Use of Prone Restraint Model Policy

§ 18-1-707, C.R.S.

HB 24-1372

Version: June 4, 2025

1. Purpose:

To suggest best practices for the use of prone restraint techniques by Colorado peace officers, ensuring it is used in a safe, lawful, and reasonable manner that minimizes the risk of injury or death.

2. Scope:

This policy emphasizes the importance of officer training, monitoring during the restraint, minimizing risk, and providing medical assistance when needed to ensure the safety and well-being of both officers and individuals in custody.

A model policy for law enforcement's use of the prone restraint must ensure the safety of both officers and individuals in custody, while minimizing the risks associated with this position.

This model policy fulfills the mandate in § 18-1-707 (2.7), C.R.S.

3. Definitions

Prone Position: A position in which a person is lying on a solid surface with the person's chest and abdomen positioned downward, even if the person's face is turned to the side, or the person has one shoulder lifted.

Prone Restraint: A use of physical force, including, but not limited to, the use of a mechanical restraint, in which the person who is being restrained is in a prone position.

Medical-Behavioral Emergencies: An incident in which a medical situation (often drug-induced or drug enhanced) at times can be misinterpreted as a solely behavioral issue.

Recovery Position: A position other than a prone position that allows the person to breathe normally.

Respiratory Compromise: A person's body position that interferes with their normal respiration that could result in asphyxiation.

Mechanical Restraint: A physical device used to involuntarily restrict the movement of a person or the movement or normal function of a portion of a person's body.

Officer Assigned To Subject, or O.A.T.S.: This officer's responsibility will be to monitor the subject from the time the prone restraint is applied, until the arrest is completed, or medical personnel have accepted care of the subject/patient..

4. Policy

On or before July 1, 2025, any Colorado law enforcement agency that employs a peace officer required to be POST certified shall adopt written policies and procedures concerning use of the prone position.

These adopted policies shall be posted on the agencies publicly accessible website, or, if the agency does not have a publicly accessible website, shall make the policy and procedures publicly available upon request.

Each agency shall review policies and procedures adopted at least every five years to ensure the policy and procedures are updated to include current best practices.

Beginning on or before July 1, 2026, each agency shall implement and train its peace officers on the provisions of their adopted policies.

5. Procedure:

Colorado peace officers should use the prone restraint technique only when it is necessary to safely control a subject, and alternatives are not feasible. Or, if the individual is actively resisting arrest or is a danger to themselves, officers, or others.

Per § 18-1-707 (1), C.R.S., peace officers, in carrying out their duties, shall apply nonviolent means, when possible, before resorting to the use of physical force. A peace officer may use physical force only if nonviolent means would be ineffective in effecting an arrest, preventing an escape, or preventing an imminent threat of injury to the peace officer or another person.

In the application of physical force, peace officers should note per subsection (2) of the same statute: "When physical force is used, a peace officer shall:

(b) Use only a degree of force consistent with the minimization of injury to others;

(c) Ensure that assistance and medical aid are rendered to any injured or affected persons as soon as practicable

Peace officers have a DUTY to provide a reasonable level of care for an arrestee's health and welfare. After the scene is safe and the subject is in control, render first aid as soon as possible.

Upon taking an individual into custody, arresting officers have the duty to exercise reasonable care for the subject's health and welfare.

It is the decision of the EMS personnel that respond to medically clear the subject on scene, or transport to a medical facility for further evaluation.

EMS should be requested if:

- There is any complaint of, or obvious sign of injury,
- If the O.A.T.S., or any other peace officer on scene, observes signs of distress, an obvious decline in the condition of the subject, or a complaint of breathing difficulty,
- If the subject becomes unconscious, or was unconscious at any time,
- If there is obvious sign of injury, or the subject stops breathing, the peace officers on scene shall render emergency first aid measures. These measures may include, ***but are not limited to***, basic first aid, tourniquet, CPR, AED, or Narcan (Naloxone).

As soon as practical after an individual has been handcuffed, or otherwise secured, the individual should be turned onto their side or allowed to sit up, or any other reasonable position other than prone, so long as the individual's actions no longer place peace officers or community members at risk of imminent injury, or injury to the subject. Peace officers will make all reasonable efforts to ensure that the individual is not left in a prone position for longer than absolutely necessary to gain control over the subject.

When moving a subject from prone to a recovery position, peace officers should utilize a stepped process to move from one position to another, avoiding pulling or bending the subject in such a way that may injure or inhibit free breathing. Additionally, going from a prone position directly to a standing position in a single move requires lifting by the peace officers, putting both parties at risk of injury. An example of a stepped process to standing position might include moving from prone, to lateral recumbent (side), to sitting, to kneeling, then finally to standing, with a pause at each position allowing the peace officer to observe any changes in condition of the subject at each interval.

When body weight is used in an attempt to control a subject, it may not be used in a manner that intentionally interferes with the person's breathing. Peace officers will immediately cease applying body weight to an individual's back, head, neck, or abdomen once the individual is restrained and other control tactics may reasonably be utilized other than body weight. Examples of these tactics and techniques commonly used in arrest control systems may include, but are not limited to, control at the wrist, elbow, shoulder, or entire arm or arms that utilize leverage or pain compliance in order to control a subject's upper body, that are applicable, reasonable, and appropriate when the subject is in mechanical restraints. Or, by moving body weight pressure to below the hips of the subject or utilizing leg-lock techniques also commonly found in many defensive tactics / arrest control (DTAC) systems, as long as the subject's upper body is being controlled by another officer or the subject is in handcuffs, ensuring officer safety.

Peace officers have a duty to intervene if they observe another peace officer using unlawful physical force, which could include the continued application of body weight on the back, head, neck, or abdomen when it is no longer necessary to gain physical control of the subject.

6. Pre-Restraint Actions:

Prior to application of the prone restraint, when possible to do so safely, evaluate the need to immediately detain the subject. Peace officers should try to engage in a way that does not unduly escalate the situation and enables them to determine whether the subject understands what is happening around them. Collect as much information about the subject as possible, such as who the subject is, if they may speak a language other than English or may have a disability that might prevent them from responding (such as being deaf), the context of the situation, trying to determine why the subject might be demonstrating these behaviors, and their baseline affect.

One peace officer should be designated as the "contact officer" to give commands, orders, or directions, to the subject. If available, the designated peace officer should be certified in Crisis Intervention Training (CIT), Integrating Communications, Assessment, and Tactics (ICAT), or some other recognized de-escalation system. Multiple peace officers giving commands simultaneously is to be avoided. Other responding peace officers may, for example, be designated as the O.A.T.S, act as a back-up to the contact officer, be the restraint applicant, or provide scene safety.

Minimize over-stimulation, flashing lights, loud noises (sirens), and other types of commotion. Peace officers should avoid giving the same command, order, or direction repeatedly. If the subject is not reacting favorably to the tactic being utilized, the peace officer should consider changing their tone of voice, making a different request, or giving a different order or trying a different method of communication. If the subject's actions indicate they are more receptive to another peace officer on scene, be ready to change roles.

7. Monitoring:

A critical aspect of the use of the prone restraint is close and vigilant monitoring of the subject's condition. Constant monitoring of the subject's physical condition should be a priority during and after the restraint to assess for signs of distress.

Whenever possible, during a team restraint, one officer may be designated as the "Officer Assigned to Subject," (O.A.T.S.) with the responsibility to monitor the person's health and welfare during and after restraint.

Indicators of a subject experiencing a medical behavioral event may include, ***but are not limited to:***

- Extreme agitation,
- Elevated heart rate,

- Rapid breathing, shallow breathing, or no breathing at all,
- Altered mental state, or confusion,
- Inappropriate or excessive sweating,
- Temperature extremes (subject feels very cold or hot to the touch),
- Erratic or irrational behavior,
- Publicly naked or insufficiently attired for the weather conditions,
- Pain tolerance, or
- Actual law enforcement knowledge of consumption of alcohol, drugs, or both, especially stimulants (Cocaine, PCP, Methamphetamines).

Peace officers need to be cognizant of other factors that may affect normal breathing. Just because someone isn't prone and in handcuffs does not in and of itself mean they will breathe normally. One's own physical limitations, body size, weight distribution, position of the body as it relates to the diaphragm and its movement, as well as outside influences all dictate how one breathes normally. This reinforces the importance of constant observation, assessing the status of the subject, and reacting accordingly to signs of distress.

A tool that may assist in detecting a subject experiencing distress is the Improved Montgomery County Richmond Agitation Sedation Scale (IMC-RASS). This is what EMS responders use to score a patient in extremes and provides a perspective on the signs and symptoms to be aware of.

+4 Combative or overtly combative, violent, immediate danger to peace officers, self, or others.
+3 Very agitated; aggressive
+2 Agitated with frequent non-purposeful movement.
+1 Restless, anxious but movements not aggressive vigorous
0 Alert and calm
-1 Drowsy not fully alert, but has sustained awakening (eye-opening/eye contact) to voice (>10 seconds)
-2 Light sedation briefly awakens with eye contact to voice (<10 seconds)
-3 Moderate sedation movement or eye opening to voice (but no eye contact)
-4 Deep sedation no response to voice, but movement or eye opening to physical stimulation
-5 Unarousable no response to voice or physical stimulation

This is not meant to be a medical diagnostic tool for law enforcement. It is meant to show what signs to be looking for, and more importantly, providing context for observing a significant swing or change in the subject's behavior. For example, someone who goes from very agitated and aggressive (+3) who then quickly swings to deep sedation with no response to voice (-4), would be a hallmark sign of the subject potentially being in medical distress, and the need for an EMS response. The change in the subject's status should be relayed to EMS.

A concept that works in concert with the IMC-RASS is Deviation from the Baseline. Deviation from baseline refers to a significant change in a person's mental state compared to their usual, typical condition. This is established as a "baseline" during the initial contact with the subject as you collect information. Essentially, it means noticing when someone's mood, thoughts, or behaviors deviate noticeably from their normal pattern.

8. Reporting:

Peace officers should provide a comprehensive report whenever prone restraint is utilized. This report should contain descriptions of the type of incident or call for service; the subject's actions, demeanor, behavior, and affect; any efforts of de-escalation; considerations of alternatives; why a prone restraint was necessary; peace officer actions; and medical care rendered by the peace officer. This report can be contained in the peace officer's incident narrative, or in a use of force report compliant with the law enforcement agency's policies.

If a peace officer observes another peace officer use physical force which exceeds the degree of physical force permitted pursuant to § 18-1-707, C.R.S., they must report the use of force in compliance with § 18-8-802, C.R.S.