

# MODULE 1: OFFICER SAFETY THEORY

## MODULE 1

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## SECTION 1

### AIMS:

Describe the theories, principles and concepts relating to OST.

### LEARNING OUTCOMES:

Officers will be able to:

- State the responsibilities of Police Scotland in relation to the European Court of Human Rights (ECHR) 1998 Act and its relevance to OST.
- Explain the levels of force that may be used when carrying out a threat assessment.
- Identify warning and danger signs when confronting subjects and the various human behaviours officers will be presented with.
- Identify the medical conditions and implications when carrying out officer safety techniques.
- Identify the issues of edged weapons in relation to OST.
- Describe the safe systems of a subject search.
- Demonstrate the correct use of the Ampel Probe.

### INTRODUCTION

This module has been designed to assist officers in understanding the theories, policies and procedures which form the background to officer safety. It will provide greater confidence in applying skills operationally and assist in report writing.

## MODULE 1

### HUMAN RIGHTS ACT

The Human Rights Act, 1998, confers a number of rights. The main concerns for police officers, who may require to use some degree of force in the execution of their duty, are Articles 2, 3 and 5.

#### ARTICLE 2

Confers a right to life.

1. Everyone's right to life shall be protected by law. No one shall be deprived of their life intentionally, save in the execution of a sentence of a court following their conviction of a crime for which this penalty is provided by law.
2. Deprivation of life shall not be regarded as inflicted in contravention of this article when it results from the use of force which is no more than absolutely necessary;

Of any subject from unlawful violence;

- In order to effect a lawful arrest or to prevent the escape of a subject lawfully detained;
- In action lawfully taken for the purpose of quelling a riot or insurrection.

The European Court has held that 'in keeping with the importance of this provision (the right to life) in a democratic society the court must, in making its assessment, subject deprivation of life to the most careful scrutiny ... taking into consideration not only the actions of the agents of the State who actually administer the force, but also all the surrounding circumstances including such matters as the planning and control of the actions under examination' (McCann v United Kingdom (1995)) 21 EHRR 97.

## SECTION 2

#### ARTICLE 3

Confers an absolute right not to be tortured or subjected to inhumane or degrading treatment.

If any action is found to have amounted to torture, etc, a breach of this right will have occurred.

Where extreme and excessive force is applied, or where the application of force is maintained for longer than is necessary, to achieve a lawful aim that may amount to torture etc.

In relation to all the above articles, the use of force must be based on an honestly held belief that it is absolutely necessary; which is perceived for good reasons to be valid at the time.

#### ARTICLE 5

Confers a right to liberty and security of person.

In deciding whether the action was 'necessary in a democratic society' it will be necessary to consider whether the action:

- fulfilled a pressing social need,
- pursued a legitimate aim,
- demonstrated a reasonable relationship of proportionality between the means employed and the aim pursued.

This means that the action was designed to:

- Impair as little as possible the right or freedom in question
- Meet the objectives of the domestic law in question
- Not be arbitrary, unfair or based on irrational considerations, and be balanced against the severity of the effect that the action has on the subject or subjects. The more severe the effect, the more important the objective must be for the action to be considered legitimate.

The approach that should be taken can be summarised in the simple mnemonic **PLANE**;

### **PROPORTIONATE**

Action taken must be proportionate in all circumstances. An option is unlikely to be regarded as proportionate where a less injurious, but equally effective alternative exists.

### **LEGALITY**

There must be a legal basis for taking the action. This can derive from either common or statute law.

### **ACCOUNTABLE**

Officers should record their decision, and must be able to account for why they chose a particular course of action and, in some cases, what other options may have been available and why these were not chosen.

### **NECESSARY**

The action taken must have been necessary to carry out the lawful duty.

### **ETHICAL**

Officers' actions should be in accordance with the principles of conduct that are considered correct, and appropriate for the conduct becoming of a police officer.

The ECHR is a living instrument and seeks to take account of changes in society and the prevalent values recognised within it. Police Scotland Code of Ethics guidelines should be referred to.

## **USE OF FORCE AND HUMAN RIGHTS**

When making a determination as to whether the level of force used was lawful in any particular instance the courts will take cognisance of the Articles under the ECHR 1998 Act.

## MODULE 1

### USE OF FORCE

#### POLICE SCOTLAND POLICY

##### Criteria for Use of Force

An officer's use of force must be **REASONABLE**. It is possible to demonstrate that the force used was **REASONABLE** by two methods;

##### JUSTIFICATION

The level of force must be appropriate to the degree of resistance exhibited by the subject.

##### PRECLUSION

Other force options must have either been attempted and failed, or have been considered and found to be inappropriate under the circumstances.

Force can be described as the use of Strength, Power, and Energy, but includes anything that tends to produce an effect on the mind or will of another.

This is an **UNAVOIDABLE** aspect of operational policing.

As can be seen from the definition of force above, officers will utilise some degree of force on a daily basis. The important aspect is the level of force deployed.

In Scots Law police officers are justified in using force for self-defence. Self-defence extends to the defence of others, effectively the protection of life.

**Note : Police and Fire Reform (Scotland) Act, 2013**

## SECTION 3

### Section 20 - Constables: general duties

1. It is the duty of a constable—
  - (a) to prevent and detect crime,
  - (b) to maintain order,
  - (c) to protect life and property,
  - (d) to take such lawful measures, and make such reports to the appropriate prosecutor, as may be needed to bring offenders with all due speed to justice,
  - (e) where required, to serve and execute a warrant, citation or deliverance issued, or process duly endorsed, by a Lord Commissioner of Justiciary, sheriff, justice of the peace or stipendiary magistrate in relation to criminal proceedings, and
  - (f) to attend court to give evidence.
2. When taking lawful measures in pursuance of subsection (1)(d), a constable must take every precaution to ensure that a person charged with an offence is not unreasonably or unnecessarily detained in custody.

Police officers use force to establish control of people and situations for the following reasons;

- Self defence/defence of others
- To effect a lawful arrest
- To prevent the escape of a prisoner
- To prevent a crime being committed
- To preserve order

Whatever the use of force, the officer will require to answer: "Could the officer have achieved the same lawful objective by using a lower force option?"

Two officers confronted with the same set of circumstances may react differently. They may select different force options each of which they perceived to be appropriate and reasonable for them. It is for each officer to justify their individual course of action. The Police Scotland National Decision Model should be considered at all times.

## MODULE 1

# TACTICAL COMMUNICATION

### DEFINITION

#### GIVING OUT

Information is given out by a combination of voice and body language. To be effective, both need to compliment each other.

#### COMPONENTS OF COMMUNICATION

Communication is a two-way process in which people interact with others. When communicating face to face, this information exchange process has 3 components:

1. **Words** - actual words spoken, phrases and content, making up 7% of the total message.
2. **Vocal** - tone, volume, intonation, pitch, pace, making up 38% of the total message.
3. **Body Language** - body language, gestures, facial expressions, making up 55% of the total message.

These figures show that clearly the majority of the message is **NON-VERBAL**. It is, therefore, vitally important that officers learn to use appropriate body language which concurs with what they are saying.

If there is a conflict between the spoken word and body language people naturally believe body language.

## SECTION 4

### TAKING IN

Just like the subject, information is taken in through your eyes and your ears. Whilst tactical communication is improved by training and knowledge, the subject's ability to give out and take in information are more likely to be affected by drink, drugs, mental state and behavioural patterns (some learned and some instinctive).

These elements are classified as:

- Impact Factors
- Warning Signs, and
- Danger Signs

This is the information taken in, which combines to form Profiled Offender Behaviour and dictates what the Reasonable Officer Response Option will be.

### ACTIVE LISTENING

Active Listening is a system for taking in the subject's spoken words, and is a basic conflict resolution skill.

Officers should:

- be open and receptive,
- hear all of what is said,
- interpret what is said,
- act on what is said.

Empathy is a powerful tool that can defuse a verbal confrontation which can result in achieving compliance and control. Summarising what the subject has said displays understanding. Options and intended actions should then be explained to the subject.

Words alone will not control or resolve every encounter with a subject intent on resisting officers.

The following five step system is a professional method of communication when resistance levels persist or increase.

### THE FIVE STEP 'POSITIVE STYLE' OF TACTICAL COMMUNICATION

#### STEP 1: ETHICAL APPEAL

Ask. Most people will respond to a direct request from the police.

#### STEP 2: REASONABLE APPEAL AND EXPLAIN

Explain the reason for the request, what law has been contravened and what conduct caused the request.

#### STEP 3: PERSONAL APPEAL AND OPTIONS

Explain to the person what they can expect to gain or lose. Options can be created for them. Such options may affect them in terms of time, money, reputation or family.

#### STEP 4: PRACTICAL APPEAL - CONFIRMATION

This is where the officer confirms the resistance. The subject should be informed of what is required. Following refusal a good recognised phrase is "Is there anything I can reasonably do or say to make you co-operate with me/us?"

This easily recognisable phrase also acts as a signal to other officers that this may be the last line of dialogue before taking physical action.

#### STEP 5: ACTION

A physical force option. This is a necessity because of the subject's continued or escalating resistance. The officer should choose a force option based on their perception of the resistance offered and other impact factors as per the use of the Conflict Resolution Model.

## RECOGNISING 'COMPLIANCE' AND SIGNALS OF SUBMISSION

Lastly, but of equal importance, is the necessary ability to recognise and record compliant behavioural patterns. Compliant behaviour on its own is invariably dealt with through officer presence and tactical communication.

Compliance has both verbal and body language components which are easy enough to identify. Open hand gestures with the palms facing the officer are the most common physical signs.

Again, the verbal components are obvious. The body language signs which will confirm the subject's submission include:

- relaxation of muscles, loss of resistance
- signs of exhaustion, sweating, out of breath
- falling onto knees

## FIVE OCCASIONS WHEN TACTICAL COMMUNICATIONS MAY FAIL

Whilst it is always preferred to deal with an encounter with the lowest level of force this is not always possible. There are five times when communications skills will often fail and other options should be considered.

The pneumonic **SAFER** can be used to explain these five areas:

### SECURITY:

When there is imminent danger to any subject. When property under police control/protection is threatened.

### ATTACK:

When the officer or other subjects are being attacked, or personal safety is jeopardised.

### FLIGHT:

When a subject runs away from an officer.

### EXCESSIVE - REPETITION:

When it becomes obvious that no voluntary compliance will be forthcoming.

### REVISED PRIORITIES:

When the encounter changes and requires immediate action on a different response option.



## MODULE 1

# THREAT ASSESSMENT

## CONFRONTATIONAL CONSIDERATIONS

There are three factors which will have a direct effect on a police officer's chances of falling victim to a violent assault. They are as follows;

- Mental conditioning (mind set)
- Tactics
- Skills

Individual officers must account for any deficiencies identified in these areas and take the appropriate action to rectify them.

Mental conditioning begins with the realisation that any officer can become a victim of violence.

Mental conditioning enables an officer to:

- Operate at the proper and appropriate level of awareness.
- Detect or anticipate warning signs (assessment).
- Deal with the threat appropriately.
- Reduce and deal with any trauma suffered during and after an incident.

## PREPARATION FOR POLICING

A police officer's most common threat is through their own complacency. Officers require to continually conduct Dynamic Assessment of Risk, re-assess the situations and ensure the correct response option is put in place.

## SECTION 5

The following colour coding system highlights the phases an officer routinely experiences on duty:



**WHITE:** Relaxed / unaware of surroundings, low survival prospects, relies on luck.



**YELLOW:** Still relaxed, but aware and confident of dealing with any situation.



**RED:** Ready and ALERT to any person, object or place.



**BLACK:** Survival mode.

In an effort to enhance officer safety, officers should be in the yellow stage as a minimum response when on duty.

## THREAT ASSESSMENT

### CONFLICT

Police officers are routinely required to respond to conflict situations.

A conflict can be described as "a trial of strength between opposed parties or principles or be at odds with".

### GENERAL

Police officers should remain alert to the possible risks at all times. Awareness is a method of increasing the chances of recognising a threat at an early stage allowing officers to respond effectively. Part of that awareness involves assessing the threat that confronts officers. On the basis of the available information/intelligence, an officer will be able to make an assessment of the threat faced.

Threat Assessment links into the common understanding of Dynamic Assessment of Risk. Officers carry out subjective assessments of hazards during high-risk real-time incidents, and take appropriate and immediate actions to manage the hazards and control the risks.

## DEFINITION

Threat assessment means accurately assessing any:

### PERSON

This may be obvious from a subject's actions or demeanour or their ability.

### OBJECTS

For example; A syringe in a subject's pocket, a razor blade taped to the door handle of a stolen car.

### PLACES

Environmental factors such as a confined dwelling when confronting an aggressive volatile subject(s).

## RISK CATEGORIES

Every person, object or place falls into one of two categories:-

### HIGH RISK

Presents an obvious threat.

### UNKNOWN RISK

Presents an undiscovered threat.

**THERE IS NO SUCH THING AS 'LOW RISK'!**

This system has only two categories: high risk and unknown risk. There is no 'low risk' or 'no risk' categories due to the unpredictable nature of subject interaction.

As part of the information / intelligence phase an officer needs to establish the:

- Identity of the Subject
- Capability of the Subject
- Intent of the Subject

Linking this into previous understanding of a Threat, does a subject have the Opportunity, Means, Ability and Intent to do harm to an officer, others or themselves. When these elements interact they are referred to as **Jeopardy**.

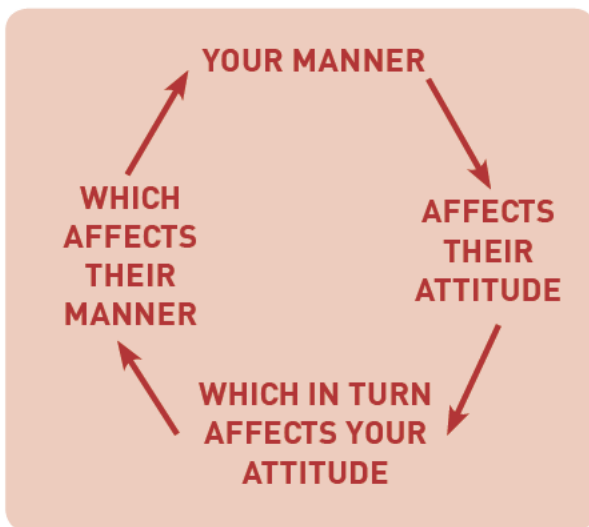
**All four elements must be present.**

## MODULE 1

# THE ATTITUDE CYCLE, ASSAULT CYCLE AND CHEMICAL COCKTAIL

### THE ATTITUDE CYCLE

Conflicts can be escalated purely by an officer's response to a subject's behaviours. A throw away remark may greatly increase the risk of physical violence.



How an officer says something to a subject may dictate their response (positive or negative).

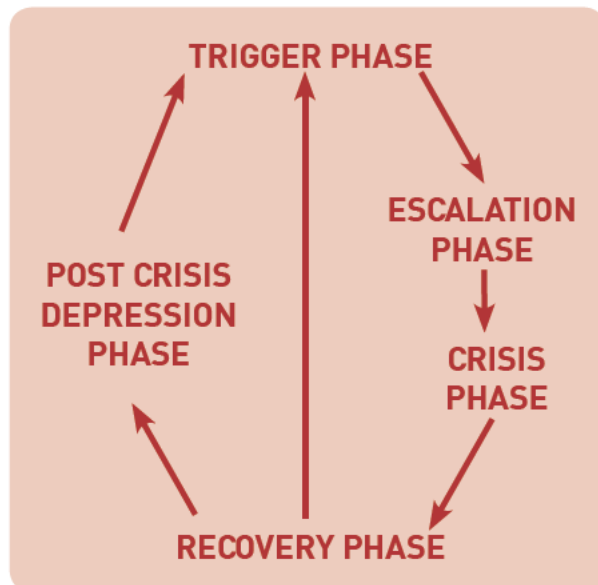
The above cycle is directed towards the officer making the initial contact. This can be reversed with a subject making the initial negative statement and the officer responding negatively.

An unfortunate transition will move towards the Assault Cycle.

## SECTION 6

### THE ASSAULT CYCLE

An act of violence takes the form of a cycle of behaviour.



### THE TRIGGER PHASE

There can be numerous triggers both internal and external. It is during the trigger phase that tactical communications should be employed to try to prevent the subject's behaviour escalating. Tactics to avoid include:

Direct confrontational questions regarding the cause of aggressiveness

- Direct threats
- Invasion of personal space
- Judgemental or critical statements

### THE ESCALATION PHASE

Behaviour begins to deviate from normal. If a subject's behaviour enters the escalating phase, it may still be possible to gain control by using tactical communications, however, the officer should be considering other response options.

## THE CRISIS PHASE

Control over aggression diminishes – violence becomes likely.

## THE RECOVERY PHASE

The subject's behaviour begins to return to normal. It is important to be aware that a subject's high state of physical and psychological arousal can remain for an extended period after an incident. During this phase the subject is particularly sensitive to the trigger factors.

## POST CRISIS DEPRESSION PHASE

Mental and physical exhaustion are common. Subjects' may become tearful, remorseful, guilty, ashamed, distraught or despairing.

Evidence has shown that the person having to deal with the aggressive subject (i.e. police officer) experiences a similar set of phases. This means that whilst the officer requires to be behaving in a rational and effective manner, the heightening of psychological and physical states may hinder the process.

## THE CHEMICAL COCKTAIL

The body during a conflict releases a range of internal chemicals to enhance an officer's survival ability; the following is a breakdown of these chemicals.

### ADRENALINE

Increases heart rate, oxygen supply to the lungs and blood supply to the muscles. This also promotes supply of glucose into the blood for energy. These things assist in coping with fear and stress.

### ENDORPHINS

The body's natural painkillers.

### DOPAMINE

Dopamine is a neurotransmitter. It is a chemical messenger that helps in the transmission of signals in the brain and other vital areas.

### NORADRENALINE

This is a hormone which causes vasoconstriction (blood moves from extremities to major muscle groups).

### CORTISOL

Naturally occurring hormone which reduces the effects of shock.

### PHYSIOLOGICAL EFFECTS OF THE CHEMICAL COCKTAIL:

- Additional strength
- Increased pain threshold
- Increased awareness and detailed focus on immediate threat
- General muscle tightening
- Visual slow down (Tachypsychia)
- Tunnel vision
- Auditory exclusion
- Cognitive dissonance
- Post incident fatigue

## MODULE 1

### WARNING SIGNS, DANGER SIGNS AND IMPACT FACTORS

#### WARNING SIGNS

Generally subjects who are aroused to fight do not launch into an assault for fear of injury. They initially begin by using attack gestures known as “**ritualised combat**”.

By learning to identify these signals officers give themselves a significant advantage.

#### Warning signs include:

- Direct eye contact
- Facial colour darkens
- Head back
- Subject stands tall to maximize height
- Kicking the ground
- Large movements
- Breathing rate accelerates
- Stop/start behaviour

#### DANGER SIGNS

Danger signs are more than warning signs. Subjects begin to lose control physically. When this occurs their physical signals are significant and spontaneous.

**It is critical that police officers understand and recognise these signals as they are indicative of an imminent attack.**

Neglecting or ignoring these signals will put the officer at a serious disadvantage.

#### Danger signs include:

- Fists clenching and unclenching
- Facial colour pales
- Lips tighten over teeth
- Head drops forward to protect throat
- Eyebrows drop to protect eyes
- Hands raised above waist
- Shoulders tense

## SECTION 7

- Stance changes from square to sideways
- Subject breaks their stare and looks for intended body targets
- If the subject is out of breath, the final signal will be a lowering of their entire body before moving forward to attack

#### IMPACT FACTORS

Impact factors are those human and environmental differences which make each incident unique and every officer's perception different. These factors have a crucial bearing on making decisions and choice of tactics and may provide justification to use a specific level of force:

- How should an officer approach the situation?
- What should an officer say?
- Does an officer need assistance?
- What personal protective equipment is the best option?

Being aware of impact factors will not provide officers with answers, but will encourage them to ask the right questions.

#### Impact factors include:

- |   |                                       |
|---|---------------------------------------|
| • Size, age, strength, sex              | • Injury/fitness                      |
| • Drugs/alcohol                         | • Exhaustion                          |
| • Ability                               | • Willingness to listen               |
| • Numbers                               | • Special knowledge                   |
| • Opportunity and intent to do you harm | • Nature of crime                     |
| • Weapons                               | • Clothing                            |
| • Skill levels                          | • Proximity of others                 |
|   | • Danger to others                    |
|   | • Police powers, skill and perception |

#### Environmental impact factors include:

- |  |                        |
|--|------------------------|
| • Space  | • Escape routes        |
| • Proximity to furniture                           | • Weather conditions   |
| • Domestic situation (kitchen = access to weapons) | • Conditions underfoot |

## MODULE 1

### PROFILED OFFENDER BEHAVIOUR

The term Profiled Offender Behaviour encompasses the actions and behaviour of the subject and comprises the Warning and Danger Signs they exhibit, coupled with the Impact Factors present. This profiled behaviour will determine the response. Police officers react proportionately to the actions of the subject. Profiled Offender Behaviour is split into six levels which are as follows:

## SECTION 8

### LEVEL 1 - COMPLIANCE

Large percentages of subjects dealt with are reasonable and will comply with any lawful instruction given by the officer.

This compliance may be verbal or it may be active compliance such as stopping when told or showing the contents of their hands.

### LEVEL 2 - VERBAL RESISTANCE AND/OR GESTURES

Where a subject verbally refuses to comply with an officer's requests and/or also exhibits body language which indicates non-compliance.

### LEVEL 3 - PASSIVE RESISTANCE

This is non-active conduct with non-compliance: e.g. subject simulates a dead weight / sits or stands and will not move.

### LEVEL 4 - ACTIVE RESISTANCE

A form of conduct where the subject actively resists the officer but does not become assaultive: e.g. swallows drugs / runs away from officers / struggles against officers.

### LEVEL 5 - ASSAULTIVE RESISTANCE

Physical conduct that results in a direct attack on an officer or person.

### LEVEL 6 - SERIOUS/AGGRAVATED RESISTANCE

The highest level of resistance displayed by a subject where there is a possibility of serious injury and/or death. This could include the production of a weapon of any kind.

## MODULE 1

# REASONABLE OFFICER RESPONSE OPTIONS

Reasonable Officer Response Options are split into five levels, which are as follows:

### LEVEL 1 - OFFICER PRESENCE

Officer Presence is a broad term encompassing the physical aspects of an officers presence, which can have a visual impact in any situation, particularly confrontational situations.

An officers appearance, bearing, stance and even the sight of an officer's personal protective equipment, can have an effect on the subject's behaviour.

Officer Presence forms the largest part of non-verbal communications.

### LEVEL 2 - TACTICAL COMMUNICATION

By definition, tactical communication means the ability to give out and take in information in a way which gives the officer a tactical advantage.

### LEVEL 3 - CONTROL SKILLS

Control Skills include techniques such as Empty Hands, Holds and Restraints, Baton Arm Locks, Handcuffing, Spit hoods and Leg restraint belts.

### LEVEL 4 - DEFENSIVE TACTICS

Defensive tactics include the use of CS Spray, Batons, Empty Hand Techniques, Handcuffs, Taser and Baton Guns.

## SECTION 9

### LEVEL 5 - DEADLY OR LETHAL FORCE

A level of force with the potential to cause serious injury or death. This includes Firearms.

## MODULE 1

## SECTION 10

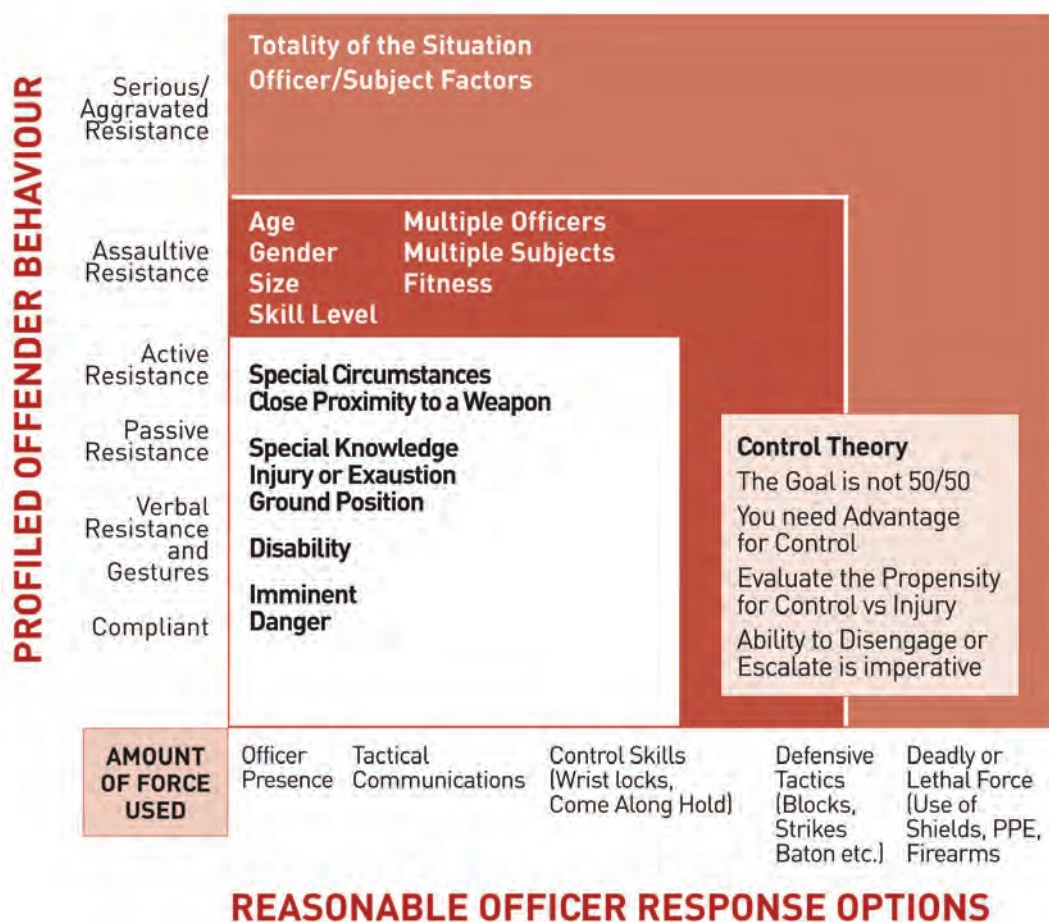
# THE PARADIGMS OF CONFLICT

Use of force options are contained within the Confrontational Continuum and the Conflict Resolution Model.

Officers can deploy a higher level of force to achieve compliance. In line with the ECHR protocols, only that level of force required to achieve the lawful objective should be considered when it is absolutely necessary.

Officers are required to have an understanding of IMPACT FACTORS and PRECLUSION. On deciding the appropriate force response option, officers require to fully assess the situation and consider the impact of their actions on the subject. The injury potential of the force option deployed must be considered by the officer.

## THE CONFRONTATIONAL CONTINUUM

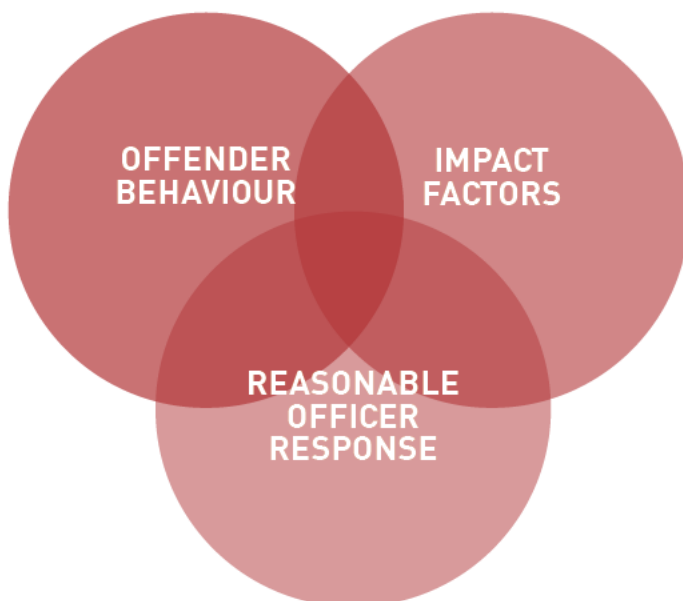




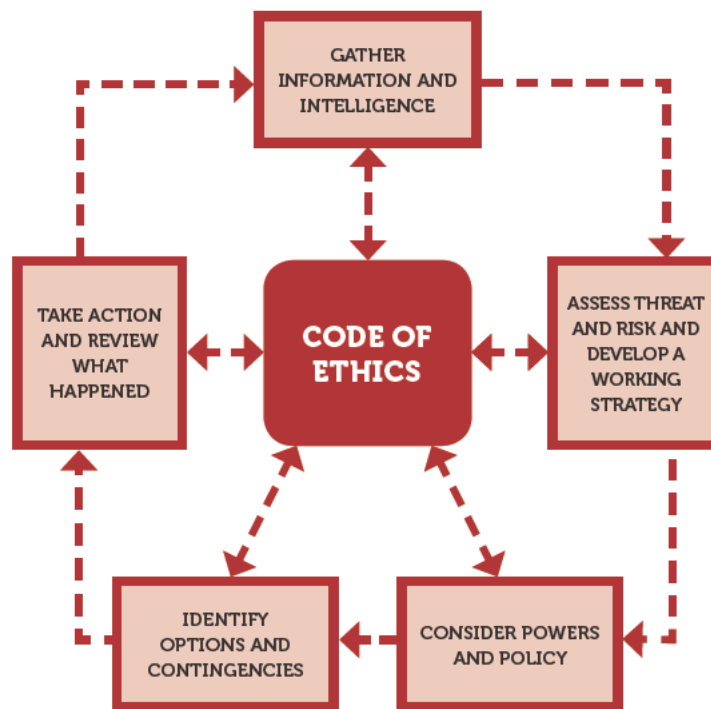
## CONFLICT RESOLUTION MODEL

The Conflict Resolution Model illustrates how Impact Factors have a bearing on Profiled Offender Behaviour and Officer Response Options.

It also creates a clearer understanding of how these three components are interlinked and have an equal effect on an officer's decision making process.



## NATIONAL DECISION MAKING MODEL



### STAGE 1: GATHER INFORMATION AND INTELLIGENCE

A correct and defensible decision is more likely to result from consideration of all relevant information and intelligence such as-

Information/Intelligence in relation to the subject such as:

- Identity
- Capability
- Intent

Should also be gathered.



This may come from what the individual officer sees, hears or even feels for themselves, or from what they are told by another person. Information from local circulations, experience from previous encounters or data gleaned from a use of force reporting system may also be relevant.

## STAGE 2: ASSESS THREAT AND RISK AND DEVELOP A WORKING STRATEGY

Threat assessment means accurately assessing any person, object or place which could put an officer at risk.

In addition the identity of the threat such as the subject should be assessed, the capability of the subject (for example armed) and the subject's intent to cause harm should also be assessed.

Officers should establish an appropriate and prioritised working strategy. It should be a proportionate and focused policing response. The working strategy should-

- Minimise the risk to the victim
- Minimise risk to public and immediate area
- Maximise the safety of unarmed police/staff
- Maximise safety of any specialist officers
- Minimise the risk to the subject
- Allow for detention/arrest of the subject
- Allow for recovery/preservation of evidence

## STAGE 3: CONSIDER POWERS AND POLICY

Officers must only act within the law. A sound knowledge and understanding of available legal powers is therefore essential. In addition, local policies may determine what or how action should be taken.

Other areas such as common law, powers of search etc, should also be considered.

European Convention of Human Rights (ECHR) provide an essential point of reference and will impact on any assessment or decision implemented. The ECHR articles are-

- Article 2 –** Protects the right of every person to their life. (There is a positive duty on the police to act). The second paragraph of article 2 provides that death from defending oneself or others, arresting a suspect or fugitive, or suppressing riots or insurrections, will not contravene the Article when the use of force involved is no more than absolutely necessary.
- Article 3-** Prohibits torture and inhuman or degrading treatment or punishment.
- Article 4-** Prohibits slavery, servitude and forced labour.
- Article 5-** Provides that everyone has the right to liberty and security of person.
- Article 6-** Provides a detailed right to fair trial.
- Article 7-** No person may be punished for an act that was not a criminal offence at the time of its commission.
- Article 8-** Provides a right to respect for one's "private and family life, his home and his correspondence."
- Article 9-** Provides a right to freedom of thought, conscience and religion.
- Article 10-** Provides the right to freedom of expression, subject to certain restrictions that are "in accordance with law" and "necessary in a democratic society."
- Article 11-** Protects the right to freedom of assembly and association, including the right to form trade unions.
- Article 12-** Provides the right for women and men of marriageable age to marry and establish a family.
- Article 14-** Contains a prohibition of discrimination.

## STAGE 4: IDENTIFY OPTIONS AND CONTINGENCIES

It is not possible to list all the options available to deal with conflict; for example, in certain circumstances to do nothing may be an option. Each of the techniques described in this manual represents a tactical option. It is vital that officers understand the medical implications of each option, as this is likely to be relevant when making the appropriate choice. An option that carries a high risk of serious injury is less likely to be justified in circumstances where the threat posed carries a limited risk to others. The tactical option chosen must be proportionate to the threat faced in all the circumstances.

In any police/subject interaction the subject may have the advantage, as they know exactly who they are and what it is they have done. The police officer may only have part of the story.

The subject's behaviour is a factor in identifying options. If the subject is displaying active resistance then control tactics may be considered. If the subject is displaying assaultive resistance then defensive tactics may be considered.

## STAGE 5: TAKE ACTION AND REVIEW WHAT HAPPENED

An appropriate response should allow police to verbally and/or physically control the situation. This will ensure the safety of everyone involved namely, the public, the police and the subject.

Officers should select and implement the option that will provide the best result for all, in any given situation. Officers should continually assess the situation with a view of implementing the correct decision. Officers should be aware that if circumstances change (new information or intelligence) then such decisions should be re-assessed and the process repeated until the best decision is reached and action taken.

Recording and reviewing the incident is important to assess what went well and what didn't go so well. Should use of force forms be required to be completed, the NDM will assist in this process.

## CODE OF ETHICS FOR POLICING IN SCOTLAND

The Code of Ethics for policing in Scotland sets out the standards of behaviour expected of all staff. The Code of Ethics is made from the 3 values of Police Scotland and Human Rights and anchors our obligations under the Police Fire and Reform Act 2012

This code sets out both what the public can expect from us and what we should expect from one another and ourselves.

### INTEGRITY

I recognise my role in policing as being a symbol of public faith and trust and the obligation this places upon me to act with integrity, fairness and respect.

I shall not behave in any way, on or off duty, which shall bring discredit upon the police service.

I understand I am personally responsible for my own actions and will exercise my discretion within the law.

I shall act as a positive role model in delivering a professional, impartial service, placing service to communities before my personal aims.

I will not accept any gift or gratuity that could, or could be perceived to, compromise my impartiality.

I shall avoid all behaviour, which is or may be reasonably considered as abusive, bullying, harassing or victimizing.

I will demonstrate and promote good conduct and I will challenge the conduct of colleagues where I reasonably believe they have fallen below the standards set out in this Code.

**FAIRNESS**

I will act with courage and composure and shall face all challenges with self-control, tolerance and impartiality.

I will promote a positive well being within the community and service and ensure that all people have fair and equal access to police services according to their needs.

I shall maintain an open attitude and continue to improve my understanding and awareness of cultural, social and community issues.

I will carry out my duties in a fair manner, guided by the principles of impartiality and non-discrimination.

**RESPECT**

I take pride in working as part of a team dedicated to protecting people.

I will show respect for all people and their beliefs, values, cultures and individual needs.

I will have respect for all human dignity as I understand my attitude and the way I behave contributes to the consent communities have for policing.

I will seek public respect as a professional upholder of the law and will use professional knowledge and experience to contribute to the professional development of policing.

I shall treat all people, including detained people, in a humane and dignified manner.

I shall ensure that my relationships with colleagues is based on mutual respect and understanding and shall, therefore, conduct all communications on that basis.

**HUMAN RIGHTS**

I shall ensure my actions and policing operations respect the human rights of all people and officers whilst understanding that I will also enjoy these same human rights.

I will not use force or undertake high-risk activities such as vehicle pursuits or firearms deployment, other than where strictly necessary in order to attain a legitimate objective and only after I have balanced all the competing priorities I am aware of. (Article 2)

I will not encourage, instigate or tolerate any act of torture or inhumane or degrading treatment under any circumstance nor will I stand by and allow others to do the same. I understand that the humane treatment of prisoners is an essential element of policing and that the dignity of all those I am trusted to care for remains my responsibility. (Article 3)

I understand that people have an equal right to liberty and security. Accordingly, I will not deprive any person of that liberty, except in accordance with the law. (Article 5)

I will investigate crimes objectively and be sensitive to the particular needs of affected individuals whilst following the principle that everyone who is the subject of criminal investigation is innocent until found guilty by a court. (Article 6)

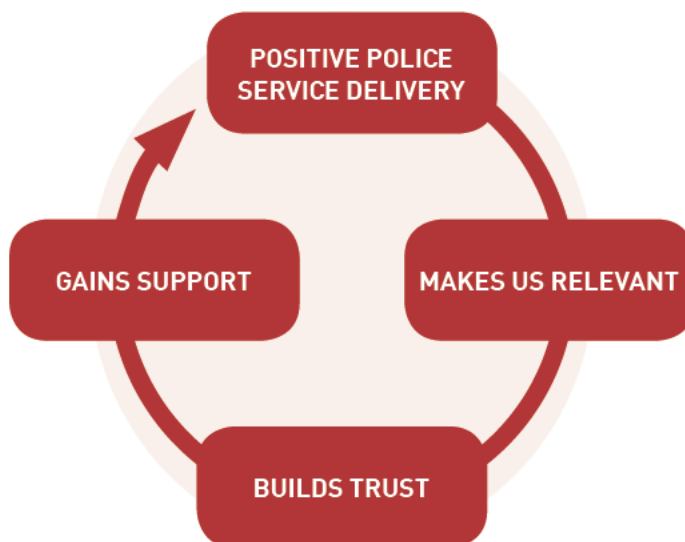
In carrying out my duties I shall respect everyone's fundamental rights. I will only interfere with privacy or family life when I am legally authorized to do so. (Article 8)

I will respect individual freedoms of thought conscious or religion, expression, peaceful assembly, movement and the peaceful enjoyment of possessions. (Articles 9,10,11)

## HOW WE DELIVER MATTERS

**‘Accountability begins at the first encounter’**

The way we deliver policing has a direct effect on individuals, communities and the public and will influence the degree of relevance, trust and confidence they have in us. We must remember that it is equally important to show not just **WHAT** we deliver but also **HOW** we deliver - it matters.



The diagrams below illustrate this and show that **WHAT** we deliver and **HOW** we deliver is in direct proportion to the degree of public support or consent we achieve.

By understanding what has gone before, you should be clear that if policing is delivered in a negative way, our relevance as a police service reduces, trust within communities diminishes and we lose support from the public.

If the decisions you make and the way you choose to act are in accordance with the principles of the Code of Ethics, then there is a greater likelihood that Police Scotland will secure public trust and confidence for all that we do.

Every interaction we have with the public, and one another, leaves a trace.

**What was your trace like today?**

**And, more importantly, are you proud of it?**

## MODULE 1

# MEDICAL CONDITIONS AND CONSIDERATIONS

Two specific medical conditions, namely, Positional Asphyxia (Restraint Related Asphyxia) and Excited Delirium must be recognised by police officers when dealing with a subject.

## POSITIONAL ASPHYXIA (RESTRAINT RELATED ASPHYXIA)

Positional Asphyxia (Restraint Related Asphyxia) can occur when a subject is placed in a position which interferes with the ability to breathe. Death can occur rapidly, and it may be the case that a police officer can be found to be liable.

The risk factors which contribute to the condition are:

- Subject's body position results in partial or complete airway constriction
- Alcohol or drug intoxication (the major risk factors)
- Inability to escape position
- The subject is prone
- Obesity
- Age
- Stress
- Respiratory muscle fatigue, related to prior violent muscular activity (such as fighting with police officers)

## SECTION 11

### SIGNS AND SYMPTOMS

Officers should recognise the following symptoms and be prepared to administer emergency first aid:

- Body position restricted to prone, face-down
- Cyanosis (bluish discolouration of the extremities)
- Gurgling / gasping sounds
- An active subject suddenly changes to passive or loud and violent to quiet and tranquil
- Panic
- Verbalising that they cannot breathe

When a subject has been involved in a physical and violent struggle, the exertion involved causes the muscles to use oxygen at an increased rate. The process can cause oxygen debt in the muscles and the physiological response to that is accelerated breathing.

When a subject is restrained, ventilation (the process of getting air into and out of the lungs) can become more difficult, due to the internal organs exerting pressure on the diaphragm. This is particularly evident when a subject is placed in the prone position or pressed against a surface.

If the subject's hands are restrained to the rear breathing ability may be restricted. This must be considered by the officer.

The process of restraining often requires the upper body to be held down, sometimes by an officer's own bodyweight. This chain of events may trigger positional asphyxia.

Officers are encouraged to remove the subject from the prone position as soon as possible following restraint. The subject can then breathe without restriction and the officer can still carry out search procedures before executing the safe get-up technique.

## EXCITED DELIRIUM

### WHAT IS EXCITED DELIRIUM?

This is when a subject exhibits violent behaviour in a bizarre and manic way.

Excited delirium is a rare form of severe mania which may form part of the spectrum of manic-depressive psychosis and chronic schizophrenia.

It is characterised by constant, purposeless, often violent activity with incoherent or meaningless speech and hallucinations with paranoid delusions.

Subjects can be dangerous and may die of acute exhaustive mania. Hyperthermia (overheating and profuse sweating, even in cold weather) is often part of this condition.

### WHY IS A SUBJECT IN AN EXCITED DELIRIUM STATE OF PARTICULAR CONCERN?

Subjects suffering from excited delirium can die suddenly during, or shortly after, a violent struggle. This could occur whilst at hospital or in custody.

### HOW IS IT CAUSED?

A combination of either drug intoxication, alcohol intoxication or psychiatric illness.

Cocaine is the most commonly associated drug with this condition, however other drugs have the potential to induce excited delirium.

### HOW DO OFFICERS IDENTIFY A SUBJECT IN A STATE OF EXCITED DELIRIUM?

- They will be abnormally strong
- They will be abnormally tolerant to pain
- Incapacitant sprays may not work on them
- Their skin may be hot
- They may be hallucinating, hiding behind objects, running around or pulling their clothes off
- They may suddenly become subdued or collapse after a bout of extreme violence

### ACTIONS TO REDUCE RISK OF DEATH IN RESTRAINED SUBJECT EXHIBITING EXCITED DELIRIUM

- The subject should be placed onto their side, or into a kneeling/seated position as soon as possible
- A subject who has been restrained and exhibits symptoms of excited delirium should be visually and verbally monitored closely
- The subject should not be transported in the prone position, if at all possible
- Officers should be prepared to administer first aid if the subject's condition deteriorates

Any subject exhibiting symptoms of excited delirium should be treated as a **MEDICAL EMERGENCY** and be assessed immediately at a hospital



## MODULE 1

### EDGED WEAPONS

#### DEFINITION

An 'edged weapon' is anything which can be used to stab or slash.

Edged weapons fall into three categories:

1. Knives.
2. All other edged weapons that are not knives but are manufactured or designed to be edged instruments such as axes, swords, scissors, darts, razors, etc.
3. Items not manufactured or intended for use as edged instruments e.g. screwdrivers, pens, pencils, pieces of glass, etc.

#### THREAT LEVEL

Subjects carry edged weapons, especially knives, for many reasons not least of which is that they are:

- Easily obtained
- Easily concealed
- Not too difficult to explain away
- Easy to use and require no expertise
- Devastatingly effective

The characteristics of the subject with the edged weapon (size, sex, age, etc) may affect an officer's perception of the threat and their decision as to the type and amount of force to use.

The presence of the edged weapon is the factor of primary importance. A subject producing a knife or edged weapon in a threatening manner is exhibiting serious or aggravated resistance.

## SECTION 12

#### TACTICS

An officer faced with a subject armed with any type of edged weapon should:

- C** - Create distance
- U** - Use cover (any large object or objects available)
- T** - Transmit (ensure that all persons in the vicinity are aware that an edged weapon is present)

A call for assistance should be made as soon as possible and if other officers are present the word 'knife' should be shouted as loud as possible to alert others to the threat. The word 'knife' should be used even if another type of edged weapon is being used as it strikes an emotive chord in most people. Shouting 'screwdriver' or 'razor' may draw a more bemused response.

If a subject produced an edged weapon whilst an officer is in close proximity, (searching for example) then the **C.U.T** system may not be appropriate.

## MODULE 1

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

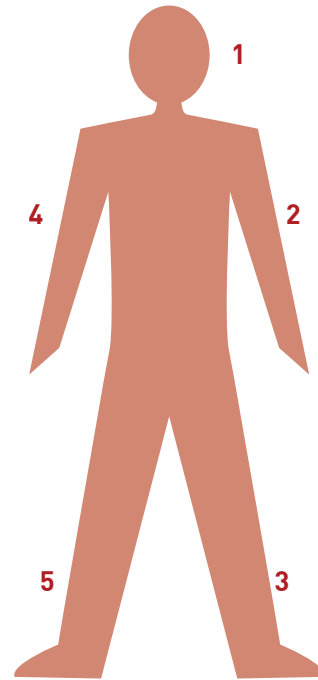
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## SECTION 13



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## SUBJECT IN PRONE POSITION

Care should be taken with the officer's positioning and at no time should a subject be facing the officer.

When the officer has carried out a systematic search to the rear of the subject they should carefully bring the subject up on their side.

The officer will instruct the subject to bend their leg to allow the officer to search towards the subject's feet.

When completed, the subject will be placed back into the prone position. The officer should move around the subject by walking around the head area away from the danger of the feet.

The officer again takes the subject onto their side and completes the search.

The officer will then complete the safe system of standing a subject to their feet (see 'getting prisoner to feet' technique).

The Ampel Probe is an invaluable tool in the safe removal of weapons, drugs and any hazardous objects from a subject or crime scene and should be considered during any search.

Where the circumstances indicate that the subject being searched may be in possession of a syringe or bladed article, the Ampel Probe can be used.

### If the Ampel Probe is used:

- The jaws of the device should be curved outwards
- Pockets should be turned out towards the floor
- For external use only

## SAFE SYSTEM OF WORK

1. The officer should be aware of the dangers of standing immediately in front of the subject and whenever possible approach from outside the 'fighting arc'
2. The officer should be aware of the subject's hand movements and body language
3. The officer should ensure that the subject is not holding any article which could be used as a weapon
4. The officer should explain their actions to the subject
5. The officer should apply appropriate control and restraint techniques
6. The officer should use disposable gloves
7. The officer should ask subject if they have any sharp implements in their possession and warn of the consequences of failure to disclose this
8. The officer should remove any sharp instruments disclosed with extreme caution and dispose of or store them safely
9. The officer should search systematically and thoroughly, exercising extreme caution, and being aware of undisclosed sharp instruments
10. The officer should turn out pockets progressively to reveal the contents. The officer should avoid placing their hands in the subject's pockets
11. The officer should alert other persons involved in the search to the discovery of any dangerous articles, e.g. using the word 'knife' on discovery of an edged weapon
12. The officer should store any article removed from the subject safely
13. The officer should maintain control at all times

## STRIP SEARCHES

There may be occasions when officers may have to carry out a strip search (e.g. if an officer suspects a subject is concealing drugs, sharp objects or other items). This should be done in private, outwith the view of people of the opposite sex.

[REDACTED]

- Appropriate authority must be obtained prior to conducting a strip search. The reason for the strip search will be recorded by the authorising officer
- The arresting/detaining officers will record the relevant details within their notebook
- The reason for the strip search should be fully explained to the subject

- [REDACTED]

The subject's dignity should be preserved at all times and [REDACTED]

[REDACTED]

A visual examination should only be conducted for areas of intimate nature and in no way should any attempt be made to remove items that are concealed internally.

[REDACTED]

[REDACTED]

A strip search should be conducted in a manner which does not embarrass or humiliate the subject and their privacy must be respected.

## DIVERSITY

Officers may have to search transsexuals, transvestites or people whose sexual identity is unknown. The principles of searching should remain the same and the subject's dignity should be respected. In law, the gender of a person is that which is stated on their birth certificate. Where an individual has changed their sexual identity, their birth certificate will be amended accordingly. An officer should ask the subject which gender they consider themselves to be.

## SEARCHING TRANSGENDER PEOPLE

As transgender people may have biological sex characteristics which differ from the gender they live in, there is potential for distress and embarrassment during a search of a transgender subject. Sensible application of the following guidance should minimise the risk and protect all involved:-

If a search is begun without any knowledge that the subject being searched is transgender and it only comes to light in the middle of the search then, unless the transgender subject requests a different gender of searching officer to take over the search, the search should simply be completed as usual by the original searching officer.

If a subject is thought or known to be transgender prior to a search being carried out, then they should be asked what gender they present and live their lives as. A female-to-male transgender man who still has breasts and a vagina may identify strongly as a man but may also request to be searched by a female officer. In such a case, the transgender man should still be referred to using male pronouns and treated as a man in all other ways except in terms of the gender of officer who searches him. The converse applies.

If a subject is unwilling to make such an election, the officer should try and determine the predominant gender in which the person lives their life. This is likely to be indicated by the name, title or gender on their main identity documentation such as their driver's license, bank cards, gender recognition certificate etc. If they appear for example to live predominantly as a woman, they should be treated as such.

Once it has been established which gender a transgender subject is to be treated as during the search, the officers conducting the search should be made aware that they are about to search a transgender subject. This is the best way to ensure that the dignity of both the officer and the transgender subject is maintained as it reduces the risk of the officer being surprised if the person has some physical characteristics not usually associated with that gender. The subject should be informed of the reason for any such disclosure.

It may also be necessary to share this information with other subject care related organisations and other police staff. Such disclosure should only be made for the purposes of the prevention of crime in relation to the transgender subject which is relevant, legal, proportionate and fair.

A transgender subject should not have to share a cell or detention room with anyone else.

## MODULE 1



## THE AMPEL PROBE

### BRIEF HISTORY

The Ampel Probe was designed by Stuart Ampel, a Florida businessman, who was watching an episode of the TV programme COPS, during which a policeman got stuck with a needle when searching a subject. The officer was shown speaking with the physician at the hospital and discussing the possibility of him contracting AIDS through the needle stick. Stuart realised that there had to be a way to minimise the risk of contracting an infectious disease during searches, and with input from a number of friends in the medical/police profession, the Ampel Probe resulted.

## SECTION 14

### TECHNICAL DATA

The Ampel Probe is twelve inches in length and just under three inches in width when closed.

#### NOSE

- Curved to allow easy access to any restricted area
- Full eight inches in length
- Can reach objects in deep pockets quickly and thoroughly
- Needle nose design is also beneficial for the delicate and firm handling of evidence

#### FORCEPS OR JAWS

- Capable of opening to four inches wide
- Precision interlocking teeth ensure a secure hold of the object in question

#### HANDLE

- Finger indented handle for easy gripping
- Probe and handle designed allows the user to grip comfortably with either hand

#### SPRING

- Enables the Ampel Probe to be opened freely
- The spring may be removed if the user does not want it

#### JOINT

- Gives the user plenty of leverage
- Dexterity in grasping and releasing objects of various sizes and weights

**CONSTRUCTED OF VERTRON**

High glass content, which makes the Ampel Probe very vibration sensitive.

Allows the Ampel Probe to 'feel' objects under clothing and other heavy materials.

Allows for quick and easy cleaning if comes into contact with blood and other infectious materials and liquids.

Fear of electrocution is eliminated because the Ampel Probe is not metallic.

The Ampel Probe has a melting point of 600°C.

**INFECTIOUS DISEASES**

The rapid increases in transmission of deadly infectious diseases leave police officers and other public safety officers at huge risk in their daily activities. The diseases that are most preventable and of particular danger to police officers are; AIDS, HIV, Hepatitis B and Hepatitis C.

Police officers should always handle every subject with caution and be aware they could be carrying an infectious disease.





# MODULE 2: EMPTY HAND TECHNIQUES

## MODULE 2

### MODULE CONTENT

**SECTION 1: INTRODUCTION**

**SECTION 2: OFFICER POSITIONING AND MOVEMENT**

**SECTION 3: FEND OFFS**

**SECTION 4: BLOCKS**

**SECTION 5: STRIKES**

**SECTION 6: GROUND DEFENCE**

**SECTION 7: BREAKAWAYS**

**SECTION 8: CHOKES**

**SECTION 9: HOLDS AND RESTRAINTS**

### AIMS

To provide officers with training in all Empty Hands techniques held within the National Officer Safety Training programme.

### LEARNING OUTCOME

Officers will be able to:

Demonstrate all techniques held within the Empty Hands section of the National Officer Safety Training programme.

## SECTION 1

### INTRODUCTION

Empty hand techniques, in conjunction with tactical communication, form the basis of Officer Safety Training. The techniques allow the use of control and restraint, pain compliance, balance displacement and motor dysfunction.

In order to achieve a proficient standard in the empty hands programme, adequate training time should be provided in order that these techniques become instinctive during confrontational situations.

### CONTROL METHODS

#### PAIN COMPLIANCE

Most Empty Hand Restraint techniques have the potential to be used for pain compliance, when justified.

The pain caused by the restraint should discourage the subject's resistance. It must, however, be recognised that the tolerance to pain can be raised by alcohol, drugs, mental conditions and indeed the mind set of the subject concerned.

When the pain from the restraint overcomes the subject's tolerance to resist, the officer should relax the pressure of the restraint and thus reduce the pain.

Pain can also over stimulate the brain and when the body is subjected to high levels of pain, the subject may experience difficulty in hearing. It is therefore vitally important for officers to communicate clearly and concisely throughout the confrontation in order to gain compliance.

These techniques should only be utilised for the shortest possible time.

## MODULE 2

# OFFICER POSITIONING AND MOVEMENT

### BODY POSTURE/STANCE

Action is always quicker than reaction, so the stance police officers adopt when dealing with a subject must allow them to: -

- (i) Keep their balance.
- (ii) Defend themselves immediately.
- (iii) Communicate without appearing aggressive.

### THE PYRAMID CONCEPT

The principles of body mechanics can be described as the pyramid concept. An officer may use these principles to obtain an advantage and control over the subject. They consist of the following elements:

#### 1. WIDE BASE

The feet should be kept shoulder width apart. This stance maintains lateral balance which is not present when the feet are together. Body weight should be equally distributed between both legs.

#### 2. DEEP BASE

Linear balance is maintained using a deep base. The feet should be placed one step apart, support leg forward, strong leg back.

#### 3. LOW CENTRE OF GRAVITY

To further enhance balance, a low centre of gravity is achieved by a slight bend in the officer's knees. Body weight should rest equally on both feet without creating tension in the knees or ankles.

## SECTION 2

### 4. HEAD OVER CENTRE OF GRAVITY

By keeping the head over the centre of gravity this assists the officer by keeping the rest of the body balanced.



During a confrontation, the hands may be the first line of defence from an attack. Officers can adopt a relaxed stance with hands facing outwards, palms out fingers towards the ground. This is a non-aggressive stance showing empathy towards the subject. Alternatively the officer can raise the hands above the waist, palms out, fingers pointing upwards, with the support leg forward and feet roughly shoulder width apart, creating a stable base. This creates a platform for the officer to adopt a defensive stance with the legs slightly flexed at the knees which will aid with stability and movement. The officer can also lower their centre of gravity, a further aid to stability. This can be quickly adopted by stepping backwards with their strong leg.

## BASIC STANCE & PATTERNS OF MOVEMENT

### REACTION GAP

The reaction gap is the time or distance between an officer and a potentially threatening subject (which means any subject).

The threat a subject poses increases the closer they are to the officer. The nearer the subject is to the officer, the less time they have to react to anything the subject may do. Conversely, the further away an officer is from a subject the more time they have to recognise a hostile act and respond to it.

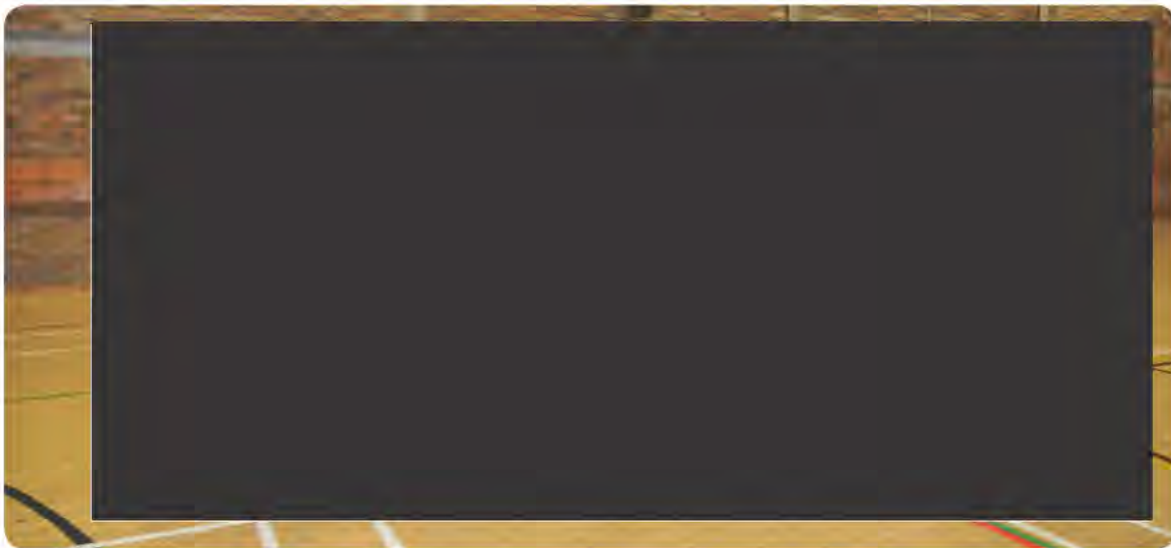
This time or distance is a safety barrier and should only be reduced at the discretion of the officer, never at the subject(s). When dealing with a subject a working reactionary gap of between 4 to 6 feet should be sufficient to allow effective communication and at the same time allow the officer to observe the subject's actions and demeanour. This gap could be increased dependent on the information available to the officer.

### THE FIGHTING ARC

The fighting arc (sometimes referred to the 'inside position') is defined as the area that most people can fight successfully in and covers a 90° arc in front of the body.

If an officer takes up a position on the outside of the fighting arc, 4 – 6 feet off the subject's shoulder, the officer makes it more difficult for the subject to attack.

As well as trying to maintain the reactionary gap, officers should be aware of tactical positioning in relation to a subject and should realise the dangers of standing directly in front of a subject.



## CONTACT AND COVER

When two officers are dealing with a subject they should adopt the contact and cover principle. This enables one officer to take control, whilst the other officer takes up observations from a safe distance:

- The contact officer is responsible for the communication between the subject and the officers
- The cover officer is responsible for ensuring the area around the officers and subject is safe
- The contact officer should position themselves with at least a 4-6ft reactionary gap from the subject
- The cover officer should position themselves to the side of the subject, again with at least a 4-6ft reactionary gap from the subject
- The positions of the officers in relation to the subject be described as an L shape
- If the subject poses a threat, both officers should be in their defensive stance and be prepared to draw PPE equipment. If required, it would be beneficial for one officer to draw their CS, with the other drawing their baton

At no point should the cover officer be positioned behind the subject.



## MODULE 2

## SECTION 3

### FEND OFFS

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

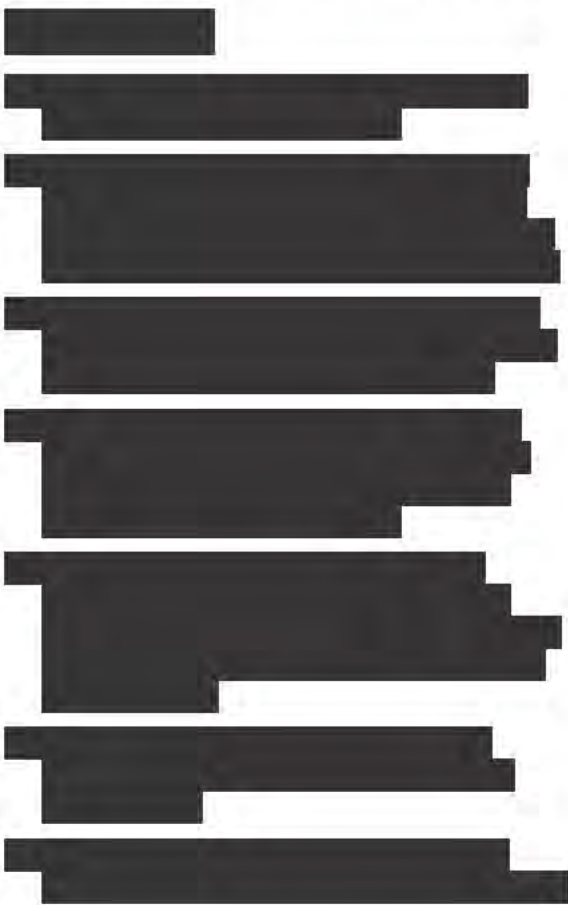
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## MODULE 2

### BLOCKS

The high and low blocks are designed to stop 'haymaker' style punches and potential knife attacks.



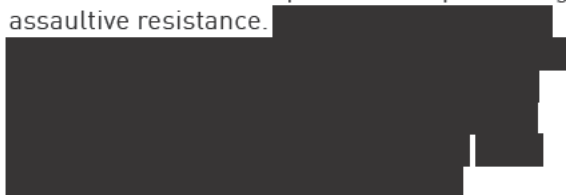
## SECTION 4



## MODULE 2

### STRIKES

Empty Hand strikes will supplement an officer's control techniques when experiencing assaultive resistance.



## SECTION 5



### PALM HEEL STRIKE





## MODULE 2

### GROUND DEFENCE

#### FRONT & REAR FALLS

It is vital an officer can defend themselves on the ground and return as quickly as possible to their feet.

#### FALL TO THE REAR



## SECTION 6



FALL TO THE FRONT





## GROUND DEFENCE

[Redacted text block]

[Redacted text block]

[Redacted text block]

## BREAKAWAYS

### WRIST BREAKAWAYS

#### SINGLE HAND WRIST GRAB

If an officer's wrist is grabbed by a subject using one hand:



### DOUBLE HAND WRIST GRAB

If an officer's wrist is grabbed by a subject using two hands:



## ARM ROTATIONS

[REDACTED]

[REDACTED]

## INWARD ROTATION

If a subject takes hold of the officer on the upper torso area:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## OUTWARD ROTATION

If a subject takes hold of the officer on the upper torso area:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## SINGLE ARM GRAB (STRAIGHT ARM)

If a subject grabs hold of an officer (clothing, body armour, airwave) with a straight arm;

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]





SINGLE ARM GRAB (BENT ARM)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



**REAR GRAB**

If a subject grabs an officer from the rear;

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## HAIR GRAB FROM THE REAR

[REDACTED]

If a subject grabs an officer's hair from the rear;

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## HAIR GRAB FROM THE FRONT

If an officer has their hair grabbed from the front;

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



## MODULE 2

### CHOKES

#### CHOKE FROM THE FRONT

If an officer's throat is grabbed by a subject in front of them, the following techniques can be adopted.

The officer should try to maintain their composure and not panic.

## SECTION 8

### TECHNIQUE A



### CHOKE FROM THE SIDE: HOOK RELEASE AND STRIKE

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



## CHOKE FROM THE REAR (AIR)

If an officer is attacked from the rear and placed into a choke hold, they have limited time to escape from this position. Breathing will be restricted and there is potential for serious injury to the officer.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



CHOKE FROM THE REAR  
(BLOOD & AIR)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]





## ESCAPE FROM CHOKE HOLD AGAINST A SOLID OBJECT

If an officer being choked against a solid object;

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## RESCUE FROM CHOKE HOLD (2 OFFICERS)

If an officer is required to assist a colleague or another person who is being choked against a solid object, then the need for rapid intervention is obvious.



## HEADLOCKS

When a choke hold is placed on an officer from the side and they are bent forward, the officer is in extreme danger as the oxygen supply to the brain can be cut off, and a loss of consciousness could occur rapidly.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## MODULE 2

### HOLDS AND RESTRAINTS

#### COME ALONG HOLD

When a subject is detained or arrested, it is important that they are under the suitable control of an officer. That control should be maintained at all times, until the subject is released or held in custody in a secure location.

#### COME ALONG HOLD – OPTION 1



## SECTION 9

#### COME ALONG HOLD – OPTION 2



## HAMMER LOCK AND BAR

Should a subject resist against an officer, a Hammer Lock and Bar restraint can be used.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## HAMMER LOCK AND BAR TAKEDOWN

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### ENTANGLED ARM LOCK, FRONT, SIDE AND REAR VARIATIONS

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



### ENTANGLED ARM LOCK TAKEDOWNS

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



FIGURE OF '4'



---

**FIGURE OF '4' TAKEDOWN**



## FRONT WRISTLOCK

Should a subject resist against an officer, a Front Wristlock restraint technique can be used.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## FRONT WRISTLOCK TAKEDOWN

[REDACTED]

[REDACTED]

[REDACTED]



## REAR WRISTLOCK

Should a subject resist against an officer, a Rear Wristlock restraint technique can be used.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



## STRAIGHT ARM BAR

Should a subject resist against an officer, a Straight Arm Bar technique can be used.



### OPTION 1



### OPTION 3



### OPTION 2



### OPTION 4



### STRAIGHT ARM BAR TAKEDOWN



### STANDING GROUND PIN

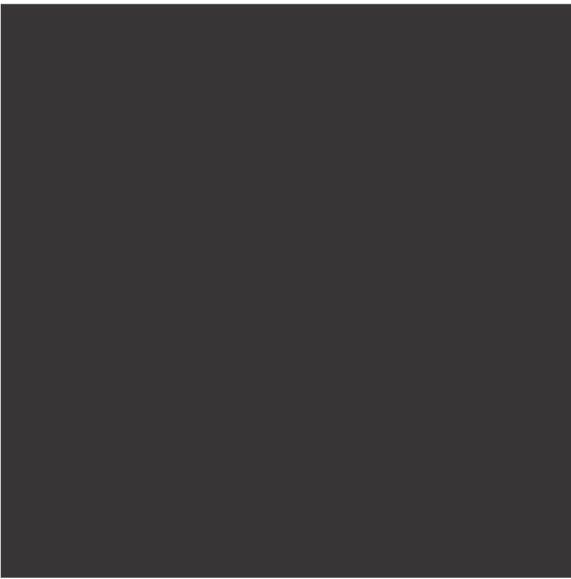


Or



KNEELING GROUND PIN

[REDACTED]



PRONE GROUND PIN

[REDACTED]





# MODULE 3: RIGID HANDCUFFS

## MODULE 3

## SECTION 1

SECTION 1: INTRODUCTION

SECTION 2: RIGID HANDCUFF THEORY

SECTION 3: PROPER GRIP

SECTION 4: APPLICATION SITE

SECTION 5: HANDCUFFING TECHNIQUES

### AIM

To provide officers with training in all handcuff techniques held within the National Officer Safety Training programme.

### LEARNING OUTCOME

Upon completion of this module candidates will be able to:

Demonstrate all techniques held within the Rigid Handcuff section of the National Officer Safety Training programme.

### INTRODUCTION

This module has been designed to develop officers skills in the safe application and removal of rigid handcuffs.



## MODULE 3

# RIGID HANDCUFF THEORY

### POLICY

No police force in the UK adopts the policy whereby every prisoner will be handcuffed. The application of handcuffs is use of physical force, therefore it must be justified.

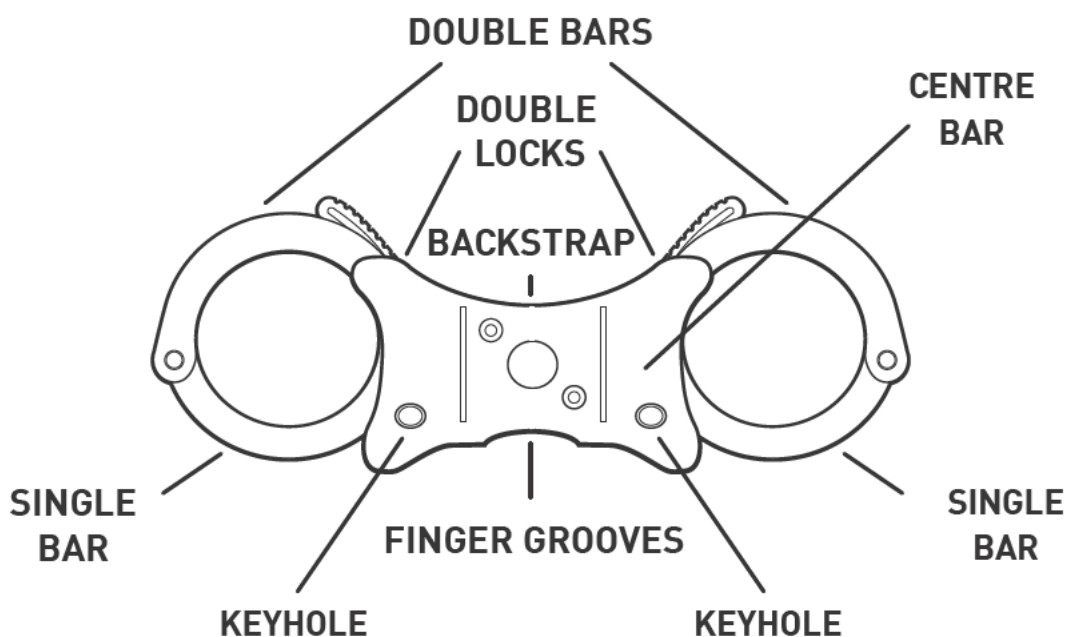
The primary reason for handcuffing is safety. Officers should be prepared to justify the use of handcuffs. The use of handcuffs will be at the discretion of an individual officer, based on their judgement of the circumstances.

Rigid handcuffs are a temporary restraining device and cannot be applied unless a degree of control has already been achieved.

## SECTION 2

Circumstances in which to apply handcuffs:

- Where the officer deems it necessary to prevent the subject from assaulting, injuring or offering violence to a member of the public
- Where the officer deems it necessary to prevent the subject from assaulting, injuring or offering violence to themselves or other police officers
- Where the officer deems it necessary to prevent the subject from escaping or attempting to escape from custody
- When the officer deems it necessary to prevent the subject from harming themselves



## HANDCUFF NOMENCLATURE

The rigid handcuff is a rigid control and restraining device made up of various parts.

### THE RIGID HANDCUFF GRIP

This consists of two sections of high impact resistant plastic that fits between the handcuffs over a solid metal bar attached to the base of the handcuffs. These are held together by bolts located on the palm side and nuts located on the key-hole side.

#### TOP CUFF

When the cuff is held in the basic grip, the top cuff will be located nearest the officer's thumb.

#### BOTTOM CUFF

When the cuff is held in the basic grip, the bottom cuff will be located nearest the officer's little finger.

#### KEY HOLE SIDE

The side of the rigid handcuff where the key holes are situated and which faces away from the officer's palm when held in the basic grip.

#### PALM SIDE

The side of the rigid handcuff which faces the officer's palm when held in the basic grip.

#### BACK STRAP

The portion of the rigid handcuff that fits into the fleshy webbing, located between the base of the thumb and forefinger of the officer's hand.

#### SINGLE BAR

When the single bar is pushed against the inside or outside of the subject's wrist, it will pass through the double bar and encircle the subject's wrist.

## DOUBLE BAR

The double bar is part of the handcuff frame and is separated by the single bar.

### KEY HOLES

These are located on the side of the grip where the handcuff key is inserted to unlock the handcuff. To release the double locking mechanism of the handcuffs, the key should be turned in the direction of the double bar until it comes to a stop. To release the single bar, the key should be turned in the other direction until it comes to a stop.

### DOUBLE LOCKING PINS

These are located on the backstrap of the handcuffs and should be engaged after handcuff application to prevent the single bar from closing further. These are engaged by depressing the pins with the appropriate section of the handcuff key.

### FINGER GROOVES

When held in the basic grip, the fingers of the officer's hand when holding the rigid handcuffs will wrap around the finger grooves.

### MAINTENANCE

A silicone based spray can be used to lubricate the handcuffs.

## RULES FOR HANDCUFFING

1. The officer should not handcuff themselves or another officer to a subject.
2. The officer should not handcuff a subject to a fixed object.
3. The officer should not handcuff two subjects together.
4. The officer should not apply one handcuff and attempt to lead the prisoner by holding the free cuff.
5. The officer should not have their handcuff key on a ring with other keys or items.
6. The officer should not have their key on a lanyard.

[REDACTED]

[REDACTED]

[REDACTED]

10. The officer should remove the handcuffed subject from the prone position as soon as possible to avoid the likelihood of positional/restraint related asphyxia.

## RIGID HANDCUFF INJURY POTENTIAL

If an officer over tightens, or fails to double lock the rigid handcuffs or leaves them on someone for an extended period of time, the subject can suffer from Handcuff Neuropathy.

Handcuff Neuropathy involves damage to the subject's radial, ulna and/or median nerves which is caused by compression of the handcuffs. This nerve damage can be temporary or even permanent.

Symptoms are:

- Loss of strength
- Weakness of grip
- Numbness
- Loss of wrist mobility
- Diminished light touch sensation on the fingers
- Pain in the wrist, hand or fingers

The damage in most cases is simply bruising to the nerves.

Bone breakages are very rare from handcuff applications, except for a minor area known as the Styloid Process. This is a small bone extension at the end of the radial and ulna bones on either side of the wrist. The ulna styloid process is the more likely to break. This is often a minor condition which can heal reasonably quickly.

Applying handcuffs to the correct application point will alleviate some of the risks of bony damage.

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## NERVES

The radial nerve is located on the inside of wrists (thumb side).

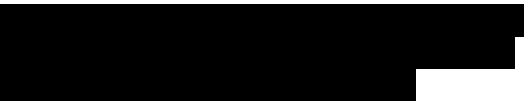
The ulna nerve is located on the outside of wrist (little finger side).

The median nerve is located down the centre underside of the forearm, entering the hand at the base of the palm.

## MODULE 3

## SECTION 3

### PROPER GRIP



## MODULE 3

## SECTION 4

### APPLICATION SITE

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

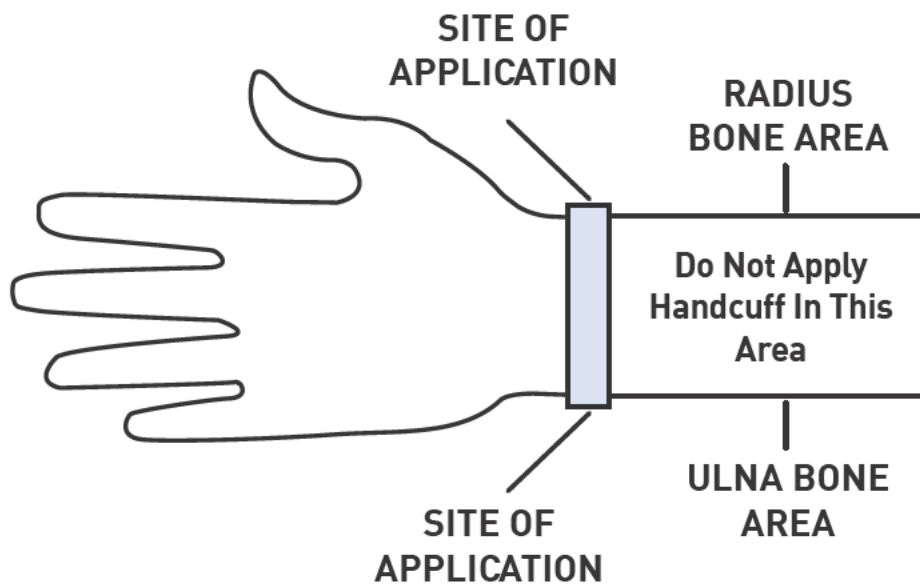
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



The officer should not strike the handcuffs against the subject's wrist.

Once both handcuffs have been applied, they should be checked for appropriate tightness. Care should be taken not to pinch the subject's skin or restrict circulation.

## HANDCUFF APPLICATION CHECKS

### 1. PHYSICAL

The officer should place the tip of a finger between the cuff and the subject's wrist, at the radial or ulna sides. There should be a small degree of movement between the wrist and handcuff. The handcuffs should not be able to move over the styloid process towards the elbow.

### 2. VISUAL

The officer should visually examine the handcuffs to ensure that they are positioned correctly and that the subject's wrists are not displaying signs of excessive tightness such as reddening or creasing of the skin.

### 3. VERBAL

The officer should ask the subject if the handcuffs have been appropriately applied. The officer should respond to any complaint of the handcuffs being too tight or painful by re-checking the handcuffs utilising physical , visual and verbal checks.

Once the officer is satisfied that all the checks have been completed satisfactorily, the handcuffs should be double locked.

## MODULE 3

### HANDCUFFING TECHNIQUES

[REDACTED]

[REDACTED]

[REDACTED]

## SECTION 5

[REDACTED]

[REDACTED]



## BACK TO BACK AT THE REAR

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## BACK TO BACK INTERLOCKED

Due to mobility issues around the shoulder joint, it may not be possible to handcuff a subject to the rear using the previous technique. Forcing a technique may cause considerable injury and therefore the following technique should be considered.

[illegible]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1. *Journal of the American Medical Association*, 2000; 284: 2689-2695.

*Epidemiol. Infect.* (2007), **135**, 100–107. © 2006 Cambridge University Press  
doi:10.1017/S0950268806006907 Printed in the United Kingdom

### STACKED TO THE REAR

The officer should use tactical communication and give the subject clear directions regarding the required movement and hand positioning.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



## STACKED TO THE FRONT

The officer should use tactical communication and give the subject clear directions regarding the required movement and hand positioning.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



### PALM TO PALM AT THE FRONT

The officer should use tactical communication and give the subject clear directions regarding the required movement and hand positioning.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



## PULL DOWN TO PRONE – (TOP CUFF)

This technique may be considered by officers if resistance is encountered from a subject.

...continued across page >



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

#### OPTION 2

[REDACTED]

[REDACTED]

[REDACTED]

### PRONE SEARCH

Once control of a subject has been obtained, it is important that they do not remain in the prone position for longer than necessary. This is due to the medical concerns surrounding positional/restraint related asphyxia.

With the subject in the prone position the officer may have to carry out a body search.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## GETTING THE SUBJECT TO THEIR FEET

The use of inappropriate or ineffective methods can cause injury to the officer and to the subject. By adopting the following procedure a subject can be moved onto their feet without such complications.



The officer should not attempt to lift the subject, as this increases the risk of injury to the officer.



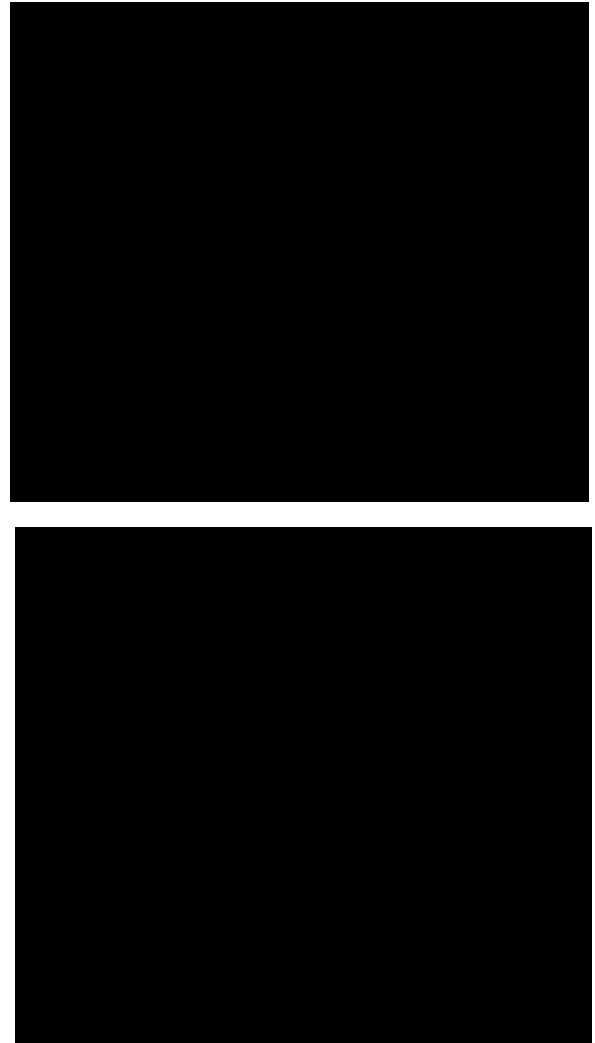
Officers should be aware of the principles of safe and effective moving and handling techniques.





### BOTTOM CUFF WRIST DRAG

This technique may be considered by officers if resistance is encountered from a subject. This may include during the application or removal of the rigid handcuffs.







# MODULE 4: FASTRAPS

## MODULE 4

## SECTION 1

### SECTION 1: INTRODUCTION

### SECTION 2: FASTRAPs LIMB RESTRAINT SYSTEM THEORY

### SECTION 3: APPLICATION

### SECTION 4: STANDING THE SUBJECT UP

### SECTION 5: SAFE REMOVAL

### AIM

To provide officers with training in the use of Fastraps/Limb Restraint System (LRS).

### LEARNING OUTCOMES

Officers will be able to:

- Demonstrate the application of fastraps
- Explain the medical implications associated with the use of fastraps

### INTRODUCTION

Fastraps are a limb restraint system. The term “limb restraint” indicates a device that is designed and used to restrict the range of movement of the legs. Application should prevent a subject from kicking and allow for safe transportation of the subject in a vehicle.

## MODULE 4

# FASTRAPS/LRS THEORY

### USE OF FORCE

The LRS should be applied to a subject only when the officer perceives it to be absolutely necessary in defence of themselves or others.

The LRS can be considered to effect a lawful arrest or to prevent the escape of a subject lawfully detained.

An officer may wish to apply the LRS for the purpose of protecting a subject.

The use of LRS can be considered for the transportation of subjects in police vehicles. This may assist officers in placing/removing a resisting subject to or from a vehicle.

### NOMENCLATURE

#### STRAP

**Length 120cm's (approx)**

**Width 5cm's (approx)**

High visibility yellow tabs are located at either end of the strap to assist with locating ends during situations where lighting is poor.

#### STRAP TAB

**Length 3.5cm's (approx)**

**Width 5cm's (approx)**

### MALFUNCTION, MAINTENANCE & CLEANING

The LRS is made of "Velcro". After extended use it may require replacement. The LRS can be used in wet conditions, however, they perform better when dry. Following contamination with blood the LRS should be replaced.

## SECTION 2

### BASIC PRINCIPALS OF USAGE

The subject should be controlled before applying the LRS.

As with other personal safety equipment, the LRS should be used based on use of force legislation.

The LRS is a supplement to the use of handcuffs and is primarily intended for use on the legs when a subject has been taken to the ground.

### CARRIAGE

The LRS is supplied in a pouch and can be housed on an officer's personal protective equipment or alternatively where it can easily be accessed such as custody areas and police vehicles.

## MODULE 4

## SECTION 3

### APPLICATION

Officers should ensure that the subject on the ground is in the prone (face down) position and that the handcuffs are applied.

The LRS should be applied to the following sites:

#### ABOVE KNEES

In a position just above the knee joints to control the subject's upper legs.

#### ANKLES

In a position at the subject's ankles (crossed or uncrossed) in a "loop" or in a "figure of eight", encompassing the feet and ankles.

The above LRS positioning will depend on the circumstances the officers are faced with.

SUBJECT CONTROL AND APPLICATION OF LRS

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



## CARE OF THE SUBJECT AND MEDICAL ISSUES

- Following application of the LRS, an officer must not leave the subject unaccompanied
- The subject should be moved from the prone position as soon as practicable. Once control is established and the subject is compliant, the subject should be positioned on their side
- Officers must maintain a high level of awareness regarding positional asphyxia and excited delirium

### **When applying LRS, officers should be aware of the condition 'Traumatic Asphyxia'.**

Traumatic Asphyxia is produced by a sudden increase in venous pressure. This is common in those who have been hanged and occurs occasionally with crush injuries.

As with Positional Asphyxia, officers should be aware of the recognition features and the relief and treatment from asphyxia related conditions.

- Officers should consider loosening or removing the LRS if the subject shows signs of medical distress
  - Officers must have constant visual contact with the subject
  - Officers must continue to monitor the subject until the LRS is removed
  - Officers should not apply the device over injured limbs or over areas of skin injury unless absolutely necessary
  - Officers should continue to monitor the subject throughout arrest and control procedures and must fully brief the Duty Officer regarding restraint techniques and equipment on arrival of the subject at the custody suite
- Whenever a subject is lifted and moved with LRS applied, officers should always maintain control of the subject. This is to safeguard the subject against injury from falls or trips, or to prevent them from causing deliberate self-harm
  - The LRS should be formally checked after 20 minutes. If the subject has lost sensation in the limbs the officer should consider adjusting or removing the LRS

## MODULE 4

## STANDING THE SUBJECT UP

## MOVING AND HANDLING

All lifts should comply with the general principles communicated to officers during their moving and handling training.

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## SECTION 4

[illegible]

[REDACTED]

1. *Journal of the American Medical Association*, 2000; 284: 2689-2695.

[REDACTED]

[REDACTED]

## TEAM LIFTING



## MODULE 4

### SAFE REMOVAL



#### PLASTICUFFS

Plasticuffs (disposable handcuffs) are normally used for operational deployment during pre-planned and spontaneous incidents.

The authorisation level required will be dictated by policy.

Plasticuffs are intended for large incidents of disorder or pre-planned operations on premises involving the potential for a large number of detentions/arrests.

Plasticuffs are made of plastic, and consist of two loops fed through a non-return ratchet system. They are designed for one operational deployment only, as they require to be removed by way of a safety cutter.



The deployment of the handcuffs is regarded as a 'Use of Force' and officers are reminded of the requirement to justify their actions in line with ECHR.

## SECTION 5

### MEDICAL IMPLICATIONS

Officers should refer to the guidance within the rigid handcuff section of this manual in order to have full awareness of the medical implications of applying temporary restraining devices.

All custody areas should be issued with safety cutters.

Operational officers should also have access to safety cutters.



# MODULE 5: VIOLENT PRISONER TEAM

## MODULE 5

## SECTION 1

### SECTION 1: INTRODUCTION

### SECTION 2: TWO PERSON TEAM

### SECTION 3: THREE PERSON TEAM

### SECTION 4: JACKET REMOVAL

### AIM

To provide officers with training in the performance of the two and three person team techniques.

### LEARNING OUTCOMES

Officers will be able to:

- Demonstrate the two and three person team techniques for safe cell extractions, including subject jacket removal.

## MODULE 5

### TWO PERSON TEAM

When a subject is detained or arrested, it is important that they are under the suitable control of an officer(s).

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## SECTION 2

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]





### THREE PERSON TEAM – OPTION 2

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[REDACTED]

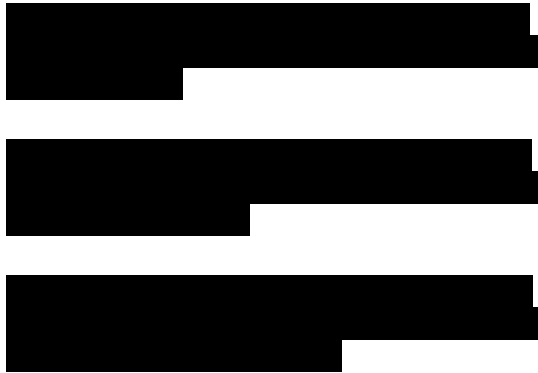
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## MODULE 5

### JACKET REMOVAL

The technique requires a minimum of two officers.



## SECTION 4





# MODULE 6: STRAIGHT BATON

## MODULE 6

## SECTION 1

- SECTION 1: INTRODUCTION
- SECTION 2: BATON CONSTRUCTION
- SECTION 3: GRIPS
- SECTION 4: CARRY POSITIONS
- SECTION 5: DRAWS
- SECTION 6: OPEN MODE STRIKES
- SECTION 7: MIDDLE STRIKE
- SECTION 8: CLOSED MODE STRIKES
- SECTION 9: BATON RETENTION
- SECTION 10: KNIFE DEFENCE
- SECTION 11: BLOCKING TECHNIQUES
- SECTION 12: ARMLOCKS

### AIM

To provide students with training in techniques included within the straight baton section of the programme.

### LEARNING OUTCOME

Officers will be able to demonstrate all the techniques included within the straight baton programme.

### INTRODUCTION

The baton may be used:

- In self defence,
- To protect others,
- To effect the arrest/detention of a person.

The selected target area should equate to the level of resistance offered by the subject.

## MODULE 6

# BATON CONSTRUCTION

### POSITIVE LOCK

The positive lock expandable straight baton is manufactured from hardened alloy steel.

The joint strength between its three main portions comes from precision engineering and the high grade materials.

The unique cam and bearing locking action provides a secure method for locking and unlocking the telescopic shafts.

The baton may be opened with a flick of the officer's wrist or by manually pulling the shafts out by the tip to lock the mechanism.

All positive lock batons incorporate a rubber safety tip which maximises power whilst reducing the potential for injury.

A push button is located in the grip end which releases the ball bearing action to allow the barrels to be pushed back or collapsed into the handle.

The handle is covered in foam for maximum grip and safe retention.

A larger end cap, known as the hindi-cap, may be fitted to aid baton retention.

## SECTION 2



The positive lock baton is composed of the following parts:

1. Cap / Hindi cap
2. Cam shaft
3. Grip portion
4. Grip end
5. Long portion
6. Long end / power safety tip

The positive lock baton should be kept dry. If exposed to water or salt, the shafts should be wiped down with a dry cloth. In order to maintain baton performance, periodically a couple of drops of lubricant oil should be placed in the cam shaft.

## FRICTION LOCK

The friction lock baton has two telescoping shafts which lock into place with a full extension of the arm.

The friction lock baton is available in a variety of lengths to meet specific needs. All models are characterised by an absence of knurling or sharp edges which might abrade clothing or unnecessarily cut a subject.

The friction lock baton employs a dead lock taper. They lock the shafts together by means of a friction fit that jams the flare of one shaft into the swage of another.

The friction lock batons come in various weights with electroless nickel a preferred choice.

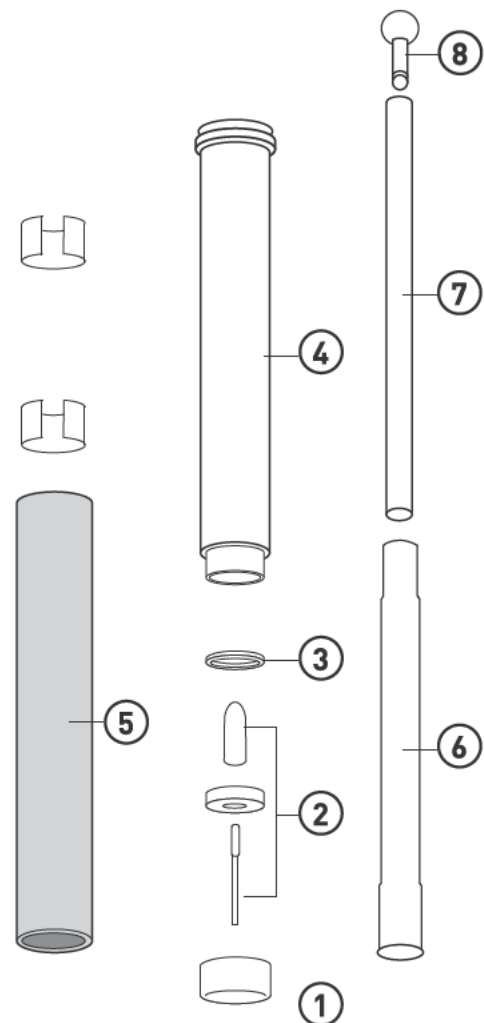
Replaceable foam grips with metal front collars are utilised for handling the baton.

The friction lock baton is composed of the following parts:

1. Cap
2. Retaining Clip Assembly
3. Cap O-Ring
4. Handle
5. Grip
6. Middle Shaft
7. End Shaft
8. Tip

This friction lock baton should be closed on appropriate hard surfaces, such as concrete.

The friction lock baton should be kept dry. If exposed to water, salt or perspiration, the shafts should be opened and the baton dried with a soft cloth. No lubricant should be placed on the shaft surfaces.





## MODULE 6

## SECTION 3

### GRIPS

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## MODULE 6

## SECTION 4

### CARRY POSITIONS



ONE-HAND, VERTICAL  
CARRY POSITION



SHOULDER CARRY POSITION





## TWO-HAND CARRY POSITION



## MODULE 6

## SECTION 5

### DRAWS

[REDACTED]

#### DRAW TO THE GROUND

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

DRAW TO THE SKY

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### STRONG-SIDE DRAW



### CLOSING THE BATON – POSITIVE LOCK



### CLOSING THE BATON – FRICTION LOCK



## MODULE 6 SECTION 6

## MODULE 6

## SECTION 6

## OPEN MODE STRIKES

## POWER GENERATION

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## RAPID RESPONSE STRIKE

[REDACTED]

[REDACTED]

[REDACTED]

## CLEARANCE

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



## MODULE 6

### MIDDLE STRIKE

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



## SECTION 7

### STRONG SIDE HORIZONTAL STRIKE

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



## SUPPORT SIDE HORIZONTAL STRIKE

From the two handed carry position:

- The officer should move the baton on a horizontal plane, driving the tip end into the lower rib area of the subject's body
- The officer should pull back their strong hand, whilst driving the support hand forward
- The strike should be horizontal in delivery, with the officer utilising their body to generate power

The officer should then adopt a recognised carry position and consider tactical options.



## FRONT JAB

From the two handed carry position:

- The officer should drive the tip end of the baton forward into the selected target area
- The jab should be delivered in a horizontal plane, with the officer using their body to generate power

The officer should then adopt a recognised carry position and consider tactical options.



## REAR JAB

From the two handed carry position:

- The officer should look over their strong shoulder to check the subject's position
- The officer should thrust the grip end backwards using both hands, driving the end / hindi cap in to the selected target area
- The jab should be delivered in a horizontal plane, with the officer using their body to generate power

The officer should then adopt a recognised carry position and consider tactical options.



## MODULE 6

## SECTION 8

### CLOSED MODE STRIKES

#### END-CAP STRIKES

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## STRAIGHT STRIKE

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



## MODULE 6

## SECTION 9

### BATON RETENTION

#### ROTATION (6-12-6)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**STRIKE WITH SUPPORT HAND**

## MODULE 6

## SECTION 10

### KNIFE DEFENCE

When all options have been exhausted and the CUT principle is not an option, an officer can defend themselves with their baton against an edged weapon.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## MODULE 6

### BLOCKING TECHNIQUES

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] and dynamic manner, with suitable patterns of

[REDACTED]

[REDACTED]

[REDACTED]

## SECTION 11

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



HIGH BLOCK



STRONG SIDE BLOCK



SUPPORT SIDE BLOCK

[REDACTED]

[REDACTED]

LOW BLOCK

[REDACTED]

[REDACTED]

MIDDLE BLOCK

[REDACTED]

[REDACTED]

## MODULE 6

### ARMLOCKS

#### STRONG SIDE ARMLOCK

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## SECTION 12

[REDACTED]

[REDACTED]

[REDACTED]

## TAKEDOWN AND GROUND PIN

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### SUPPORT SIDE ARMLOCK

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



### TAKEDOWN AND GROUND PIN

[REDACTED]

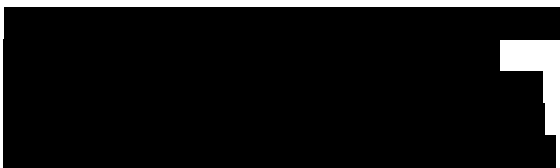
[REDACTED]

[REDACTED]



## CLOSED MODE ARMLOCKS

FROM THE STRONG SIDE:



FROM THE SUPPORT SIDE:







# MODULE 7: INCAPACITANT SPRAY

## MODULE 7

## SECTION 1

**SECTION 1: INTRODUCTION**

**SECTION 2: INCAPACITANT SPRAY THEORY**

**SECTION 3: DRAW AND CARRY POSITIONS**

**SECTION 4: SPRAYING TECHNIQUES –  
ONE OFFICER**

**SECTION 5: SPRAYING TECHNIQUES –  
TWO OFFICERS**

### AIM

To provide students with training in all techniques included within the incapacitant spray section of the programme.

### LEARNING OUTCOME

Officers will be able to demonstrate all the techniques included within the incapacitant spray section of the programme.

## MODULE 7

# INCAPACITANT SPRAY THEORY

### CS INCAPACITANT SPRAY

CS is a white crystalline solid. The chemical name is 2-chlorobenzylidene malononitrile, but it is commonly called CS from the initials of Corson and Stoughton who were the first people to synthesise it in 1928.

CS itself is not flammable but some of the solvents which are used in CS aerosols are flammable. If avoidable, CS aerosols should not be used where there are naked flames.

CS sprays should generally be used at distances of between 1 and 2 metres (3ft – 6ft) from the subject. At distances closer than 1 metre (3ft) there is a possibility that the stream of CS solution could exert sufficient 'hydraulic pressure' to damage the eye. At distances greater than 2 metres (6ft) accuracy is lost and the spray is less effective, particularly in windy weather conditions.

CS sprays do not affect animals in the same way as people.

## SECTION 2

### DELIVERY SYSTEM

The irritant is dispersed from a handheld aerosol canister in a liquid stream which contains a 5% solution of CS in the solvent Methyl Isobutyl Ketone (MIBK). The propellant is Nitrogen.

The delivery system is based on the design of the canister and degree of pressure. These will affect the amount of agent discharged and the range and degree of coverage.

Police incapacitant sprays are generally dispersed by a streamer spray, which is a narrow type of spray similar to a water pistol.

The streamer has been selected at the present time for use by officers because:

- It can be directed accurately
- It has a longer range
- There is less risk of cross contamination

Where possible, officers should attempt to spray downwind. Spraying upwind (i.e. against the wind) may cause a blow-back which could affect officers or members of the public (cross contamination). Officers should note that if they use the spray operationally they are likely to detect a strong smell similar to acetone (or paint thinner). This is the solvent MIBK dispersing into the atmosphere.

## DEPLOYMENT OF CS SPRAY

The spray should be aimed directly at the subject's face.

In still air, officers should use 2 short bursts. This technique should be repeated if the first application is unsuccessful. If the desired effect is not then achieved, officers should consider other use of force options.

The spray is primarily intended for use against one individual and the canister is designed to deliver approximately 6 seconds worth of spray.

In moving air, two longer bursts may be necessary to ensure accuracy.

## POSSIBLE FAILURE OF CS SPRAY

The use of an incapacitant spray may not work in all circumstances.

Incapacitant spray failures have been noted on three categories of subject:

- People with serious mental disorders
- People under the influence of drink or drugs
- People with a positive mental mind set/goal

Officers should not rely on incapacitant sprays to the exclusion of other officer response options. Subjects may become more aggressive following the use of an incapacitant spray. Under such circumstances officers should consider other tactical options.

## WHEN TO USE CS SPRAY

Incapacitant sprays are not a replacement for other use of force options, they are an addition. Only the individual officer can decide when to utilise the spray.

## PHYSIOLOGICAL EFFECTS

Incapacitant spray affects the eyes, the respiratory system and the skin. The effect may be instantaneous or delayed, or there may be no effect at all.

## THE EYES

Spraying to the face will cause dilation of the capillaries and closing of the eyes. The effects can range from severe twitching or spasmodic contraction of the eyelids to involuntary closing of the eyes. Subjects who wear glasses or contact lenses will be equally affected. Following exposure, contact lenses should be removed by the subject or a doctor for faster recovery. Under no circumstances should an officer attempt to do this.

## THE RESPIRATORY SYSTEM

If incapacitant spray is inhaled it can produce either respiratory inflammation or irritation which can produce uncontrollable coughing and shortness of breath. The inflammation of mucous membranes makes breathing through the nose difficult. Prior to aggressive behaviour, a subject's breathing can become more rapid and deeper than usual which can increase the effects of the spray.

## THE SKIN

Incapacitant spray can cause severe discomfort and irritation to the face and the membranes inside the nose. Depending on the subject's complexion, skin colour may range from slight discoloration to bright red.

Other common reactions that may occur:

- The subject may move their hands to face, dropping any items held
- The subject's legs become weak, and they may drop to their knees
- The subject's upper torso may bend forward
- The subject's hearing may be impaired
- The subject's muscles tense, and they may not respond immediately to verbal instructions

## IMMUNITY

It is extremely unlikely that anyone can build immunity to incapacitant sprays, however with repeated exposure, a subject may become less sensitive to CS incapacitant spray.

There is no evidence of lasting side effects from exposure to CS incapacitant spray.

## AFTERCARE

Once an officer has established control through use of the incapacitant spray, the following procedures should be followed:

- The officer should give reassurance that the effects of the spray are temporary
- The officer should instruct the subject to breathe normally. This will aid recovery and prevent hyperventilation
- The subject should be removed to an uncontaminated area where they can be exposed to cool, fresh air. This will permit the particles to be blown off the body
- Exposure to cool, fresh air will normally result in recovery from significant symptoms within 15 minutes
- The officer should advise the subject not to rub their eyes or face as this will worsen their condition
- The officer should discourage the subject from applying water to the eyes. This may extend their recovery time

If reactions persist beyond 15 minutes, the use of copious amounts of cool tap water may be used to flush remaining CS from the face. Irrigation of the eyes should not be undertaken except by a police surgeon or other specified trained medical personnel. Attempting to irrigate the eyes at an earlier stage when they are being forced closed by the effect's of the spray would be futile. Under no circumstances should warm water be used.

If any adverse reactions are observed, immediate medical assistance should be obtained. It is essential that the subject's breathing is monitored. If the subject is having difficulty resuming normal breathing, the provision of medical assistance must be given precedence over conveying the subject to a police station. In such cases the subject must be taken directly to a hospital.

Officers should ensure that the restraint methods used and the position the subject is placed in does not adversely affect breathing. Subjects must not be left in or transported in a prone (face down) position.

The subject should be carefully monitored from the time of arrest, during transportation and whilst in custody, until the effects of the incapacitant spray have worn off. This is especially important in monitoring the recovery of subjects who are obese or are known to be under the influence of drugs and/or alcohol.

It is also important to pay particular attention to subjects on whom the spray appears to be ineffective, and those exhibiting bizarre/violent behaviour (Excited Delirium) or experiencing breathing difficulties.

Subjects wearing contact lenses may experience greater discomfort. They should be permitted to remove their lenses at the earliest opportunity. On no account should a police officer attempt to remove contact lenses from a subject. This should be done by the subject, or a medical practitioner.

Exposure to incapacitant spray, in common with other substances, may cause damage to certain types of lenses and subject's who experience problems with their lenses after normal cleaning should consult an optician.

If the subject requests it, or if the symptoms persist, additional medical attention should be provided. This may include the recall of a medical practitioner, or on the advice of the doctor, the conveyance of the subject to hospital.

Until a full recovery has been made from the effects of the spray, the subject should be supervised and closely monitored. It is good practice to remove contaminated clothing to prevent recurrence of CS effects. Arrangements

should be made for replacement clothing or paper suits to be issued.

## AFTERCARE ADVICE TO SUBJECT:

- You've been sprayed with CS
- Don't rub your eyes
- The effects are only temporary
- Face into the wind
- Keep blinking
- Breathe normally

After deployment, the officer should secure the CS away in the holder (or in a pocket), handcuff the subject once compliance has been gained and deliver basic aftercare instructions.

## PROCEDURAL ISSUES

All officers must refer to their relevant divisional policies on such matters.

The overall responsibility for the issue, management and security of CS Sprays lies with the relevant divisional commander.

Initial training in the use of CS incapacitant spray will, upon successful completion of the course, give an officer authorisation to use CS spray. Authorisation cards will be issued to each officer.

Training re-certification will be required and will be co-ordinated nationally.

## ISSUE AND RETURN

Every canister of CS spray has a unique number and will be issued to individual officers against production of their authorisation card.

Following issue, that canister of CS spray will be the responsibility of the individual officer, who will ensure that it remains functional and secure at all times.

CS incapacitant spray canisters will not be exchanged amongst officers.

The issue and return of CS canisters will be strictly managed and recorded. Supervisors will be responsible for ensuring that there is strict control on the upkeep of records.

CS incapacitant spray is classed as a prohibited firearm under Section 5 (i) (b) of the Firearms Act, 1968, as such any discharge, loss or abuse of a spray will be scrutinised very closely. As CS spray is classified as a prohibited firearm, under no circumstances will officers possess CS whilst off duty. Canisters must be returned to an approved cabinet prior to any officer terminating duty.

## COURT ATTENDANCE

Officers attending court in their capacity as a witness should refer to their divisional policy in relation to the carrying of CS incapacitant spray within court.

## PRISONER ESCORT

Officers may carry CS incapacitant spray whilst escorting prisoners to or from prisons, or when attending at a prison for any other reason. On arrival at any prison, police officers should immediately notify prison staff that they are in possession of CS incapacitant spray in order that appropriate arrangements can be made for the secure storage of the spray.

**Prison staff should not handle CS sprays.**

CS Spray will not be carried within the confines of the prison.

The CS Spray will be returned/uplifted by the police officers on their subsequent visit to the vehicle lock, prior to exit.

## CELL AREAS

Careful consideration should be given by officers to the use of CS Spray within cell areas. It must be recognised that CS incapacitant spray is a defensive option as opposed to offensive item of equipment and unless a significant or direct threat of harm is being posed to an officer(s) the use of alternative means of control may be more appropriate.

If it is considered necessary to resort to the use of CS spray within cell areas, a risk assessment must be undertaken; officers must take into account such factors as the known medical history of the person who is to be subjected to CS, and the potential effects on other subject's and staff. Use in cell areas is only to be considered as a last resort.

If CS spray is used within cell areas, supervisors will arrange the decontamination of the subject sprayed, the subsequent ventilation of the cell area and instruct a check to be conducted to ascertain if any other subject has been affected by the discharge of CS.

The circumstances surrounding any discharge of CS spray within a cell area will be subject to thorough investigation.

### CROWDED AREAS

[REDACTED]

### CONFINED AREAS/DOMESTIC PREMISES

[REDACTED]

### FOOTBALL MATCHES

[REDACTED]

[REDACTED]

### TRAINING COURSES

Officers will not carry CS incapacitant spray when attending a training course.

### AIRCRAFT (PRISONER ESCORT)

[REDACTED]

### OTHER MODES OF TRANSPORT

[REDACTED]

### SPECIAL RISK

All persons arrested or detained who have been sprayed with CS will be regarded as special Risk prisoners and the notification of special risk form will be completed. In the event of such a subject being taken to prison, the special risk form will accompany the subject, notwithstanding the fact that he/she may no longer be displaying any obvious effect of exposure. This is to alert staff at the prison to the fact that a subject has been sprayed and there may still be some slight chance of cross contamination from the subject. It also confirms any allegation made to prison staff that the subject has been sprayed, and will ensure appropriate treatment/decontamination should cross-contamination occur.



## APPROPRIATE PLACE FOR CUSTODY/DETENTION

All arrested or detained subject's who have been sprayed with CS will only be taken to police stations where there is 24 hour cover. This is to ensure that there are sufficient resources to conduct the checks required for a special risk prisoner.

## POLICE SURGEON

A police surgeon should be contacted to examine/observe a subject who has been contaminated with CS.

## NOTIFICATION AND TRANSPORTATION

When CS incapacitant spray has been used, the control room should be notified as soon as possible in order that appropriate transport can be arranged. This also means that officers and support staff employed to deal with custodies are forewarned.

Unless there are exceptional circumstances, subject's will only be transported in general purpose vans and at all times be accompanied by at least one other officer, in addition to the driver. Under no circumstances will the driver convey a sprayed subject whilst unaccompanied.

Using a van ensures easier and quicker decontamination than in the close confines of a car. The material constructions of seats in a car also discourage decontamination.

Early notification will ensure that there is sufficient time for supervisors/control room staff to notify a police surgeon and to ensure that appropriate measures are in place for the reception of the subject.

## CROSS CONTAMINATION - CONTROL MEASURES

When subjects are brought to a police station they should be fully decontaminated before entering. If the clothing worn by the subject is contaminated they should be provided with a paper suit and their contaminated clothing should be sealed in polythene bags to prevent any further risk of cross contamination.

## CS INCAPACITANT SPRAY CANISTERS

Once a CS incapacitant spray has been used (even partially) it will be weighed, withdrawn from use and replaced.

Any used or damaged canisters will be sealed as per national guidelines.

Only officers authorised in the use of CS spray will be permitted to transfer canisters between police stations. This also includes the transport of CS canisters that have been temporarily lodged at a station being returned to the issuing station.

Under no circumstances will CS canisters be transferred by means of internal mail.

Canisters discharged during the apprehension/detention of any subject will be retained temporarily for a suitable period pending any possible complaint being received regarding the use of CS. After a suitable period these will be sent for destruction in the normal manner.

## STORAGE

CS incapacitant spray contains the solvent MIBK, which is flammable. It is essential therefore that every care be taken to ensure that the spray is not used on or near naked flames. This also requires care to be taken over the storage of CS canisters when not being carried.

The area used for the storage of CS sprays must be clearly marked. Containers should be stored in dry, well ventilated areas and should not be exposed to direct light or any open flame. Storage areas must be kept away from public view.

Smoking is prohibited in police offices and vehicles. Officers are advised not to smoke or to carry lit smoking materials when carrying CS incapacitant spray.

Each officer will have responsibility for the security of their issued spray and when not in use, the sprays will be retained in secure cabinets from which they were issued. This cabinet should remain locked at all times.

## DECONTAMINATION OF AFFECTED AREAS

In general, CS incapacitant spray should not be used in closed or confined spaces, but in the interests of officer safety, such use cannot be discounted where it can be justified.

Should CS incapacitant spray be discharged in buildings, shops or other premises, the owners/occupants must be advised of the decontamination process as follows:

A well ventilated room will normally clear of CS within 45 minutes. To enhance decontamination, windows and doors should be left open during this period

Contaminated surfaces should be washed with detergent or hot soapy water and then thoroughly rinsed to remove CS residue. It is advisable that rubber gloves be worn during the procedure

Contaminated clothing should be aired on a washing line, allowing any remaining CS particles to be blown off. The clothing should then be thoroughly washed, separately from other items, before being worn again

If the effects have not dissipated within one hour, owners/occupants should be advised to seek further advice from the police. Guidance notice to owner/occupier of premises where CS spray has been used should be left at the locus

In shop premises, if it is suspected that any product or other article has been contaminated, it is advised that the produce be removed from display and shop policy referred to, regarding cleaning/destruction of contaminated goods. Generally foodstuffs, unless sealed in packaging, should be destroyed

The times given above should be considered as minimum times. Many factors can influence rates of decontamination

## PAVA INCAPACITANT SPRAY

On 9th November 2004 the Home Office agreed to support the use of PAVA (Synthetic pepper) as an incapacitant spray.

PAVA contains Nonivamide (Pelargonic Acid Vanillylamide) this is a synthetic equivalent of capsaicin, the active ingredient in natural pepper sprays.

Nonivamide has been used for a number of years in the pharmaceuticals industry where it has been used within pain relieving balms, and as a flavouring additive in foodstuffs available in the UK and Europe.

PAVA Incapacitant spray should generally be used at distances of between one and two metres (3-6 feet) from the subject.

At distances closer than one metre, there is a possibility that the stream of incapacitant solution could cause damage to the eye, however, circumstances may dictate such use and may need to be justified. At distances greater than two metres, accuracy may be lost and the spray may be less effective, particularly in windy weather conditions.

Whereas CS should be aimed directly towards the subject's face, the target area for PAVA is the subject's eyes.

Although CS may not affect animals such as dogs in the same way as it does people, PAVA may be effective on aggressive dogs.

## INCAPACITANT SPRAYS - SECTION 5 FIREARMS

An incapacitant spray has been defined as a firearm (also referred to as a 'prohibited weapon') by the Home Secretary, under Section 5(i)(b) of the Firearms Act 1968.

### PHYSIOLOGICAL EFFECT OF PAVA

When a subject is exposed to PAVA, the spray may affect the following:

- The eyes
- The respiratory system (if inhaled)
- The skin

A spray into the eyes will cause dilation of the capillaries and instant closing of the eyes. Effects can range from severe twitching or spasmodic contraction of the eyelids to involuntary closing of the eyes - an eye shut reflex.

The individual will feel a burning sensation (this is not actual burning). The chemical causes the body sensors to respond in a similar way. People wearing contact lenses or glasses will be equally affected if the spray contacts the eyes in any way.

If the spray is inhaled it produces immediate respiratory inflammation, which in turn produces uncontrollable coughing as a protective measure, and sometimes shortness of breath. The inflammation of mucous membranes results in difficulty in breathing through the nose.

PAVA has been medically tested to its full dose on both healthy and asthmatic subjects with no adverse effects. The subject's face will feel very hot, as will the inside of the nose and mouth if they have been in contact with the spray.

The subject's lips and eyelids may become slightly swollen. Depending on the subject's complexion, skin colour may range from slight discoloration to bright red. Normal skin colour should return within 30-45 minutes of spraying, however, this may vary from subject to subject.

The effects may be instantaneous or delayed for up to 5 minutes. The extent of these symptoms will depend on the amount of PAVA sprayed, the delivery system and the range it is used at, and may vary between subjects.

#### **Other common reactions :**

As well as causing the aforementioned effects, the following symptoms may also occur, including:

- Hands move to the face
- Legs become weak, may drop to knees/  
Involuntary leg tremors
- Upper body bends forward
- Whole body shakes
- Impaired hearing (auditory exclusion)
- Impaired thinking (cognitive dissonance)
- Muscles tense
- Rocking from foot to foot (impaired balance)
- Panic attacks

Subjects may find the experience of being exposed to PAVA very painful. This can lead to high stress, anxiety, panic or aggression. This combined with the experience of being temporarily blind for a longer period of time than they have ever experienced before, can lead to disorientation and a feeling of nausea.

## **AFTERCARE**

Immediately after spraying, the subject should be advised to allow their eyes to remain closed for as long as necessary, and not to rub their eyes or face as this will only aggravate the effects. The immediate application of water or saline to the affected area increases the burning sensation.

Standing the subject and facing cool moving air such as from a fan or a breeze will alleviate the symptoms.

Experience has shown that the earlier a subject forces their eyes open, natural, unimpeded tearing takes place. If effective tearing takes place, recovery from the significant symptoms of exposure i.e. eyes opening, should take place within 20 minutes.

Trying to open the eyes is very uncomfortable but increases visual recovery rapidly. If discomfort to the eyes and face persists beyond this period ideally, cool, running water should be used to flush the remaining spray from the eyes and face.

Experience has shown that flushing with water is soothing but this does sometimes prolong the recovery time of the subject. As the eyes will recover of their own accord in around 20 - 35 minutes after initial exposure, it may not be possible or necessary to provide irrigation immediately after exposure.

Subjects exposed to PAVA should be allowed to bathe their face and eyes if they so wish. Under no circumstances should warm water be used.

The subject's breathing should be monitored. If the subject has difficulty in breathing then medical attention should be sought, and must be given precedence over conveying to the police station.

It should be ensured that the control methods used and the position the subject is placed in does not adversely affect their breathing. Subjects should not be left in or transported in a prone (face down) position.

The subject should be carefully monitored throughout the policing process until the effect of PAVA has worn off. This is particularly important in monitoring the recovery of subjects who are obese, or are known to be under the influence of drink and/or drugs. It is important to pay particular attention to subjects on whom the spray appears to be ineffective and those exhibiting bizarre and/or violent behaviour, or those experiencing breathing difficulties.

Subjects who have been sprayed should be asked if they wear contact lenses. Subjects wearing contact lenses may experience greater discomfort. They should be allowed to remove their lenses at the earliest opportunity.

Only the subject or a medical practitioner should remove contact lenses. Exposure to incapacitant sprays may cause damage to certain types of lenses, and subject's who experience problems after normal cleaning should consult an optician.

PAVA may saturate the subject's hair or clothes. Washing or showering with copious amounts of soap and water will remove all residues.

Throughout the recovery process it is helpful to offer continual reassurance to the subject.

Until a full recovery has been made from the effects of the spray, the subject should be supervised in accordance with the guidelines for subjects under the influence of drink and drugs.

There is always a chance that a subject could have a hypersensitive reaction to Nonivamide. Although such reactions are extremely rare they include symptoms such as:

- Swelling of the face
- Localized skin reactions - tingling, rashes, pain or blistering

If any of these symptoms occur, medical attention should be sought as soon as possible.

## INCIDENT REPORTING

National policy on use of force should be referred to.

## INCAPACITANT INFORMATION

The following information provides examples of the information, and as a guideline, that should be provided to a subject.

## INFORMATION FOR INDIVIDUALS SPRAYED WITH PAVA

**NONIVAMIDE** - (PAVA) at a concentration of 0.3% in a 50/50 mix of Ethanol and Water with a Nitrogen propellant.

This may have the following effects:

Discomfort to the eyes and a burning sensation to the skin. If the subject has swallowed PAVA, they should not experience any internal discomfort at all although their mouth will feel as though they have eaten very spicy food.

Most symptoms will subside of their own accord. It may cause a subject's skin to go red and feel hot and remain so for up to 1 hour, after which, normal colour will start to return. This is normal as nonivamide stimulates blood circulation, giving similar effects to the use of muscle pain relief cream.

If the symptoms continue, then washing / bathing the face and eyes in cool, clean running water should bring rapid relief. If PAVA has got into the subject's eyebrows, hair or beard, it is possible that it could re-activate the first time that it comes into contact with water e.g. taking a shower the next day. The effect will not be as strong and can be avoided by keeping the eyes tightly closed and washing and rinsing the area thoroughly.

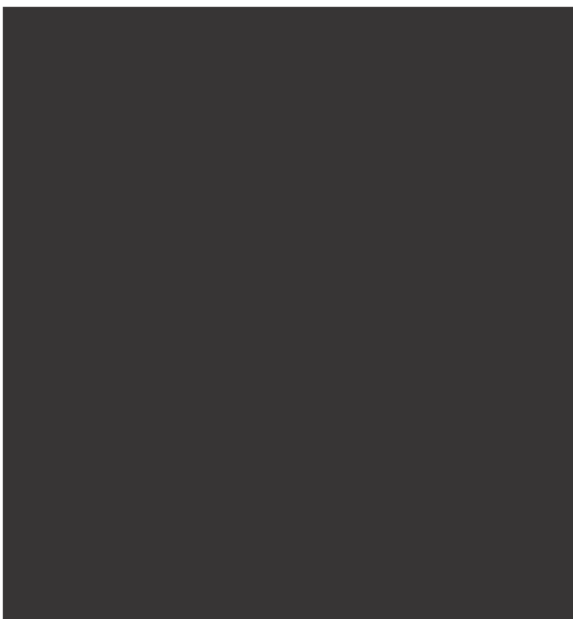
If symptoms persist, a doctor should be consulted.

PAVA may cause damage to certain types of contact lens. If the subject has problems with their lenses, they should consult an optician.

## MODULE 7

## SECTION 3

### DRAWS AND CARRY POSITIONS



#### HIGH-LINE CARRY



#### LOW PROFILE CARRY



## MODULE 7

## SPRAYING TECHNIQUES – ONE OFFICER

## SINGLE AGGRESSOR - DON'T SPRAY

[REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]

## SECTION 4

## SINGLE AGGRESSOR - SPRAY

[REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]

\_\_\_\_\_

[illegible]

[illegible]



## MODULE 7

### TWO OFFICERS – DISENGAGE AND SPRAY

This technique is designed to allow a cover officer to consider the deployment of CS when there is potential risk of cross contamination to the contact officer.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

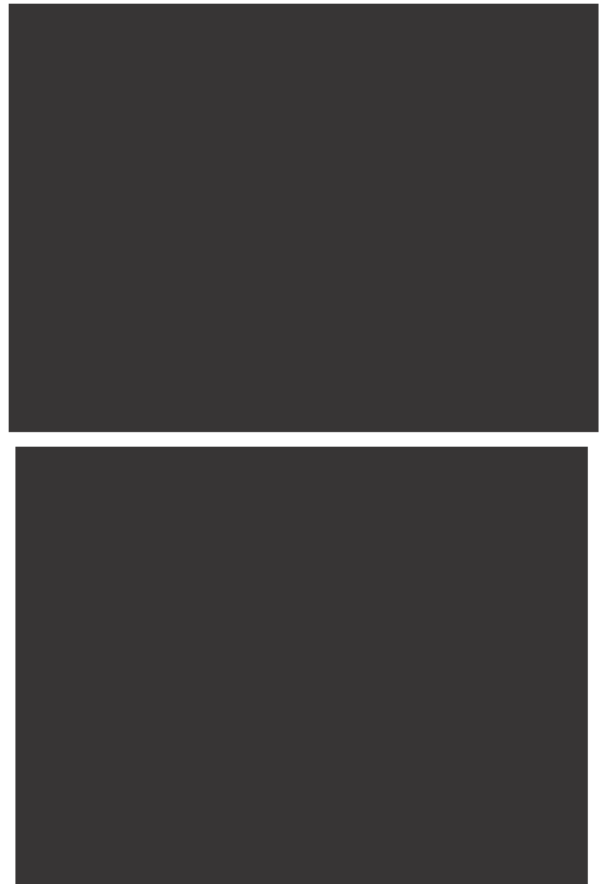
[REDACTED]

## SECTION 5



## TWO OFFICERS – SHIELD AND DISENGAGE

This technique is designed to allow a cover officer to consider the deployment of CS when there is potential risk of cross contamination to the contact officer.







# MODULE 8: CORDONS

## MODULE 8

## SECTION 1

### SECTION 1: INTRODUCTION

### SECTION 2: CORDON TYPES

### AIM

To provide students with training in all techniques included within the cordons section of the programme.

### LEARNING OUTCOMES

Officers will be able to demonstrate all the techniques included within the cordons section of the programme.

### INTRODUCTION

Cordons can be used to create a human barrier, which gives the officer in charge the ability to control the passage of persons or vehicles. This can range from completely prohibiting movement to selectively allowing passage through the cordon.

