CITY OF
ANTIOCH
CALIFORNIA

STAFF REPORT TO THE CITY COUNCIL MEETING AS THE POLICE OVERSIGHT STANDING COMMITTEE

DATE: Meeting of September 28, 2021

TO: Honorable Mayor and Members of the City Council

SUBMITTED BY: Anthony Morefield, Police Captain

APPROVED BY: Tammany Brooks, Chief of Police

SUBJECT: Positional Asphyxia Policy

RECOMMENDED ACTION

It is recommended that this committee accept this report and attached Positional Asphyxia Policy for review.

FISCAL IMPACT

There is no fiscal impact in accepting this report.

DISCUSSION

During the Regular Council Meeting on August 24, 2021, the City Council directed the City Manager and the City Attorney to work with the Chair and Vice-Chair of the Police Oversight Standing Committee and the Antioch Police Department to develop a new policy. The new policy's intent is to protect members of the public involved in law enforcement incidents by identifying and prohibiting the use of Police Officer restraints, holds, tactics and maneuvers that pose a substantial risk of positional asphyxiation, potentially resulting in unconsciousness or death.

Command Staff and subject matter experts from the Antioch Police Department researched existing Positional Asphyxia policies from around the world, including medical expert opinions on the matter. In addition, the City team examined federal and state laws which guide law enforcement use of force along with reports on industry best practices.

On September 7, 2021, staff met with the Chair and Vice-Chair of the Police Oversight Standing Committee to review the gathered materials and receive further guidance. A draft Positional Asphyxia Policy was created and underwent further revision by Police Department staff.

The Police Department contracts with a company called Lexipol which designs web based policy manuals and training for law enforcement agencies all over the United States. Lexipol further provides a full library of customizable, state-specific law enforcement policies that are updated in response to new state and federal laws and court decisions. Through multiple meetings, the consensus of the City team was that this policy should exist as a stand-alone policy. The (attached) Positional Asphyxia Policy was drafted in Lexipol and is consistent with federal and state guidance as well as industry best practices.

ATTACHMENTS

A. APD Positional Asphyxia Policy

Positional Asphyxia

XXX.X PURPOSE AND SCOPE

This policy provides guidelines concerning positional asphyxia. It applies anytime there is a use of force or restraint applied to a person. Positional asphyxiation is insufficient intake of oxygen as a result of body position that interferes with the person's ability to breath. It can occur during the process of subduing and restraining a person by placing the person in a posture that prevents or impedes the process of normal breathing. Restraint in the prone position presents a significant risk of asphyxia, particularly when a person is handcuffed and left in a facedown position. People may die from positional asphyxia, when the mouth and nose are blocked or where the chest may be unable to fully expand.

XXX.1 DEFINITIONS

Definitions related to this policy include:

Positional Asphyxia - Occurs when the position of the body interferes with respiration and results in asphyxia (a condition arising when the body is deprived of oxygen).

Recovery Position - Position used to situate an unconscious/passive person (typically on their side) in a manner to help keep their airway open and clear to ease breathing and avoid positional asphyxia.

XXX.2 MEDICAL CONSIDERATIONS

Once it is reasonably safe to do so, properly trained officers should promptly provide or procure medical assistance for any person injured or claiming to have been injured in a use of force incident (Government Code § 7286(b)).

Prior to booking or release, medical assistance shall be obtained for any person who exhibits signs of physical distress, who has sustained visible injury, expresses a complaint of injury or continuing pain, or who was rendered unconscious. Any individual exhibiting signs of physical distress after an encounter should be continuously monitored until he/she can be medically assessed.

Based upon the officer’s initial assessment of the nature and extent of the subject’s injuries, medical assistance may consist of examination by fire personnel, paramedics, hospital staff, or medical staff at the jail. If any such individual refuses medical attention, such a refusal shall be fully documented in related reports and, whenever practicable, should be witnessed by another

officer and/or medical personnel. If a recording is made of the contact or an interview with the individual, any refusal should be included in the recording, if possible.

The on-scene supervisor or, if the on-scene supervisor is not available, the primary handling officer shall ensure that any person providing medical care or receiving custody of a person following any use of force is informed that the person was subjected to force. This notification shall include a description of the force used and any other circumstances the officer reasonably believes would be potential safety or medical risks to the subject (e.g., prolonged struggle, extreme agitation, impaired respiration).

XXX.3 POSITIONAL ASPHYXIA REQUIREMENTS

Officers shall comply with the following conduct concerning positional asphyxia:

a) A person lying on their stomach in a face-down position may have difficulty breathing. An officer shall only physically force a person to a face down position when reasonably necessary to do so to protect the safety of the person, the officer, or pedestrians.
b) Immediately following the application of force or restraint of a person, and as soon as it is safe to do so, officers shall position a person in a recovery or seated position to allow for free breathing and to avoid positional asphyxia.
c) Any body-to-body contact or officers' placement of weight on a person must be transitory. Officers shall not forcibly hold down or place weight on a prone person any longer than reasonably necessary to safely restrain the person. As soon as practicable, an officer's weight on a person shall be removed. Officers shall be aware of the amount and duration of any weight placed on a person.
d) 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. No more than two officers shall place weight on a person's upper body or torso. If additional assistance is needed, an additional officer or officers may restrain a person's limbs to restrict their movement.
e) Once officers safely restrain a person, officers shall not sit, kneel, stand, or place their weight on a person's chest, back, stomach, or shoulders.
f) Officers must inquire about a restrained 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 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. Officers must be aware of environmental factors, including the nature and temperature of the surface on 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.
g) If a person continues to resist after being restrained, officers must check if any resistance is related to a person's difficulty breathing. 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.
h) 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.

Persons who exhibit extreme agitation, violent irrational behavior accompanied by profuse

sweating, extraordinary strength beyond their physical characteristics and imperviousness to pain, may be experiencing a serious medical condition and at risk of sudden death. Calls involving these persons should be considered medical emergencies. Officers who reasonably suspect a medical emergency should request medical assistance as soon as practicable and have medical personnel stage away if appropriate.