

## Carotid Restraint

### 345.1 PURPOSE AND SCOPE

This policy provides guidelines on the use and application of the carotid restraint control hold.

### 345.2 DEFINITIONS

- A. Definitions related to this policy include:
1. The carotid restraint control hold (carotid restraint) is a high level use of force technique that applies pressure to the sides of a person's neck. The pressure on the sides of the neck is designed to temporarily reduce the amount of oxygenated blood to the brain to render a person momentarily unconscious. An officer positioning arms or other body parts on the sides of a subject's neck and applying even moderate pressure, in an attempt to apply a carotid restraint, is considered to be an application of a carotid restraint.
  2. The bar arm restraint is a technique that applies direct pressure on, across or to the front of a person's throat, reducing or preventing their ability to breath air, and is not taught as a use of force technique by the SPD. Pressure to a person's throat can cause life threatening injuries. A carotid restraint and a bar arm restraint are not the same techniques. An officer who by design, purposely applies pressure to the throat of a person that could reduce or prevent a person from breathing air, or could crush, break, or tear the tissue of the throat, would be applying the equivalency of lethal force. Such force would have to be reasonably justified like any other lethal force application.
  3. SPD approved training is specific training provided by SPD staff that demonstrates and instructs officers on the proper use and application of a carotid restraint, and how to assure that the different elements of this policy are followed.

### 345.3 POLICY

- A. The proper application of the carotid restraint may be effective in restraining a person who is, at the time of application, physically violent and aggressively assaultive toward an officer or another person. The carotid restraint is designed to momentarily render such a person unconscious, allowing an officer to safely handcuff and control the subject. It is not designed to create or leave a serious injury. Similar to parameters with the location of baton strikes, PBWs, use of a Taser, and other force options, there are limitations with the carotid restraint. Due to the potential for injury, the use of a carotid restraint is subject to the following:
1. The officer shall have successfully completed the SPD approved training in the proper use and application of the carotid restraint.
  2. The carotid restraint is a high level use of force and may only be used when circumstances perceived by the officer at the time indicate that such application reasonably appears necessary to control a person in any of the following circumstances:

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- (a) The subject is, at the time of application, physically violent and aggressively assaultive toward an officer or another person.
  - (b) The subject, by words or actions, has demonstrated an intention and reasonably has the ability to be physically violent and aggressively assaultive toward an officer or another person.
  - (c) Other control or use of force options needed to address a physically violent and aggressively assaultive subject have failed or are inappropriate or are impractical.
3. A carotid restraint is not to be used against a person who is merely passively or assertively resistive (acting limp, simply not following directions, rigidly locking body parts, tightening muscle groups, trying to pull away from a control hold, shoving an officer a little off balance, slapping at an officer's hands, or similar action).
4. The application of a carotid restraint on the following individuals should largely be avoided unless the totality of the circumstances indicates that other available options reasonably appear ineffective, or would present a greater danger to the officer, the subject, or others, and the officer reasonably believes that the need to control the individual outweighs the risk of applying a carotid restraint:
  - (a) Females who are known to be pregnant
  - (b) Elderly or Juvenile individuals (taking into consideration any reasonably known physical development or health issues)
  - (c) Handicapped individuals (taking into consideration any reasonably known physical development or health issues)
5. Any individual who has had the carotid restraint applied, regardless of whether or not they were rendered unconscious, shall be promptly examined by paramedics or other qualified medical personnel.
6. The officer shall inform any person receiving custody, or any person placed in a position of providing care to the suspect, that the individual has been subjected to the carotid restraint, whether or not the subject lost consciousness as a result, the time of application, and of any other health or safety concerns.
7. Any officer applying or attempting to apply the carotid restraint, where squeezing pressure of the neck has been applied, shall promptly notify a supervisor of the use or attempted use of the carotid restraint. Notification to a supervisor shall occur prior to any release or booking of the person. The supervisor shall assure all requirements of this policy and the Use of Force Policy, Lexipol 300, are adhered to.
8. The use or attempted use of the carotid restraint shall be thoroughly documented by the officer in their police report. The police report shall include, at a minimum, the reason the carotid restraint was applied, the manner in which it was applied, whether or not the person lost consciousness, and if so for how long, actions of the person before, during and after application, and what first aid actions were taken.

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9. The carotid restraint shall only be referred to as the carotid restraint or the carotid restraint control hold in police reports, other SPD writings, statements, or testimony.

#### **345.4 FIRST AID AT SCENE**

- A. Officers applying or attempting to apply the carotid restraint or officers witnessing the application or attempted application of a carotid restraint shall assure first aid is promptly rendered.
  1. Check for breathing and heart beat (pulse) at the scene. The pulse should be checked at a location other than the neck.
  2. Administer first aid promptly as required.
  3. The use or attempted use of a carotid restraint shall bring with it the continuous monitoring of the individual by an SPD officer or qualified medical professional for a minimum of two hours after application of the carotid restraint.
  4. When a carotid restraint has been applied whether or not the the technique was fully applied, or whether or not the person was rendered unconscious, a medical clearance shall be obtained prior to transfer of custody of any arrestee, detainee, or person submitted to another agency or organization (jail, adult or juvenile custodial or mental health facility, etc.)
  5. If a carotid restraint control hold has been applied to a person or it was attempted to have been applied to a person and the person is transferred to another agency or organization (jail, adult or juvenile custodial facility, hospital, medical, or mental health facility, etc.) the officer who applied the carotid restraint shall notify, or cause the other agency or organization to be notified, that the carotid restraint technique was applied to the person, the time the technique was applied, whether or not the person was rendered unconscious, and of any other known medical or safety issues.

#### **345.5 POLICY ISSUANCE OR REVIEW**

03/25/2024 - Reviewed by Commander Kaleb Allred - SP009

04/10/2025 - Reviewed by Commander Manuel Amado - SP012