Auburn Police Department







Courage Honor Integrity Professionalism







Control the fight without the might! - No Blood, No bruises, No broken bones,....just compliance!







- VNR is designed to maximize control of violators and minimize injury of both officer and violator.
- VNR restricts the flow of blood to and from the brain.
- When agencies adopt the VNR they typically show a reduction in UoF complaints and reduction in officer injuries.
- VNR is NOT a choke.
- Chokeholds restrict the airway.
- Due to the position of a true choke the potential for airway damage and serious injury is greatly increased







ACUTE ARREST OF CEREBRAL CIRCULATION IN MAN

Rossen, Kabat, & Anderson





Physiological Processes: Rossen et.al

Rossen, Arch Neurol Psych (1943)

- 137 subjects 126 apparently normal male volunteers, age from 17 to 31 years.
 11 schizophrenic
- Repeated tests were carried out on 85 of these subjects.
- Similar tests were also performed on the investigators and their associates.







Physiological Processes: Rossen et.al

- The Kabat-Rossen-Anderson apparatus: pressure in the cuff rises to 600 mm. of mercury within one-eighth second.
- The sudden inflation of the cuff to a high pressure occludes vessels to the brain prior to next heart beat, so that engorgement of the cerebral vessels is prevented.
- The subject, or physician, deflations cuff, within a fraction of a second.
- EEG and ECG recording.







Physiological Processes: Rossen et.al

The procedure has been applied repeatedly to the same subjects, with no injurious effects. Periods of acute arrest of cerebral circulation for as long as <u>one hundred seconds</u> appear to be well tolerated and are followed by rapid and uneventful recovery.





Are vascular neck restraints deadly force?

In order to answer this correctly we must first differentiate between a

STRANGLE HOLD

VASCULAR NECK RESTRAINT







Are vascular neck restraints deadly force?

STRANGLE HOLD

- Uses direct mechanical compression over the anterior (front) structures of the neck. (bar choke)
- Compressing of the trachea can restrict the person's ability to breathe and may result in asphyxiation.
- Deadly force







Are vascular neck restraints deadly force?

Vascular Neck Restraint

- Bilateral compression of the carotid arteries and jugular veins at the sides of the neck.
- Results in diminished cerebral circulation.
- This abrupt reduction of blood flow reduces the violator's ability to resist and can lead to unconsciousness.







Are vascular neck restraints deadly force?

It is very important for officers, administrators, and the media to understand that:

NO significant frontal pressure or compression is applied to the structures of the front of the neck.





Do Vascular Neck Restraints incur more liability than other

force options?

VNR offers an alternative to :

- Lethal force
- Repeated us of ECWs.
 - Impact weapons
 - OC spray
 - Strikes & Kicks
- Excessive body compression during officer swarms





Do Vascular Neck Restraints incur more liability than other force options?

Applied to individuals who:

- Demonstrate a high tolerance for pain
 - Are under the influence of drugs
- Are in an excited, agitated, and/or psychotic state and control can be established.





Do Vascular Neck Restraints incur more liability than other

force options?

By providing an additional force option that does not rely upon electrical load, pain compliance, or blunt force trauma to gain control, VNR can:

Reduce officer injuries

- Reduce serious injuries to suspects and
- Reduce potential for in-custody deaths.





Do Vascular Neck Restraints incur more liability than

other force options?

As with any police use-of-force incident, the type of force, quantum of force, and the manner in which the force is applied is always subject to legal guidelines and public scrutiny.

The VNR must be used in a reasonable manner as set forth in federal law, state law, current case law, and department policy.





Are there legal opinions regarding the VNR?

Vascular neck restraints came under intense scrutiny in the early 1980s due to a few high profile cases.

These cases though relatively few in number in relation to the number of applications of vascular neck restraints, had a disproportionate impact on police departments authorizing the use of vascular neck restraints to control individuals.





<u>The U.S. Supreme Court</u> has not offered an opinion that vascular neck restraints are deadly force and still points to the landmark decision in <u>Graham vs. Connor</u> and the standard of objective reasonableness as the measure for any force applied under the 4th Amendment.





Are there legal opinions regarding the VNR?

It must be remembered that the number of cases that have been litigated in reference to neck restraints (inclusive of "choke holds") is relatively small in comparison to the number of times a neck restraint has been used. This number shrinks dramatically when the hold applied is a vascular neck restraint and not a bar arm strangle hold.

Many of the above cases were as much about the use of **any** force rather than the neck restraint







While most physicians acknowledge a degree of risk with vascular neck restraints, it is clear from the research that the vast majority of vascular neck restraints do not result in death.





Dr R.D. Hoskins writes "although there is a possibility of a fatal outcome from vascular neck restraints, the number of investigations is testament to the relative infrequency of fatal outcomes."

Even Dr. Reay, one of the most outspoken critics of the hold, admits that "in view of the alleged frequency of their use, there have been remarkably few reported deaths."





Research conducted on behalf of the Judo community attributes no deaths to the hold in over 133 years of use in the sport, and the majority of studies reviewed showed no deleterious effects from the hold.





Forensic pathologists Vincent and Dominick DiMaio wrote "carotid sleeper holds are safe if properly used." In 2005, Dr. Gary Vilke wrote the carotid sleeper hold "is an appropriate form of restraint and use-of-force method in law enforcement's continuum."





Most recently, in 2007, the Canadian Police Research Centre issued a Technical Report that concluded:

"while no restraint methodology is completely risk free, there is no medical reason to routinely expect grievous bodily harm or death following the correct application of the vascular neck restraint in the general population by professional police officers with standardized training and technique."







<u>Summary</u>

- While there have been deaths associated with the use of VNR it is rare that such deaths are caused by the use of the VNR.
 - As officers we know that no technology or tactic is 100%.
 - The VNR has a long and proven "track record" of success and safety.
- Legal decisions and medical information supports its use at lessthan-deadly force levels.





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Auburn PD Policy

Lexipole 300.3.4 Vascular Neck Restraint







The proper application of the VNR may be effective in restraining a violent or combative individual. However, due to the potential for injury, the use of the VNR hold is subject to the following:







The officer shall have successfully completed

(a)

department-approved training in the use and application

of the VNR.







The VNR may only be used when circumstances

(b)

perceived by the officer a the time indicate that such

application reasonably appears necessary to control a

person in any of the following circumstances:





Auburn PD Lexipole 300.3.4

1.

The subject is violent or physically resisting







2.

The subject, by words or actions, has demonstrated an

intention to be violent and reasonably appears to have

the potential to harm officers, him/herself or others.







(C)

The application of a VNR on the following individuals should generally be avoided unless the totality of the circumstances indicates that other available options reasonably appear ineffective, or would present a greater danger to the officer, the subject or others, and the officer reasonably believes that the need to control the individual outweighs the risk of applying a VNR:







- 1. Females who are known to be pregnant
- 2. Elderly
- 3. Obvious juveniles
- Individuals who appear to have Downs Syndrome, or who appear to have obvious neck deformities malformations, or visible neck injuries.







(d)

Any Individual who has had the VNR applied and was

rendered unconscious, shall be promptly examined by

medical personnel and should be monitored until

examined by appropriate medical personnel.







The officer shall inform any person receiving custody, or

(e)

any person placed in a position of providing care, that

the individual has been subjected to the VNR and

whether the subject lost consciousness as a result.







Any officer attempting or applying the VNR shall

(f)

promptly notify a supervisor of the use or attempted use

of such a hold.







(g)

The use or attempted use of the VNR shall be thoroughly

documented by the officer in any related