

# **Applying SureLock Restraint to a Handcuffed Subject**

## Officer Safety is the #1 concern. Win the fight, then restrain

Officers should handcuff and search the Subject around their waistband and ankles in accordance with their Agency's Policy and Procedures. Searching the Subject prior to the SureLock application will reduce instances of items being covered by the SureLock Waist Belt and increase the likelihood of items being discovered.

On violent Subjects, Officers may prefer to secure the ankles prior to the search.

The application of the SureLock Restraint to a handcuffed Subject can be divided into five (5) straightforward steps:

- 1. Attach the Leg Restraint to the ankles
- 2. Attach the Waist Belt to body
- 3. Secure Leg Restraint to belt
- 4. Transition hands into Hand Restraints
- 5. Roll and monitor the Subject

## 1. Control the Subject's legs and place leg restraint around the Subject's ankles.

A Leg Restraint applied to the ankles will help control and limit movement of the legs to prevent injury and make applying the Waist Belt less hazardous. To achieve this, Officers may need to first use pressure and mechanical advantage. If the Subject is prone and kicking there are several methods of controlling the legs.

There are several methods of securing the Subjects legs. Officers must follow their Agency's policy.



Apply the Leg Restraint to a single leg (or have a third Officer apply it.)

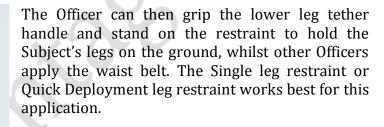
If using a <u>Standard Leg Restraint</u> or <u>Quick</u> <u>Deployment Leg restraint</u>, it is best if the ankles are crossed, however side-by-side is acceptable.



As shown, an Officer secures the legs while a third Officer places the leg restraint on the Subject's ankles making sure the loop around the ankles is secure.

Once the Leg Restraint is secure, ensure it is fitting correctly around the ankle and the UniLock device is double locked.

Double lock lower leg UNILOCK once in place.



Officer secures the legs by standing on the leg tether while another Officer secure the Wast Belt



Search the Subject before proceeding. Note: the Subject is handcuffed in the back and the leg restraint has been secured.

### 2. Attach The Waist Belt to Body



Carefully roll the handcuffed Subject onto their side. Place the SureLock Waist Belt facedown onto the ground at their waist (slightly above their hips) with the tongue pushed slightly underneath (not below) their hip, and the Main Buckle away from the Subject. Make sure the Main Buckle is fully extended from the Waist Belt.



Carefully roll the Subject forward so he is face down and lying on the Waist Belt. Pull the Waist Belt through slightly or push the Subject on to the Waist Belt slightly to adjust the belt as best possible.



Pass the Main Buckle over the Subject's back and insert the Main Buckle into the tongue to secure. The Waist Belt should be slightly above the Subject's hips.



Pull the Main Buckle strap tight, in-line with the belt and parallel to the Subject's body. Adjust the strap until the waist band is snug.

Using the handles on each side of the belt, slightly lift the Subject to ensure there is no slack at the front and then check for tightness again and alignment.

### 3. Secure Leg Restraint to the Waist Belt

(Note: Some agencies may choose not to attach the Leg Restraint to the Waist Belt.)



Keep control of the Subject's legs at the ankles and attach the Leg Restraint handcuff to one of the D-Rings on the backsides of the Waist Belt. Double lock the cuff.

Adjust the length of the connecting strap. One Officer, at the leg position, lifts the Subjects feet to bend his legs. The other Officer can now pull the tether to shorten the connecting strap.





Adjust the leg restraint tether to place the legs in the correct position. It is recommended bringing the legs to at least 90°.

Check that the lower UniLock is double locked.

## 4. Transition Hands into Hand Restraints

One advantage of the SureLock restraint is that the Hand Restraint Handcuffs (or soft-cuffs) can be applied to the Subject's wrists prior to removing initial set of handcuffs - the Subject is always restrained.

Apply the Hand Restraints Handcuffs (or medical soft-cuffs restraints) in the same manner as traditional handcuffs, adjust for proper tightness and double lock the cuff.



The Hand Restraint Handcuffs can be placed on the Subject with either the handcuff body on the inside of the wrist or the outside of the wrist.

With the handcuff bodies to the inside of the Subject's wrist, the Subject's palms will be facing in when the tether is pulled tight.

Handcuff body to INSIDE of the wrist. Note the hand tether is under the Subjects arm, and NOT looped inside the carrying handle.



With the handcuff bodies to the outside of the Subject's wrist, the Subject's palms will be facing out when the tether is pulled tight. The hand tether can still be used normally; however, the reach will be slightly reduced.

Handcuff body to OUTSIDE of the wrist

When applying the SureLock Hand Restraint Handcuffs as shown, be mindful of the keyhole position on the initial set of cuffs. If the Subject is

handcuffed "back-to-back" before SureLock is applied, handcuffing to the inside of the Subject's wrists often allows keyhole access to remove the first set of cuffs.

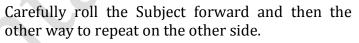


Repeat process on both sides.

Turn the Subject onto one side and remove handcuffs from Storage Pocket. Close Storage Pocket.



Apply the first Hand Restraint Handcuff. (In this picture the SureLock Hand Restraints are on the OUTSIDE of the wrists)



Always Double Lock the Handcuffs.

Pull slightly on the Red Tether to remove most slack.



Place the Subject prone.

Release one side of the original handcuffs.



Pull both hand tethers tight. This will move the Subject's hands to their sides.

Remove the initial set of handcuffs.

5. Roll and Monitor the Subject



Once secured, immediately roll Subject carefully onto their side and evaluate their condition. Initiate Emergency Medical Procedures as necessary.



If the Subject is not showing any signs of injury, ExDS, Positional Asphyxia, medical distress or breathing difficulty, the Subject may be rolled onto their back as this is the most comfortable position. Continue constant monitoring of breathing and wellbeing.

Do not leave Subject on his or her stomach any longer than is absolutely necessary.