



Use of Force Recommendation 26

Guidance for
*Prohibition of Neck
Restraint*



Agenda

- Recommendation Highlights
- Pros and Cons
- Discussion Points
- Committee Feedback
- Final Guidance



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.

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.

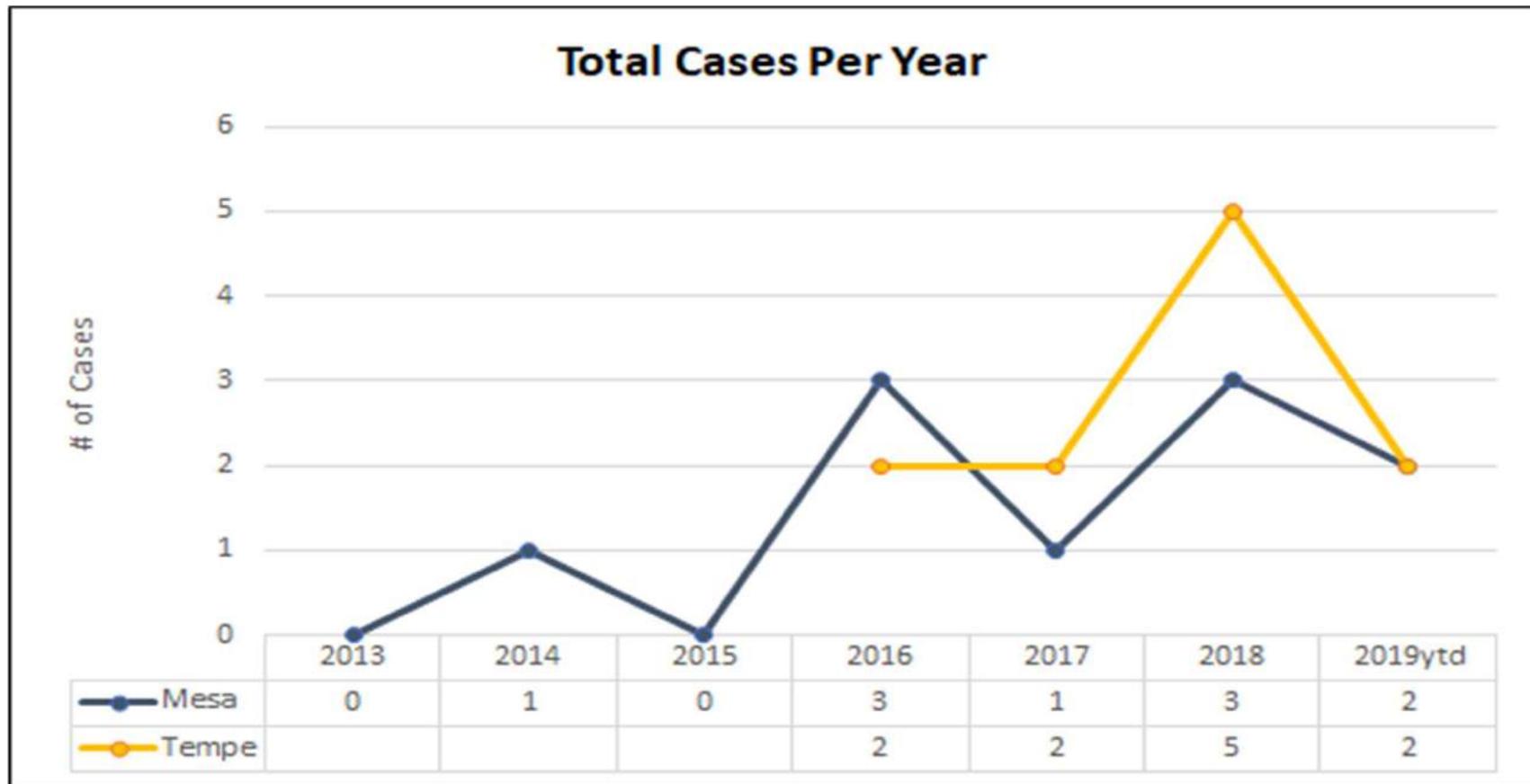
- **Deadly Force:**

- 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.



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



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.

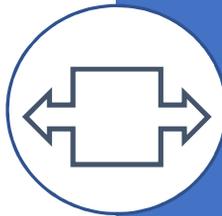
Pros and Cons

*Reasons **for** adopting the recommendation*

- *Current practice puts the Carotid Restraint at lethal force as recommended*
- *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.*



Committee Feedback

Topic	Recommendation
Research	Lack of current research on use of the technique in policing
Use	Would like to keep an option that is short of deadly force/shooting
Policy	Contradiction of safe technique but listed as deadly force in policy
Training	Static training vs. real life use. Keep regular training



JW2

Slide 7

JW2 approve or dismiss table
Jeffrey Wojnar, 10/3/2019

Final Guidance

- *Keep the Carotid Control Technique at Lethal Force*
- *Keep Mandatory annual training*
- *Revised language in policy of: When Deadly Force is authorized or*
 - *A subject's actions are likely to result in the death or serious bodily harm to the officer or another (Aggravated Active Aggression).*
 - *These actions may include: use of a firearm, use of blunt or bladed weapon, and extreme physical force.*



Questions