

RIP HOBBLE USAGE AND APPLICATION



RIP HOBBLE USAGE AND APPLICATION



- DEPARTMENTAL DIRECTIVE
- ADDITIONAL RESTRAINTS RISKS
 - ❖ CAUSES FOR IN-CUSTODY CONCERN
 - ❖ POSITIONAL ASPHYXIATION
 - ❖ AGITATED DELIRIUM
 - ❖ SUDDEN DEATH SYNDROME
- WHAT IS THE RIPP HOBBLE
- PROPER APPLICATION



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- DEPARTMENTAL DIRECTIVE

11.1.4 RESTRAINT

The restraint of arrestees should be done with the safety of the officer and the security and welfare of the arrestee in mind.



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ADDITIONAL RESTRAINT:

Sometimes it is necessary to use a higher level of restraint than just handcuffing. In those cases, there are alternative restraint techniques which may be used. In addition to the wrists, the feet or ankles of the arrestee may be secured to restrict the independent movement of the feet and legs. For this purpose, training is provided in the use of the **RIPP HOBBLE** restraining device. If further immobility is needed, the secured wrists and ankles of the arrestee may be linked together using flexicuffs or the hobble device. At no time shall the wrists and ankles of an arrestee be linked together using the **RIPP HOBBLE™** restraining device, unless the arrestee can be seated in an upright position, or on their side. If this is done, the knees of the arrestee will not be bent more than 90 degrees to prevent pressure being placed on the arrestee's chest muscles or diaphragm which might contribute to a positional asphyxia situation.



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ADDITIONAL RESTRAINT:

An arrestee restrained with both the wrists and ankles secured will be transported on his side or in a sitting position. It is the responsibility of the arresting officer to ensure the arrestee is under direct observation from the time he is restrained in this manner until the restraints are removed or the custody of the arrestee is turned over to another agency. The arresting officer may utilize an assist officer for direct observation of the arrestee.



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Positional Asphyxia

Occurs when the position of a person's body cuts off or interferes with respiration and leads to hypoxia (a lack of oxygen to meet the body's demands)

3 Elements of respiration

- a) gas exchange function of the lungs
- b) airway openness
- c) the transporting of air into and expelling of air out of the lungs,

**TAKE AWAY EITHER OF THESE ELEMENTS
AND YOU HAVE RESPIRATORY COMPROMISE**



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Positional Restraint Asphyxia

Occurs when an arrestee is placed in a physically compromised position, induced and enforced by restraint, and is unable to reposition. A “hog-tied” position is a major contributing factor in causing this effect. When transporting arrestees, always transport in an upright position or on their side with legs able to straighten more than 90 degrees

Continuous monitoring is the first step in preventing positional asphyxiation!!!



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- **AGITATED/EXCITED DELIRIUM:** a syndrome characterized by extreme agitation, bizarre behavior, intense physical exertion brought on by some psychosis or may be drug induced, most commonly cocaine or PCP.
 - **PHYSIOLOGICAL SYMPTOMS**
 - Seizures
 - High Body Temperatures
 - Dilated Pupils



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- **SUDDEN DEATH SYNDROME:** called In-Custody Death Syndrome or unfairly called Police Custody Death Syndrome. Other names include Acute Exhaustive Mania, Manic Exhaustive syndrome- whereas the individual has exhibited extreme physical exertion and suddenly stops fighting from exhaustion
 - **CONTRIBUTING FACTORS**
 - **I. Mentally**
 - A) Unstable
 - B) Agitated
 - C) Violent
 - 2. **Drug/Alcohol Usage**
 - A) Increases agitation
 - B) Affects brain functioning



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- CONTRIBUTING FACTORS CONTINUED

- 3) PHYSICAL MAKEUP

- A) Large individuals
- B) Obese individuals
- C) Individuals with compromised heart/cardiovascular conditions

- 4) ENVIRONMENT

- A) High temperature
- B) Confined areas

- 5) LENGTH OF FIGHT

A) THREE MINUTE RULE- Most individuals in an intense fight will begin tiring out within thirty seconds and generally be exhausted at the three-minute point. If a arrestee is still fighting after three minutes, he may have extremely high lactic acid levels and extremely low oxygen levels, so he may be a candidate for SUDDEN IN-CUSTODY DEATH SYNDROME



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- IDENTIFIABLE SYMPTOMS AND BEHAVIORAL PATTERNS
 - Bizarre & aggressive behavior(in general/ toward others/toward objects)
 - Dilated pupils
 - Unwarranted or irrational fear
 - High body temperatures/Profuse sweating
 - Irrational or incoherent speech
 - Jumping into water
 - Panic/Paranoia
 - Public disrobing
 - Self-inflicted injuries
 - Seizures
 - Unexpected physical strength



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- DANGEROUS POSITIONS

- Arrestee in seated position and head drops down to chest and arrestee becomes unresponsive
- Arrestee face down in the backseat or floor of the transporting vehicle
- Arrestee face down on the ground supporting one or more officer's bodyweight
- Arrestee face down and "hog-tied" (knee bend greater than 90°) in transit
- Arrestee slumps in seat with head below waist level



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- ARRESTEE RESTRAINED/CONTROLLED

- Sit upright
- Clear face and airway
- Don't compress chest
- Tell arrestee to relax
- Monitor Breathing
- Check arrestee & yourself for injuries
- Attempt to allow arrestee & self to calm and cool down
- If agitated person suddenly stops struggling, be very concerned
 - Call for medical assistance immediately and begin CPR
 - Take person to hospital immediately
- Control your emotions
 - Avoid profanity
 - If possible, separate contact officer and fighting arrestee after control established



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- **WHAT IS THE RIPP HOBBLE**

- One-inch wide polypropylene webbed belting
- Tested strength of 700 pounds
- Each hobble has a one-inch wide steel, alligator-jawed, friction-locking (strength of 350 lbs) and a bronze snap

- **PURPOSE OF HOBBLE**

- To secure feet/legs of an highly combative arrestee
- To prevent an arrestee from standing
- To secure an arrestee's feet in the car to prevent damage to the individual or car
- To restrict an arrestee's ability to run or kick while walking
- To secure an arrestee's elbows during de-cuffing



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- THE JAWED ALLIGATOR CLIP HOLDS A PERMANENT LOOP IN PLACE FOR QUICK USE ON ANKLES, KNEES AND ELBOWS



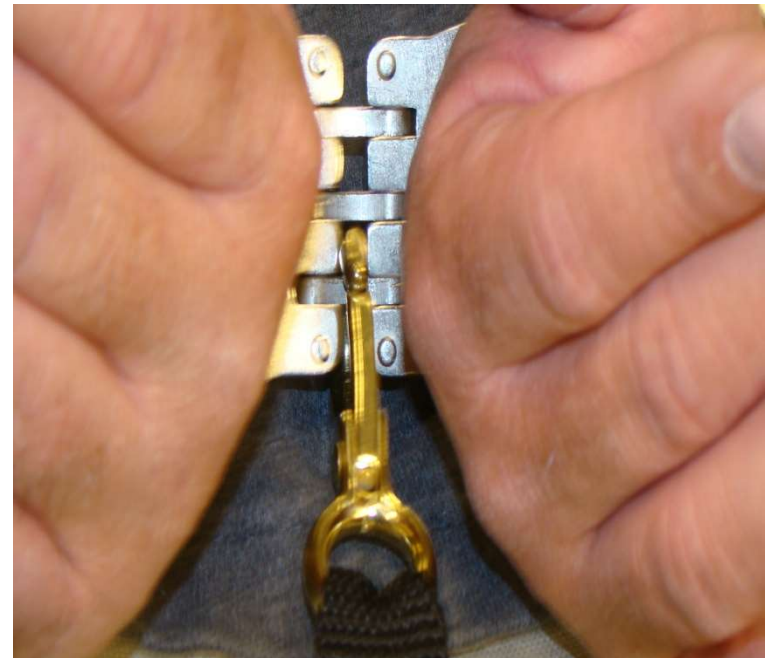
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- WITH ARRESTEE CONTROLLED BY TWO OR MORE OFFICERS APPLY RIPP HOBBLE SECURELY AROUND ANKLES WITH FEET CROSSED



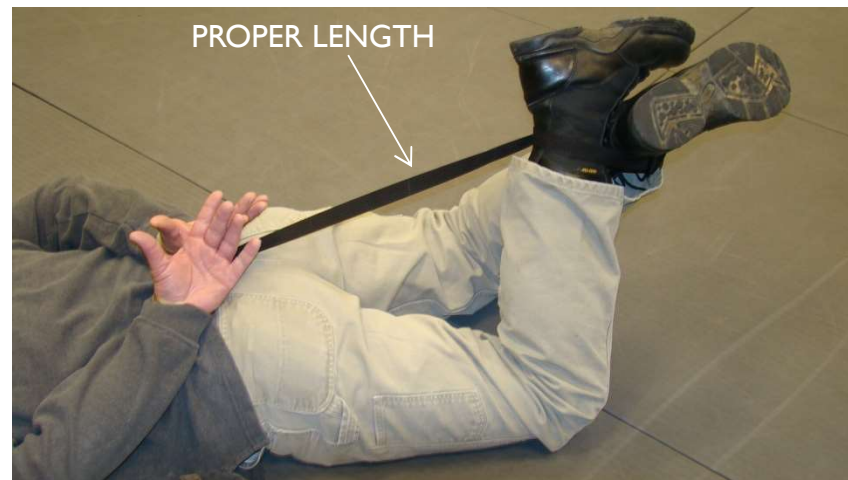
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- ONCE HOBBLE IS SECURED AROUND ANKLES, ATTACH BRONZE SNAP TO THE HANDCUFFS

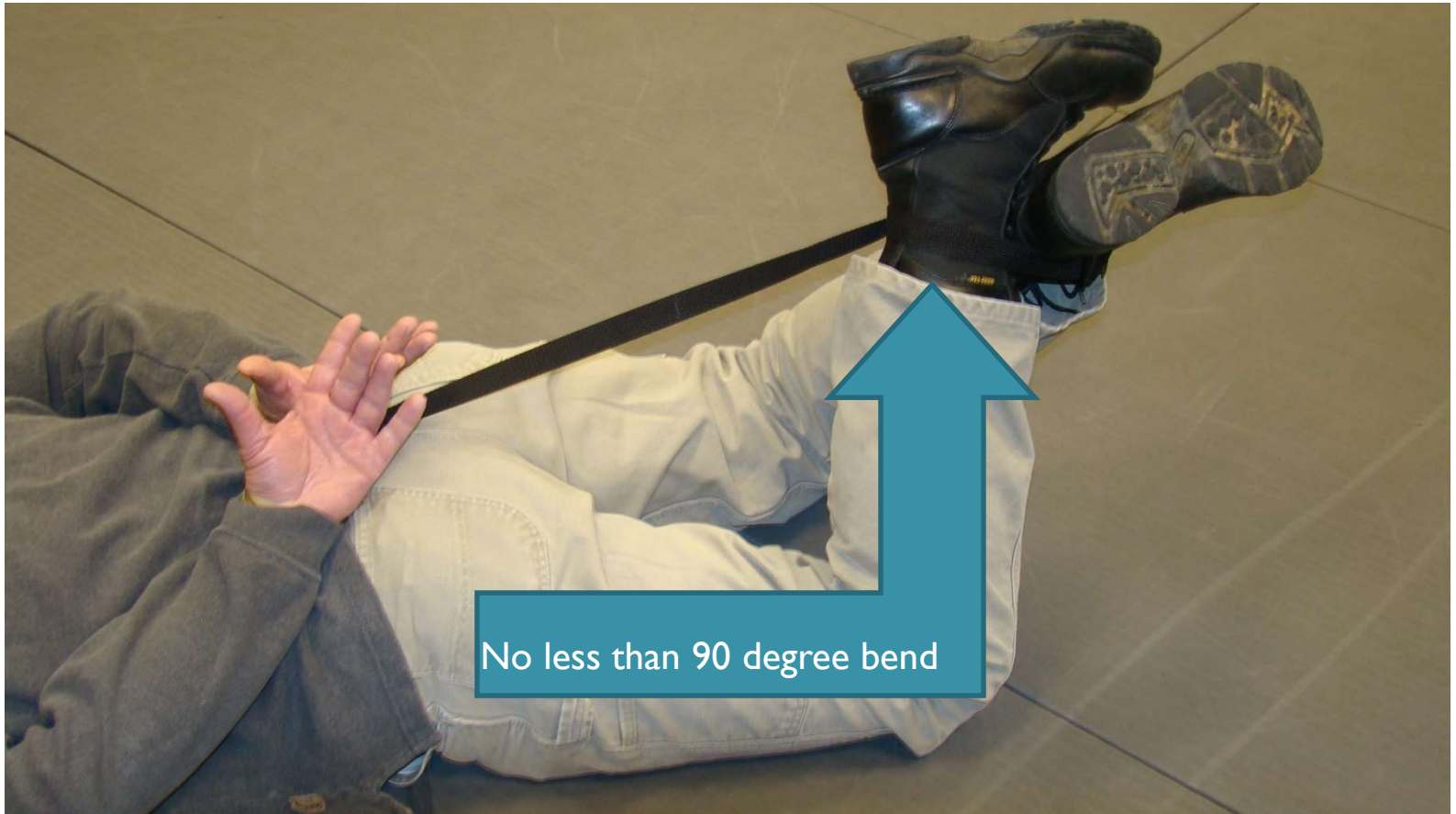


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- TO SHORTEN LENGTH OF THE RIPP HOBBLE. MAKE ADDITIONAL LOOPS AROUND THE ANKLES OF THE ARRESTEE TO ACHIEVE DESIRED LENGTH



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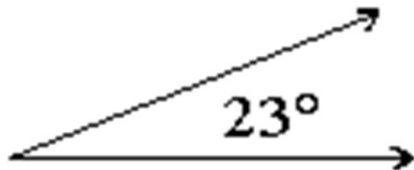
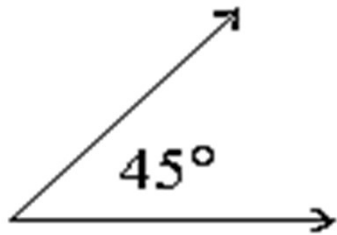
No less than 90 degree bend



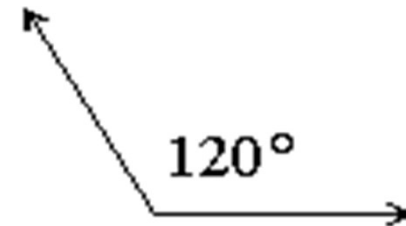
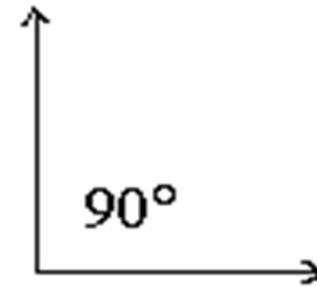
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EXAMPLES OF ANGLES FOR COMPARISON PURPOSES

NOT ACCEPTABLE



ACCEPTABLE

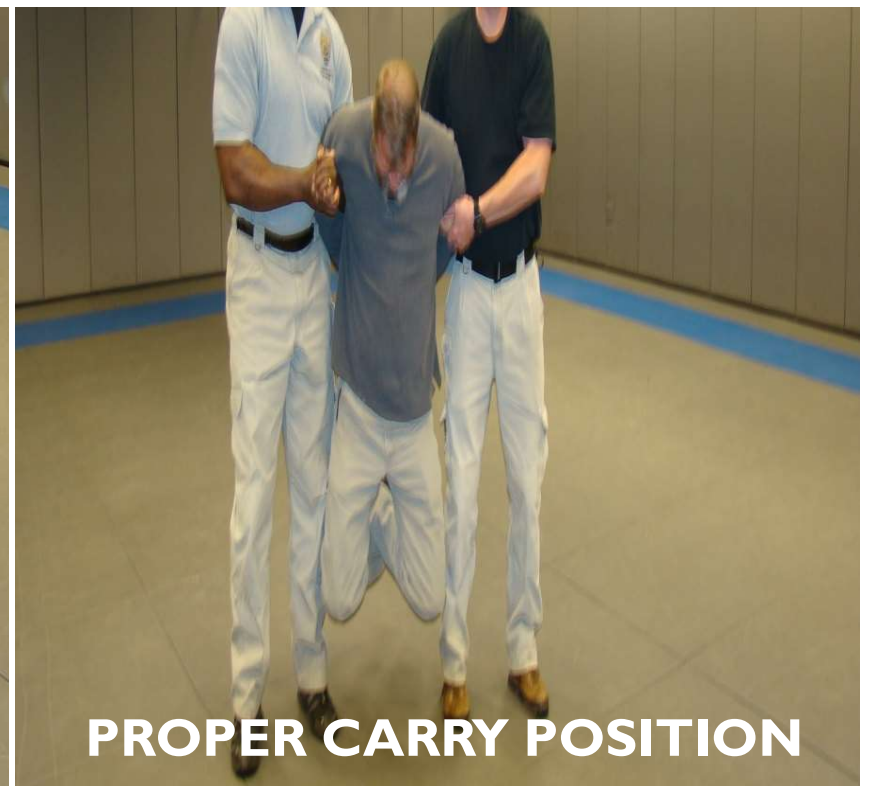
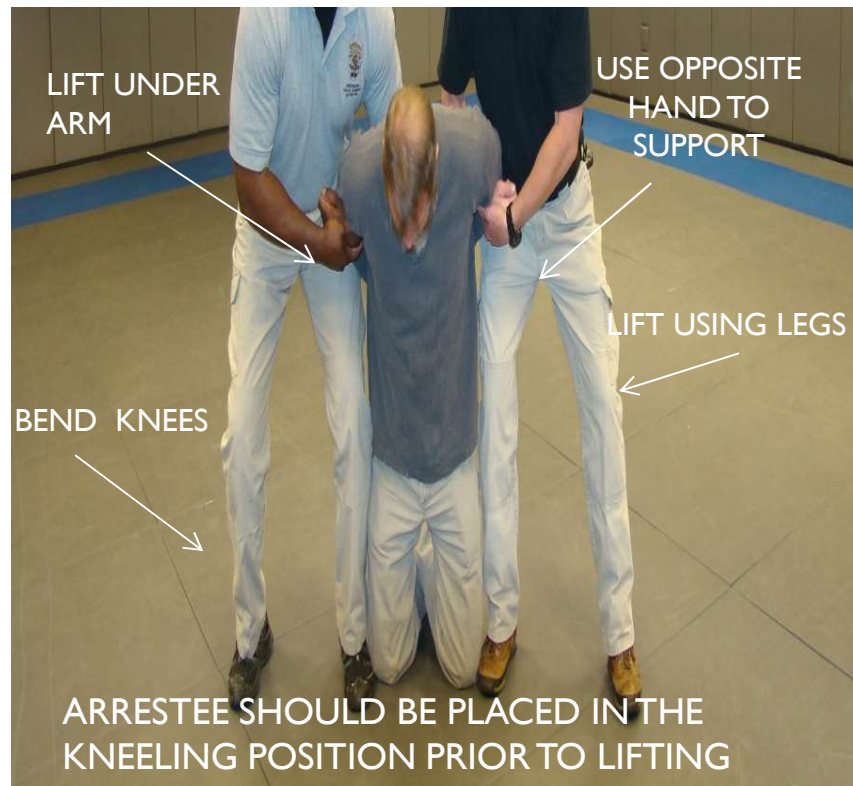


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- ONCE ARRESTEE IS READY TO MOVE OFFICER MAY CHANGE POSITION OF RIPP HOBBLE BY PLACING IT JUST ABOVE THE KNEE JOINT TO ALLOW ARRESTEE TO WALK WITH LIMITED MOBILITY



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- ONCE ARRESTEE IS IN VEHICLE
 - EVALUATE ARRESTEE'S CONDITION
 - EVALUATE PERSONAL CONDITION
 - PLACE ARRESTEE UPRIGHT OR ON HIS SIDE WITH BEND IN KNEES GREATER THAN 90 DEGREES
 - TO PREVENT POSITIONAL ASPHYXIATION
 - CONTINUALLY MONITOR ARRESTEE
 - **NEVER** TRANSPORT IN THE "HOG-TIE" POSITION
 - ALWAYS HAVE A SECONDARY OFFICER FOLLOW YOU TO THE JAIL OR HOSPITAL IN CASE ARRESTEE BECOMES COMBATIVE OR ILL
 - **NEVER** CLOSE LOOSE END OF HOBBLE IN THE DOOR OF YOUR VEHICLE



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- IF YOU ONLY FACE ONE OPPONENT AND YOU DOUBT YOURSELF; YOU ARE STILL OUT NUMBERED
- GAIN PHYSICAL CONTROL OF YOUR SUSPECT; MAINTAIN EMOTIONAL CONTROL OF YOURSELF.

