

**POLICY
807**

**EFFECTIVE
DATE
1-01-14**

**Eugene
Police Department**



Carotid Restraint

807.1 PURPOSE AND SCOPE

This policy deals with use of the carotid restraint, and is designed to be used with other policies in this series and other relevant department policies. The use of the carotid restraint constitutes a reportable incident as defined in *Policy 800 Use of Force*.

807.2 GUIDELINES FOR CAROTID RESTRAINT

807.2.1 DEFINITIONS

Carotid Restraint: A method of rendering a person unconscious by restricting the flow of blood to the brain by compressing the sides of the neck where the carotid arteries are located.

807.2.2 APPROVED USE OF THE CAROTID RESTRAINT

The carotid restraint is considered to be a more serious use of force than other control holds because, under certain circumstances, it can lead to serious injury or death.

You may only use the carotid restraint if you have been trained in its proper application, and any use must conform to the use of force requirements contained in *Policy 800 Use of Force*.

The carotid restraint may be used on persons who are actively resisting or who are assaultive when, under the totality of the circumstances, its use constitutes reasonable force. It will only be used to render the person unconscious in order to allow you to gain control of that person.

If you render a person unconscious with a carotid restraint, notify a supervisor as soon as you may safely do so.

The use of a choke hold (i.e., a technique which cuts off the person's air supply by constricting the windpipe) is prohibited except in cases where deadly force would be authorized.

807.2.3 PROPER APPLICATION OF CAROTID RESTRAINT

The carotid restraint must be applied in a manner consistent with the training you have received.

Use caution in applying the carotid restraint, and take reasonable precautions to ensure that the restraint does not slip into a bar-arm trachea/windpipe choke hold. If the restraint cannot be applied correctly, do not attempt it. If the restraint slips, either make the necessary adjustments for proper application or discontinue the restraint.

If a second officer is present, in addition to regular cover duties, s/he should assist and, to the extent reasonably possible, facilitate the safe application of the carotid restraint consistent with department training.

Absent exigent circumstances, the restraint may be maintained until loss of consciousness or for a reasonable length of time (generally not to exceed 15 seconds), whichever comes first. If the person is still conscious after this period of time, release pressure on the neck and either readjust the hold or consider utilizing another force option.

Absent exigent circumstances, do not use the carotid restraint on an individual more than twice during an incident.

If the person loses consciousness while standing, move to a kneeling position to reduce the possibility of injury to the person. Use care when lowering the person to the ground.

807.2.4 AFTERCARE

As soon as the subject stops resisting and is handcuffed and/or under control, monitor the person's vital signs closely. Take the following steps:

- Roll the person onto his or her side, or into a sitting position
- Monitor breathing and, if necessary, establish an airway
- Check the pulse at the wrist
- Check the person's facial skin color (a gray or blue tint is a sign of severe medical distress)
- Determine if the person is functionally conscious (e.g., the person can exhibit voluntary movement, has the ability to converse, is aware of place/date/time)

If the carotid restraint has been applied and the person has been rendered unconscious, or the person requests a paramedic response, request a paramedic response to evaluate the person. If the person has difficulty breathing, is not at a functional level of consciousness, exhibits symptoms of medical distress, or if you have any doubt regarding the person's medical condition, request a Code 3 paramedic response and administer appropriate first aid.

If paramedics transport a subject rendered unconscious with a carotid restraint, at least one officer should accompany the medic unit to assist if the person becomes violent.

Any person who was rendered unconscious with a carotid restraint and who is suspected of being under the influence of any drug (other than alcohol alone) should be transported to the hospital by a medic unit for medical evaluation.

If a person who has been rendered unconscious through the use of the carotid restraint remains unconscious, s/he should be transported to the hospital by a medic unit.

Keep a person who has been rendered unconscious under constant observation for at least 20 minutes, and continue to closely monitor the subject while he or she is in police custody.

If the person is being lodged at a correctional facility or taken to a medical facility, notify personnel there that the carotid restraint was used, and advise them if the person was rendered unconscious.

807.3 SUPERVISOR RESPONSIBILITIES

When you are notified that an individual has been rendered unconscious with a carotid restraint, ensure that proper aftercare has been given, and that the incident is reported in accordance with *Policy 800 Use of Force* and Blue Team incident reporting.