

Model Use of Force Policy

Beta Release Version 1.0

Chapter 4: Chokeholds and Breathing Impairments

August 30, 2022

OVERVIEW

This Chapter prohibits the use of “Chokeholds”—broadly defining that term to include chokeholds, strangleholds, neck restraints, neck holds, and carotid artery restraints. This Chapter also prohibits all other methods of applying sufficient pressure to a person in any manner that intentionally makes breathing difficult or impossible. This prohibition extends to forceful strikes to an individual’s neck. This Chapter also requires officers to avoid placing or leaving an arrested individual in a position that renders them prone to asphyxia.

Included in this Chapter is a High-Level Policy Summary outlining the overarching principles of the Chapter, the full Policy Language, a Supporting Memorandum providing the policy rationale and guidance, and a Comparison Memo Summary that compares this Chapter to other national and state-level policies.

PART 1: HIGH-LEVEL POLICY SUMMARY

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1. Chokeholds, Strangleholds, Neck Restraints, Neck Holds, and Carotid Artery Restraints
 - a. Chokeholds are a lethal use of force and inherently dangerous.
 - b. Therefore, all Chokeholds (including chokeholds, strangleholds, neck restraints, neck holds, and carotid artery restraints) are prohibited, even in instances where a subject ingests narcotics.

2. Breathing Impairments
 - a. Also prohibited are all other methods of applying sufficient pressure to a person in any manner that intentionally makes breathing difficult or impossible.
 - b. Forceful strikes to an individual's neck are prohibited, as they can cut off the supply of blood and oxygen to the brain and are inherently dangerous.
 - c. Officers may not transport arrested individuals in a face-down position. Officers must make all reasonable efforts to ensure that arrested individuals are not left in a position that leaves them prone to asphyxia.
 - d. Anytime a prohibited Chokehold or breathing impairment is used, officers have a Duty to Render Medical Aid in accordance with Chapter 9 and must report the incident and the officer. Supervisors must conduct a supervisor's force review.

PART 2: POLICY LANGUAGE

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4.100 – Chokeholds, Strangleholds, Neck Restraints, Neck Holds, and Carotid Artery Restraints

A. General Considerations:

1. Chokeholds are lethal hands-on maneuvers that may cut off the supply of blood and oxygen to the brain and are inherently dangerous to human life.
2. Strangleholds and other maneuvers of applying pressure to the sides of the neck may cut off the supply of blood and oxygen to the brain; they are inherently dangerous to human life.
3. Neck restraints are any technique involving the use of a limb or a firm object to try to control or disable a subject by applying pressure against the windpipe or frontal area of the neck with the purpose or intent or effect of controlling a subject's movement or rendering a subject unconscious by blocking the passage of air through the windpipe.
4. Carotid restraints are any technique applied in an effort to control or disable a subject by applying pressure to the carotid artery, the jugular vein, or the sides of the neck with the purpose or intent or effect of controlling a subject's movement or rendering a subject unconscious by constricting the flow of blood to and from the brain.

B. Prohibition:

1. This Department prohibits the use of any and all types of chokeholds, strangleholds, neck restraints, neck holds, and carotid artery restraints (collectively, "Chokeholds").¹

C. Scope of Prohibition:

1. **Ingestion of Evidence:** Chokeholds are prohibited even in incidents where an individual attempts to ingest or is suspected to have ingested narcotics or other evidence. Any subject that ingests narcotics or other evidence must be taken immediately to the nearest hospital.
2. **Comparison with Personal Body Weapons:** Chokeholds do not constitute a permitted Personal Body Weapon under Chapter 3. Certain types of Personal Body Weapons are permitted, whereas all types of Chokeholds are strictly prohibited.

4.200 – Breathing Impairments

A. General Considerations and Prohibition:

1. In addition to the prohibition on Chokeholds in Section 4.100 above, this Department prohibits the use of any and all other methods of applying sufficient pressure to a person in any manner that intentionally makes breathing difficult or impossible.²
2. This Department also requires officers to avoid using methods that carry a significant risk of making breathing difficult or impossible, regardless of intent.
3. Breathing impairments cut off the supply of blood and oxygen to the brain and are inherently dangerous to human life.

B. Scope of Prohibition:

1. **Strikes to the Neck:** Officers may not use a forceful strike to any individual's neck, such as a vagus strike. Nerves in the neck regulate an individual's heartbeat and breathing. Strikes to an individual's neck can cut off the supply of blood and oxygen to the brain and are inherently dangerous to human life.
2. **Positional Asphyxia:**
 - a) Officers may not transport individuals in a face-down position, especially when the individuals are handcuffed. Transporting individuals in a face-down position risks positional asphyxia, which occurs when the position of the subject's body interferes with their ability to breathe.³
 - b) As soon as possible after an individual has been handcuffed and the individual's actions no longer place officers or another person at risk of imminent bodily harm, the individual must be turned onto their side or allowed to sit up. Officers must make all reasonable efforts to ensure the individual is not left in a position that leaves them prone to asphyxia.⁴
 - c) If an individual is having trouble breathing or is demonstrating life-threatening symptoms, officers must immediately render medical aid and/or obtain medical aid in accordance with their Duty to Render Medical Aid under Chapter 9.
3. **Application of Body Weight to the Back, Head or Abdomen:** If an officer's body weight is used in an attempt to control an individual who is resisting, officers must immediately cease applying body weight to that individual's back, head, or abdomen once they are restrained.⁵

4.300 – Duties When a Prohibited Chokehold or Breathing Impairment is Used

- A. Anytime a prohibited Chokehold or breathing impairment is used, officers must immediately render medical aid and/or obtain medical aid in accordance with their Duty to Render Medical Aid under Chapter 9.
- B. Anytime a prohibited Chokehold or breathing impairment is used, officers must report the incident, the officer who used the prohibited Chokehold or breathing impairment, and whether any injury occurred. Supervisors must conduct a supervisor's force review of the incident and the officer.

PART 3: SUPPORTING MEMORANDUM

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Police department Use of Force policies regarding Chokeholds and breathing impairments have ranked among the most controversial. The controversy has received wide attention in part because footage of Black individuals killed by white police officers using Chokeholds and breathing impairments have been widely disseminated—including notably, the video depicting the death of George Floyd that sparked worldwide outrage and protests.⁶ By September 2020, the majority of the country’s largest police departments had explicitly prohibited Chokeholds, but many department policies remained silent on the maneuver.⁷

I. RECOMMEND POLICY

Below is a brief discussion of recommended policies regarding Chokeholds and breathing impairments.

A. Introductory Language

Many police departments claim to prohibit or restrict the use of Chokeholds, but their policies do not always explicitly reflect this claim.⁸ Many departments also use inconsistent or vague language on (1) whether officers can use Chokeholds as an absolute matter, (2) whether officers may use them at their discretion, or (3) whether Chokeholds are permitted only in limited circumstances. Moreover, the department policy language describing Chokeholds varies significantly.

We recommend clearer language and policies. To that end, we have identified the following broad categories under “Chokeholds”: chokeholds, strangleholds, neck restraints, neck holds, and carotid artery restraints. While a few police departments consider “neck restraints” the umbrella term, “Chokeholds” is the prevalent term in police manuals and public discourse.

B. Prohibition of Chokeholds and Neck Restraints

SCRJ Policy § 4.100(B)(1) relies on “Chokeholds” as the umbrella language. It also includes the term “neck restraints” in a manner that avoids confusion by making clear that neck restraints are one type of Chokehold: “any and all types of chokeholds, . . . neck restraints,” Additionally, Chokeholds may connote what is commonly regarded as choking—using both hands to squeeze the neck—but neck restraints may not conjure such a visual. SCRJ Policy § 4.100(B)(1) seeks to clarify this distinction by prohibiting both.

SCRJ Policy § 4.100(A)(1) also defines Chokeholds to emphasize their lethal nature. This definition addresses a possible misconception that the Chokehold is a “less lethal” maneuver merely meant to subdue suspects.⁹ Our model provision emphasizes that this maneuver may cut off blood and oxygen supply to the brain and is therefore “inherently dangerous.”¹⁰ The same approach is applied to strangleholds in SCRJ Policy § 4.100(A)(2).

C. Inherent Medical Risks of Death in Chokeholds and Neck Restraints

Because certain police departments refer to neck restraints instead of Chokeholds, SCRJ Policy § 4.100(A)(3) comprehensively defines neck restraints and their function. The term “neck

restraint” by itself may imply that the maneuver merely restrains, and does not kill, a suspect. SCRJ Policy § 4.100(A)(3) highlights the inherent danger of “applying pressure against the windpipe or frontal area of the neck” thereby “rendering a subject unconscious by blocking the passage of air through the windpipe.”¹¹

Similarly, SCRJ Policy § 4.100(A)(4) defines the carotid restraint in terms of the carotid artery and jugular vein—either of which, when blocked, may cause fatalities.¹² These vessels are critical for human life, and with this definition, even officers who are not trained or knowledgeable of human anatomy can understand the inherently dangerous nature of restraining blood flow “to and from the brain.”¹³ Our policy defines these restraints to make clear how dangerous interfering with air and blood flow is, no matter how skilled officers may believe themselves to be in these maneuvers.¹⁴

D. No Exception for Ingesting Narcotics

In SCRJ Policy § 4.100(C)(1), we recommend prohibiting Chokeholds even in instances where a suspect ingests narcotics. Our policy requires that officers take suspects to the nearest hospital to provide them with proper treatment, rather than attempt a maneuver that may result in their death. The Philadelphia Police Manual provides excellent guidance in this respect.¹⁵

E. Breathing Impairments

Like Chokeholds, breathing impairments involve inherently dangerous methods affecting blood and oxygen flow. SCRJ Policy § 4.200 describes the inherent danger of striking the vagus nerve or any nerve in the neck and other forms of breathing impairments.

F. Training

To what extent does training impact officer behavior, given that even a slight shift of pressure may mean the difference between life and death?¹⁶ According to Paul Taylor, an assistant professor at the University of Colorado Denver and a former police trainer: “One of the issues with all of these neck restraints is that they require a lot of training and they require a lot of skill to apply it correctly when someone is moving and struggling.”¹⁷ In addition, “few if any studies have examined the quality of officer training regarding application of the chokehold, the precision with which the maneuver is applied during a volatile encounter in the field, and its attendant rate of injury and death.”¹⁸

At most major police stations, variations of neck restraints are banned, since variations may cause death.¹⁹ “If it’s not used correctly, and the arm is placed in the wrong place, you’re talking about damage to one’s trachea and you’re talking about taking someone’s life,” admonishes Shawn Williams, an assistant professor and professional peace officer coordinator at St. Cloud State University in Minnesota.²⁰

“If officers don’t use extreme caution with this force option, the likelihood of serious injury or death rises significantly,” warns Ed Obayashi, a national use-of-force expert who trains and advises California police agencies.²¹ “It’s common sense. Any time you cut off someone’s airway or block blood flow to the brain, it can lead to serious injury or death as we have seen in so many of these tragedies. By using this tactic, it’s a self-fulfilling tragedy.”²²

Therefore, SCRJ Policy § 4.200(B)(1) completely prohibits forceful strikes to the neck. It describes the medical reasoning and consequences of such actions, including that “nerves in the neck relate to an individual’s heartbeat and breathing” and “can cut off the supply of blood and oxygen to the brain and are inherently dangerous to human life.”

G. Non-Combat Neck Restraints

Blockage of blood and oxygen flow may also occur during transportation of suspects. SCRJ Policy § 4.200(B)(2)(a) aims to prevent situations in which officers may seek to place suspects in situations that compromise breathing for the purpose of restraining them, such as placing arrested individuals in a face-down position.²³ This section prevents officers from transporting individuals in positions that may lead to asphyxia.²⁴

Similarly, SCRJ Policy § 4.200(B)(2)(b) ensures that officers do not place individuals in prone positions where they may have their breathing and blood flow blocked.²⁵ Even if officers are not using active force with their hands, they may use body positioning as a form of restraint that may inhibit breathing and, as we emphasize in our model policies, any restraint to breathing is inherently dangerous.

Additionally, other parts of the body besides the head and neck may be the target of breathing or blood-flow impairment. SCRJ Policy § 4.200(B)(3) recognizes that officers can exacerbate the harmful effects of neck restraints by creating more force with their body weight.²⁶ For example, George Floyd’s killer, officer Derek Chauvin, pressed his body weight into Floyd’s neck. According to Duane Wolfe, a law enforcement instructor, once the restrained subject is compliant, all weight should be removed.²⁷ This section prohibits using body weight to control an individual. It also addresses the possible use of force on an individual’s back or abdomen, not just the head or neck.

H. In the Event Officers Use Prohibited Restraints and Chokeholds

SCRJ Policy § 4.300 accounts for the reality that officers may knowingly or unknowingly practice prohibited Chokeholds and addresses actions to be taken in such cases.

First, medical treatment must immediately be administered to the subjects of prohibited restraints in accordance with Chapter 9 of the model policy, which addresses the requirement to render medical aid. Second, we recommend a requirement that the officer and the incident be reported even if there was no injury. This explicit requirement would encourage fellow witnessing officers to report violations. Further, to ensure that accountability is not diffused by supervisors failing to report, we recommend a requirement that supervisors be notified and complete a supervisor’s force review.

According to a presentation by the International Association of Chiefs of Police, “[w]hen the Supervisor is notified of use of force he or she shall respond on a priority basis and do the following: (1) Conduct a preliminary investigation into the use of force. (2) Document, as necessary, the scene of the incident. (3) Shall visibly inspect the officer(s) and subject(s) for injury. (4) Interview the subject for complaints of pain, and ensure that the subject receives needed medical attention.”²⁸ Such review is consistent with and required by our model policy.

II. ALTERNATIVE POLICIES

We evaluated three main alternative policy options in developing the present policy: (1) Absolute ban on Chokeholds; (2) Chokeholds subject to “necessary” standard; and (3) Chokeholds permitted that follow training.

With respect to alternative policy (1) [Absolute ban on Chokeholds]: Some of the largest police departments in America—New York, Philadelphia, Chicago, Houston, and Los Angeles—ban or restrict the use of Chokeholds.²⁹ Santa Monica Police Department’s guidance on Chokeholds and breathing impairments, while short, is a model policy on this topic as it bans them “under any circumstances.”³⁰

As described above, we recommend adopting an absolute ban on Chokeholds. We recommend that the absolute ban be written in clear terms. Vague policy language can lead to officer misunderstandings, resulting in the use of prohibited Chokeholds.

With respect to alternative policy (2) [Chokeholds subject to “necessary” standard]: Some departments allow neck restraints or Chokeholds to be used when officers perceive their lives are under threat,³¹ such as New York’s 1993 ban, considered one of the most progressive at that time, which banned Chokeholds unless the officer’s life was in danger.³² Some agencies may have additional language requiring that there be no other reasonable method of lesser force available to the officer.³³

We do not recommend adopting alternative policy (2). Officers in these circumstances are often not specifically trained in Chokeholds or how to use them safely. Instead, they are often trained more broadly in defensive tactics. Yet neck restraints are not required as part of state police academy training, according to Robert Hawkins, interim assistant executive director of the Minnesota Board of Peace Officer Standards and Training.³⁴

With respect to alternative policy (3) [Chokeholds permitted following training]: Some departments permit Chokeholds and also provide related training.³⁵ However, permitting Chokeholds puts both suspects and police officers at risk, as police officers have been harmed in carotid artery training.³⁶ After the George Floyd tragedy, Governor Gavin Newsom directed the many California police stations that permitted and trained in carotid holds, such as San Diego, to cease training in such maneuvers.³⁷

The following two points are broader issues that must be addressed in tandem with Model Use of Force Policies:

- Mental health professionals are trained in methods of physical holds to incapacitate that are not neck restraints and that do not pose the inherent danger of death.³⁸
- Chapter 8 (Firearms and Deadly Force) is a critical companion to this Chapter 4, because if police do not have the option of using safe restraints in deadly force situations, they may resort to using firearms.³⁹

A. Eric Garner and George Floyd

It is rare for officers to be investigated, charged, and convicted for acts of police brutality.⁴⁰ However, two recent cases provided useful guidance in determining what issues to address in the model policies. In Minneapolis, white police officer Derek Chauvin killed George Floyd, a 46-year-old Black man, by kneeling on Floyd's neck for nearly nine minutes for allegedly using a counterfeit \$20 bill.⁴¹ A video of bystanders pleading with the officer to stop became viral and a prominent subject of protest around the world. Chauvin was ultimately convicted of second- and third-degree murder and second-degree manslaughter⁴² and the three officers who were with Chauvin at the time of the incident are facing charges of aiding and abetting second-degree murder.⁴³

After the murder of Floyd, many police departments promised to prohibit Chokeholds. According to a *Washington Post* study, 62% of the nation's largest police stations now forbid both carotid holds and Chokeholds.⁴⁴

Chauvin's actions may not strictly fit into a definition of Chokehold or a typical neck restraint, because he had his knee to Floyd's neck. As such, the strong, prohibitory language in our model policy is necessary. The policy does not simply and only briefly discuss Chokeholds, as many police manuals do. Instead, it more broadly addresses breathing impairments, which encompasses Chauvin's actions.

The knee to the neck method appears to be a widespread issue. For example, a white Orlando, Florida police officer in July 2020 dangerously restrained a man by placing a knee on the man's neck in an attempt to arrest him for not wearing a seatbelt, a civil infraction that is rarely enforced.⁴⁵

In New York City, white officer Daniel Pantaleo killed Eric Garner, a 44-year-old Black man, using a prohibited Chokehold for suspicion of selling cigarettes without tax stamps.⁴⁶ The New York Police Department (NYPD) chief surgeon, Eli Kleinman, claimed Pantaleo did not use a Chokehold on Garner despite video evidence to the contrary viewed by millions around the world.⁴⁷ A New York grand jury decided not to indict the officer. Three years later, Eric Garner's daughter Erica Garner, who led protests on his behalf, died of a heart attack.⁴⁸

While Chokeholds were banned across New York City police departments, between 2014 and 2020, the New York City Civilian Complaint Review Board reported 996 allegations from people who say they had been subjected to a Chokehold.⁴⁹ The Eric Garner tragedy and this statistic highlight how Use of Force Policies are not sufficient without accountability for police brutality. For this reason, our Model Policy includes an accountability provision.

III. Selected Resources Consulted

Police Department Use of Force Policies

- Albuquerque
- Anaheim
- Arlington
- Chicago
- Columbia
- Denver
- Houston
- Los Angeles
- Newark
- New Orleans
- New York City
- Norfolk
- North Las Vegas
- Oakland
- Oklahoma City
- Omaha
- Orlando
- Philadelphia
- Phoenix
- Pittsburgh

- Plano
- Portland
- Raleigh
- Santa Monica
- Seattle

Other Sources

- Paul Butler, Chokehold: Policing Black Men, <https://thenewpress.com/books/chokehold> (last visited Jan. 19 2021).
- Keith Ellison, Minn. Attorney General’s Office, Attorney General Ellison charges Derek Chauvin with 2nd-degree murder of George Floyd, three former officers with aiding and abetting 2nd-degree murder, https://www.ag.state.mn.us/Office/Communications/2020/06/03_GeorgeFloyd.asp.
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- Lawrence Heiskell, How to Prevent Positional Asphyxia, <https://www.policemag.com/524139/how-to-prevent-positional-asphyxia> (last visited Jan. 19 2021).
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limited neck restraints since June,
<https://www.washingtonpost.com/graphics/2020/national/police-use-of-force-chokehold-carotid-ban/> (last visited Jan. 10 2021).

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- Walker Orenstein, How common is it for Minnesota police departments to authorize chokeholds, ‘neck restraints’? <https://www.minnpost.com/greater-minnesota/2020/06/how-common-is-it-for-minnesota-police-departments-to-authorize-chokeholds-neck-restraints/> (last visited Jan. 19 2021).
- Elise Schmelzer, What is a chokehold? And can police in Colorado use them?, <https://www.denverpost.com/2020/06/10/colorado-police-chokehold-policies/> (last visited Jan. 17 2021).
- Emily Seigel, et al. Minneapolis police rendered 44 people unconscious with neck restraints in five years, <https://www.nbcnews.com/news/us-news/minneapolis-police-rendered-44-people-unconscious-neck-restraints-five-years-n1220416> (last visited Jan. 19 2021).
- Lindsay Winkley, San Diego police leaders defend use of controversial neck restraint, despite continuing calls for a ban, <https://www.sandiegouniontribune.com/news/public-safety/story/2019-05-19/san-diego-police-leaders-defend-use-controversial-neck-restraint-despite-calls-for-ban> (last visited Jan. 10 2021).

PART 4: COMPARISON MEMO SUMMARY

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We have evaluated numerous other model policies, use of force guidelines, and state law mandates and compared them to the Model Policy provisions. The following memo reflects a summary of our opinions about the key differences or similarities between the reviewed policies and the Model Policy. In particular, this Comparison Memo Summary compares our Model Policy provisions concerning the use of Chokeholds and Breathing Impairments with other policies.

The national, state, and local policies we compared⁵⁰—and the comparisons derived from them—provide a general opinion on differences in use of force options. We will continually review and update these comparisons. This Comparison Memo Summary is currently in draft form as a part of the Model Policy Beta Release. Some of the information provided may be subject to change.

PROHIBITION ON CHOKEHOLDS AND BREATHING IMPAIRMENTS

- Many policies allow the use of Chokeholds and breathing impairments in limited circumstances, such as where deadly force is authorized. Examples include Lexipol, IACP, Minnesota, New York, and Texas, as well as New Jersey, which categorizes these restraints as a deadly use of force but does not absolutely prohibit their use.
 - The SCRJ Policy contains an absolute prohibition on the use of Chokeholds and breathing impairments.
 - This eliminates ambiguity and minimizes officer confusion.
- Among policies that prohibit Chokeholds and breathing impairments, some do not make clear the dangers involved in these restraints. Examples include Santa Monica, which does not explicitly categorize these restraints as deadly force but absolutely prohibits their use.
 - The SCRJ Policy expressly recognizes the dangers of Chokeholds and breathing impairments to human life.
 - This avoids any misconception that Chokeholds and breathing impairments are less lethal than other forms of deadly force.

MEDICAL AND REPORTING REQUIREMENTS

- Many policies do not require officers to provide immediate medical assistance or obtain a medical examination for every subject of a Chokehold or breathing impairment. Examples include Lexipol, Minnesota, New York, Texas, New Jersey and Santa Monica.
 - The SCRJ Policy imposes a duty on officers to immediately render medical aid and/or obtain medical aid whenever a prohibited Chokehold or breathing impairment is used
 - This duty applies irrespective of whether the individual appears injured.
- Many policies do not require officers to report every use of a Chokehold or breathing impairment. Examples include IACP, Minnesota, New York, Texas, and New Jersey.

- The SCRJ Policy imposes a duty on officers to immediately report an incident involving a prohibited Chokehold or breathing impairment, regardless of whether or not an injury occurred.
- The Policy also requires supervisors to conduct a supervisor’s force review of the incident and the officer.

GENERAL GUIDANCE AND STANDARDS

- Many policies contain vague language in their standard for Chokeholds or breathing impairments or use a “reasonableness” standard. Examples include Lexipol, IACP, Campaign Zero, New York, Texas, and New Jersey.
 - The SCRJ Policy provides clear and concrete guidance by absolutely prohibiting Chokeholds and breathing impairments and identifying the restraints that fall within that prohibition.
 - The SCRJ Policy also imposes absolute duties to report and provide medical aid following the use of a Chokehold or breathing impairment.

ENDNOTES

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- ¹ Denver Police Department, Operations Manual §105.01(5)(e) (rev. 2010).
- ² *Id.*
- ³ Santa Monica Police Dept., Policy Manual § 302.8.2 (2020).
- ⁴ Denver Police Department, Operations Manual §105.01(5)(e) (rev. 2010).
- ⁵ *Id.*
- ⁶ Damien Cave, et al., *Huge Crowds Around the Globe March in Solidarity Against Police Brutality*, N.Y. TIMES (last updated June 9, 2020) <https://www.nytimes.com/2020/06/06/world/george-floyd-global-protests.html>.
- ⁷ Kimberly Kindy, et al., *Half of the nation's largest police departments have banned or limited neck restraints since June*, WASH. POST (last updated Sept. 6, 2020) <https://www.washingtonpost.com/graphics/2020/national/police-use-of-force-chokehold-carotid-ban/#survey-results>.
- ⁸ *Id.*
- ⁹ Matthew J. Hickman, et al., *Use of Vascular Neck Restraints in Law Enforcement: A Case-Study of Spokane, WA*, 22 POLICE PRAC. & RSCH. 1, 14 (arguing that “[t]aking away less-lethal options from officers may increase the likelihood they will end up using their firearms.”).
- ¹⁰ See, e.g., PAUL BUTLER, CHOKEHOLD: POLICING BLACK MEN 3 (2017) (“The truth is any human being will suffer distress when pressure on the carotid arteries interrupts the supply of blood from the heart to the brain.”); E. Karl Koiwai, *Deaths Allegedly Caused by the Use of “Choke Holds” (Shime-Waza)*, 32 J. FORENSIC SCI. 419, 426–28 (1987).
- ¹¹ See, e.g., Seattle Police Dept. Manual §8.050 (2020).
- ¹² See, e.g., Jamie R. Mitchell, et al., *Mechanism of Loss of Consciousness During Vascular Neck Restraint*, 112 J. APPLIED PHYSIOLOGY 396, 396 (2012); Gael Strack, et al., *A Review of 300 Attempted Strangulation Cases. Part I: Criminal Legal Issues*, J. EMERG. MED. 303–09 (2001).
- ¹³ *Id.*
- ¹⁴ There are few if any studies that support the idea that even very carefully trained officers are able to reliably perform these maneuvers in a manner that consistently avoids injury or death. See, e.g., COUNCIL ON CRIM. JUST., CHOKEHOLDS AND OTHER NECK RESTRAINTS 2 (2021), <https://counciloncj.foleon.com/policing/assessing-the-evidence/i-chokeholds-and-other-neck-restraints/> (“There is no reliable national data describing how often police use chokeholds, airway restrictions, or carotid holds.”).
- ¹⁵ See, e.g., Phila. Police Dept. Directive 10.2 – 5 (2021).
- ¹⁶ Elise Schmelzer, *What is a chokehold? And can police in Colorado use them?*, DENV. POST (last updated June 11, 2020) <https://www.denverpost.com/2020/06/10/colorado-police-chokehold-policies/>.
- ¹⁷ *Id.*
- ¹⁸ Trevor George Gardner & Esam Al-Shareffi, *Regulating Police Chokeholds*, 112 J. CRIM. L. & CRIMINOLOGY ONLINE 111, 117 (2022).
- ¹⁹ Emily Siegel, et al. *Minneapolis police rendered 44 people unconscious with neck restraints in five years*, NBC NEWS (June 1, 2020) <https://www.nbcnews.com/news/us-news/minneapolis-police-rendered-44-people-unconscious-neck-restraints-five-years-n1220416>.
- ²⁰ *Id.* See also, BANCROFT NEUROREHAB, ANOXIC OR HYPOXIC BRAIN INJURY (June 19, 2021, 4:15 PM), <https://neurorehab.bancroft.org/conditions-treated/anoxic-or-hypoxic-brain-injury/>.
- ²¹ Siegel, *supra* note 19.
- ²² *Id.*
- ²³ Lawrence Heiskell, *How to Prevent Positional Asphyxia*, POLICE MAGAZINE (Sept. 9, 2019) <https://www.policemag.com/524139/how-to-prevent-positional-asphyxia>.
- ²⁴ See, e.g., Phila. Police Dept. Directive 10.2 – 5 (2021).
- ²⁵ See, e.g., Santa Monica.
- ²⁶ See, e.g., Santa Monica.
- ²⁷ A.J. Lagoe, et al., *Use of force experts question officer's actions*, KARE NEWS, (May 27, 2020, 6:53 AM CDT), https://www.kare11.com/article/news/local/kare-11-investigates-experts-question-officers-actions/89-190fe263-f392-4c10-9308-9dc849a989c7_

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⁵⁰ Selected policies include:

- Lexipol National Use of Force Policy
- International Association of Chiefs of Police National Consensus Policy on Use of Force
- Campaign Zero Model Use of Force Policy
- Minnesota Use of Force and Deadly Force Model Policy
- New York Use of Force Model Policy
- Texas Police Chiefs Association Use of Force Model Policy
- New Jersey Office of the Attorney General Use of Force Policy
- Santa Monica Use of Force Policy
- Police Executive Research Forum Guiding Principles on Use of Force
- NYU Policing Project Police Use of Force Policy Guidelines