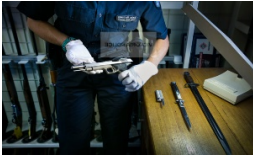


Licensing & Regulation Division Quick Guide



POSITIONAL/RESTRAINT ASPHYXIA

There are techniques of restraint that have been associated with sudden, unexpected deaths. Security personnel must be aware of the potential dangers and take every precaution to ensure they adopt safe practice. Positional Asphyxia (restraint asphyxia) can be defined as obstruction of breathing because of restraint techniques. It occurs when the position of a person's body interferes with their ability to breathe. If this is not recognised, death can occur from asphyxia or suffocation. A body position that interferes with breathing can cause death.

What are the risk factors?

Security Officers are often involved in confrontations which may necessitate physically restraining a violent person. If a prone position is required to achieve restraint, some people may have difficulty breathing and even die.

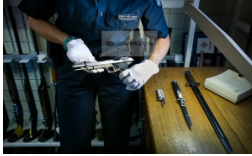
The following factors contribute to positional asphyxia deaths:

1. **Obesity** – a large abdomen or “beer belly” means that when the person is prone the contents of the abdomen can be forced upward under the diaphragm restricting breathing.
2. **Psychosis** – stimulant drugs (amphetamines, speed, ‘ICE’, ecstasy) can create an “excited delirium” in which the person is paranoid, over excited, and potentially violent. The stimulation of the heart can produce cardiac rhythm disturbances which can be fatal. In this situation, any difficulty breathing can result in sudden deterioration in condition and death.
3. **Pre-existing physical conditions** – any condition that impairs breathing under normal circumstances will put a person at a higher risk when they are physically restrained. Examples are heart disease, asthma, emphysema, bronchitis, and other chronic lung diseases.
4. **Pressure on the abdomen** – even a thin person will have difficulty breathing if there is pressure on the abdomen. The more security officers there are holding a person down in a prone position, the greater the risk that there will be pressure on the person's abdomen making it difficult to breathe.

How can a Security Officer identify when it may occur?

The key to safety and prevention is awareness of the risk. Recognising specific risk factors may assist Security Officers adopt the safest appropriate approach when they attempt to resolve conflict situations. Review of past tragedies reveals a “downward spiral” leading to the adverse outcome that is common to these cases.

Stage 1 – Development of an incident – the individual exhibits irrational, violent, aggressive behaviour and/or paranoia. The person may be unusually physically active and aroused. The behaviour causes concern and comes to the attention of a Security Officer.



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Stage 2 – Intervention – Attempts at calm rational intervention fail and the decision is made to physically restrain the individual. A struggle ensues in which the person seems to have unusual energy requiring several people to restrain them and place them in a prone position. One or more intervenors are tempted to sit or lean on the subject to maintain control. The subject may perceive this hostile and fight even harder to get relief. The person may also be fighting harder because they cannot breathe and what is perceived to be increasing violence may be increasing desperation to stay alive.

Stage 3 – Exhaustion – The continuing panic and desperation to breathe may cause intervenors to see the person as a continued threat and apply even more force to restrain them. While struggling with security staff the person expends large amounts of energy trying to breathe. The individual becomes exhausted with low blood oxygen and when they are finally unable to struggle any more, it may be too late.

How can a Security Officer identify the symptoms and signs?

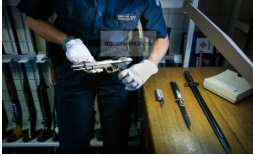
The first step in prevention is to recognise the risks. This will not eliminate the need to physically control some persons during violent or dangerous incidents but recognising the signs of danger and taking appropriate preventative action may help to reduce the occurrence of bad outcomes. Security Officers should pay close attention to the following, if:

1. a person telling you he/she cannot breathe.
2. Gurgling/gasping sounds indicating blockage of the airway.
3. Lips, hands, face discoloured blue due to lack of oxygen (cyanosis).
4. Increasing panic, prolonged resistance.
5. Sudden tranquillity – when an active, loud, threatening, violent, abusive person suddenly becoming quiet and tranquil, not moving.

What prevention strategies can Security Officers use?

Physical restraint should only be used when the situation clearly justifies it and there is no other option available to prevent physical harm to the person or others and for the shortest possible time with the least reasonable force. Anyone who is restrained should be under constant observation and the time spent under restraint should be minimised. The following actions will reduce the likelihood of a positional asphyxia death occurring:

- **identify persons at risk** – knowledge of the risk factors will help identify potential situations.
- **Avoid prone restraint unless necessary** – consider alternative methods for resolution. The person should be repositioned from the face down/prone position as soon as practical.
- **Do not sit or lean on the abdomen EVER.**



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- **Identify danger signs of asphyxia** - Security Officers must remember that some restraints put the subject in danger, and they should avoid tactics that are associated with deaths.
- **Constantly monitor the person** – continuously monitor a restrained person and where possible, utilise a person not involved in the restraint to monitor the restrained person's condition.
- **Seek medical attention** – immediate medical attention should be obtained where there is any concern over the health of a person who has been actively restrained.