



# WICHITA POLICE DEPARTMENT

## POLICY MANUAL



### POLICY 915

#### WRAP Restraint Systems

#### I. PURPOSE

The WRAP provides a safe and quick method of controlling and immobilizing a violent or potentially violent/combatative subject who has been detained or taken into custody. This policy is intended to familiarize Department personnel with the WRAP and procedural guidelines for its use. This device will be referred to as the “Body Wrap”.

#### II. POLICY

Restraints shall be used only as a prevention against self-injury, injury to others, property damage, or other occasions as may be approved by the Watch Commander or Sergeant. Restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the disorderly behavior. Restraints will be applied for only the amount of time absolutely necessary.

#### III. PROCEDURES

##### A. Guidelines for Use of the WRAP Restraint System (Body Wrap)

1. The Body Wrap can be used prior to or after a violent or potentially violent/combatative subject is controlled using approved departmental methods. Like any restraint device, do not assume the Body Wrap is escape proof. Once applied, THE SUBJECT SHOULD NEVER BE LEFT UNMONITORED.
2. The use of the Body Wrap must be approved by a Supervisor.
3. The Body Wrap should be considered for use during the following situations:
  - a. When conventional methods of restraint are not effective
  - b. To immobilize a violent/combatative subject
  - c. To limit violent/combatative subjects from causing injury to themselves or others
  - d. To prevent violent/combatative subjects from causing property damage
  - e. To restrain subjects after a chemical spray or stunning device is used
  - f. In transportation of violent/combatative subjects
4. The Body Wrap shall be applied by a minimum of (2) officers, (1) of which must have successfully completed the Department’s training on the use of the Body Wrap.
5. Once restraints have been applied, officers will initiate direct monitoring and the subject should not be left unmonitored until the restraints are removed. These observations will be documented in the officer’s report of the incident.

6. The Body Wrap should be given further consideration and caution should be used on children under the age of 12 and pregnant women. The ankle restraint strap should still be considered for use if needed.
7. The incident, application, further monitoring of the subject and up to the removal of the wrap should be documented with AXON.

**B. Prohibited Use**

Restraining devices shall not be used in a way which contradicts Department training.

**C. Continued Retention, Medical Opinions and Observations:**

1. Continued retention in restraints shall be reviewed every half-hour.
2. For mental health patients, a mental health consultation shall be secured as soon as possible to assess the need for mental health treatment. A subject should not remain in the WRAP Restraint System at a medical facility for more than 30-minutes. A supervisor shall be notified if that time is exceeded.
3. Suspects in restraints shall be given the opportunity to use toilet facilities when necessary. They shall be provided with fluids to ensure they remain adequately hydrated. Fluid refusal and/or intake should be documented.

**D. Restraints with the Use of Oleoresin Capsicum (O.C. Spray):**

A situation may arise where the use of O.C. spray has been ineffective and restraints must be used to control a subject who has been sprayed. Caution must be used in restraining the subject so breathing difficulty is not caused. Policy 909 will still be followed for subjects exposed to O.C.

**E. Precautions**

1. Aspiration is possible when the subject is in the prone or supine position. It is important that personnel quickly apply the Body Wrap and the suspect is placed in a seated or side recovery position.
2. If a restrained subject complains of or exhibits any medical concerns, request immediate emergency medical attention. Medical treatment can be provided while the subject is restrained in the Body Wrap.
3. Examples of health concerns include but are not limited to:
  - a. Respiratory Distress (i.e. coughing, gasping, gagging, shortness of breath)
  - b. Loss of consciousness, sudden quiet or inactivity (especially after a violent struggle)

- c. Chest Pains, Shooting pains down the arm
  - d. Change in facial color
  - e. Elevated body temperature (I'm burning up)
  - f. Vomiting
  - g. Suspected drug behavior
  - h. Sweating profusely
4. The chest/shoulder harness should not be tightened to the point that it may interfere with the subject's ability to breathe.

#### **F. Transportation of a Subject in the Body Wrap**

Due to the restrictive nature of the device, transportation of subjects should be done in a patrol car when feasible, properly restrained. If the subject must be transported in a BAT van, an officer will ride in the back with the subject due to the inability of the subject to stay in an upright position or keep themselves supported.

#### **G. Use of Force Reporting**

1. In all cases where physical force is used, an incident report and use of force report "Blue Team" will be submitted for review.
2. The appropriate reports, completely documenting the incident will be submitted. The reports shall include documentation of the efforts for less restrictive alternatives.
3. The time of application, duration and time of removal should be included in the documentation.

#### **H. Decontamination of the WRAP Restraint Device**

1. If the Body Wrap is used on a subject, it should be sanitized by using a disinfectant spray between uses and allowed to air dry, then placed back in the deployment bag for use.
2. In cases where the Body Wrap is soiled with human feces, urine, saliva and/or blood, the Body Wrap unit should be placed in a large bio-hazard bag, securely sealed and transported to the Officer's Turn In Room at Property and Evidence, placed in the drying locker and marked to hold for Defensive Tactics Instructors. An email notification should be sent notifying the Defensive Tactics Instructors it is there. Training Staff will ensure it is taken to a professional hazardous cleaning company for cleaning. If professional cleaning is not satisfactory a replacement should be considered.