



# The Safety Cuff®

SUPERIOR • SOFTER • SAFER

**USER GUIDE TO ACCOMPANY  
YOUR TRAINING MANUAL**



[www.safer-handling.co.uk](http://www.safer-handling.co.uk)

# About the Author

## Contents

Nomenclature	2-3
Rationale	4
Health and safety considerations	5-7
Care instructions	8
DfY!i gY`W`YV`g & Yl Ua d`Y`Udd`JWj`cb	9
Risk assessing human factors & deployment	10-11
Monitoring and restrictions	12 -13
Facts	14
Training	15

Doug Melia acquired the Soft Restraint business and all rights to the Soft Restraint Kit in 2016.

Doug's involvement with Soft Restraints began where he used the original ERBs as part of enforcement and close protection teams protecting Critical National Infrastructure and religious factions from the disruptions often caused by protest groups and individuals at AGMs or gatherings.

Doug was for many years a professional Martial Arts teacher, Bodyguard, Door supervisor and worked in High court enforcement.

He is recognised as an expert witness with Bond Solon through their programme at Cardiff University Law School, holds numerous International Instructor qualifications in respect of use of force training, and often speaks publicly on health and safety matters and use of force.

He is a NICE stakeholder, a Specialist member of the IIRSM and is often asked to comment in the media on incidents where force has been used. In schools and across care settings throughout the UK Doug's company provides Safer Handling training to leadership and staff in front line roles.

**Doug Melia**  
**Director**  
*Defend Solutions Ltd*



# Nomenclature

FRONT



Compression strap in secured position

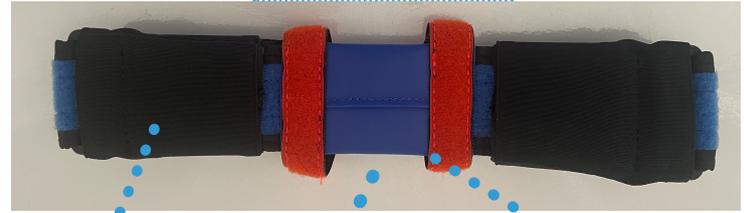
Front closed view of locking strips

FOLDED

Buckle



REAR



Neoprene buckle guard

Fixed & secure, rear of locking strips

BIRD'S EYE

Microgrip grip

Locking strips in loaded position



Compression straps fed through buckle

The safe and effective use of the Safety Cuff

The Safety cuff is a piece of specialist work equipment, categorised as Mechanical Restraint Equipment (MRE).

The blanket safety feature for the safe application of the MRE is to have at least one staff member who is responsible for monitoring the safety of the restrained subject.

Specific training is essential for this role and must include:

- sound communication with the subject.
- recognition of signs of distress.
- positional asphyxia awareness and safe monitoring and after care.

## Potential uses of the Safety cuff across the wider community

Following extensive field testing, multi sector community consultations and in light of the medical review, the Safety cuff has been highlighted as beneficial to be used for a number of situations:

1. Transport of incapable subjects from a hazardous area to a place of safety.
2. Transport of non-compliant, restrained subjects (without other restraint devices having been applied).
3. The device might be useful in transporting subjects in confined spaces such as aircraft, ships or public transport.
4. There might be a role for the device with emergency services in pre-hospital rescue or extrication from confined spaces.
5. In conjunction with other MRE.
6. To transition into from a set of Alloy cuffs following transport

## Considerations for training staff in relation to the device itself

1. Users benefit from understanding the clear nomenclature so that all users can identify each individual component clearly.
2. The device needs to be stored and maintained in accordance with the manufacturer's recommendations.



Figure 1.

# Health and Safety

HNYF'a I ghVY'Uz ~fjg\_ UggYgga YbhUbX'1 ghZMhJcb d'fcWggZ  
k \jW jbwI XYgU'VWU'FUjcbUY Uj'c:k \mU'dUjYbhBYXg'c V'  
a YWUbJW'riFYgFUj'pYX"

Mechanical assistance involves the use of mechanical aids to assist in the manual handling operation, the HSE publication "Manual handling – Solutions you can handle" (HSG115) and the ILO recommendations on manual handling cover manual handling of loads in Maximum Weight Convention, 1967 (No.127) and its accompanying Maximum Weight Recommendation 1967 (No.128). These documents contain many ideas to reduce the risk of injury from manual handling operations. The manual handling operation as a whole must, have an ergonomic approach. Where it is reasonably practicable, mechanical assistance should be the first consideration.

The nature of the task should be improved by deciding which staff should take which roles to distribute the weight in the safest manner (both where they are comfortable perhaps due to existing injuries or their dominance of facing a certain way). When considering the task, the physiological characteristics, environmental conditions and the necessity of the movement of the subject must be considered initially. In this instance, the subject is considered as the load, their safety throughout is primary and they must be correctly monitored and observed throughout. Periodic safety checks should be recorded accordingly to make sure it is in their best interests to manage moving them in Safety cuffs. The likelihood of how combative it is anticipated they may present must be must also be considered and balanced against the risks to both themselves and those undertaking the move.

Where women and young workers are assigned to manually transport loads the ILO recommend that the maximum weight of such loads be substantially less than that permitted of male workers.

# Health and Safety

The capability of the individual must take into consideration the state of the health of the employee, a period of sick leave or can make an individual vulnerable to a manual handling injury.

The following points should be assessed:

1. Does protective clothing hinder movement or posture?
2. Is the correct PPE being worn?
3. Is proper consideration given to the planning and scheduling of rest breaks?
4. Is there good communication between management and employees during risk assessment?
5. Are employees physically unsuited to carry out the task in question because they are wearing unsuitable clothing, footwear or other personal effects?

# Care Instructions

DfY! i gY`WYVW\_g/`  
YI Ua d`Y`Udd`W]cb

HA'Y'GUZYmWZg\ci`X'VY'gncfYX'gYVW'fY'm]b`]bY'k`]h`nci`f`  
A`YVW'Ub]VU`fY'gHfU]bhdic`]VhU'bx`c'h`Yf`fY`y'j`Ubhd'fchVWij`Y`  
YeI`]da`Ybh[ i`]XU'bvW"

The Safety cuff should be washed as per the instructions as soon as possible following use. All compression straps should be secured into place prior to washing. Following washing the Safety cuff should be air dried, folded and placed in the folded position prior to return to the original storage location as soon as possible. Store in a dry and secure location - Safety cuffs should only be used by those who have had information, instruction training and supervision in their use as per PUWER. The Safety Cuff is nylon, including the buckles so we advise not to wash over 40 degrees with a mild detergent.

The hand grip of The Safety Cuff is made of MicrAgard™ and bacteria cannot live on the surface of the material, thus preventing the spread of illness and infection. It also repels fluids which helps keep the internal equipment safe and dry as well as preventing the cross-contamination of bacteria. It is a non-rot, UV stable material meaning the textile can be recycled.

Please ensure the hook and loop is mated to prevent it picking up any debris in the wash. If using an industrial machine with a central spindle, it is advisable to place the items inside a wash bag/pillowcase before washing to prevent them catching on anything.

Each item should be manually inspected after washing to ensure the hook and loop is clear of any debris that may affect its function.

Do not bleach, tumble dry or dry clean.

One of our customers (a hospital) have successfully used Saturo Stain Buddy Plus from Nexon, which successfully de-stained and sanitised the kit and left it "looking like new" when washed in a pillowcase at 40 degrees.

The Safety cuff should be checked prior to each use. Particular attention should be paid to the stitching and all points of attachment. If the Safety cuff or components are found to be defective in any way then the device must not be used and this should be reported and documented.

Below is an example demonstration showing the Safety cuff applied to the rear, with the secure and lock strips applied in a closed position. Although further guidance from your own training team should be taught the 'back to back position' of the hands should clearly be adhered to.

**BELOW:** Highlighting the application of the Safety cuff to the rear

Consideration must be given the risks associated with deploying and removing the approved device. At these times staff at particular risk of injury or assault. Consideration should be given to the moving and handling principles mentioned above.

The Safety cuff should be removed at the earliest, safest opportunity.



# Risk assessing human factors & deployment

A sufficient number of trained staff must be in attendance in order to use the Safety cuff safely, also taking into account their suitability to be able to undertake the manual handling activity. The maximum carriage weight for the team needs to be determined. For exceptionally heavy subjects, more staff may be required to share the weight.

As highlighted in the medical review by Dr Bleetman, the principal risk is damage to the carpal tunnel and bones of the wrist. Contemporaneous advice on lifting and handling needs to be followed, as the principal risk of injury to staff is through manual handling. Staff numbers involved with using the Safety cuff on a subject need to be adequate to safely carry the restrained subject. Staff need to be fit enough to use the device and not suffering from musculo-skeletal, cardiovascular or other conditions that might put them at risk when carrying a restrained individual using the Safety cuff.

To make an assessment about the number of staff needed requires an insight into activities, their criticality, roles, responsibilities and competences. As well as taking into account 'who does what', staffing levels will also be affected by how things are done, in terms of the efficiency and effectiveness of processes used.

In many sectors, staff reductions can be an inherent problem, more information on managing reductions in staff can be found in the following document; HSE Guidance – Organisational change and major accident hazards – CH157 this information sheet was published on the HSE website in July 2003. This is core guidance for major hazard sites and fully applicable to other critical industries. Changes to staffing levels frequently occur as part of organisational change, often referred to as downsizing, delayering or multi-skilling. Before reducing staffing levels, it is important to review and revise risk assessments and action plans to see if the changes could result in new or additional hazards, or increased risk to staff.

# Risk assessing human factors & deployment

It is also best practice to maintain a list of all trained staff and keep track of their expiration dates with refreshers delivered annually as a minimum. Consideration must be given to the risks associated with the use of the Safety cuff and a dynamic assessment should be made each time. It is important to assess the weight of the person being carried and the distance to be carried before use of the Safety cuff is considered.

The design of the Safety cuff allows for the device to be applied to the person, whilst held in approved holds. The cuff is left open and then fed through the buckle. For this to be effective, holds must be maintained to make sure the compression strap passes clearly through the buckle before pulled and the hook and loop fabric adjoined. Finally the secure and locking strips act as a lock to prevent snagging.

Once secured in the Safety cuff the subject is not to be left unattended.

One member of staff should lead and co-ordinate the use of the SEELS ensuring that the height of each member of the team and their capability is taken into consideration when doing so, this person should also maintain the head management of the patient.

As the safety cuff does not provide support for subject to protect themselves should they fall, and no support to the subject's head and neck, a staff member must be tasked to support the head and neck at all stages from application, during transport and up to removal of the device. Specific training is required in this respect and should be developed in line with your own physical intervention team training, it is recommended that all team members have the ability to facilitate this role in case of having to rotate or "switch out".

# Monitoring & restrictions

Use of Safety Cuff, or threat of the use of Safety Cuff, should never be used as a punishment or 'educational' tool.

Subjects with wrist injuries would preclude the use of Safety Cuff.

The physical wellbeing of the patient should be monitored whilst they are in the Safety cuff. These observations should include level of consciousness monitoring: Alert, Verbal, Pain and Unresponsive measuring pulse, respirations and oxygen saturations if required. Capillary nail refill test should be carried out to ensure adequate Circulation.

The patient should be asked to take a deep breath in and out to ensure good respiratory rate and shows clear cognitive thinking and carrying out the request. Any deterioration in the patient's physical observations the nurse in charge must state the frequency and nature of all observations and these must be documented on the relevant approved charts.

Where possible, a Doctor must review the patient's physical health as per organisational policy and Medical staff must be informed of any deterioration in the patient's condition.

Application of the Safety cuff must allow for adequate and safe respiratory effort by the subject. Signs of distress or complaints of difficulty in breathing must be recognised and acted upon immediately by loosening the device and re-checking the subject's welfare and calling for medical help the instance any health concern is identified.

# Monitoring & restrictions

Main areas to monitor are: Complaint of chest pain, shortness of breath (Pulmonary Embolism), cough (chest infection, Pulmonary Embolism) and calf pain (Deep Vein Thrombosis). Medical staff should be informed of any changes or deterioration of any symptoms.

When a patient is being mechanically restrained, staff involved and the person supervising must look out for the following internationally recognised signs of Positional Asphyxia:

- a) Exceptional or unexpected strength;
- b) Unusual rises in body temperature;
- c) Exceptional violence;
- d) Abnormally high tolerance of pain;
- e) Bizarre behaviour – as if 'high' on drugs;
- f) Sudden, abnormal passivity;
- g) Noisy or laboured breathing.

One or more of these signs will warn staff that they need to consider increasing observations to monitor the patient's responses, seek medical guidance and/or be prepared to treat the incident as a medical emergency. Staff should pay particular attention to the patient responses during any period of transportation, or if the patient has been laid in the prone with head management position e.g., whilst the Safety cuffs were applied.

Staff using the Safety cuff must be Basic Life Support trained and be aware of the process of calling for assistance in the case of a medical emergency. Consideration should be given to having immediate local access to an automated external defibrillator whenever Mechanical Restraint is being deployed. In line with best practice, a defibrillator must be available within 3 minutes of the location where the Mechanical Restraint is deployed.

# Facts

The Safety cuffs have been tested by Satra.

The Safety cuff is made from hypoallergenic, MicrAgard, cordura material with a hook and loop fastening and locking system.

## Storage

Store securely in a bag or container in a cool dark environment. Ensure the hook and loop parts are mated together and avoid continued exposure to extreme hot or cold temperatures and store away from direct sunlight and UV exposure to prevent loss of strength.

## Medical Review

The Safety cuff has been medically reviewed by Dr A Bleetman PhD FRCSEd FRCCEM DipIMC RCSEd. Copies may be requested by emailing [info@safer-handling.co.uk](mailto:info@safer-handling.co.uk).

# Training

All staff trained to use protective equipment will be trained in the safe use of the devices. A refresher for this training will be required at least every 12 months.

Distance learning refresher and online consultancy options are also available in accordance with PUWER 1998.

The Safety cuff has now been integrated into our Soft Restraint Train the trainer course syllabus and updates are included on the annual updates, please contact [info@softrestraintkit.com](mailto:info@softrestraintkit.com) for open course dates and availability.

## Manuals

Copies of this manual and our other manuals, including the Soft Restraint Kit and Physical Intervention are available to purchase from [www.safer-handling.co.uk](http://www.safer-handling.co.uk)

## Soft Restraint Kit®



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