may be the result of the policing technique, "prone restraint" used by police, corrections, military, or health care staff. People may die from positional asphyxia accidentally, when the mouth and nose are blocked, or where the chest may be unable to fully expand.

This T.B. is not intended to provide a one size fits all definition of positional asphyxia, there are many, and knowing a definition is not nearly as important as understanding the concept and how to avoid a potential in-custody death.

We all know, or should know, that we **do not** position a knee on a person's neck, head, or spine. The proper position for the knee is across the shoulder blades (see below illustrations). We **do not** transport a person in the prone position, and we **do** constantly monitor a person while in our custody. These procedures seem pretty basic and simple to follow. That said there are many confrontational factors that can create issues that conflict with these procedures.



For trainers and first line supervisors try this demonstration during a training block, or during your roll-call/briefing. It is short and gets the message across. Select an officer/deputy who is “middle of the road”, not exceptionally fit nor completely out of physical condition.

Exercise:

Step One- Have the officer/deputy run in place for 60 seconds, then place them on the ground in the prone position on their chest and stomach. Ask the prone officer/deputy how he/she is feeling and if their breathing seems restricted. Quick tip, make sure the prone officer/deputy has a safe word to end the exercise if needed.

Step Two- After another 60 seconds have a second officer/deputy place handcuffs on the prone officer/deputy. Ask the prone officer/deputy how he/she is feeling and if their breathing seems restricted.

Step Three- After another 60 seconds have the second officer/deputy kneel and place their knee across the prone officer/deputy shoulder blades. Ask the prone officer/deputy how he/she is feeling and if their breathing seems restricted.

Step Four- After another 60 seconds have a third officer/deputy kneel and place their knee across the prone officer/deputy shoulder blades on the opposite side of the second officer/deputy. Ask the prone officer how he is feeling and if their breathing seems restricted.

During this exercise discuss the following: Imagine if the prone suspect is obese, has a medical condition such as asthma or COPD, has had a violent encounter (fight) while being placed in the prone position, is a drug/alcohol user, or under the influence of drugs or alcohol? Also discuss why it is critical for backup officers/deputies to provide guidance if they see the knee positioned incorrectly or if the prone suspect is being kept in the prone position to long. What is to long? Any time after the suspect is handcuffed and controlled they **must be immediately** placed in a sitting upright position or at least placed on their side.

Defining positional asphyxia and discussing these concepts is not enough....**show them and they will remember!**

Our next TB 2020-2 will be out soon and we will discuss multiple officer control tactics.