



Tulsa Police Department

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Policy # 101G
Policy Name Carotid Restraint Control Hold
Approved by *Dennis Larsen, Chief of Police*

Effective Date 05/04/2026
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Previous Date 01/23/2023

PURPOSE:

Updated reporting procedures for Axon.

POLICY:

Officers will use only that force which is objectively reasonable. The Carotid Restraint Control Hold (CRCH) enhances an officer's ability to neutralize a situation without the additional escalation of force and decreases the chance of injury to officers, suspects, and others. The use of the CRCH is not meant to replace tactics or training associated with other force options but should be viewed as an additional force option available to the officer.

The CRCH is a bilateral vascular restraint where pressure is applied bilaterally to the sides of the neck and the subject retains the ability to breathe. A Choke Hold is direct mechanical pressure applied to the front of the neck or throat compressing the trachea thus restricting the person's ability to breathe. Both the CRCH and Choke Holds are physical control holds that shall only be used when deadly force is authorized, i.e., if an officer has probable cause to believe the suspect poses an imminent threat of serious physical harm, either to the officer or others. The CRCH is the trained and preferred technique as it provides more effective control and is safer for the suspect.

After initial training, officers shall complete recertification training at least every two years in order to continue to use the CRCH. Any recertification training must include physical application practice.

SUMMARY: Procedures for the use of the carotid restraint control hold.

APPLIES TO: All police personnel

DEFINITIONS:

CAROTID RESTRAINT CONTROL HOLD (CRCH) – A bilateral vascular restraint where pressure is applied to the sides of the neck compressing the carotid arteries and jugular veins resulting in diminished cerebral cortex circulation, potentially rendering the subject unconscious while the subject retains the ability to breathe.

CRCH APPLICATION – An encircling of the suspect's neck with the arm with the intent to apply a CRCH, regardless of whether he/she was rendered unconscious.

CHOKE HOLD – Direct mechanical pressure applied to the front of the neck or throat compressing the trachea thus restricting the person's ability to breathe.

PROCEDURES:

1. If application of the CRCH appears reasonable based on the totality of the circumstances, the officer should:
 - a. If practical, attempt to apply the CRCH from a ground position to reduce the risk of secondary injuries to the officer and subject.

- b. If time and circumstances permit, the officer should provide verbal commands and direction during the application of the hold in an effort to obtain voluntary compliance prior to rendering any person unconscious.
 - c. Continually monitor the correct positioning and placement of the hold on the subject's neck to prevent respiratory obstruction or serious injury. If improper positioning is identified, immediately obtain the correct positioning, or discontinue the hold.
 - d. If the hold has not achieved the desired effect within approximately 30 seconds of initial application, the officer should release bilateral pressure and either disengage from the CRCH, reassess placement and tactically reposition, or transition to another reasonable force option.
2. After any application of the CRCH, the officer shall ensure the following steps occur:
- a. Absent exigent circumstances, upon subject compliance reasonably perceived by the officer, the officer shall release bilateral pressure without unnecessary delay and transition to handcuffing.
 - b. Upon unconsciousness, reasonably perceived by the officer, the officer shall release bilateral pressure without unnecessary delay and transition to handcuffing.
 - c. Initially position the subject onto their side into a lateral recovery position, check vital signs to include breathing and pulse. Once consciousness is regained, the officer will assess the subject for a reasonable level of cognitive function.
 - d. If rendered unconscious, the subject should regain consciousness in 20-30 seconds. If they do not regain consciousness in 30 seconds, it should be treated as a medical emergency and EMSA summoned immediately.
 - e. If rendered unconscious, the subject should be reasonably coherent within 30 seconds of regaining consciousness. If not, it should be considered a medical emergency and EMSA summoned immediately.
 - f. After any application of the CRCH, the subject shall be promptly examined by EMSA at the scene prior to transport.
 - g. Notify a supervisor of any application of a CRCH as soon as possible.
 - h. Receive full medical clearance from an authorized medical facility prior to booking.
 - i. Tulsa Police personnel shall maintain visual monitoring of the subject for signs of medical distress for a minimum of two hours after application of the hold.
 - j. Inform booking, or any person placed in a position of providing care, that the individual has been subjected to the hold. The time of application and any pertinent medical information will also be included.
 - k. After any application of a CRCH, officers will complete a *Use of Force Report* and forward it to the division commander through the chain of command. The division commander will review and forward the report with all findings and recommendations as described in policy 101A.

REGULATIONS:

1. After any application of the CRCH, the subject shall be promptly examined by EMSA at the scene prior to transport.
2. Notify a supervisor of the application of the hold as soon as possible.
3. Receive full medical clearance from an authorized medical facility prior to booking.
4. After any application of the CRCH, officers shall complete a *Use of Force Report*.
5. The CRCH, Choke Holds, or similar neck restraints designed to inhibit blood flow or a person's ability to breath shall only be used when deadly force is authorized, i.e., if the officer has probable cause to believe the suspect poses an imminent threat of serious physical harm, either to the officer or others.

REFERENCES:

101A, *Use of Force*
Boyd Products Inc., Carotid Restraint Training Institute