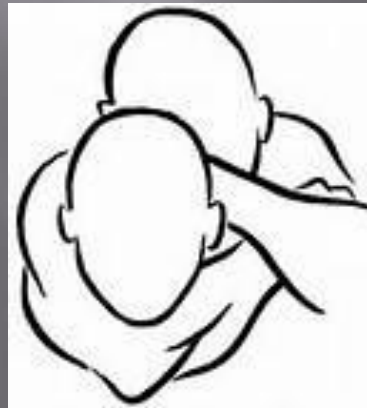


BACK TO BASICS CAROTID RESTRAINT



2019

FCPD DT Staff

General Orders

- *FPCPD Policy # 300 – Use of Force*
- *FPCPD Policy # 300.3.4 – Carotid Control Hold*
- *Report must be written to document use of carotid restraint.*
- *FPCPD Resistance Management Survey*

Legal Considerations

- *Burns v Honolulu (1982) - Responsibility to provide first aid after applying carotid restraint. Officers partially exonerated.*
- *Scott v. Henrich, 39F.3d 912 (9th Cir. 1994); Forrester v. San Diego, 25F.3d 804 (9th Cir. 1994) - An officer is not required to use the "least intrusive alternative," but rather is required to use that force which is reasonable under the circumstances*

Legal Considerations (cont.)

Tennessee v Garner

The Memphis Police Department was dispatched to answer a burglary call. One officer went behind the house and witnessed someone running across the yard. The fleeing suspect stopped at a fence. Using his flashlight, the officer could see the suspect's face and hands, and was reasonably sure that Garner was unarmed. The officer ordered the suspect to halt as the suspect began to climb the fence. Believing the suspect would flee if he made it over the fence, the officer shot him.
(Shot because fleeing felon)

Graham v Connor

Graham, a diabetic, asked his friend to drive him to a convenience store to purchase orange juice to counteract the onset of an insulin reaction. Upon entering the store and seeing the number of people ahead of him, Graham hurried out and asked Berry to drive him to a friend's house instead. Connor, a city police officer, became suspicious after seeing Graham hastily enter and leave the store, followed Berry's car, and made an investigative stop, ordering the pair to wait while he found out what had happened in the store. Respondent backup police officers arrived on the scene, handcuffed Graham, and ignored or rebuffed attempts to explain and treat Graham's condition. During the encounter, Graham sustained multiple injuries.
(Reasonableness)

Types of Carotid Restraints

Respiratory Restraint - Characterized by an inability to breathe or talk as a result of pressure being applied directly to the trachea.

Vascular Restraint - Characterized by occluding the vascular system that supplies blood to and from the brain.

Respiratory Restraints

- ▣ Bar Arm Choke
- ▣ Japanese Choke (aka. Figure Four Choke)
- ▣ Guillotine Choke
- ▣ C-Clamp Choke (aka. Tiger Claw)
- ▣ Lapel/Collar Choke

Bar Arm Choke



Direct frontal pressure application to the throat / trachea which induces unconsciousness through suffocation. Causes pain.

Japanese Choke aka Figure Four

Similar to Bar Arm Choke but with the addition of forward pressure to the rear of the head.



Guillotine Choke

Similar to Bar Arm Choke but done from a while standing with subject bent forward.



GROUND GRAPPLING—BASIC FINISHING MOVES

GUILLOTINE CHOKE

Often an opponent will attempt to charge the fighter and will present his neck during the tackle. The Guillotine Choke allows the fighter to present defense to the takedown.

As opponent charges...



Direct opponent's head underneath one of your arms.



Wrap your arm around opponent's head.



(1) As your opponent charges your legs, direct his head underneath one of your arms, and take a step back.

(2) Wrap your arm around your opponent's head and under his neck.

C-Clamp Choke aka Tiger Claw

Technique of grabbing front of throat with one's hand and applying pincer like pressure to throat.



Lapel or Collar Choke

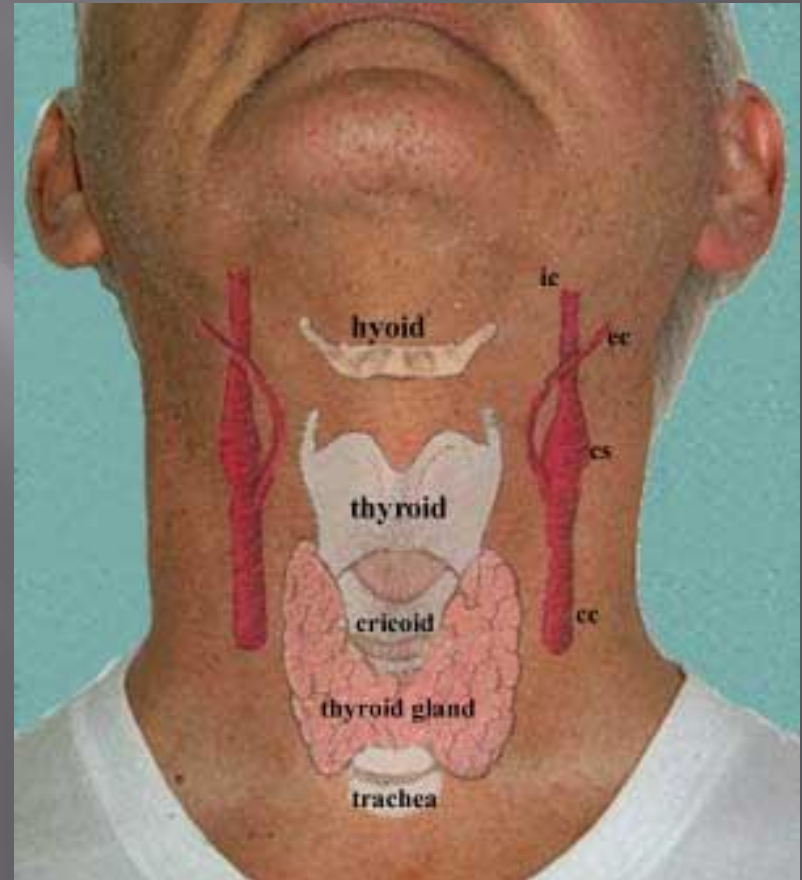
Technique originating in marital arts and uses clothing to apply pressure across the throat.



Hazards of Respiratory Restraints

*Fractures to the Hyoid,
Thyroid Cartilage,
Cricoid or Trachea
Ring*

*Most deaths attributed
to Neck Restraints are
due to respiratory
restraints.*



Vascular Restraints

Lateral Vascular Neck Restraint
(clinical)

Lateral Vascular Neck Restraint
(locked)

LVNR

Pressure is applied to both sides of the neck with the trachea and throat being protected in the crook of the elbow. Pressure applied by squeezing the forearm and bicep together.



LVNR (locked)

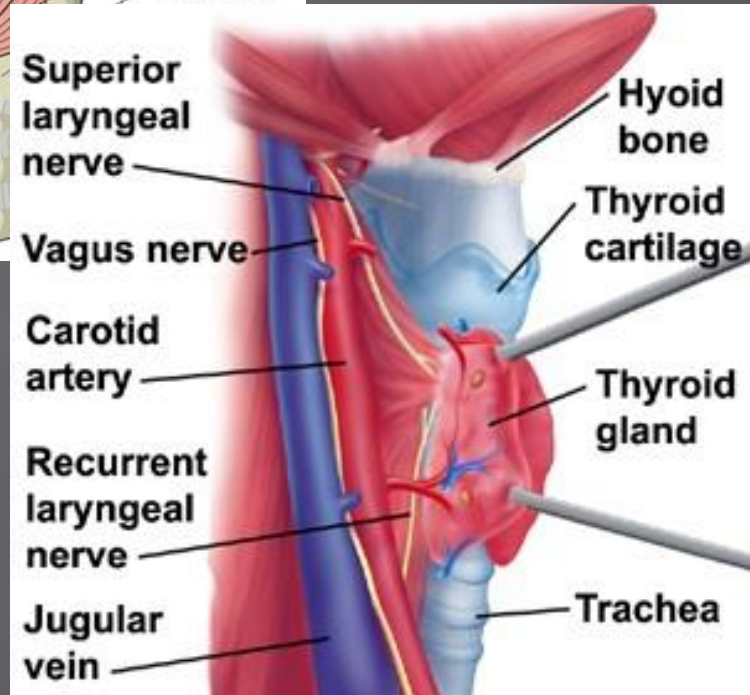
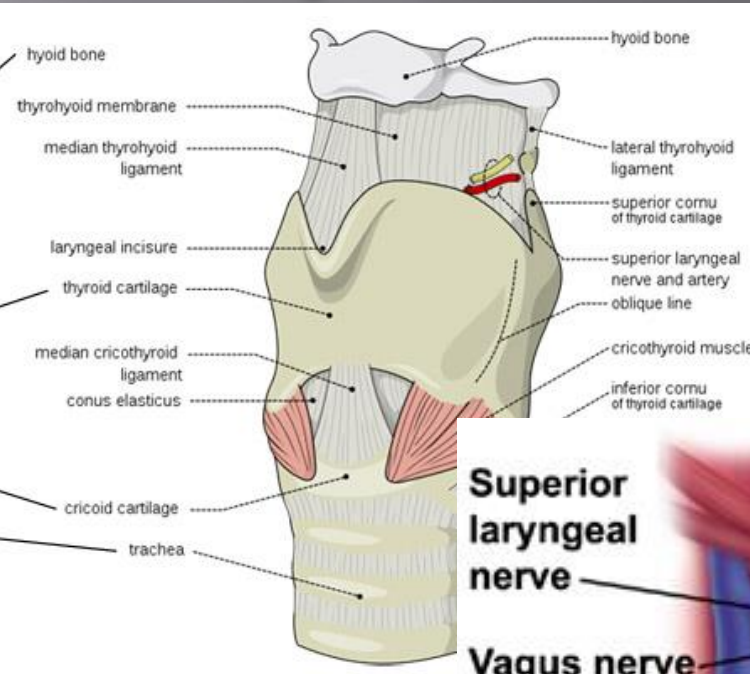
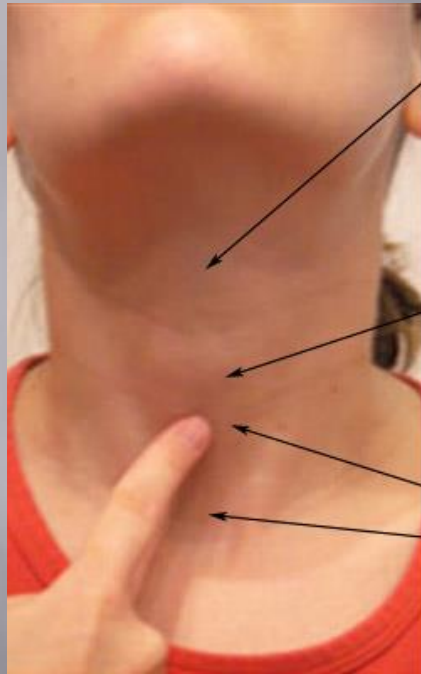
Pressure is applied to both sides of the neck with the trachea and throat being protected in the crook of the elbow. Pressure applied by squeezing the forearm and bicep together. With the addition of the applicer's second arm locking the restraint into position.



How LVNR works

- Carotid Occlusion/Vascular Congestion - Restricts oxygenated blood to brain through the carotid arteries.
- Carotid Sinus/Vagus Stimulation – Carotid Sinus and Vagus Nerve run parallel to Carotid Artery and regulate heart rate which affects blood pressure. Stimulus lowers heart rate and decreases blood pressure.
- Venous Compression – Restricts blood flow from the brain. Veins run parallel to the arteries and are compressed during application. Causes “flush” look to face.
- Valsalva Maneuver – increase of “pressure” which restricts blood flow from the heart.

Anatomy of the Neck



Effects of the LVNR

- *Average person to lose consciousness in 3-12 seconds*
- *Average person to regain consciousness approximately 30 to 40 seconds after release.*
- *Potential side effects*
 - Loss of bowel or bladder control
 - Unconsciousness
 - Convulsions
 - Vomiting
 - Bloody nose
 - Blood in the eyes (Pitichea)

Precautions

- *Should not be applied for longer than 30 seconds (unless deadly force is reasonable)*
- *Frontal pressure should NOT be applied (Respiratory Restraint)*
- *Do not jerk or tilt suspect's head*
- *Do not apply pressure to the back of the suspect's head or neck*
- *Generally should not be applied more than twice in a 24-hour period (unless necessary/justifiable)*

Goal of the LVNR

The suspect complies

or

The suspect is rendered unconscious

Application of LVNR

- *Suspect in seated position*
- *Officer kneeling behind suspect*
 - *Officer to use strong arm to apply restraint*
- *Elbow in line with front of suspect's throat (pointing toward the ground)*
- *Officer's toes curled under (avoid foot injury if pushed back)*
- *Knees wide for stable base*
- *Turn face away from suspect (protect nose and eyes)*
 - *Weak hand may be used to assist in maintaining pressure*

Post Application

- *Handcuff immediately*
- *Roll suspect on to their side*
- *Search*
- *Monitor vital signs*
 - *Provide necessary first aid*
- *Note time carotid was applied*
- *Contact EMS*
- *Medical clearance prior to booking*

Rendered Unconscious

- Protect suspect's face
- Officer uses weak hand to grab suspect's same side hand (used for controlled roll)
- Roll to officer's strong side, to prone
- Twist lock on far wrist
- Control other arm with officer's weak side leg (officer's strong side leg resting on suspect)
- Hand cuff
- Search small of back
- Roll on to side
- Check vitals

Take Downs

- Hair pull
- Knee kick
- Common Peroneal – Thigh Stun

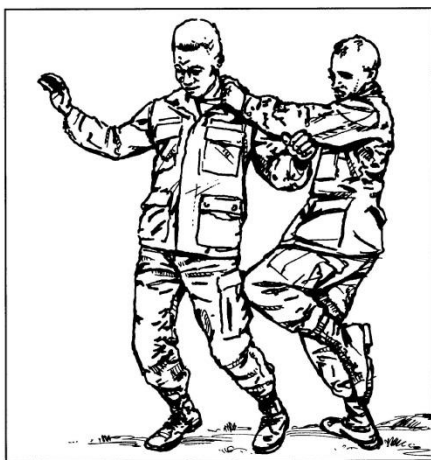


Figure 4-24. Knee to outside of thigh.



Figure 5-6. Shin kick to common peroneal nerve.

Questions?