

OFFICE OF CHIEF OF POLICE
OAKLAND POLICE DEPARTMENT

SPECIAL ORDER 9205

TO: Sworn Personnel

SUBJECT: Banning of the Carotid Restraint and All Forms of Asphyxia

DATE: 17 July 2020

TERMINATION: Upon Revision of DGO K-03, *Use of Force*

The use of authorized force by police officers, acting as agents of the state, is fundamentally an exercise of governance with the consent of the people. Recent events have changed the nature of the relationship between the public and the government regarding police use of force, especially surrounding restraints of a person's neck and asphyxiation – the process of being deprived of oxygen or suffocated, potentially resulting in unconsciousness or death.

It is recognized that certain custodial encounters may require body-to-body contact between officers and a person. However, the Oakland Police Department does not authorize nor train officers to utilize “chokeholds,” which obstruct a person's ability to breathe. The Department has continued, however, to teach and authorize officers to utilize the carotid restraint hold, which has until recently been required training pursuant to California Peace Officer Standards and Training (POST).

OPD's use of force policies must reflect a reverence for life,¹ require de-escalation,² mandate a duty to intervene,³ limit shooting at moving vehicles,⁴ and require comprehensive force reporting.⁵ OPD recognizes the public and the Police Commission's call for the immediate end of the use of hogtying, chokeholds, and any holds intended to cause obstruction to a person's airway.

OPD bans and otherwise immediately eliminates all holds or other maneuvers which are designed to, or may foreseeably result in, cutting off blood or oxygen to a person's head.

Special Order 9205 serves as an immediate change to DGO K-03 Use of Force until such time as the new revised DGO K-03 is adopted.

¹ “The Oakland Police Department values the protection and sanctity of human life.” *DGO K-03 Use of Force*, I, A.

² “Members are required to de-escalate the force when member reasonably believes a lesser level or no further force is appropriate.” “To the extent possible and without ever compromising safety, members are required to use verbal commands to accomplish the police objective before resorting to physical force.” *Ibid* at I, C and III, A, respectively

³ “Members shall intervene and prevent or stop the use of unreasonable force by other members.” *Ibid* I, C.

⁴ “Whenever possible, members shall move out of the way of the vehicle, instead of discharging his or her firearm at the operator.” *Ibid* IV, E, 2, b.

⁵ Reference DGO K-04, *Reporting and Investigating the Use of Force*, and associated Special Orders.

POLICY

Effective immediately, OPD eliminates the Carotid Restraint as an authorized force option for OPD officers. All references to the use of the Carotid Restraint shall be removed from DGO K-03, Use of Force. To be clear, OPD bans all holds or other maneuvers which are designed to, or may foreseeably result in cutting off blood or oxygen to a person's head. Hogtying is also specifically banned. Additionally, officers shall not sit, kneel, or stand on a person's chest, back, stomach, or shoulders, once safely restrained, thereby reducing the person's ability to breathe. Officers must position a person to allow for free breathing and not put the person face down; to be clear, a prone person shall be placed on their side or in a sitting, kneeling or standing position as soon as practical.

Positional asphyxia occurs when a person's body position prevents the person from breathing adequately. A person can be prevented from breathing adequately when pressure is placed on their neck, shoulders, back, or stomach. In order to ensure the safety and to minimize the risk of positional asphyxia, officers must learn to recognize, evaluate, and mitigate contributing factors and conditions. Officers should not believe that if a person is able to talk, that the person is also able to breathe; if a person says they cannot breathe, the person is likely in distress.

Officers possess an affirmative obligation to ensure compliance, by themselves and others, with all Department policy, including this Special Order.⁶ Officers who observe another officer violating, or about to violate, this Special Order shall, absent extraordinary circumstances, do whatever possible to interrupt the flow of events before the fellow officer does something that makes any official action necessary.

1. A person lying on their stomach in a face-down position may have difficulty of breathing. If feasible, officers should avoid physically forcing a person to a face-down position. Officers should position a person in a manner to allow for free breathing once the person has been controlled and placed under custodial restraint.
2. Any body-to-body contact between officers and a person or officers' placement of weight on a person at all must be transitory. As soon as possible, officers' weight on a person shall be removed. Officers shall be aware of the amount and duration of any weight placed on a person. If officers hold a person down while restraining them, officers shall avoid placing weight on the person's neck or head which can fracture the hyoid bone or cervical spine. Officers shall not sit, kneel, or stand on a person's chest, back, stomach, or shoulders, once safely restrained.
3. Officers shall not "pile on" on top of a person. If additional restraint is needed, an additional officer or officers may restrain a person's limbs to restrict their movement.

⁶ Members witnessing instances of misconduct must also follow the direction given in Department Manual of Rules Section 314.48, *Reporting Violations of Laws, Ordinances, Rules, or Orders*.

4. When a person has their breathing restricted, the person may struggle more. What officers perceive as resistance may be an indication that the person is struggling to breathe. Whenever possible, officers must check if any resistance is related to a person's difficulty breathing. Officers shall recognize and respond to risks such as the person saying that they "can't breathe", gurgling or gasping sounds, panic, prolonged resistance, the lack of resistance, etc.

5. Once officers **restrain** a person, officers must inquire about that person's well-being, including, but not limited to, that person's recent use of drugs, any cardiac condition, or any respiratory conditions or diseases. Officers shall obtain medical evaluation and call for treatment, if needed. Officers shall share any relevant information regarding a person's condition, medical condition, what has transpired during their interaction, or any information about drug or alcohol use, which might be medically relevant, to other officers, personnel, or individuals administering medical aid. If there has been any restriction to a person's breathing, such information is medically relevant and shall be shared at the first practical opportunity.

6. At a scene, officers shall continuously monitor the condition of a person being restrained or placed in restraints.

7. Officers must be aware of environmental factors, including the nature and temperature of the surface to which they are restraining a person. For example, holding a person down on a hot surface, or in mud or water, can cause other injury or impair breathing.

By order of

Susan Manheimer
Interim Chief of Police

Date Signed: