

Memorandum

TO: ALL DEPARTMENT PERSONNEL

FROM: Anthony Mata
Chief of Police

**SUBJECT: DUTY MANUAL REVISIONS:
CAROTID RESTRAINT AND
CHOKE HOLD**

DATE: January 24, 2022

APPROVED

Memo# 2022-001

BACKGROUND

On September 30, 2020, the Governor signed [Assembly Bill 1196 \(link\)](#) into law, adding Government Code section 7286.5. The Government Code now states that no law enforcement agency in California may authorize the use of a carotid restraint or choke hold. A review of the Duty Manual discovered changes were necessary to comport with the addition.

ANALYSIS

The Duty Manual has been revised to reflect changes described below. Additions are shown in *italics and underlined*. Deletions are shown in ~~strike-through~~ form.

L 2603 FORCE OPTIONS POLICY: *Revised 01-24-22*

All officers have a number of force options available for use in those situations where force is reasonably necessary. Those situations can include but are not limited to:

- Subduing or arresting a physically threatening or assaultive person.
- Instances that threaten the safety of an officer or other person.
- Stopping a person who is attempting to flee or escape a lawful detention/arrest.
- When directing, controlling, or escorting resistive or physically uncooperative persons.

There is no requirement that the person actually has to strike or attempt to strike an officer to be considered physically threatening or assaultive, so long as an objectively reasonable officer has sufficient information (verbal threats, verbal defiance, physical stance, etc.) to believe that a person is physically threatening and has the present ability to harm the officer.

The degree of force used by an officer is directly related to the facts and circumstances encountered by that officer. Force options currently available to officers include, but are not limited to:

Voice Commands	Chemical Agents
Physical Contact / Control Holds / Takedowns	Impact Weapons (Refer to Section S 1124 and S 1143)
Electronic Control Weapons or Electronic Restraint Transportation Belt (ERTB)	Police Service Dogs (canines)
Carotid restraint	Police Vehicles
Projectile Impact Weapons (if available)	Deadly force

L 2605.5 COMMAND OFFICER'S RESPONSIBILITY BY USE OF FORCE CATEGORY:

Revised 01-24-22

In order to provide a standardized and comprehensive force review process, the Department has categorized its use of force. A Department member's use of force falls into one of four categories. Each category of force requires a different level of review based on the level of force utilized or the seriousness of the injuries sustained as a result of the force. The process of Command Review may be utilized for Category (II) uses of force and shall be utilized for the Category (III) uses of force.

For the purposes of Command Review, the Department's Use of Force categorization is as follows:

CATEGORY (I) USE OF FORCE
1. Any use of force not listed in Categories II, III, or IV, that causes a minor injury or a complaint of pain
CATEGORY (II) USE OF FORCE
1. Electronic Control Weapons deployments (probe & drive stun)
2. Impact weapons (not to the head)
3. OC Spray
4. Projectile impact weapons (where up to 4 rounds strike the suspect)
CATEGORY (III) USE OF FORCE
1. Impact weapon or Projectile Impact Weapon strikes to the head (intentional and accidental)
2. Projectile impact weapon (where more than 4 rounds strike the suspect)
3. Kicks to the head
4. Two or more officers deploy less-than-lethal force (O.C., Projectile Impact Weapons, or Electronic Control Weapons) on one suspect
5. Four or more officers use reportable force on one suspect
6. Force resulting in bone fracture
7. Canine apprehension (dog bite)
8. Carotid restraint applied
8. Force resulting in suspect's loss of consciousness
9. Hospital admission as a direct result of the force.
CATEGORY (IV) USE OF FORCE
1. Deadly force – That force which the user knows would pose a substantial risk of death or serious bodily injury

Category (I) Use of Force

Supervisors shall investigate a Department member's Category (I) use of force in accordance with Duty Manual Section L 2605 – Supervisor's Responsibility. Command officers are not required to respond to Category (I) uses of force unless their response is required in accordance with Duty Manual Section L 2605 – Supervisor's Responsibility (e.g., a sergeant uses reportable force and the supervising command officer is required to conduct the force investigation).

Category (II) Use of Force

Upon being notified of a Category (II) use of force, the command officer shall respond to the scene and ensure the use of force investigation is handled in accordance with Duty Manual Section L 2605 – Supervisor's Responsibility. The command officer shall then document his/her observations and any actions taken in a supplemental report (Form 200-3A-AFR). The command officer may direct the responding supervisor to submit documentation of the incident (to include the General Offense Report, the CAD printout, photos, and any other pertinent documentation), along with a Transmittal Form (Form 216-1) up the chain of command for Command Review by the Chief of Police or Assistant Chief of Police; if directed to do so, the responding supervisor shall submit the documentation up the chain of command within 7 calendar days, or as otherwise directed by the Office of the Chief. Upon receiving the supervisor's Transmittal and documentation, the command officer shall complete and submit a Command Review memorandum (available on the intranet) up the chain of command; this Command Review memorandum shall document his/her findings as to whether the force was within Department policy and shall be submitted within 14 calendar days, or as otherwise directed by the Office of the Chief.

Category (III) Use of Force

Upon being notified of a Category (III) use of force, the command officer shall respond to the scene and ensure that the use of force is handled in accordance with Duty Manual Section L 2605 – Supervisor's Responsibility. The command officer shall document his/her observations and any actions taken in a supplemental report (Form 200-3A-AFR). The command officer shall direct the responding supervisor to submit documentation of the incident (to include the General Offense Report, the CAD printout, photos, and any other pertinent documentation), along with a Transmittal Form (Form 216-1) up the chain of command for Command Review by the Chief of Police or Assistant Chief of Police; the responding supervisor shall submit the documentation up the chain of command within 7 calendar days, or as otherwise directed by the Office of the Chief. Upon receiving the supervisor's Transmittal and documentation, the command officer shall complete and submit a Command Review memorandum (available on the intranet) up the chain of command; this Command Review memorandum shall document his/her findings as to whether the force was within Department policy and shall be submitted within 14 calendar days, or as otherwise directed by the Office of the Chief.

NOTE: Canine officers involved in a canine apprehension (dog bite) shall utilize their canine chain of command for Command Review.

Category (IV) Use of Force

Upon being notified of a Category (IV) use of force, the command officer shall ensure the incident is handled in accordance with the Santa Clara County Police Chiefs' Association Officer-Involved Incident Guidelines. Command Review of Category (IV) uses of force shall be conducted in accordance with Duty Manual Section L 2646 – Post Incident Review Procedure for Officer-Involved Incidents.

Disposition of Command Review Documents

Once a command review has been completed, the memorandums and supporting documentation shall be routed to the Internal Affairs Unit for logging and retention. The documents shall be logged as official Department correspondence and shall not be placed into a Department member's Internal Affairs file or Personnel file, absent a Department- Initiated Investigation or a formal citizen complaint.

L 2608.6 PROVIDING FIRST AID:

Revised 01-24-22

When the use of hands or another body weapon causes injury which would reasonably require medical attention, the officer using force shall ensure the injured individual receives proper medical attention as soon as practicable.

Officers shall obtain a medical clearance from Valley Medical Center (VMC) for an arrestee who has been struck in the head with an elbow, a knee, or a kick. Another hospital emergency room may be used if, based on the available information, it appears to be necessary to provide immediate emergency medical treatment for the arrestee or if VMC is closed for admissions.

In situations where a person is experiencing any of the following as a result of the use of hands, body weapons, or any other weapon that constrains a person's neck, back, or torso in a way that causes any of the following, officers shall immediately summon medical attention and seek medical clearance from Valley Medical Center (VMC):

- *Restricted breathing*
- *Restricted blood flow through the neck*
- *Difficulty breathing or respiratory distress*
- *Symptoms of a heart attack or cardiac arrest*
- *Asthma attack*
- *Loss of consciousness*
- *Other medical emergency involving breathing or blood flow through the neck*

Another hospital emergency room may be used if, based on the available information, it appears to be necessary to provide immediate emergency medical treatment for the arrestee or if VMC is closed for admissions.

L 2627 CAROTID RESTRAINT NOT AUTHORIZED USE PROHIBITION:

Revised 01-24-22

The "Carotid Restraint" is not authorized. "Carotid Restraint" means a vascular neck restraint or any similar restraint, hold, or other defensive tactic in which pressure is applied to the sides of a person's neck that involves a substantial risk of restricting blood flow and may render the person unconscious in order to subdue or control the person.

~~The "Carotid Restraint," in which pressure is applied to the sides of a suspect's neck compressing the carotid arteries, is prohibited as an authorized control technique to overcome resistance and shall not be used for this purpose.~~

~~DEADLY ENCOUNTER EXEMPTION: The "Carotid Restraint" may only be used by an officer as a deadly force option (i.e. when the force being responded to is likely to cause death or serious bodily injury) when the use meets the requirements of Duty Manual Section L 2602.1—DEADLY FORCE.~~

~~The Carotid Restraint is not the same as a chokehold. It does not compress the trachea and therefore does not restrict the person's ability to breathe. Instead, the Carotid Restraint technique applies pressure to the sides of the neck in order to restrict blood flow in the carotid arteries and jugular veins but does not compromise the airway by placing pressure on the trachea.~~

~~After resistance is overcome with the "Carotid Restraint," the suspect will be handcuffed to minimize the potential of further violence. The suspect should then be placed in the recovery position, if possible.~~

L 2628 PROVIDING FIRST AID AFTER USE OF CAROTID RESTRAINT:

Deleted 01-24-22

L 2628.1 CHOKE HOLD NOT AUTHORIZED USE PROHIBITION:

Revised 01-24-22

The "Choke Hold" is not authorized. "Choke Hold" means any defensive tactic or force option in which direct pressure is applied to a person's trachea or windpipe.

~~The chokehold, in which pressure is applied to the neck to restrict the ability to breathe, is prohibited as an authorized control technique to overcome resistance and shall not be used for this purpose. Chokeholds are prohibited regardless of whether they are applied using an officer's body part (e.g. hand, arm, knee, or foot) or with an inanimate object (e.g. flashlight or baton).~~

~~DEADLY ENCOUNTER EXEMPTION: A chokehold may only be used by an officer as a deadly force option (i.e. when the force being responded to is likely to cause death or serious bodily injury) when the use meets the requirements of Duty Manual Section L 2602.1—DEADLY FORCE.~~

~~A chokehold is not the same as a Carotid Restraint. By definition, a chokehold applies pressure to the neck and restricts a person's airway by compressing the trachea which restricts the person's ability to breathe.~~

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~~After resistance is overcome with the chokehold, the suspect will be handcuffed to minimize the potential of further violence. The suspect should then be placed in the recovery position if possible.~~

L 2628.2 PROVIDING FIRST AID AFTER USE OF CHOKEHOLD:

Deleted 01-24-22

ORDER

Effective immediately, all Department personnel shall adhere to the above Duty Manual sections.



Anthony Mata
Chief of Police

AM:SD:DK