Use of Force Recommendation #26

Prohibition of Neck Restraint

Agenda

- Define the Carotid Control Technique
- Review policy/use, effectiveness, and potential issues with the Carotid Control Technique
- Review PERF Recommendation –
  - A. - Prohibit the Carotid Control Technique
  - B. - Modify policy/use of the Carotid Control Technique
  - C. - Leave the policy/use as written and practiced
- Review Mesa PD policy/use of the Carotid Control Technique
- Research studies, and other Agency policy and use
- Make Recommendations

Carotid Control Hold vs. Choke hold

https://abc7news.com/news/nypd-controversy-prompts-bay-area-police-to-explain-policies/424502/

Carotid Control Hold – Vascular Neck Restraint utilized to produce unconsciousness

Choke Hold- Producing pressure on the windpipe to restrict air flow

Recommendation Highlights

- PERF (Police Executive Research Forum) has traditionally recommended the prohibition of any type of neck restraint, such as MPD's Carotid Control Technique, due to the limited occasions in which it is necessary/required, and the extensive training and skill required to perform it safely and effectively. Should MPD decide to continue the use of the Carotid Control Technique, MPD should ensure that it remains authorized at the level of lethal force, as is current practice, and that all officers are trained and tested yearly on the Carotid Control Technique.
- MPD should also remove the following language from the current definition, because it does not specify a situation in which lethal force would be justified: ***When a subject is actively assaulting an officer or another person and other control methods have been exhausted or the officer reasonably believes other methods would be ineffective***. This scenario may present confusion for members of the department as it conflicts with the directive in current policy that the Carotid Control Technique be considered a lethal force option.

Research Study

FORCE SCIENCE® INSTITUTE Ltd

https://aztroopers.org/enews/force-science-study-on-vascular-neck-restraint

For the first time, a scientific research team has used modern technology to confirm just how a vascular neck restraint works to produce unconsciousness. The findings emphatically refute assertions that this valuable control technique is inherently dangerous and potentially lethal.

"With the majority of subjects [in the study] rendered unconscious and, importantly, [with] no serious adverse events in our subjects, we conclude that VNR is a safe and effective force intervention,"
- Dr. Jamie Mitchell, "Mechanism of loss of consciousness during vascular neck restraint" *Journal of Applied Physiology,* 2012.

In 2007, the Canadian Police Research Centre issued a Technical Report that concluded that "while no restraint methodology is completely risk free, there is not medical reason to routinely expect grievous bodily harm or death following the correct application of the vascular neck restraint in the general population by professional police officers with standardized training and technique." -Chris Butler, a certified Force Science Analyst and Watch Commander with Calgary Police Service and Dr. Christine Hall, an emergency room physician, prominent researcher of in-custody deaths, and Force Science instructor.

Research Study

FORCE SCIENCE® INSTITUTE Ltd

https://aztroopers.org/enews/force-science-study-on-vascular-neck-restraint

The study involved 24 healthy police officer volunteers who ranged in age from 27 to 40. Three were female, none had a history of "relevant" medical problems (such as cardiac, respiratory, or cardiovascular diseases/disturbances), and all were free of medications.

The results "demonstrate that the [only] important mechanism causing unconsciousness during VNR is decreased cerebral blood flow due to bilateral carotid artery compression," the study team reports. Mitchell comments, "This did not come as a surprise. When the supply of blood-borne oxygen to the brain is cut off by at least 50%, the brain cannot sustain consciousness."

Blood pressure, heart rate, and heart function were not adversely affected during or immediately after VNR application....Nor was there any evidence that blood vessels in the back of the neck were shut off during VNR, which some critics have speculated could ultimately cause the heart to stop. "Carotid compression did not threaten to produce a stroke or suffocation or create a near-death experience..."
CAUTIONS: The principal risk is that an officer's hold on the neck may slip to the point that the forearm impacts the windpipe (needs to be properly trained and practiced) While the technique is considered safe in general, researchers recommend that as a precaution officers avoid its use with certain populations, except in life-threatening emergencies.

- **the elderly**
- **children**
- **persons with Down syndrome**
- **visibly pregnant women**

Current Policy

- **Carotid Control Technique:**

o This technique is authorized to be used by an officer whenever:

  - Deadly force is authorized; **OR**
  - When a subject is actively assaulting an officer or another person and other control methods have been exhausted or the officer reasonably believes other methods would be ineffective.

o Ensure medical attention is obtained as soon possible.

- **Deadly Force:**

o Force that is used with the purpose of causing death or serious physical injury or in the manner of its use or intended use is capable of creating a substantial risk of causing death or serious physical injury.

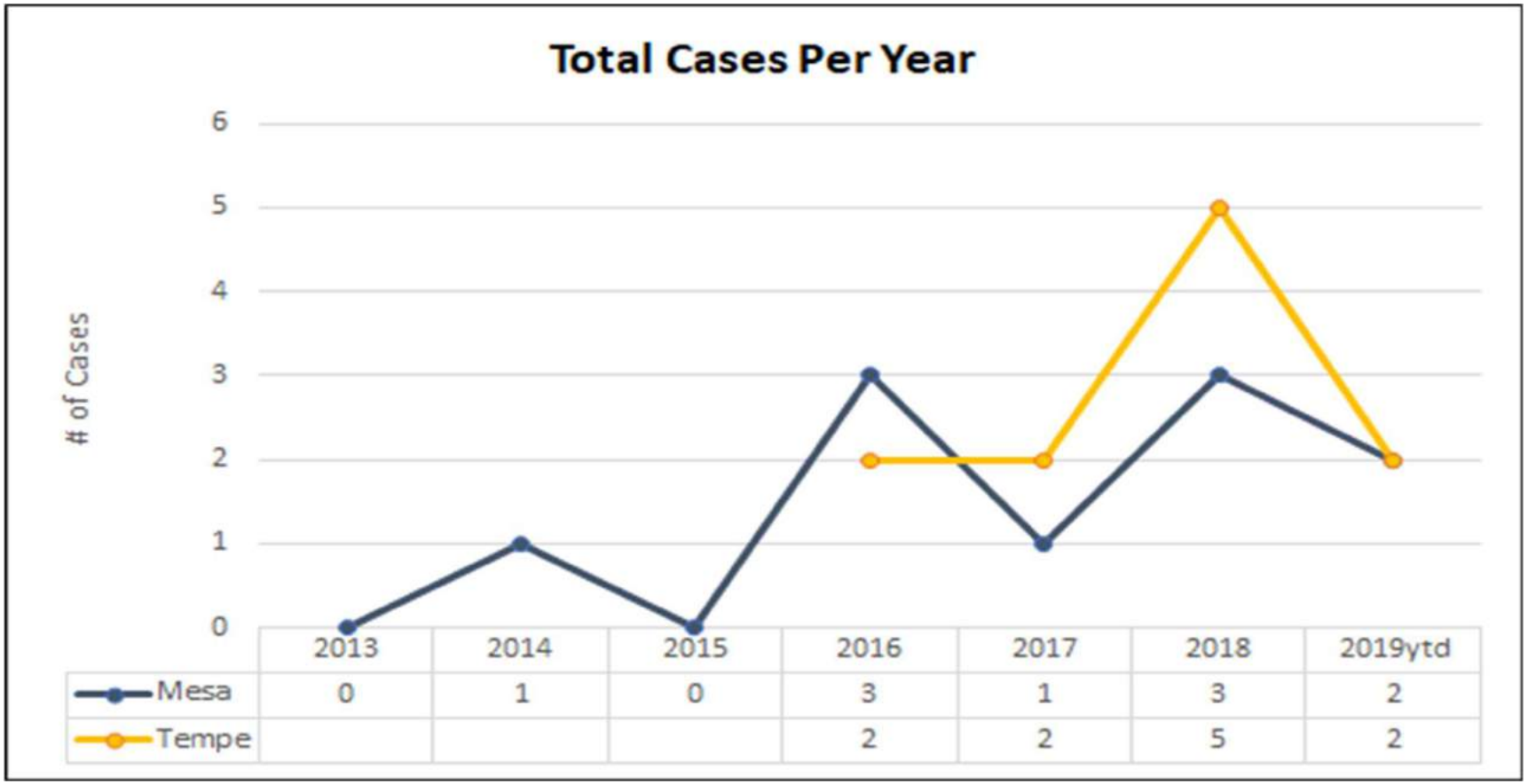
o While the use of a firearm is expressly considered deadly force, other force (vehicles, impact weapons, etc.) might also be considered deadly force if the officer reasonably anticipates that the force applied will create a substantial likelihood of causing death or serious physical injury.

Current Policy

PERF Study:

MPD's policy also includes the Carotid Control Technique as a lethal force option. PERF agrees with this classification of the technique as a lethal option, based upon language the U.S. Department of Justice has used in consent decrees with police agencies. Consent decrees for the City of Albuquerque and the City of New Orleans state that neck holds should be prohibited except when lethal force is authorized. Due to the potential safety concerns associated with the use of the Carotid Control Technique, the New York City Police Department and the Philadelphia Police Department have forbidden its use.

USE OF CAROTID BY YEAR AND COMPARISON AGENCY - 2013 TO 2019ytd

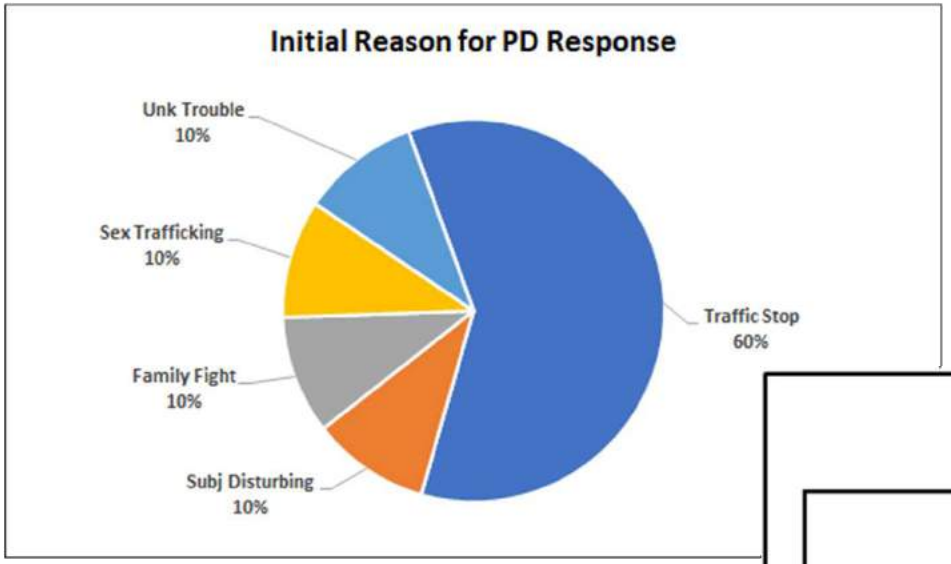


	2013	2014	2015	2016	2017	2018	2019ytd
Mesa	0	1	0	3	1	3	2
Tempe				2	2	5	2

Other Agency Information:

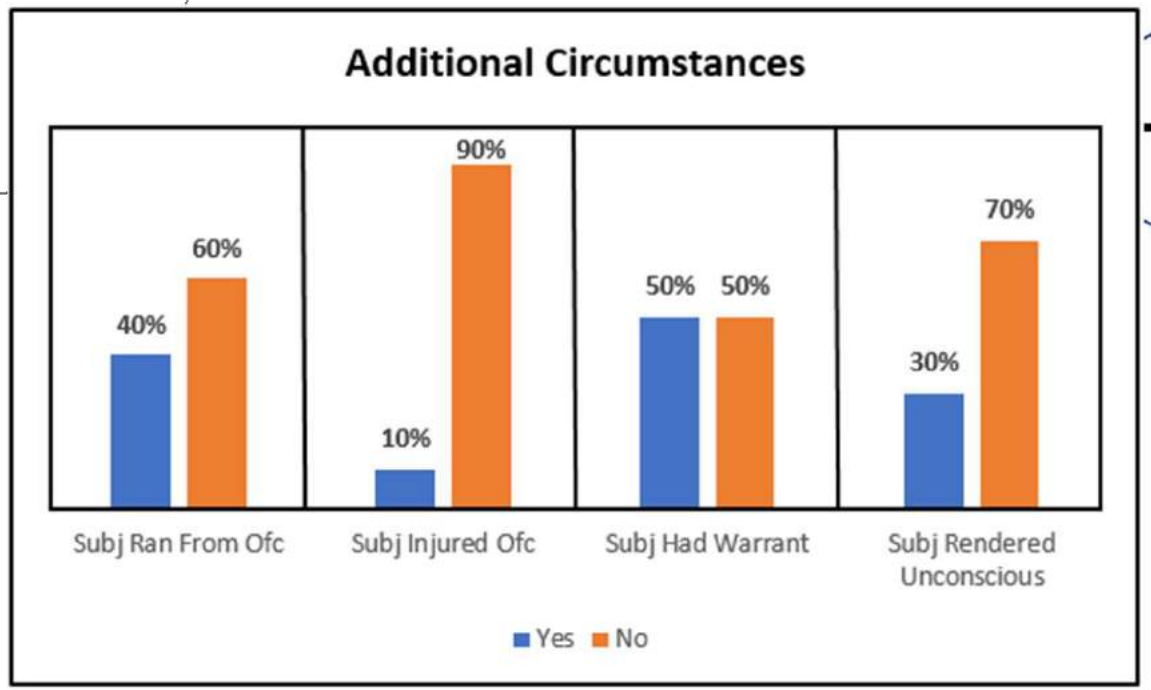
Scottsdale – No data available. Carotid not addressed in policy, but officers trained annually on technique.
Gilbert – Not used in past 8 years. Removed from policy and officers are no longer trained on technique.
Chandler – No data available.

MPD CAROTID USE - 2013 TO 2019ytd



- 100% of the subjects were actively assaulting officers before use
- Other uses of force were utilized prior to Carotid application

- Officers all reported a lengthy active assault, and fatigue as a factor.
- In many cases officers reported size, strength and fighting skill of the suspect as a factor



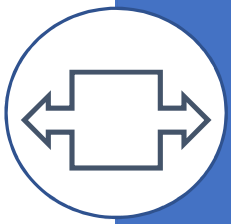
Pros and Cons

*Reasons **for** adopting the recommendation*

- *Current practice puts the Carotid Restraint at lethal force as recommended (Policy would need to reflect this)*
- *Department members are trained annually*
- *Removing the "OR" language clarifies the technique is for lethal force only*

*Reasons **against** adopting the recommendation*

- *Removes an effective safe force option for officers being actively assaulted and other alternative use of force has been or would be ineffective.*



Proposed Action

A - *Department wide prohibition of the Carotid Control Technique*

B- *Keep the Carotid Control Technique at Lethal Force with mandatory annual training, along with the language:* Deadly force is authorized; OR When a subject is actively assaulting an officer, or another person and other control methods have been exhausted or the officer reasonably believes other methods would be ineffective."

C -*Keep the Carotid Control Technique at Lethal Force with mandatory annual training, removing the language: "*When a subject is actively assaulting an officer, or another person and other control methods have been exhausted or the officer reasonably believes other methods would be ineffective."

Questions