



# *San Diego Community College District Police Department Policy and Procedures*

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## 4.03 CAROTID RESTRAINT

EFF. 10/01/19

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### **I. PURPOSE**

This Department procedure establishes guidelines on the use of the carotid restraint.

### **II. SCOPE**

This procedure applies to all members of the Department.

### **III. DEFINITIONS**

Carotid Restraint – a method of rendering a subject unconscious by compressing the sides of the neck where the carotid sheaths are located.

### **IV. GENERAL PROCEDURES**

The approved method of compressing the carotid sheaths is to encircle the neck with the arm so that the inner blades of the forearm and bicep areas compress the sides of the neck. The arm forms a "V" position around the neck, with the officer's elbow in front of the subject's windpipe. Pressure is not applied to the windpipe. The subject's head is usually stabilized in this position by the officer placing his/her head against the back of the subject's head and pushing the subject's head into the "V." Other methods exist to apply pressure to the carotid sheaths, and those methods should generally conform to the above description. Any variation of the approved technique must comply with Department Procedure 4.01, Use of Force.

A. The carotid restraint may be used on subjects who are actively resisting or are assaultive (refer to Department Procedure 4.01, Use of Force). The hold should only be used to render the subject unconscious in order to allow the officer to gain control of that subject. Any other use of a neck restraint will be evaluated in accordance with Department Procedure 4.01, Use of Force.

B. Caution shall be used in applying the carotid restraint. Officers shall take reasonable precautions to ensure that the hold does not slip into a bar-arm trachea/windpipe choke hold. If the hold cannot be applied correctly, the officer

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shall not attempt the hold. If the hold slips from proper form, the officer shall make the necessary adjustments for proper application or discontinue the hold.

C. Whenever possible, the carotid restraint should be applied as a "two-officer" technique. In addition to regular cover duties, the second officer is responsible for observing the application of the hold to ensure it is correctly placed and the time parameters are met. The second officer shall monitor the subject's level of consciousness and let the contact officer know if the subject loses consciousness.

D. Absent exigent circumstances, the hold should be maintained until loss of consciousness occurs. If the subject is still conscious after 30 seconds, the officer shall release pressure on the neck and go to another force option.

E. Absent exigent circumstances, the carotid restraint shall not be used on an individual more than twice during a 24-hour period.

F. If the subject loses consciousness while standing, the officer shall move to the kneeling restraint position to avoid injury.

#### G. Medical/Transportation Requirements

1. As soon as the subject stops resisting and is handcuffed, the officer shall monitor the subject's vital signs closely. The following first aid shall be administered:
  - a. Roll the subject onto his/her side or into a sitting position;
  - b. Monitor breathing, and if necessary, establish an airway;
  - c. Check the pulse at the wrist;
  - d. Check the subject's facial skin color (gray or blue tint is a sign of severe medical distress); and,
  - e. Determine if the subject is functionally conscious (exhibiting voluntary movement, ability to converse, and awareness of place, time, and date).
2. If the subject has difficulty breathing, is not at a functional level of consciousness, exhibits symptoms of medical distress, or if the officer has any doubt regarding the subject's medical condition, the officer shall call for paramedics and render appropriate first aid.
3. A subject who has been rendered unconscious through the use of the carotid restraint shall be transported to a contract hospital for medical examination prior to

final disposition.

- a. The decision to transport the subject by police vehicle or to call paramedics to the scene should be based on the officer's judgment as to which option will provide the fastest access to advanced life support and professional medical care, given the specific circumstances of the incident.
  - b. Any subject who was rendered unconscious by means of a carotid restraint shall be transported by two officers or by paramedics. If the subject is transported in a police vehicle, two officers shall make the transport with the passenger officer monitoring the subject's breathing, skin color, and level of consciousness through observation and conversation. If paramedics transport the subject, at least one officer must ride with the paramedics.
  - c. If a medical problem arises during transport, officers shall either call paramedics to the scene and render appropriate first aid until they arrive, or transport the subject to the nearest emergency medical facility while rendering appropriate first aid.
4. Officers shall keep a subject who has been rendered unconscious under constant observation for at least two hours or until final disposition of the subject after medical clearance. Officers should continue to closely monitor the subject while in police custody.

#### H. Documentation/Notifications

1. Officers shall notify a supervisor as soon as practical whenever they render a subject unconscious by means of a carotid restraint. The supervisor shall notify the on-duty supervisor when a medical problem or injury has occurred.
2. Officers who admit a subject who was rendered unconscious into any detention or medical facility shall notify the person taking custody that a carotid restraint hold was applied, and the subject was rendered unconscious.
3. Officers shall document the use of the carotid restraint in accordance with Department Procedure 4.01, Use of Force.