

Event 2 – Force Options – ARCON
Session 23 – Carotid Restraint Control Hold
LD 33 – Arrest and Control

Date Revised: 11/06/19

Event Goal: To teach recruit officers when and how to use reasonable force.

Session Goal: To teach recruit officers how to use a carotid restraint control hold.

Learning Objectives:

- Discuss the justification for using the carotid restraint control hold [33.IV.A]
- Describe factors which cause unconsciousness and physiological responses when a carotid restraint control hold is applied, to include:
 - Structures of the human neck [33.IV.B.1]
 - Breathing [33.IV.B.2]
 - Circulation [33.IV.B.3]
- Demonstrate the prescribed application of the carotid restraint control hold [33.IV.C]
- Describe potential effects associated with the improper application of a carotid restraint control hold, to include:
 - Physiological responses a subject may experience [33.IV.D.1]
- Demonstrate procedures for handling a subject after a carotid restraint control hold has been applied [33.IV.E]
- Explain procedures regarding medical care after a carotid restraint control has been applied [33.IV.F]
- The student will demonstrate an understanding of how our Department's guiding value of Reverence for Human Life is the moral and ethical foundation of de-escalation, tactics, reasonable force, and officer safety.
- By the conclusion of the training, students will understand how the application of this training is in keeping with our Department's UOF policy, philosophy and tactical planning.

Session Time: 3 hours

Resources: <ul style="list-style-type: none">• Mat room• Classroom with tables• First aid kit/AED	
Session Summary: The module will begin with a facilitated discussion of the history, policy, and physiological effects of the carotid restraint control hold, as well as reverence for human life and de-escalation policy. Next, the students will practice the application of the carotid.	
Outline	Instructor Notes

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<p>I. Carotid restraint control hold [1]</p> <p>A. Introduction</p> <ol style="list-style-type: none"> 1. The carotid restraint control hold is a technique that uses continuous lateral compression of the carotid arteries to render a suspect unconscious 2. Officers can use it without the aid of any tools 3. It is effective even for a smaller statured officer against a larger opponent <p>B. Law and Policy [2][33.IV.A]</p> <ol style="list-style-type: none"> 1. AB 392 Summary <ol style="list-style-type: none"> a. Deadly force definition <ol style="list-style-type: none"> 1) Any use of force that creates a substantial risk of causing death or serious bodily injury 2) Including, but not limited to, the discharge of a firearm b. Imminent <ol style="list-style-type: none"> 1) A threat of death or serious bodily injury is considered imminent when 2) Based on the totality of the circumstances 3) A reasonable officer in the same situation would believe that a person has <ol style="list-style-type: none"> a) The present ability b) Opportunity c) And apparent intent 4) To immediately cause death or serious bodily injury 5) To the peace officer or another person c. Totality of the circumstances <ol style="list-style-type: none"> 1) All facts known to the officer at the time 2) Including the conduct of the officer and the subject leading up to the use of deadly force d. Serious bodily injury – 243(f)(4) P.C. [3] <ol style="list-style-type: none"> 1) Loss of consciousness 2) Concussion 3) Bone Fracture 4) Protracted loss or impairment of any bodily member or organ 5) A wound requiring extensive suturing 6) Serious disfigurement e. Necessity of using deadly force 	<p>Facilitated discussion (in classroom, 30 minutes):</p> <p>[1] Ask – What is the carotid restraint control hold?</p> <ul style="list-style-type: none"> • Discuss – History of the technique • Ask – How does objective reasonableness apply to the use of the carotid restraint control hold? <p>[2] Ask - What is LAPD policy regarding the use of the carotid restraint control hold and what does AB 392 say about the necessity for using deadly force?</p>
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<ul style="list-style-type: none">1) Peace officers may use deadly force only when necessary in defense of human life2) Officers shall evaluate each situation considering the circumstances of each case3) Officers shall use other available resources and techniques if reasonably safe and feasible to an objectively reasonable officerf. Justification for deadly force<ul style="list-style-type: none">1) A peace officer is justified in using deadly force upon another person only when2) The officer reasonably believes3) Based on the totality of the circumstances4) That such force is necessary for either of the following reasons:<ul style="list-style-type: none">a) To defend against an imminent threat of death or serious bodily injury to the officer or to another personb) To apprehend a fleeing person for any felony that threatened or resulted in death or serious bodily injury if the officer reasonably believes that the person will cause death or serious bodily injury to another unless immediately apprehendedg. Suicidal subjects<ul style="list-style-type: none">1) A peace officer shall not use deadly force against a person based on the danger that person poses to themselves2) If an objectively reasonable officer would believe the person does not post an imminent threat of death or serious bodily injury to the peace officer or another personC. Effects on the body<ul style="list-style-type: none">1. Structures of the neck [33.IV.B.1]<ul style="list-style-type: none">a. Carotid arteries<ul style="list-style-type: none">1) Supply 70-80% of the oxygenated blood to the brain	<p>[3] Ask - What are the elements of 243(f)(4) PC and how do they govern the use of the carotid restraint control hold?</p>
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<ul style="list-style-type: none"> 2) The other 20% is supplied by vertebral arteries b. Jugular vein <ul style="list-style-type: none"> 1) Parallel to the carotid artery 2) Carries blood away from the brain c. Vagus nerve <ul style="list-style-type: none"> 1) Runs parallel to the carotid artery 2) Regulates the heart and lungs d. Trachea [4] <ul style="list-style-type: none"> 1) Windpipe 2) Extends from the larynx <p>2. Causes of unconsciousness [5]</p> <ul style="list-style-type: none"> a. Carotid artery compression [33.IV.B.3] <ul style="list-style-type: none"> 1) As blood flow is impeded, pressure increases in the vertebral arteries 2) Is not the sole cause of unconsciousness b. Jugular vein compression <ul style="list-style-type: none"> 1) May cause vascular congestion in the head and neck 2) May result in unconsciousness c. Vagus nerve compression <ul style="list-style-type: none"> 1) May slow the heart rate and reduce blood pressure 2) Alone will not cause unconsciousness as quickly as carotid and venous compression 3) May be an element of unconsciousness d. Inability to breathe is not a cause of unconsciousness with a properly applied carotid [33.IV.B.2] <p>3. Factors to consider</p> <ul style="list-style-type: none"> a. Time [6] <ul style="list-style-type: none"> 1) The average person may be rendered unconscious within a matter of seconds (8-15 on average) 2) Generally regain consciousness within seconds (10-20 average) 3) Hold should be released as soon as unconsciousness is detected or the threat no longer exists 4) Alcohol and depressants may cause unconsciousness to come faster 5) Stimulants may cause unconsciousness to take longer b. Possible side effects [7] 	<p>[4] Ask - What is the difference in compressing the carotid arteries vs the trachea?</p> <p>[5] Ask - How does the carotid restraint control hold cause a person to lose consciousness?</p> <p>[6] Ask - How long should it take to render a person unconscious with a carotid restraint control hold?</p> <p>[7] Ask - What are some of the physiological responses associated with</p>
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<ol style="list-style-type: none"> 1) Convulsions 2) Vomiting 3) Drooling 4) Nose bleeds 5) Burst capillaries in eyes 6) Staring with glazed eyes 7) Loss of bowel or bladder control 8) Disorientation 9) Reduced blood pressure, pulse rate, respiratory rate <p>4. Improperly applied carotid restraint control hold [8][33.IV.D.1]</p> <ol style="list-style-type: none"> a. If applied for more than 1 minute irreversible brain damage may occur [9] b. Jerking the neck could lead to a neck injury c. Pressure to the trachea will take much longer to render the suspect unconscious, possibly allowing for escape or the need to use a higher level of force d. Pressure should be applied laterally to the sides of the neck for the quickest control of the individual and the situation <p>D. Follow-up actions [10][33.IV.E][33.IV.F]</p> <ol style="list-style-type: none"> 1. Release the hold 2. Handcuff the suspect 3. Check vital signs 4. Administer first aid if necessary 5. Conduct a search 6. Call an RA and a supervisor 7. Advise a supervisor and custodial and medical personnel that the hold was applied 8. Monitor the victim for 2 hours or until turned over to another authority 9. Document medical clearance <p>E. Reverence for human life [11]</p> <ol style="list-style-type: none"> 1. Guiding principle in any use of force situation 2. It is both moral and ethical to place the highest value on human life 3. Not policy, but a philosophy for how to approach police work 4. Consistent with the department’s mission, vision, and values 5. Helps build public trust 6. Using tactical de-escalation techniques and reasonable force demonstrates this principle <p>F. Tactical de-escalation policy [12]</p>	<p>the use of the carotid restraint control hold?</p> <p>[8] Ask - What are the dangers of improperly applying the carotid restraint control hold?</p> <p>[9] Ask - How long does it take to cause irreversible brain damage?</p> <p>[10] Ask - What notifications do you need to make after the use of the carotid restraint control hold?</p> <p>[11] Ask – How can using a carotid restraint control hold demonstrate a reverence for human life?</p> <ul style="list-style-type: none"> • Give some examples of when it would be reasonable to use a carotid restraint control hold. • Give an example of when it would not be reasonable to use a carotid restraint control hold. <p>[12] Ask – What is the department policy on attempting to de-escalate prior to using force?</p>
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<ol style="list-style-type: none"> 1. Officers shall attempt to control an incident 2. By using time, distance, communications, and available resources 3. To de-escalate the situation 4. Whenever it is safe and reasonable to do so <p>G. Preparation drill [13]</p> <ol style="list-style-type: none"> 1. Key points [33.IV.C] <ol style="list-style-type: none"> a. Wrap your partner’s neck and align your elbow with your partner’s chin b. Grab your shirt at the shoulder or your opposite bicep with the controlling arm c. Lock in the carotid by shooting the non-controlling arm behind your partner’s head d. Ensure that the non-controlling arm is on top of the controlling arm e. If applying a full carotid, use a thumbless palm to palm grip f. Keep your head down opposite of the controlling arm g. Adjust your partner’s chin if necessary h. Squeeze using your back muscles i. Breathe during the squeeze and expand your chest j. Can be applied with either arm k. Partner should tap when they feel continuous pressure to the carotid arteries 2. Common mistakes <ol style="list-style-type: none"> a. Excessive movement in any direction b. Too much arm strength, not enough back c. Forearm across the throat d. Placing the controlling arm on top of the non-controlling arm in the locked carotid <p>H. Carotid restraint control hold application from back control [14]</p> <ol style="list-style-type: none"> 1. Key points [33.IV.C] <ol style="list-style-type: none"> a. Achieve a back-mount position with an over/under grip b. From the primary side, first trap the suspect’s top arm with your underhooked hand c. Apply the carotid in the same manner as during the preparation drill d. From the support side, grab the suspect’s shoulder with your overhooked hand 	<ul style="list-style-type: none"> ➤ Go to the mat room ➤ Warm up and stretch (prior to each session) ➤ Note: All instructor notes regarding the number of repetitions may be modified by the instructor based on the needs of the students, to achieve proficiency. <p>[13] Demonstrate and drill – Carotid restraint control hold</p> <ul style="list-style-type: none"> • Demonstrate • Break down key points and common mistakes • Preparation drill with suspects sitting and officers behind them <ul style="list-style-type: none"> ○ Start slow, one step at a time (6-8 reps per step) ○ Ensure that the students understand how to “tap out” ○ Combine steps until the students are fluid in their technique ○ Allow students to practice on their own with increasing speed (8-10 reps per side) <p>[14] Demonstrate and drill – Carotid restraint control hold – application from back control</p> <ul style="list-style-type: none"> • Demonstrate • Break down key points and common mistakes • Ensure that the students understand how to “tap out” • Drill from back control with hooks in, both sides (8-10 reps per side) • Flow (3-5 reps) <ul style="list-style-type: none"> ○ Clinch ○ Body fold takedown ○ Take the back from mount
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<ul style="list-style-type: none">e. Using your top hook and top hand, pull the suspect’s weight up slightly, to remove your bottom, underhooked armf. Wrap the suspect’s neck with your support side arm, ensuring that it wraps the suspect’s neck below your primary armg. If applying a full carotid, use a thumbless palm to palm griph. Keep your head down opposite of the controlling armi. Adjust your partner’s chin if necessaryj. Squeeze using your back musclesk. Breathe during the squeeze and expand your chestl. Can be applied with either armm. Continually assess for unconsciousnessn. Release the hold once unconsciousness is detected <p>2. Common mistakes</p> <ul style="list-style-type: none">a. Excessive movement in any directionb. Too much arm strength, not enough backc. Forearm across the throatd. Placing the controlling arm on top of the non-controlling arm in the locked carotid	<ul style="list-style-type: none">○ Carotid restraint control hold● Flow (3-5 reps)<ul style="list-style-type: none">○ Trap and roll escape (suspect is punching or choking the officer to kill the officer)○ Open guard pass○ Take the back from mount○ Back control○ Carotid restraint control hold
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